



**Psychosocial Support
Source Book for
Vulnerable Children
in Malawi**

**STOP
AIDS
NOW!**

**This Source Book is a product of
the STOP AIDS NOW! Psychosocial
Support Project in Malawi**

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Table of Contents

Acknowledgement	7
How to use the Source Book	9
Chapter 1: HIV/AIDS and Vulnerable Children in Malawi	10
Chapter 2: The Psychosocial Support Concept	15
Chapter 3: Psychosocial Support Strategies	19
Strategy 1: Community Mobilisation	20
Strategy 2: Capacity Building	21
Strategy 3: Life Skills Educational Programmes	22
• Activity 1: House Metaphor	23
• Activity 2: Role-play	24
• Activity 3: Brainstorm	24
Strategy 4: Information, Education and Communication	25
Strategy 5: Creating Safe Spaces	25
• Orphan Affairs Unit	25
• Girl Guide Unit	26
• Children's Corner	26
Strategy 6: Counselling	27
Strategy 7: Memory Approaches	28
Strategy 8: Resilience Building	29
Strategy 9: Coordination of PSS Services	30
Strategy 10: Mainstreaming PSS through Child Participation	30
Chapter 4: Psychosocial Support Tools	32
Tool 1: Tree of Life	33
Tool 2: Memory Book	41
Tool 3: Memory Box	44
Tool 4: Memory Blanket	45
Tool 5: Memory Rug	48
Tool 6: Hero Book	49
Tool 7: Games with Rules	51
Tool 8: Psychological First Aid (PFA)	53
Tool 9: "I Have... I Am... I Can"	55
Tool 10: Experiential Learning Games	56
• Trust and Fall	58
• Blind Fold	59
• Electric Wire	59
• Spider Web	60
• Crossing the Bridge	60
• Under, Over, and Under	61
• Alphabet	62
Tool 11: Me Bag	63
Tool 12: Circle of Support	64
Tool 13: Club of Life	65
Tool 14: Play Skills and Recreation in Counselling	66
• Using Clay	67
• Feeling Charts	67
• Visualisation	67
• Stories	68
• Puppets	68
• Art and Cultural Activities	68
• Sports	69
• Theatre and Familiar Festivals	69
• Traditional Knowledge and Skills	70
Recommendations	72
Abbreviations	73
References	74
About this Publication	76



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The efforts by the above partners could not have come to completion without the technical and financial assistance from STOP AIDS NOW! Thus, we owe big and profound thanks to STOP AIDS NOW! for the support and steering the processes in the linking and learning project as manifested in the delivery of this formidable work in Psychosocial Support. It is our hope that this Source Book will indeed be a masterpiece that will transform child care and support organizations to harness holistic child care and development approaches by inculcating psychosocial strategies as outlined in this Source Book. The Sources book has come this far because of the technical knowledge, skills and direction that Mr Anderson Master Kamwendo and Ms Ruth Kawale-Magela inputted into the whole compilation. ECC and the other partners are grateful for their masterly works. This Source Book has been able to come to shape with real and practical PSS strategies and tools due to the feedback and guidance of the service providers who were consulted countrywide. ECC in conjunction with the Linking and Learning partners are grateful for the guidance and advice from all the stakeholders especially: Namileme Community-Based Organization, Livingstonia Synod AIDS Programme, Consol Homes Orphan Care, Blantyre Synod Health and Development Commission, Malawi Girl Guides Association and St. John of God Community Services. We are grateful to the staff working for these organizations and to the beneficiaries of the interventions, including children, who provided their precious time and provided valuable information, without which it would have been difficult to write this Source Book.

We hope the dreams of most children in Malawi will be realized as stakeholders master the use and integration of psychosocial support in their daily work with children. Thus, we thank all who value children for their passion, interest and support. We call upon all to link and learn from each other in promoting and enhancing the provision of psychosocial support to vulnerable children and to contribute towards a better future in the provision of psychosocial care to vulnerable children

Rev. Fr. Dr. Robert T. Mwaungulu
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On behalf of the STOP AIDS NOW! Psychosocial Support Project in Malawi

“You can’t touch it, you can’t count it, you can’t measure it. With a feeding programme it’s easier to measure your results. You see something concrete that you’ve accomplished. It is much more difficult in mental health to be able to see what you’ve done. Mental health is much more gradual.”

These are the words of a Medical Coordinator working with people mentally affected by a disaster. The quote illustrates very well the challenges involved when developing indicators that will assist in documenting the process and results of a psychosocial support programme (PSP)¹.

How to use the Source Book

This Source Book is a practical guide for service providers working with children in Malawi. It aims to improve psychosocial support (PSS) services to orphans and other vulnerable children, by bringing together available knowledge and experiences in a user-friendly manner. The publication presents strategies and tools in the PSS service area in Malawi. However, it is not meant to be read from the beginning to the end. Readers can select relevant sections and use them when necessary. A vast pool of know-how on PSS service delivery has not been exploited though. It is hoped that this Source Book will stimulate dialogue on the issue and help to develop a culture among service providers of documenting and sharing best practices.

Target Group

The Source Book is intended for PSS practitioners working with children in Malawi: families, volunteers and other community members, government staff, development partners, and civil society organisations including community-based organisations. However, **this is not a PSS Training Manual** and caregivers should not assume to have mastered the PSS field just by reading the Source Book. Psychosocial service providers should make deliberate efforts to provide necessary PSS skills and knowledge to the caregivers. Furthermore, a skills building training for users of the Source Book is recommended, particularly those that have not undergone any PSS training.

Psychosocial Support Linking and Learning Project
The importance of addressing the psychosocial needs of children and their families have been recognised and great strides have been made by the Malawian government and civil society organisations to provide quality care to vulnerable children. The development of this Source Book is in response to the call by the Psychosocial Support Project, through Linking and Learning. The PSS project is implemented by different Malawian organisations and funded by STOP AIDS NOW!. The four project partners are Ecumenical Counselling Centre (ECC), Network of Organizations for Vulnerable and Orphaned Children (NOVOC), Eye of the Child, and Youth Net and Counselling Organization (YONECO). ECC led the process of compiling the Source Book. The goal of the Linking and Learning project is

to contribute to the facilitation of support for care, protection and development of vulnerable children in a coordinated manner in order to provide them with an environment in which they can realise their full rights and potential.

Outline of the Source Book

The PSS strategies and tools, to be implemented by Malawian service providers on behalf of vulnerable children, form the core of the Source Book. For proper understanding, however, the book starts with essential background information on HIV/AIDS in Malawi as well as an explanation of the PSS concept.

Chapter 1: HIV/AIDS and Vulnerable Children in Malawi

This chapter gives an overview of HIV/AIDS in Malawi, the situation of orphans, and governmental measures. It also presents strengths, gaps and opportunities in the Malawian psychosocial support service area.

Chapter 2: The Psychosocial Support Concept

This Chapter explores the following concepts: psychosocial, psychosocial support, psychosocial well-being, psychosocial interventions and psychosocial support programming, and psychosocial indicators.

Chapter 3: Psychosocial Support Strategies

This chapter presents ten psychosocial support strategies that aim at improving the well-being of vulnerable children. Also a number of activities are included.

Chapter 4: Psychosocial Support Tools

This chapter displays fourteen tools that help children to express themselves, such as making a Memory Book and playing games.

Chapter: 1

HIV and AIDS and Vulnerable Children in Malawi

Malawi is one of the ten countries most affected by HIV and AIDS in the world. One of the devastating consequences of the AIDS epidemic is the growing number of orphans. This chapter gives an overview of HIV and AIDS in Malawi, the situation of orphans, and governmental measures. It also presents strengths, gaps and opportunities in the Malawian psychosocial support service area.



HIV and AIDS in Malawi

HIV and AIDS in Malawi

In Malawi, the HIV and AIDS epidemic increased drastically, from only a few cases in 1985² to an HIV prevalence of 27% by 1991 in the 15-49 age group. Largely due to behaviour change,³ HIV infection has stabilised and the national adult HIV prevalence dropped to an estimated 11.9% in 2008⁴. Unfortunately, approximately 46% of the new infections occur among young people aged 15 to 24, who, like other younger children, are the window of hope for Malawi and need to be protected from HIV infection and the psychosocial impact of HIV and AIDS on their lives.

Every day an average of 267 people become infected with HIV, while AIDS-related infections account for 235 deaths daily. Close to 840,156 adults and 111,510 children were estimated to be living with HIV in Malawi in 2009⁵. Furthermore, in the 15-29 age group, HIV infection is higher among females than males (a ratio of 60% to 40%).

Although the HIV prevalence seems to have stabilised in Malawi, the number of people who are already infected means that the population of orphans and vulnerable children (vulnerable children) will increase over the next ten years. The number of orphans in Malawi is estimated to be around 1,164,939, out of which 436,503 were due to AIDS⁶. Overall, about 12% of children lost one or both parents and 18% were found to be orphaned and vulnerable.

Orphans and Other Vulnerable Children

The HIV and AIDS epidemic has caused a wide-ranging, multifaceted and sustained negative impact on children, families, and communities⁷. The severe emotional, social, mental, physical and spiritual effects largely result from death of parents and guardians. But also separation of brothers and sisters, disruption of organised patterns of living, abuse of various forms, poverty, stigma and discrimination, and dropping out of school are consequences of HIV and AIDS.

Definitions

In Malawi, the National Policy on Orphans and Other Vulnerable Children (2003), defines a **child** as any person below the age of 18. **vulnerable child** is defined as one who has no able parents or guardians, who lives alone or with elderly grandparents, or who lives in a child-headed household. The term also applies to a child who has no fixed place of abode and who lacks access to health care, material and psychological care, education and shelter.

Malawi's Response to the Vulnerable Children Crisis

In response to the emerging crisis caused by HIV and AIDS, the government took a number of steps that resulted in

- a national consultation on the situation of orphans (1991);
- policy guidelines on orphan care;
- the National Task Force on orphans (2003);
- an orphan needs assessment and situation analysis in family and community care (1993-4);
- a pilot orphan registration exercise (1995);
- a compendium on Best Practices on Community-Based Care for Orphans (1999);
- the National Plan of Action on Orphans and Other Vulnerable Children (2005), which has since been extended to 2011;
- the Malawi Version of the Journey of Life Series (2007); and
- a Children's Corner Operational Guidelines (2008).

The government is also developing the Quality Improvement Standards (QIS) for vulnerable children programmes. The process of developing the QIS started in 2009.

With support from development partners and in collaboration with civil society organisations (CSOs), the government has made tremendous inroads in strengthening communities to provide care and support to vulnerable children. Communities across the country have established over 1,700 Children's Corners (GoM 2010)⁸ and approximately 6,000 community-based child care centres (GoM, 2007)⁹. Government and other service providers have equipped a large number of Children's Corners and Community-Based Childcare Centres (CBCCs) with play and recreational materials, aimed at helping to diversify activities that take place at the Corners and Centres.

Strengths in the Psychosocial Support Service Area in Malawi

Community involvement

Since the onset of HIV and AIDS, many communities have been involved in mitigating the impact of HIV and AIDS by establishing community-based organisations (CBOs). The CBOs mobilise families and communities and meaningfully involve them in the identification of the children's needs, designing interventions aimed at meeting the needs, mobilise local

resources to meet the needs, refer children to other support services, which include health care and education. The involvement of communities by CBOs and other PSS service providers solicits community support and promotes community ownership which are vital for sustainability and efficiency in the implementation of the interventions.

Use of trained community-based volunteers

The government and other PSS service providers have trained volunteers in the communities on psychosocial support. Part of the training is the use of Children's Corners and Journey of Life Community Workshops, as tools for meeting psychosocial needs of children, and mobilising children, families and communities respectively. Volunteers are, for instance, Community Child Protection Workers. Service providers have also trained CBO leaders and volunteers working with children at the Corners and CBCCs from all the districts in the country. Working with volunteers is a positive investment in the country as it has increased the capacity of locally available human resources. It also encourages community participation and involvement in PSS responses. Volunteers who are involved in a psychosocial response are empowered with knowledge and skills, encouraging long-term sustainability of psychosocial activities.

Use of local resources

Most PSS service providers use locally available resources in the provision of care and support to vulnerable children. Most community members make available unused houses, schools, places of worship and community centres as places where children meet and learn. Community members also construct play grounds and provide children with play and recreational materials. Pieces of land are sometimes provided by traditional leaders for the establishment of communal gardens. Use of local resources enhances ownership and participation and ultimately reduces the cost of service provision.

Use of local PSS tools

Provision of psychosocial support to vulnerable children in Malawi is not a new phenomenon. Children have been traditionally supported by families and community members through the use of proverbs, stories, songs, loving attitudes

and actions, and games like sikwa, nguli, bawo and siliyasiliya. Some service providers in Malawi have adopted these tools and are using them to meet the various needs of children.

Support from the government, donors and CSOs

The government, donors (development partners) and civil society organisations have provided material, financial and technical support to PSS service providers with the aim of improving the reach and quality of psychosocial support interventions for vulnerable children in Malawi. This has promoted harmonisation and complementarity of efforts by different service providers.

Gaps in the Psychosocial Support Service Area

Ignoring social and emotional aspects

Existing child care and support programmes focus primarily on meeting immediate needs of children, including physical, mental and spiritual needs, largely ignoring the social and emotional aspects which contribute to the holistic growth and development of children.

Lack of adequate knowledge and skills

In spite of very positive efforts, in Malawi, psychosocial needs of children are not adequately met, because there is still lack of appropriate knowledge and skills. This is one of the major gaps in the psychosocial support service area in Malawi and it has resulted in the designing of programmes that largely:

- are not logically articulated;
- lack psychosocial goals and their corresponding output and outcome indicators; and
- are difficult to monitor and measure.

The knowledge and skills gaps among the psychosocial support service providers are compounded by the lack of psychosocial support training manuals and guidelines. Furthermore, although the activities are aimed at helping children, they are designed by adults and as a result they are in most cases not responsive to the psychosocial needs of children.

Inadequate coordination among organisations

In Malawi, PSS services are not properly coordinated and there is little linkage and best practices at national and international levels. This leads to conflicting approaches to the problem¹⁰, poor harmonisation of resources and efforts, and underutilisation of resource persons.

Poor understanding of psychosocial well-being of children

In Malawi, the general understanding of psychosocial well-being of children is poor among PSS service providers. Moreover, there are no agreed indicators to measure the impact of PSS interventions. As a result, psychosocial care and support services rendered to children and their families are often centre-based and not provided in children's homes, communities or schools. Furthermore the services are mostly targeted at individuals and not families. Psychosocial support programmes have also been implemented as standalone interventions and this has proved not to be effective. In addition, most service providers have designed 'one size fits all' type of interventions.

Opportunities to Improve the PSS Service Area, in Malawi

Availability of trained and skilled resource persons

In Malawi, a number of people have attended PSS training programmes in and outside Malawi. These include Regional Facilitators (REFAs), Master Trainers, National PSS Trainers, and Journey of Life Community Facilitators. There are three REFAs in Malawi who have been extensively trained by REPSSI in different PSS tools and approaches. Master Trainers are individuals working for REPSSI partners who have also been trained by REPSSI in Introduction to PSS, Journey of Life and Introduction to Mainstreaming PSS. National PSS Trainers are individuals who have been trained by the government (Ministry of Gender, Children and Community Development) and REPSSI in at least one of the following: Introduction to PSS, Children's Corners, and Journey of Life. The government of Malawi and other civil society organisations have also trained Journey of Life

Community Facilitators whose main roles are to conduct Journey of Life Community Workshops and to facilitate the implementation of community action plans.

Availability of international PSS networks and organisations

There exist PSS Networks in the world and other international organisations that are endowed with PSS knowledge and skills that if tapped, could help improve PSS service delivery in Malawi. For example, the Inter-Agency Standing Committee on Mental Health and Psychosocial Support (IASC MHPSS), Regional Psychosocial Support Initiative (REPSI), International Federation of Red Cross and Red Crescent Societies (IFRC) and the Psychosocial Working Group (PWG). These materials are available on their websites: www.repsi.org, www.ifrc.org/psychosocial, and www.forcedmigration.org/psychosocial/ and www.qmuc.ac.uk/cihs for REPSI, IFRC and PWG respectively.



Chapter: 2

The Psychosocial Support Concept

Before using PSS strategies and tools, it is essential to have a clear understanding of the psychosocial support concept. This chapter explores the concept as well as related concepts.

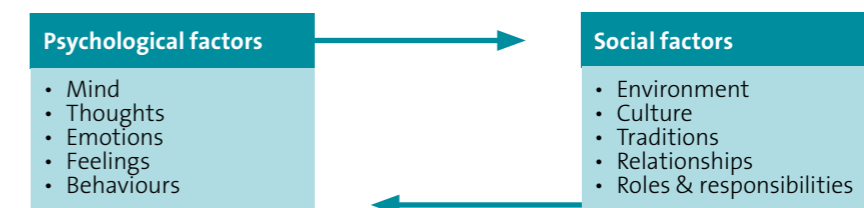
Psychosocial

According to REPSI¹¹, the word ‘psychosocial’ underlines the close relationship between psychological and social effects of experiences as well as the continuous influence of the two on each other. We can narrow down psychosocial programmes to meet needs that fall within three domains:

- Emotional well-being;
- Social well-being; and
- Skills and knowledge.

According to the Wheel Model of psychosocial support (REPSI)¹², children’s needs fall into the following categories: social, emotional, mental, physical and spiritual. In order for programmes to improve the psychosocial well-being of children, all these needs have to be met. The current psychosocial programming does relatively well in meeting the physical, mental and spiritual needs of children. The social and emotional needs, however, are not being adequately addressed. Yet they are fundamental components of the psychosocial concept.

Figure 1: Graphic representation of the term psychosocial showing the dynamic relationship between the psychological and social effects of experiences¹³



REPSI argues that each person is influenced by the integration of:

- the mind, thoughts, emotions, feelings and behaviours, which are the psycho or psychological components; and
- the social world or context in which we live, the environment, culture, traditions, spirituality, interpersonal relationships with family, community and friends, and life tasks such as school and work.

The skills and knowledge component is important as it equips vulnerable children to be able to overcome emotional and social challenges.

Those that may not have had the opportunity to gain the required skills and knowledge and are facing emotional and social challenges should be assisted, even in a reactionary way, for them to still acquire the skills and knowledge to deal with the challenges.

Psychosocial Support

Psychosocial support is about helping children, families and communities to improve their psychosocial well-being. It is about encouraging better connections between people, and building a sense of self-worth and community. It is about promoting everyday consistent care and support in the family and community¹⁴. The following short definitions of psychosocial support for children are useful:

- Continuum of care and support by which the child's social environment and his or her individual capacities are influenced for both individual benefit and community development.
- An on-going process of providing the social, emotional, mental, physical and spiritual needs of children for their healthy development and survival.
- The process of enhancing the healthy relationships between the social and the psychological aspects of an individual.
- Care and support offered to an individual for positive thinking, feeling, and good social environment and relationships.

Psychosocial Well-being

Psychosocial well-being is the positive age- and stage-appropriate outcome of children's physical, social and psychological development. This entails the ability of the child to successfully accomplish expected "tasks", at a particular stage or age of development, and to deal with social and emotional challenges. Psychosocial well-being is, therefore, determined by a combination of children's capacities and their social and material environment. Psychosocial well-being has also been defined as the ability to make sense and have a degree of control over one's world with a sense of hope for the future¹⁵.

Psychosocial Interventions and Psychosocial Support Programming

Psychosocial interventions and psychosocial support programming are specific and formalised activities, programmes and services implemented by external entities when families and communities are unable to meet the psychosocial needs of children. The important care giving roles of families and communities should be recognised as the fundamental and primary components of psychosocial support. This entails building the capacity of families and communities for them to play their rightful roles of carrying out the day-to-day nurturing actions that promote the psychosocial well-being of children¹⁶.

In an attempt to reduce the current confusion about psychosocial support, Richter et al (2006) have hence adopted the terms "psychosocial interventions" and "psychosocial support programming" to refer to external interventions, while "psychosocial care and support" to refer to the everyday family systems of care which support children's psychosocial well-being. The general guidelines by UNICEF which discourage practices or interventions which may rob the dignity of children or may be harmful to them, their families and communities¹⁷ are highly recommended by this Source Book. Harmful interventions include activities which cast children as victims, for instance, the tendency by some caregivers to talk in public about the support they render to vulnerable children in their presence without seeking their consent.

NOTE:

Psychosocial interventions and programmes are especially important for children whose families, which are the primary source of care, are unable to provide sufficient day-to-day care and support to them.



Fundamental Goals of Psychosocial Programming

This Source Book recommends that psychosocial support programmes should be developed logically and service providers should ensure that the interventions have well articulated PSS goals. The following are examples of fundamental goals of psychosocial programming which may be used as criteria for defining sound objectives as well as the indicators with which service providers can evaluate their success in meeting the psychosocial needs of children¹⁸:

- Secure attachments with caregivers
- Meaningful peer relations or social competence
- Sense of Belonging
- Sense of self-worth, value, self-esteem and well-being
- Trust in others
- Access to opportunities
- Physical and economic security
- Hopefulness or optimism about the future

Psychosocial Indicators

When a psychosocial intervention is successful, it brings back some sense of control into the lives of those affected, resulting in increased social, physical and psychological well-being. The indicators employed in psychosocial programming should detect and capture the changes that people go through. In order to effectively measure the impact of psychosocial interventions, psychosocial service providers can develop indicators¹⁹ for the three domains: emotional well-being, social well-being, and skills and knowledge.

Table 1: Examples of indicators for the three domains of psychosocial programmes

Emotional Well-being Indicators	Social Well-being Indicators	Skills and Knowledge Indicators
<ul style="list-style-type: none"> • Trust • Meaning and hope for the future • Positive feelings, thoughts and emotions • Sense of control • Courage • Love • Sense of security • Self-motivation • Sense of belonging 	<ul style="list-style-type: none"> • Integration into the community without feeling stigmatised or different • Forming and maintaining positive social relationships with caregivers, peers and positive role models • Strong attachments to caring adults and/or peer groups in the community • Sense of acceptance • Sense of identity • Play and social interaction • Social competence at interacting with adults and other children (following social codes of behaviour of one's culture) • Assuming socially appropriate roles • Ability to assist others • Positive social behaviour 	<ul style="list-style-type: none"> • Resolving conflicts • Ability to sustain a Livelihood • High self esteem/self-confidence • Making rational decisions • Setting realistic goals • Assertiveness • Understanding • Communication • Problem solving • Relationship building • Self control

Chapter: 3 Psychosocial Support Strategies

To improve the well-being of vulnerable children, different psychosocial support techniques and approaches are available. This chapter presents a selection of useful strategies to be used by PSS service providers as well as suggestions for activities.

In this Source Book, psychosocial support strategies shall mean a set of techniques or approaches that are designed to produce successful outcomes of psychosocial support interventions. The essence of implementing psychosocial support interventions is to address children's issues and needs in a holistic manner so as to improve their psychosocial well-being. The PSS strategies will help service providers to assess themselves by answering the following questions²⁰:

- Where are we now in the promotion of the psychosocial well-being of vulnerable children?
- Where do we want to go to?
- How will we get there?

The Source Book proposes that psychosocial support strategies should be placed inside wider developmental contexts such as education and health care. This will create an integrated developmental approach to promoting psychosocial well-being of vulnerable children.

According to UNICEF (2007) children become affected by their experiences in different ways and there is hence no 'one size fits all' technique or approach to restoring a sense of well-being.²¹ In view of the same, the Source Book proposes that psychosocial support service providers should use a variety of strategies, and strategies should consequently be responsive to their needs, concerns and available resources, and based on the social and cultural values and practices of the community. When selecting strategies, also sex (boy or girl), age, and environment (urban or rural) are important. Moreover, there should be flexibility in the use of strategies to avoid exposing children to further stress.

Strategy 1: Community Mobilisation

Community mobilisation is about promoting community ownership and full involvement of communities in the child care and support programme cycle. Activities include social mobilisation meetings with community leaders (religious, political, and traditional) and parents to sensitise them on child care, and to solicit their support.

Active community participation is one of the key factors to successful planning and implementation of relevant and helpful psychosocial activities, as community members themselves are the experts on what the needs and resources of the communities are. They are also the people who have the appropriate solutions to the challenges of the affected children. Caregivers should, therefore, be encouraged to work hand in hand with community based volunteers and caregivers.



Strategy 2: Capacity Building

Capacity building of families and communities is another strategy to enhance the well-being of vulnerable children. Families are the primary caregivers and they render the first line of response to the psychosocial needs of children. Strong families usually provide psychosocial support to children on daily basis. The extended family, community at large, schools, and social groups like religious groups, generally complement the role of the family in this respect. However, when the capacity of families has diminished, extended families and communities may take over the responsibility of meeting children's psychosocial needs. Even under the immense pressure that has been created by the HIV and AIDS epidemic, families and communities have, with tremendous resilience and compassion, provided psychosocial care and support to vulnerable children through the traditional safety nets.

An essential aspect of this strategy is training community based volunteers on the issue. PSS service providers may empower community members by, among others, establishing support groups for vulnerable children, equipping the community with correct information about HIV and AIDS, identifying foster parents and mentors, and strengthening existing support structures.

Strategy 3: Life Skills Educational Programmes

The implementation of Life Skills Education Programmes is a strategy to provide children with necessary skills for peer support and for seeking support from caregivers and other adults. As children grow up, parents and caregivers ensure that they develop competencies that are important for their survival and for coping with daily challenges. Vulnerable children's challenges include HIV and AIDS and orphanhood. Children's capacity to cope with difficult situations can be enhanced through Life Skills Educational Programmes. Psychosocial Life Skills Training is one of the programmes. It helps children to identify the life skills that parents give them and those they need to respond to challenges.

Psychosocial life skills development of children refers to the gradual psychological and social

competencies that children acquire as they grow and develop. For instance, children's capacity to learn from experiences and their ability to maintain satisfying relationships. Life skills are abilities related to communication, building self esteem and self awareness, decision making, conflict resolution, problem solving, goal setting and planning, relationship building, and assertiveness. Examples of these skills are: to engage in a caring conversation (communication), to make up one's mind (decision making), to have a sound idea about one's objectives in life (goal setting), and to refuse unreasonable requests in a polite manner (assertiveness). Children can be taught life skills by using specific activities that are implemented in a group and facilitated by a caregiver.

Activity 1: House Metaphor

Children are asked to think of their life as a house. Each part of the house is a skill they need to get through life. They are asked, as a group, to draw a picture of a house that shows the skills their parents, caregivers, and communities gave them to survive in life. Each part of the house represents a specific life skill. For example, the foundation, could represent one's ability to ask people for help. After completing the drawing of their houses, children should respond to the following questions, in their groups:

- What are the life skills that have been most important for your life?
- How did your parents or caregivers teach you these skills?
- As you look at your house, would you say your house is complete? If not, what is missing in your house? What life skills can you say you have lacked in your life?

Invite one child per group to come up and share the story of their houses. Use the above questions as guidelines for feedback.

NOTE:

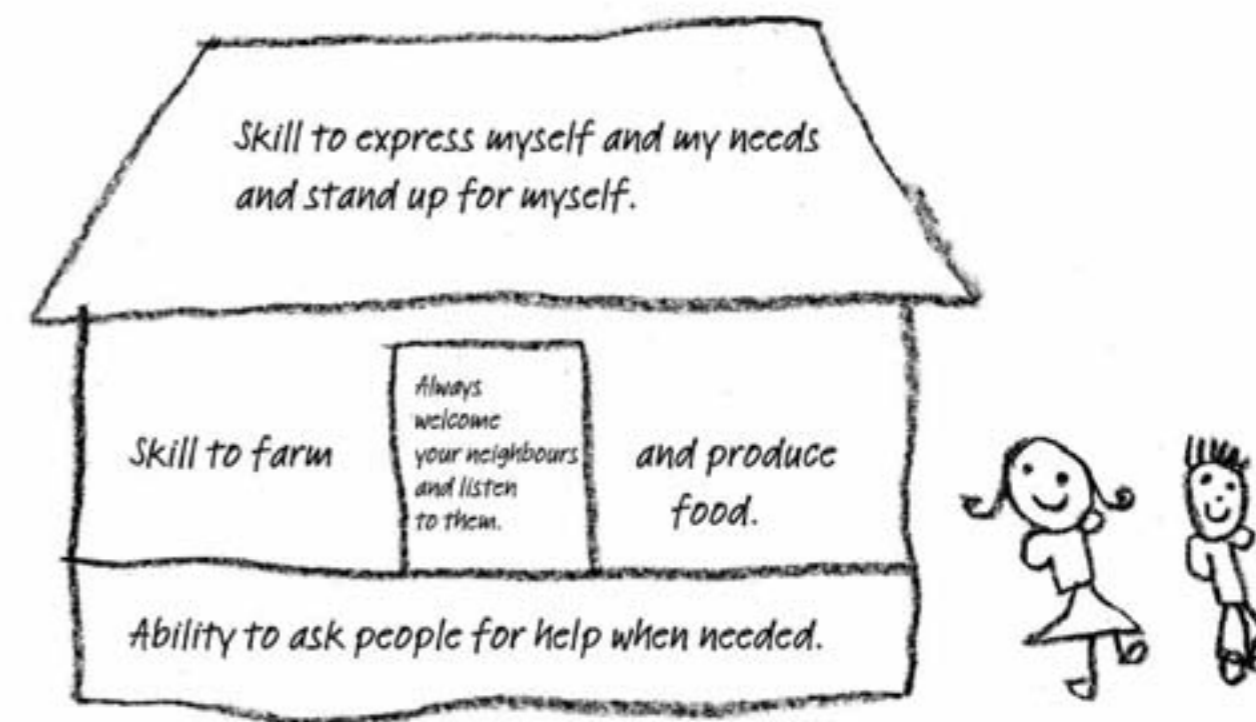
The caregiver should record the skills, gaps, methods of transfer of skills by parents, caregivers, and communities as the groups make their presentations.

A summary of the key points raised by the groups should be emphasised.

The caregiver may have a picture of a sample house to give an example to the children.

The caregiver should conclude this activity by making the following statements:

- There are important skills that all individuals need to have in order to cope with the daily demands of life.
- It is also the role and responsibility of children themselves to pass on life skills to each other, apart from being taught by their parents and caregivers.
- There is need to identify other people or structures that can help to pass on life skills to children without parents or guardians in their communities.



Activity 2: Role-play

Divide children into five groups to discuss and illustrate different life skills. After working in groups, the children plenary present their ideas.

Group 1: Read the following situation and answer the questions below:

Four children live in a child-headed household. Their parents have died leaving them a few family assets. One of the relatives, their uncle, is demanding the house as it is his brother who died. The oldest child is a boy of 17 years. The other children are 12, eight and two years old. The children do not want to give their house away. The uncle continues to bother them about giving away their house.

- Are there children in your community having similar problems as brought out in the situation above?
- What life skills would these children use to help themselves?
- In what ways would such children be helped by their other relatives and communities?

A representative of the group reads the situation to the class in plenary and then makes the presentation.

Group 2: Show in a role-play what parents do that destroys the confidence of children.

Group 3: Show in a role-play children in a child-headed household struggling to solve a problem due to lack of skills.

Group 4: Show in a role-play the importance of positive relationships between children and adults.

Group 5: Show in a role-play the behaviour of a child who has no clear goals for his/her future.

Activity 3: Brainstorm

The caregiver asks the group to brainstorm on how parents/caregivers teach life skills to children. He/she captures the responses on a flipchart. After the brainstorm, the caregiver explains to the children that they can learn through observation, imitation, experience, parents' teaching, and accidentally.

The caregiver closes the activities session on life skills by reminding the children that they should develop and internalise life skills so that they may be able to overcome challenges which they meet in their daily lives.

Strategy 4: Information, Education and Communication

The development, printing and distribution of information, education and communication (IEC) materials is a strategy to promote the psychosocial well-being of vulnerable children. The materials include posters and flyers which can be passed from hand to hand in a community. Other channels are, for instance, video shows, television and radio programmes as well as peer education sessions and interactive drama. The IEC strategy assists in changing knowledge, attitudes, and practices.

Lots of successful IEC materials have been produced by the International Federation of Red Cross and Red Crescent Societies (2009)²² and other partners. PSS service providers can adapt and use them to suit the Malawian context. However, IEC materials should carry simple but key messages and should wherever possible also be in vernacular. They should also include hand-drawn pictures of people who represent the affected population, and not photos of specific people. In this way no single person is singled out as an example.

Strategy 5: Creating Safe Spaces

Safe spaces are areas where children can share experiences, feelings, and thoughts about challenges of life and how to address them. Safe spaces build children's capacities and promote positive living and behaviour change. Below are some examples of safe spaces for children, in Malawi.

Orphan Affairs Unit

The Orphan Affairs Unit (OAU) was developed by Consol Homes Orphan Care (CHOC) as a tool to provide care and support to orphans. The OAU is formed and run by orphans aged 10 to 18. Young

persons who are above 18 but still in school and supported by CHOC continue to participate in OAU activities largely by providing guidance and support to younger children.

The OAU is structured like a parliament where children elect an Orphan Member of Parliament (OMP) for each village or zone and the President who is the head of the OAU. The OMPs, working together with fellow children and guardians, identify issues that affect children and other community members and present them to the Executive Committee, which works as a cabinet, on weekly basis. The structure also enables children to solve their own problems.

Girl Guide Unit

A Girl Guide Unit comprises girls who voluntarily join the Malawi Girl Guides Association as members. At a Girl Guide Unit, the girls are divided into smaller groups called Patrols that are led by fellow girls of the same age group called Patrol Leaders. Patrol Leaders form a Children's Committee which is termed Patrol Court of Honour.

Children's Committees are supervised by adult volunteers called Guide Leaders who in turn report to the Zone Executive Committee. At least one third of the members of the Zone Executive Committee are young leaders (Patrol Leaders). The Patrols, for instance, encourage girls to learn from each other. The role of the adult leader includes making decisions when the group is in conflict.

Children's Corner

A Children's Corner is a safe place in the community where children aged six to 18 meet and participate in various activities with minimum interference by adults. Children learn skills, play, and share experiences. The two key components of a Children's Corner are the provision of psychosocial care and support, and the promotion of active participation of children in activities. Although children are the major decision makers, in Children's Corners, adults also play a role. They guide the children and help meet their psychosocial need.

Strategy 6: Counselling

Counselling may be used as a catharsis tool which helps vulnerable children to bring out inner worries. It also facilitates their understanding and acceptance of challenges, and provides children with opportunities to develop skills to cope with them. Counselling facilitates behaviour change, and improvement of self image and esteem. When need be, individual counselling and/or group therapy is also provided to parents or guardians of children with the view to enhancing family relationships.

NOTE:

It should be emphasized from the onset that counselling is a specialised field and this Source Book is not in any way attempting to make psychosocial service providers become professional counsellors. Furthermore, what most vulnerable children require is not counseling but the day-to-day care and support and general guidance rendered by immediate

families, peers and the wider community. The Source Book recommends that the very few children that continue showing signs of stress following such support and guidance should be referred to further professional support and counselling.

There are different ways of providing counselling support to children, namely²³ one-to-one counselling, group counselling, family counselling, peer counselling, community counselling, and crisis counselling. The general principles of counselling children are:

- Believe in the child.
- Listen openly and calmly.
- Reassure the child.
- Write down the facts at the appropriate time.
- Report immediately to the relevant authority (by following guidelines).



When counselling, create an atmosphere of safety and trust, be fair and honest, show children that violence is wrong, and help them to learn better ways to deal with their anger. Moreover, help them to feel important and accepted, take time to talk to them, and do not make promises that you cannot keep. You can protect yourself as a counsellor by, among others, working in open places, only touching children in safe places on their bodies, and being careful about conversation that involves sex.

NOTE:

Counsellors who work with children need to recognise that children have the right to privacy. However, there are times when the counsellor may feel that it would be in the best interest of the child to share the information with other service providers or law enforcers. In such situations, the counsellor should keep the information confidentially while still acting in the best interest of the child in order for the rights of the child not to be threatened by the silence. Source: Ministry of Gender, Labour and Social Development (2008) Supporting Orphans and other Vulnerable Children through Communication and Basic Counselling: A Reference Guide for Service Providers. Kampala, Uganda.

Strategy 7: Memory Approaches

Memory work includes many tools which enable psychosocial support service providers to assist families and children to talk about present difficulties, cope with illness, death and grief, and to plan for the children's future adjustment and well-being. The emphasis of memory work is on helping children understand who they are and giving them the right information to make the best of the future. Memory work helps people to tell their sad stories of the past, to draw strength from them and develop coping mechanisms. However, memory work may evoke sad memories in some children and they may not want or be able to talk about their difficult experiences. In such cases the caregiver should not force the children. The state and condition of the person involved determines the approach to be used.

NOTE:

See Chapter 4 for memory tools.

Strategy 8: Resilience Building

Resilience is the ability to successfully cope with change or misfortune. Resilient children regain their balance and keep going, despite adversity and misfortune. Resilient children show some specific characteristics. They are socially competent, adapt to change, are likely to think before acting, are confident, have realistic goals, and they are positive and have hope for the future. However, being resilient does not mean that a child will always 'bounce back' after experiencing difficulties, but it means that equilibrium will be re-established. Resilient children are not immune or hardened to stress, but they have learned how to deal with life's inevitable difficulties.

Children may often be able to overcome and even learn from single or multiple risks, but when risk factors accumulate, for instance, in cases where children face secondary stress factors, the capacity of even the most resilient child rapidly diminishes. There is inherently need, therefore, for families and communities to help build the inner strength of children and reduce factors that may cause accumulative stress inducing factors in the lives of children.

There exist two types of resilience building approaches. The proactive approaches are about preparing children to face challenges, for instance, parents pass on life skills to their children. The reactive approaches are mainly crisis interventions and help children to deal with current problematic situations.

NOTE:

See Chapter 4 for resilience building tools.

Strategy 9: Coordination of PSS Services

Coordination of psychosocial support services for vulnerable children is essential, as it promotes harmonisation of services and efforts, linkages and referrals, and sharing of information, experiences and best practices.

A structure for the coordination of support services for vulnerable children is properly articulated in the National Plan of Action (NPA) for Orphans and Other Vulnerable Children in Malawi. It includes, at the national level, the Vulnerable Children Technical and Advisory Support Unit (TASU), the Technical

Working Group (TWG), the National Steering Committee for Vulnerable Children, and the PSS Subcommittee of the TWG. At district level, services are spearheaded by the District Social Welfare Officers (DSWO) and supported by the Vulnerable Children Coordinators and the District Vulnerable Children Committees. At community level, services are supposed to be coordinated by Community Child Protection Workers.

Child participation is not an option or an add-on, but a right enshrined in the United Nations Convention on the Rights of the Child. It ensures

Once there is good organisational commitment and a foundation of a good relationship with parents, caregivers or community structures, service providers may already have gained a good sense of how to work well with children in order to increase their participation in the programme. Service providers may increase child participation in activities and processes, for instance, by starting child consultation meetings to learn about their ideas and topics that would be relevant to their lives, and by organising Kids Clubs where children take a leading role in facilitating sessions on topics identified by their group.

NOTE:

- Depending on the extent to which children have already been participating, it will be necessary to carry out some capacity development activities with children. These will enable children to think through what participation means in their particular context and how to promote it.
- Service providers should think carefully about their type of programme and how child participation may be applied to their own area of specialisation.

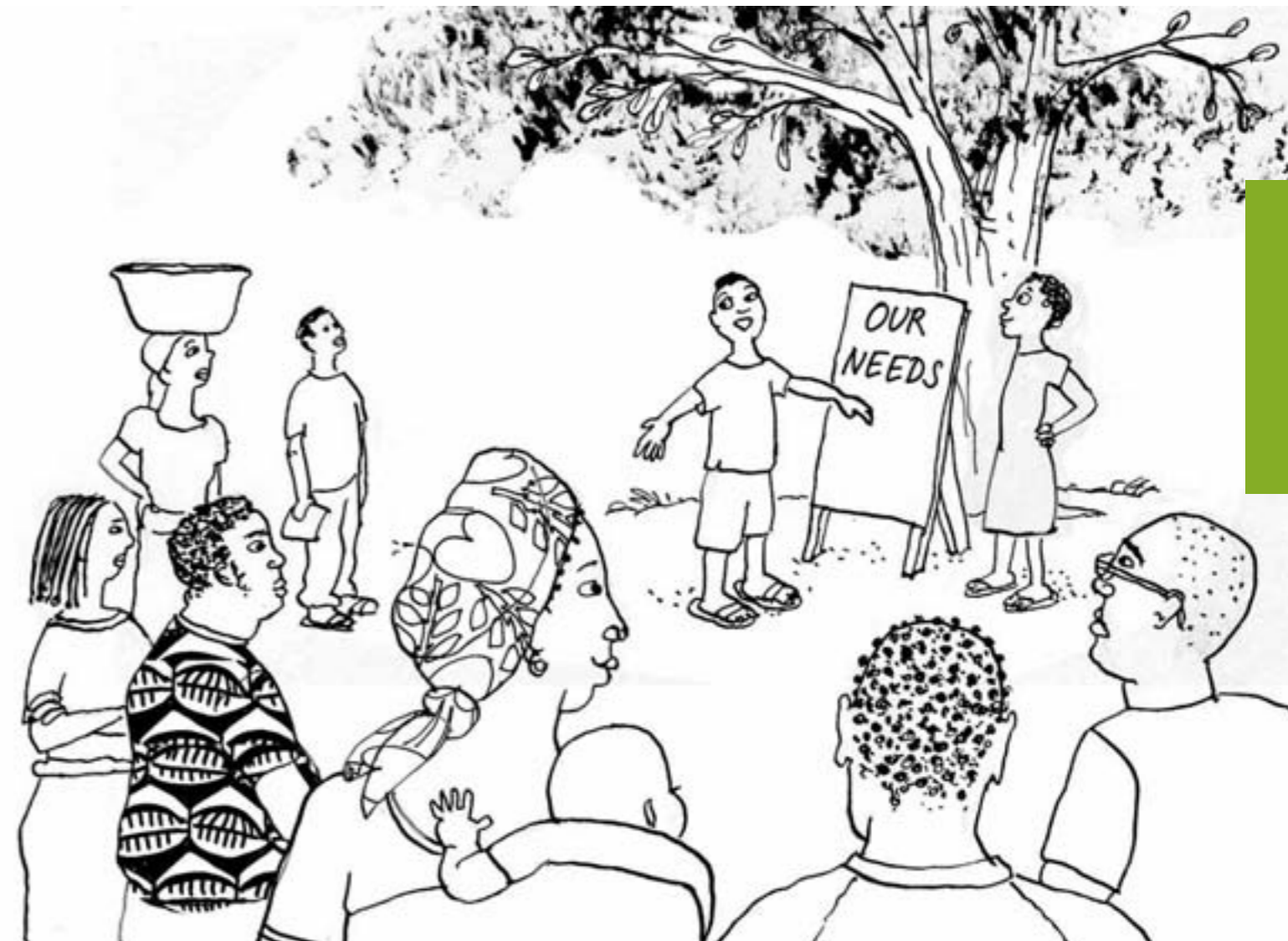
Strategy 10: Mainstreaming Psychosocial Care and Support through Child Participation

that all children have the opportunity to actively participate in all issues directly affecting them. All psychosocial support providers should ensure that PSS services, programmes, and policies designed to support vulnerable children and communities respond holistically to the needs and rights of children and communities. The social and emotional needs of children and their caregivers should be addressed in an integrated manner. This can be done by mainstreaming psychosocial care and support into all types of programmes designed to support vulnerable children and communities, including economic strengthening, education, and health interventions and programmes. An organisation may start gradually with child participation methods so that this eventually grows organically in the organisation until it is mainstreamed into all aspects of the organisation's functions²⁴.

Service providers must gain commitment of parents or caregivers of children involved in child participation, for instance, by spending time to build trusting relationships with parents, and by giving full details about the activities the child will be involved in.

NOTE:

In more traditional rural communities or in government-led institutions such as schools, it is important to consult the leaders and relevant authorities about the child participation initiatives that are planned. This can be a valuable time of consultation, where the service providers not only gain support from the authorities, but also get a sense of the priorities and ideas from these structures.



Chapter: 4

Psychosocial Support Tools

Psychosocial support tools are practical and playful instruments that help children to express themselves. By using tools, such as making a Memory Book, care givers get better insight in children's psychosocial needs. This chapter presents a variety of psychosocial support tools to be used by service providers working with vulnerable children.

Addressing Psychosocial Needs

In this Source Book, psychosocial support tools shall mean instruments, procedures and processes used by service providers to meet or address specific psychosocial needs of vulnerable children²⁵. Depending on the needs of children or the challenges that the children are facing, service providers may use a single or a combination of tools. The degree to which children experience challenging or stressful situations in their lives differs from child to child. It is important, therefore, to ensure that tools that are utilised in the interventions that are aimed at dealing with challenges faced by children do not re-traumatise them. For instance, PSS tools should not put children in a position where they feel obliged to express their feelings about their stressful experiences, such as illness or death of their parents.

Below, fourteen different tools are presented. They have been selected because they are popular in Malawi, effective, culturally appropriate, relevant to the Malawian context, and applicable. They will need adaptation to the specific context and affected group. The tools have not been defined fully. Brief descriptions indicate how they would help vulnerable children and how service providers may use them.

Each child draws her or his own Tree of Life on a piece of paper. The different parts of the tree are used as metaphors that represent the different aspects of their lives.

Tool 1: Tree of Life



Aim

The use of metaphors invites children to tell stories about their lives in ways that make them stronger and more hopeful about the future. It has been used extensively with children in different contexts to facilitate conversations about loss and bereavement. The tool allows children affected by HIV and AIDS, emergency, abuse, poverty, conflict and to so on, to tell, hear, and explore their stories without remaining trapped in the state of stress or trauma. It simultaneously opens up spaces and opportunities for children to tell and explore stories of hope, aspirations, connection to those around them as well as to those who have died²⁶. The aim of the Tree of Life process is to build and acknowledge "a second story" about each child's life. The second story consists of the skills, abilities, hopes and dreams of each child and the histories of the same. As the children draw and share their Trees of Life, the caregivers have opportunities for rich conversations and explorations of children's second stories.

The Tree of Life can specifically be useful as a tool that deals with loss and bereavement without relying on catharsis and avoids the risk and danger of re-traumatizing children in that it places no pressure on them to speak or deal with loss or trauma. Should they however wish to raise or deal with these issues, the caregiver may use the Tree of Life metaphors to invite the children to talk about the alternative stories of their lives that are often positive.

Target Group

The Source Book recommends that the Tree of Life tool should be used with children aged eight to 18. The Tree of Life is used to support children through their day-to-day experiences in their families and communities and can also be adapted to be used for more specialised forms of psychosocial care and support. This has made the tool very relevant in school contexts and other social settings where children spend their time, for example, Kids Clubs, Children's Corners, Girl Guide Units, Orphan Affairs Units etc.

Materials Needed

- One flip chart sheet for each child. Or other paper materials.
- Colourful writing materials such as crayons, paint and markers. Food colouring and other paints made locally, such as those made using green tomato leaves, burnt bricks and charcoal, can also be used.
- Writing materials (pencils, pens, markers).
- Tape or sticky material to stick the children's drawings on the walls.

NOTE:

- Ideally the caregiver should work with 12 children in this process. However, the number should be reduced to 10 if the children are young (8-10 years old).
- The process should be led by two or three caregivers.
- While older children will be able to write as well as draw on the pieces of paper on which they draw their Trees of Life, younger (8-10 years old) children may need to be assisted. If the children want to be assisted the facilitator should only write what the child wants to appear on the paper, besides their Tree of Life. The caregiver should write as instructed by children.
- The lead caregivers should:
 - adequately brief the other caregivers about the process and the support that they provide to children during the exercise; and
 - prepare his/her own Tree Of Life prior to working with the children. This provides the caregiver with the necessary experience as well as an example to share with the children at the start of the exercise.

Adopted from: Ncube-Mlilo and Denborough (2008), Tree of Life Manual

Working with the Tree of Life

Developing the Tree of Life is a practical process and in order for the process to achieve the desired results, the lead caregiver, who should have been trained in Introduction to Psychosocial Care and Support or be familiar with the values and principles of psychosocial care and support, should prepare adequately for the exercise. The caregivers should not be prescriptive and provide rules about how to introduce the Tree of Life process to children. Instead they should be creative and take the local culture into account so that the process should be locally appropriate.

The caregivers should lead the process as follows:

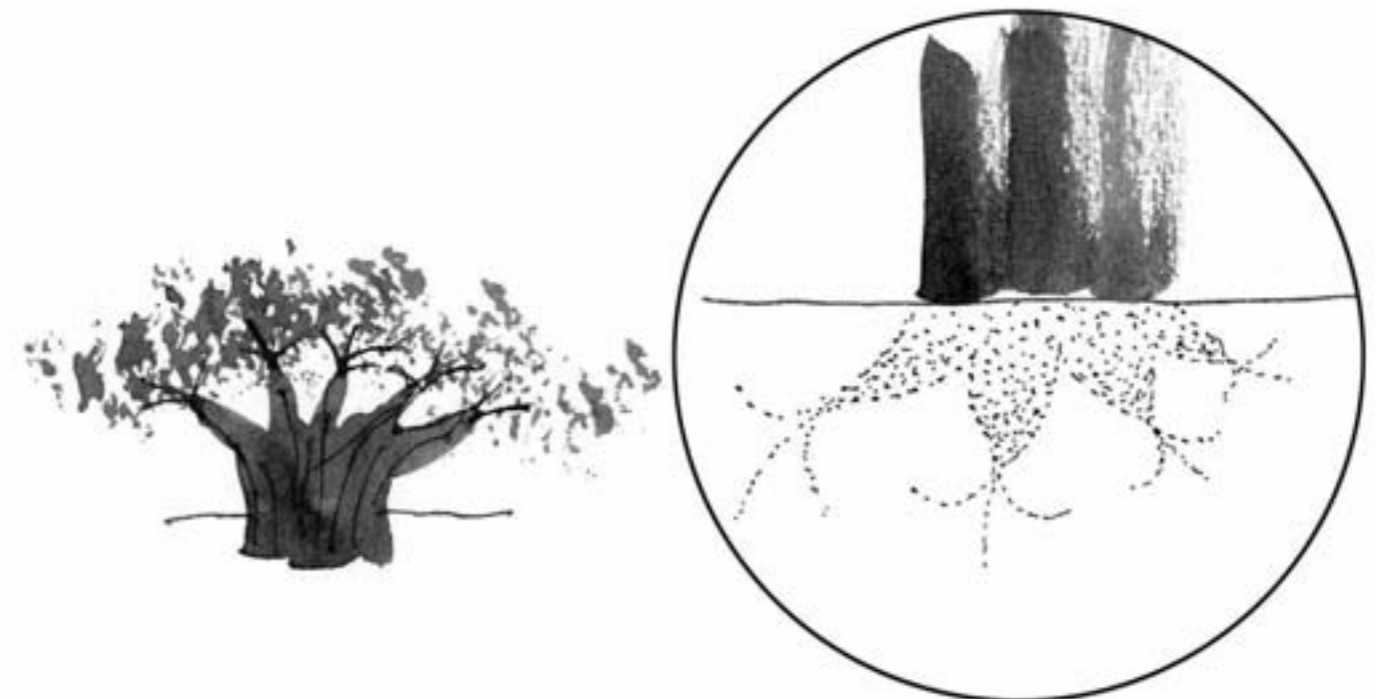
- Gather the children and begin the meeting with a brief discussion about trees in general. Give the children ample time to talk about the different kinds of trees that they know.
- Ask the children to talk about the different parts of trees. This should include the trunk, roots, branches, leaves, and fruits.
- The caregiver should also ask children to talk about forests.
- Explain the purpose of the Tree of Life and inform the children that the Tree of Life is an activity in which people draw a tree on a piece of paper, which include roots, the ground, the trunk, the branches, the leaves and the fruits.
- Ask children to imagine that they are a tree and what it would be like to think of parts of their life as parts of a tree. For example, the roots are where they come from, the branches are their hopes, dreams and wishes, the leaves are important people that have been or are in their lives.
- One of the caregivers should present his/her Tree of Life to give the children a good sense of what they will be doing. The caregiver may also present trees which were drawn by other children, as long as he/she has permission from the concerned children to use their trees.
- Give the children an opportunity to ask questions and seek clarification of the process and its importance. Make sure that all fears and doubts are dealt with before they start drawing.
- Invite the children to spend some time creating their personal Trees of Life. Tell the children that if they do not want to participate in the process, that is ok.
- Once the trees are drawn, give the children a chance to share their drawings and their story. Those that do not want to share their trees and stories should not be forced to do so.

- After the plenary session, ask each child to hang his/her Tree of Life on a wall. This creates a forest like image.
- With children standing, if possible, and looking at the forest,
 - Ask them what they felt like when (i) the topic was introduced, (ii) they were drawing the trees and (iii) sharing the stories?
 - Find out if they feel the same way after drawing and discussing the Tree of Life? If not, how are they feeling now?
 - Find out if they would feel the same way (as they felt initially) if they were to go through the process again?
 - Go through the aim of the Tree of Life.
 - Summarise the parts and what they stand for, emphasise the importance of each part, for instance, leaves as people that are important in the child's life.
 - Help children to discuss and internalise how they would apply lessons from the Tree of Life. This is critical because the trees are not drawn just for the sake of it.

Parts of the Tree of Life

Roots

This is where the children come from (village, town), and their family history (origins, family name, ancestry, extended family). The roots also represent people that have taught the children the most in their lives, their favourite place and a treasured song or dance where they come from.

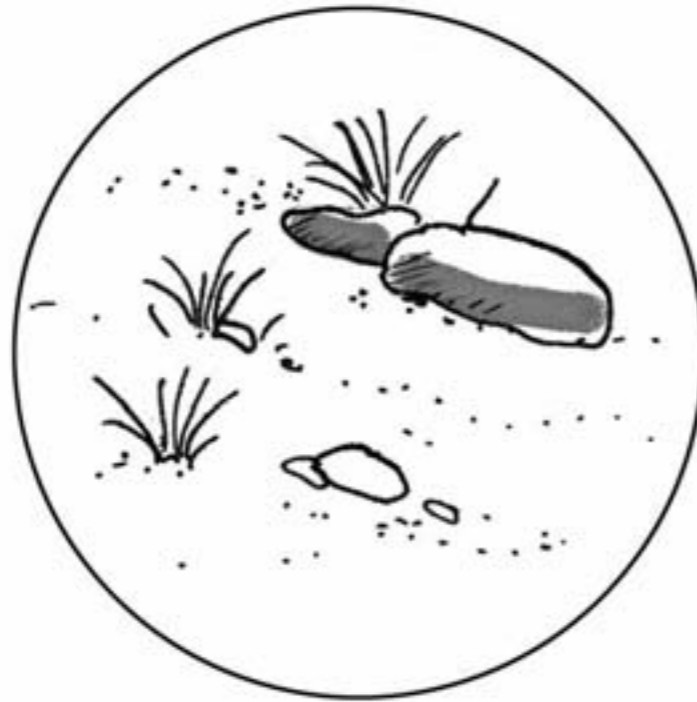


Roots

Village of origin

Your family history

Important people in your life



Ground

Who do live with now?
What do you do everyday?

Ground

The ground metaphor invites children to explore (talk about or express through drawing) their lives at present and some of the activities that they are engaged in during their regular daily life. Important information to include on the ground includes:

- Who the child lives with now
- What the child does every day

Trunk

The trunk metaphor invites children to talk about or present in drawing some of their skills.

Ask the children to consider the following in order to help them develop a list of their skills:

- Things that they are good at
- Talents which they possess
- Things that they do well
- Things that other people tell them that they are good at doing

NOTE:

Children may not know that some of the things that they do well are actually their skills. The special skills could include things that they do every day without thinking much about them, including being kind to others or taking care of others.



Trunk

Your skills and talent

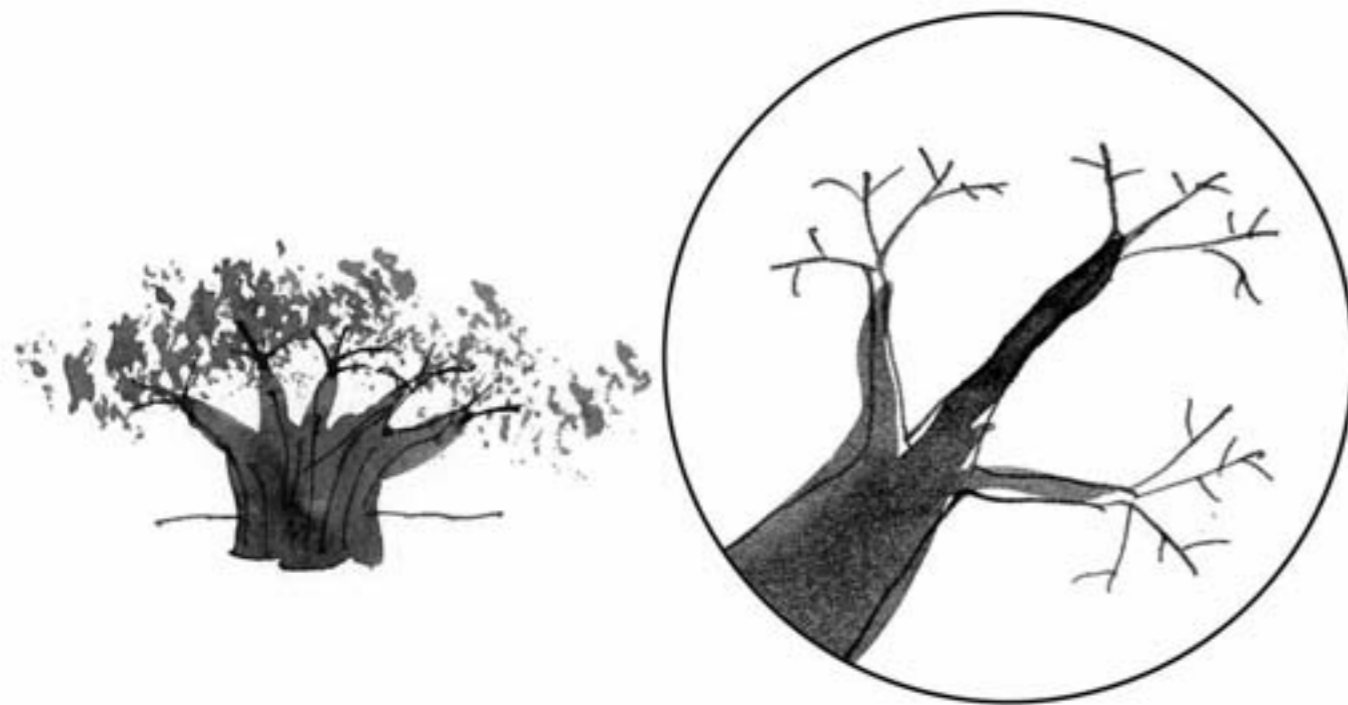
The caregivers should take note of the skills that:

- May have become apparent when children talk about what they do in their daily life.
- Children have demonstrated during an activity. The caregiver should ask children some probing questions that will enable them to come up with other skills that they possess and have managed to use during other activities done, for instance, at a Children's Corner, Life Skills Camp and Support Group.
- Children display while they interact with the caregiver, which may include skills in physical acts, skills of caring, and kindness.

The caregivers should also encourage children to:

- Remind their colleagues of the skills that they may have observed in each other just in case some of the friends forget to put these skills on their trees. It is exciting to observe the little whispers and movements that the children make as they go to their friends to share their observations and make these reminders.
- Include the skills that have emerged from the observations and discussions on their trees.
- Link the skills to the dreams and hopes and see whether they match in one way or another. Children may choose things to do in the future, based on the skills that they have. They may have to develop their skills or work hard in new spheres in order to achieve their dreams and hopes.

When the children share their trees in the group, the caregiver can also ask them some questions about the histories of these skills, i.e. how long the child has had them, and how they came to learn these skills, did they learn them from anyone in particular etc. This enables stories to be told about these skills, and the information from these stories can also be recorded on the tree. While drawing the trunk, discussions about the history of the skills and special memories about significant others that the children can recall in their lives can be combined. These are valued memories that the children hold as very dear and precious.



Branches

Your hopes, talents, dreams and wishes

Branches

The branches are metaphors for hopes, dreams and wishes. Most of the children that will be engaged in the Tree of Life process have experienced many challenges in their lives. However, despite the difficulties that the children experience, they have hopes and dreams about a better life and a better future. An enquiry into the histories of these hopes and dreams has shown that the same are linked to significant others in the lives of the children. Some of the hopes and dreams that vulnerable children express include growing up to become doctors, pilots, lawyers, and police officers.

When the child is sharing with the group about the branches of his or her tree, ask questions about:

- The history of these hopes, dreams and wishes.
- How these hopes, dreams and wishes may be linked to significant others like caregivers, family members, peers, community members, back in the child's life/home.
- How these hopes, dreams and wishes may be linked to their skills (the trunk).

The caregiver should ask the children about how they have managed to hold on to these hopes, dreams and wishes.



Leaves

People who are (or were) important to you

Leaves

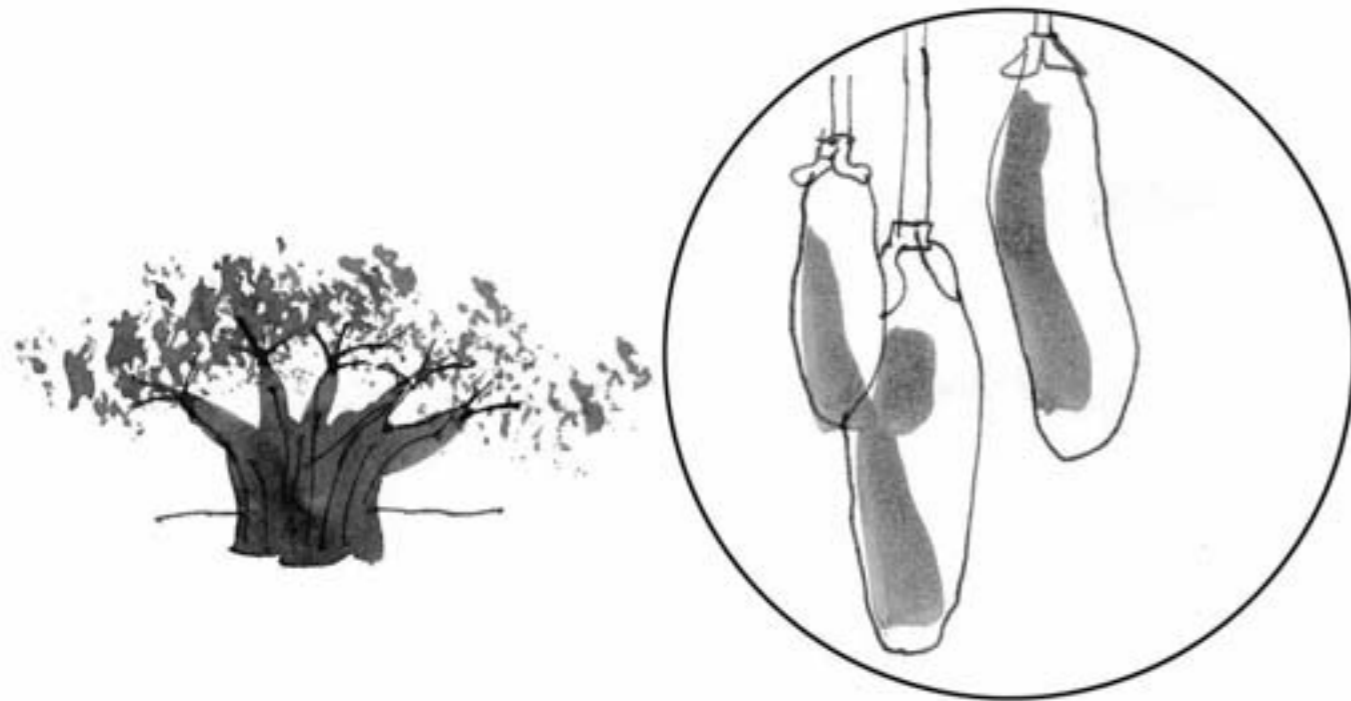
The "leaves" of the tree represent people who are important to the child. The caregivers should emphasise to the children that these are people that may be living (relatives or not, young or old) or those that passed away, and that it is absolutely ok to mention people who have passed away. The caregivers should explain that when our loved ones pass away, they remain important and connected to us. Also ask questions (when children are sharing about their trees) about why people mentioned on the leaves are particularly special to them.

NOTE:

If at any time during the process of sharing about the trees, children talk about some people who passed away and they are touched emotionally, the caregiver should give them time to recover and then ask them the following questions:

- What was special about this person to you?
- Did you have good times with this person?
- Would this person like it that you remember her/him in these ways?

These questions invite the children to tell positive stories about what was significant in their relationships with the persons who passed away. This can facilitate positive feelings and thoughts about the loss and hence enable them to have an emotional healing.



Fruits

The gifts that were given to you

Fruits

The “fruits” represent gifts that the child has been given. These do not necessarily have to be material gifts but could be acts of kindness, care and love from others. Examples of gifts that children may mention receiving from significant others could include:

- Kindness, care and support from my mother when she was alive.
- My uncle worked hard to earn money so that I could go to school.
- Clothes, food and shelter from my family.
- Support from my sister.

When children are sharing about their gifts, the caregivers should ask the following questions:

- Why do you think the person gave you this gift?
- What did they appreciate about you that would have led them to give you this gift?
- What do you think you might have contributed to their life?

NOTE:

If the child has difficulty in identifying any gifts, the caregiver can draw some from what has been shared with the child earlier in the Tree of Life exercise.

Tool 2: Memory Book

A Memory Book is a container in which a child puts a whole lot of his/her life story.

Aim

Memory Books help children retain good memories about their loved ones and special moments in their lives²⁷.

Target Group

The Source Book recommends that caregivers should make Memory Books with children that are aged 10 to 18.

Materials Needed

In order to make a Memory Book, the child needs a cardboard for the cover, plain or ruled papers for the pages, a piece of string or wool, a paperclip, about three or four big nails (three inches nails would suffice), writing and colouring materials, glue and some pictures. This could be his/her own pictures or those for the family, if these are available that is. The caregivers should ensure that a few hammers or something similar are available. Children may also use spikes instead of paper clips. Spikes are more readily available than paper clips, especially in the rural areas as they are used to sew bags of maize, groundnuts etc.

Working with the Memory Book

In order to make it easier for the children to understand the process and know what the product may look like, the caregiver should make his or her book in advance. After showing the children what a Memory Book may look like, the caregiver should:

- Demonstrate to children how the book is made by making one together with them. Apart from being an example, the book is useful as it is utilised as a comments book for children to record responses to any questions that they may have at the end of the exercise.
- Ask the children if they have any questions on the Memory Book, its importance and how it is made.
- Invite each child to make his/her own book.

The children should proceed as follows:

- Each child decides how many pages he/she wants to put in the book.
- Put the pages piled up between the covers and square up the pages and the covers.
- Poke two holes along the spine of the book and leave the nails in the holes. The holes are poked (about two centimeters from the edge of the book), somewhere near the centre of spine side of the book, using the nails and the hammer. The nails that are left in the holes help to hold the book together so that the pages do not fall off as the child is poking in the other holes.
- Poke through the remaining space along the spine of the book to create holes through which the thread or wool pass as the book is being bound.
- Using the paper clip, which has been bent to make a needle like tool or the spike, pass the string or wool into the first hole at one edge of the book and tie a knot.
- Start sewing the book together by passing the string or wool through the holes, with the two nails still left in the holes.
- Remove the nails and complete sewing the book.
- Tie a knot at the other edge of the book. This holds the book tight together and keeps the string or wool from becoming loose and falling out.

Structure of the Memory Book

After the children have completed making the Memory Books, the caregiver should help them to enrich their books, by structuring them as follows:

- Page 1 contains the dedication.
- Page 2 contains drawings of windows with symbols representing their life stories. The windows have to be connected showing their life journey.
- Pages 3 and onwards contains drawings of each window followed by notes explaining the symbols drawn in the window

The windows exercise allows them to begin to think about what is most important for them to be expressing and dealing with. These windows also assist them to decide which stories and parts of their lives they want to draw and write about.

The caregiver should introduce the windows exercise by saying: “Your life is big but your book is small. You cannot fit your whole story into it. Which stories or parts of your life do you want to begin with? These windows might help you decide. Each window is a story about you or a part of your life. You can write a heading, or draw a small picture in each of the windows.”

About the windows:

- The windows just provide a summary of children’s life stories which are described in the information provided below the windows.
- Children may draw as many windows as possible in their Memory Books depending on their life experiences.
- Children may start building new windows after completing this life story showing their new experiences which may be positive or negative.

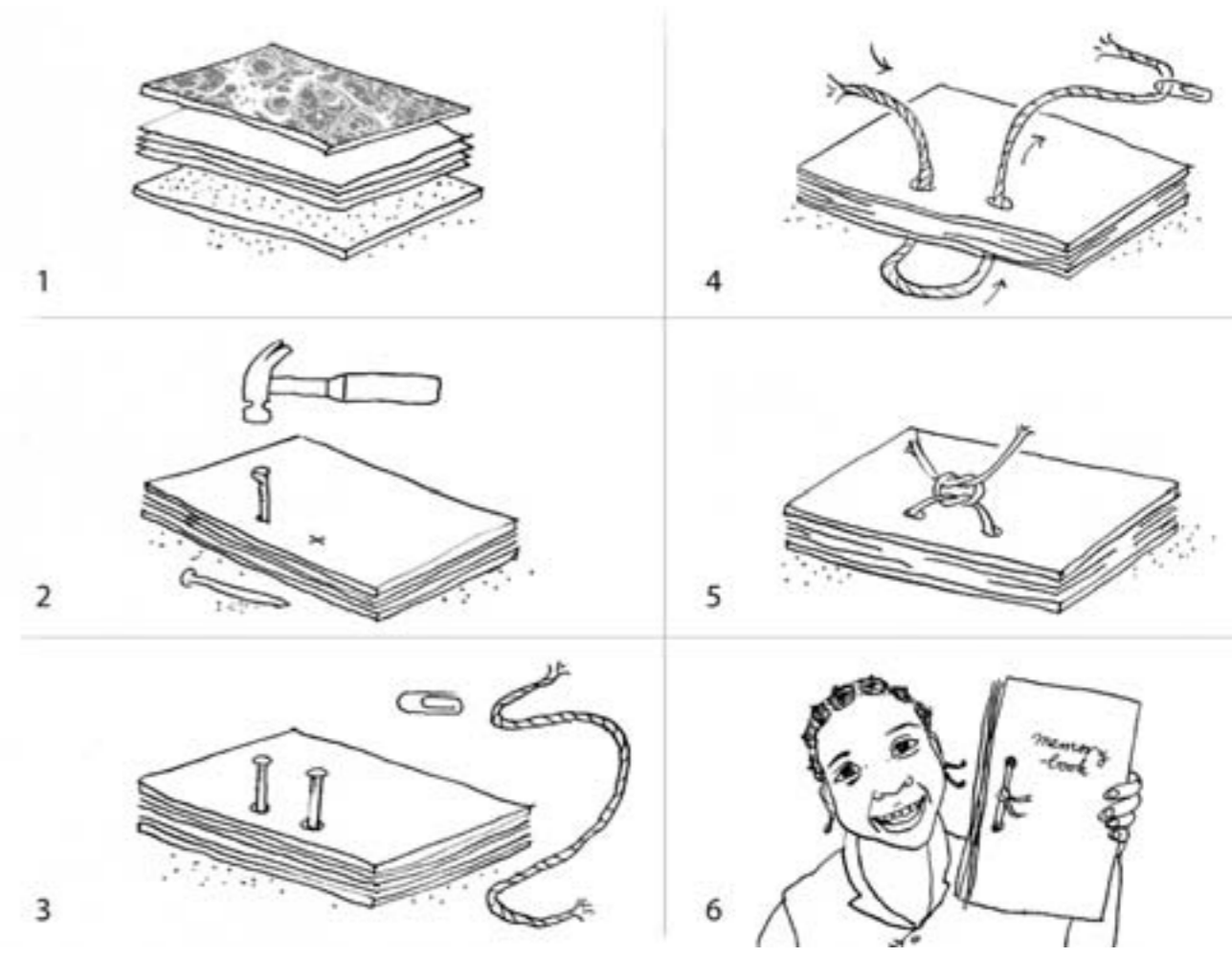
For instance, Dalitso’s windows:

- **Window 1:** Shows Dalitso when she was five years old. The person in the picture looks sad. This is when her troubles started.
- **Window 2:** Dalitso drew a book. It symbolises the time when she started school, she was so excited, the foster family that adopted her after the death of her parents bought her a school uniform and the mother of the house accompanied her to school. She was good at school and in standard five she started scoring the highest marks during the examinations. She was still living in the village.

- **Window 3:** Shows a step ladder with the arrows going up. The person in the picture is Dalitso. She started progressing well at school and she thought that she would get to the top of the ladder and have a good life, even if she had no parents, after completing her education.
- **Window 4:** Here the arrows are pointing downwards. Dalitso drew herself the day she had to leave school. All of a sudden, the foster family members started ill treating her, such that she went to Mchinji to live with a distant relative she thought would be kind to her, but she was not and Dalitso was not allowed to go to school. However, Dalitso really wanted to go to school, so she explained her situation to the Headmaster at one of the schools and a teacher offered to pay her school fees. This teacher however sexually abused her and she became pregnant.
- **Window 5:** Dalitso drew a sick person lying on a mat. She and her child were both tested positive. When she heard about the status, she was confused and thought that she was going to die.
- **Window 6:** Shows a drawing of a happy face. Dalitso joined Tigwirizane Support Group and her life changed. She became a hopeful person and the confusion and the fear went away.

Table 2: Example of how Dalitso filled up her windows

Window 1	Window 2	Window 3	Window 4	Window 5	Window 6
Drawing of Dalitso when she was five years old and looking sad	Drawing of the book that symbolises her happy moments- she re-started school after loss of her parents	Drawing of a ladder with arrows pointing upwards, symbolising her hope of good life after completing her education	Drawing of a ladder with arrows pointing downwards, symbolising ill treatment she received from her foster parents	Drawing of a sick person lying on a mat, symbolising her positive HIV status	Drawing of a happy face, showing positive change in her life after joining a support group



After Completing the Memory Book

After the children have completed their Memory Books, the caregiver should ask them the following questions:

- How did you feel when you were making your Memory Book?
- How do you feel now after you have the book and you have shared some of the things that you wrote in the book?
- What did you like most about developing the Memory Book?
- What didn’t you like?
- Why didn’t you like the process?
- How can the process of developing the Memory Book be improved?

These are useful questions as they help the caregiver to evaluate the process but also identify children that may still have unresolved emotional issues and help make the process meaningful not just as a fun exercise. Apart from the fact that they made the books, the children can be assisted to own them even more by decorating the cover or the first page of their Memory Books. This exercise could be done on the same day that they make their books or later. Decorating the books is a good way of helping the children to be creative and also use or explore art techniques.

The caregiver should ask the children to write their names on the cover of their books if they want to or they can just draw an image to decorate the cover and front page.

NOTE: After the books have been made, allow children to share their stories. They could start in small groups and then share in larger plenary. Those that do not want to do so should not be forced to share their stories. Conclude the session by reminding children that Memory Books are meant to help them retain good memories about their loved ones and special moments in their lives. Therefore no matter how dark the past may have been they can cope and overcome, just like Dalitso did. Remind the children that they should not dwell on the pains of the past but use their history to build a positive future.

The Books are confidential and should only be read by others with the permission of the child. They can be stored in the Memory Box which is discussed below. The child should keep referring back to the Book from time to time.

Tool 3: Memory Box

Just like Memory Books, Memory Boxes are used by vulnerable children and their families to store and record information on their life stories. They are containers in which past and present stories are kept.

Aim

Sometimes, vulnerable children lose very important information once their parents pass away. The Memory Box is one of the tools in the Memory Approaches that assists vulnerable children to keep precious memories that remind them of their loved ones or of good experiences shared with them. Caregivers should however ensure that information stored in the Memory Boxes by vulnerable children and their families does not only focus on the bad experiences. Positive parts of the information that contains courage, survival skills, hopes and important values from the stories should also be stored.

Target Group

Memory Boxes can be made by one person, a parent and a child, a whole family or a group. However, the Source Book recommends that children involved in making Memory Boxes should be above 10 years old.

Materials Needed

There is no limit to the materials that a child or family can use to make or decorate the box but often children can use already made containers, including baskets, small suitcases or boxes (cardboard, wooden, tin or plastic). They also need:

- Glue to stick pictures and other interesting items inside and outside the box. The glue can be locally made.
- Pictures, which can be their own and/or of those that they would like to remember.
- Paint and brushes. Paint could be locally made using tomato leaves, burnt bricks, charcoal and food colouring. Crayons are also used for colouring the Books. Feathers could be used as brushes.
- Writing materials, (pencils, pens, markers).

Working with the Memory Box

As indicated earlier, the boxes can be made by anyone or a group of people, including families or children. However, since the Source Book is meant to help psychosocial support service providers that work with vulnerable children, the process described herein largely focuses on children.

The caregivers should do the following:

- Explain to children the reasons why people make Memory Boxes.
- Show the children his/her own box which was made prior to coming to the session.
- Inform the children that the exercise may also involve telling stories that concern people who passed away and as such sad memories could be rekindled in the process. He/she should emphasize that it is ok to be emotionally touched and that those that may not want to continue with the process are free to stop. They may continue to make their boxes later.
- Explain to the children how the box is made and that the eight sides of the box (four inside and four outside surfaces) are like pages of a book where they will write or draw their life stories.
- Ask the children if they have any questions about Memory Boxes or the process of making the same.

Making the Memory Box

After the explanations, and questions and answers, the caregiver invites the children to start making their boxes and this is what the children should do:

- Decide whether they want to make the box or not.
- Decide who and what they want to remember.
- Write, draw, paint or stick things (including pictures, letters or words) onto each panel of the box (inside and outside parts of the box). The box does not have enough space for one to write long stories and as such symbols with a few notes on them are used instead.
- What is drawn or written is, therefore, a symbol which represents a specific story, which could represent the children's significant others and some past or present events. They could also represent future hopes or a message a child

would like to communicate. Example of the symbols and events in life could be those of Dalitso in the Memory Book section above or could start by thinking about the following:

- His/her past: where the child comes from, including clan name, cultural background and home village.
 - Present: where the child is now and what he/she looks like (may include a current photograph).
 - Where the child wants to be: hopes and dreams.
 - Special people in the child's life: slogan or message to the world, for instance, an open hand to signify "Stop Child Abuse".
- If possible, varnish the completed box so that it becomes water proof.

NOTE:

Once children have completed making their boxes, end the session as it is done at the close of Memory Book processes, as indicated above. It is important to discuss the process and how children feel, which does not only serve as an evaluation of the process but it also helps you to identify children that may still have unresolved emotional issues. Furthermore, closing the sessions in this manner helps to make the process meaningful not just as a fun exercise.

Children can keep their Memory Books in the Box and refer to them periodically.

Tool 4: Memory Blanket

The Memory Blanket is of one the psychosocial support tools that focus on dominant stories that are based on challenges and life adversities. Children present sad memories and related emotions on a blanket.

Aim

The exercise helps children to look at their personal loss histories and:

- identify unsolved issues in their own past losses;
 - identify potential resources (internal and external) that could be useful as they strive to improve their emotional well-being; and
 - introspect and see if they themselves (children) are the most suitable persons to help their friends that may be grieving.
- The activity may rekindle or bring out unresolved sad memories. The caregiver handling this exercise must, therefore, have been trained in psychosocial support and must be aware of his/her strengths in assisting those

that are emotionally touched. Caregivers that have their own unresolved emotional issues should not facilitate the Memory Blanket exercise.

Target Group

Caregivers should ensure that the tool is used with children that are above 12 years.

Materials Needed

- A blanket or any other locally available materials such as hessian sacks that have been joined together.
- Pictures and other interesting items. Pictures can be those which participants brought with them and those that they could cut from magazines. Participants may also draw their own simple pictures.
- Magazines with pictures.
- Plain paper.

- Paint and brushes. Paint could be locally made using tomato leaves, burnt bricks, charcoal and food colouring. Crayons are also used for colouring the pictures drawn by children. Feathers could be used as brushes.
- Writing materials (pencils, pens, markers).

Working with the Memory Blanket

The caregiver commences the session by explaining the Memory Blanket exercise, giving its aims and informing children that the process may rekindle memories of loss. He/she should advise children not to laugh at those that may be touched emotionally and start crying and that it is ok to shed tears during the session. The caregiver should also inform the children that those that are not comfortable to participate in the exercise should not do so and those that feel like quitting along the way should not force themselves to continue.

The caregiver should:

- ask children if they have any questions;
- hand each child writing material (marker or pencil or crayon) and a paper (bond paper preferably);
- spread a blanket on the floor; and
- ask children to sit or stand in a place, within the room, where they will be able to think deeply while closing their eyes without being disturbed.

The caregiver should then proceed by saying: “Take time to think or recall someone who was special to you that you have since lost or has passed away”.

- Is there any object which when you see it or think about it, reminds you of this person? Spend about five minutes meditating about this person and the object that you have in mind. Then spend a few minutes quietly and draw this object.
- After you have drawn the object, quietly come and place it on the blanket that has been spread on the floor.

After all children have placed their drawings on the blanket, the caregiver should invite them to quietly come and sit around the blanket where the debriefing session will take place. The caregiver picks his/her paper and shows the children the drawing. He/she then starts sharing his/her personal experiences. Once he/she is through, the caregiver should invite some of the children to also share their drawings and

experiences. The caregiver or the children may use the following statements as an aid during the debriefing, particularly when they find it difficult to articulate their stories:

- The most significant loss I have experienced in my life was...
- I was aged...
- The loss was so significant because...
- I felt...
- I thought...
- I wanted to know...
- I was worried that...
- My greatest fear was...
- I regretted that...
- I wished that...
- I was unable to...
- I coped by....
- It helped me when...
- It annoyed me when...
- The person who helped me most was...
- I knew my grief was resolved when...
- In retrospect, I think that...
- The greatest lesson to be learnt from my own experience is...

Closing the Exercise

Once the debriefing is over, the caregiver should give the children a chance to ask questions and then he/she should close the exercise just as other sessions on Memory Approaches (see above). However, the caregiver should emphasise that the exercise is not meant to remind the children of their past losses but to help them identify strong points in the sad moments and some of the good things (teachings, lessons, advice, support etc.) that they may have acquired from the person that they thought about. The children are then supposed to use these as resources to overcome some of the challenges which they may face in their daily lives. However, children who have past unresolved issues may be emotionally affected by the exercise. Such children should be assisted using other psychosocial support tools, such as counselling, disclosure sessions, and Tree of Life, for the enhancement of their psychosocial well-being.

Focus on Second Territory or Story

The caregiver can conduct a similar Memory Blanket exercise while focusing on the Second Territory or Story that is based on personal achievements and values acquired from the loved ones who have since passed away. The

caregiver and the children may use the following remembering questions as they debrief:

- Did you have lovely times with this person?
- What was special about this person?
- Would this person like it if you remember him/her in this way?
- What kind of lessons and values did he/she leave behind for you that you hold precious?
- What did she/he appreciate about you?
- What do you think you offered and gave him/her that made you a special person in his/her life?
- If she/he was here today, what do you think he/she would say about what made your relationship with him/her special?
- What has your having known this person made it possible for your future life?
- What do you want to preserve the most of your experiences of this person?
- If given a chance, what would you like to say to him/her?

After the Exercise

After the children have completed the Memory Blanket exercise, the caregiver should ask them the following questions:

- How did you feel when you were participating in the Memory Blanket exercise?
- How do you feel now after you have participated in the exercise?
- What did you like most about the Memory Blanket exercise?
- What didn't you like?
- Why didn't you like the exercise?
- How can the Memory Blanket exercise be improved?

NOTE:

- These are useful questions as they help the caregiver to:
 - evaluate the exercise; identify children that may still have unresolved emotional issues; and
 - help make the exercise meaningful and not just as a fun exercise.
- Children who are emotionally affected may have past unresolved issues. Such children should be assisted using other psychosocial support tools, such as counselling, disclosure sessions, and Tree of Life, for the enhancement of their psychosocial well-being.

Tool 5: Memory Rug

The Memory Rug is another psychosocial support tool that focuses on dominant stories that are based on challenges and life adversities. Children write on a rug their memories of a loved person.

Aim

Just like the Memory Blanket, the tool helps children to look at their personal loss histories and:

- identify unsolved issues in their own past losses;
- identify potential resources (internal and external) that could be useful as they strive to improve their emotional well-being; and
- introspect and see if themselves (children) are the most suitable persons to help their friends that may be grieving.

The activity may also rekindle or bring out unresolved sad memories. The caregiver handling this exercise must, therefore, have been trained in psychosocial support and must be aware of his/her strengths in assisting those that are emotionally touched. Those that have their own unresolved emotional issues should not facilitate the Memory Rug exercises.

Target Group

Care givers should ensure that the tool is used with children that are above 12 years.

Materials Needed

- A piece of white cloth or other locally available materials such as hessian sacks that have been joined together.
- Glue to stick pictures and other interesting items on the rug. The glue can be locally made.
- Paint and brushes. Paint could be locally made using tomato leaves, burnt bricks, charcoal and food colouring. Crayons are also used for colouring the Books. Feathers could be used as brushes.
- Writing materials (pencils, pens, markers).

Working with the Memory Rug

The Memory Rug exercise is similar to the Memory Blanket. The difference is that in the Memory Rug the children draw on the rug, as creatively as possible, things or situations which remind them of a loved person who passed away. Each child writes his/her name and a dedication on a rug next to their drawings. The dedication is, in most cases, for the person that the child thought about. With consent from the concerned children, the rugs could be hang in a meeting room at the centre or used during Open Days.

After the Exercise

After the children have completed making their Memory Rug, the caregiver should ask them the following questions:

- How did you feel when you were making your Memory Rug?
- How do you feel now after you have the rug and you have shared some of the things that you drew on the rug?
- What did you like most about developing the Memory Rug?
- What didn't you like?
- Why didn't you like the exercise?
- How can the exercise of developing the Memory Rug be improved?

NOTE:

- These are useful questions as they do not only help the caregiver to evaluate the exercise but also identify children that may still have unresolved emotional issues and help make the exercise meaningful.
- Children who are emotionally affected may have past unresolved issues. Such children should be assisted using other psychosocial support tools, such as counselling, disclosure sessions, and the Tree of Life tool, for the enhancement of their psychosocial well-being.

Tool 6: Hero Book

Another tool used in psychosocial programming is the Hero Book A Hero Book is a document²⁸ in which a child is the author, illustrator, main character and editor of a book that is designed to give him/her power over a specific challenge in life.

Aim

In a Hero Book, the child/adolescent writes his or her own story, often identifying the challenges she/he is facing. In the same process, they also find positive aspects and solutions to the challenges narrated in their stories and they become the hero of the circumstance they have described. An important part of the Hero Book happens after the child has drawn and explained a whole series of drawings. The co-author or helper writes the hero story from the child's explanations of his/her drawings then retells the hero story back to the child. This written hero story then becomes the introduction to the book. At the end of the Hero Book exercise children will have hand bound storybooks of their own making, which herald and reinforce their hero-survival-resilient qualities.

The challenges a child might want to take on using a Hero Book include behavioural, emotional and social problems. Behavioural problems might include bedwetting, poor concentration, aggression and bullying. Emotional problems might include depression, sadness, grieving and anxiety. Social problems might include having poor relationships with caregivers and peers, stigma and discrimination, dropping out of school, poor access to health services, being subjected to abuse in the home and lack of life skills.

A hero book can help children to:

- think about their future hopes and goals in life;
- think about what kind of obstacles are getting in the way of these hopes and goals;
- find ways to get closer to their goals or to have power over their problems; and
- think about how they can give and get more love and support in their lives.

Target Group

Making of Hero Books is usually conducted with children aged 10 and above. Hero Book making has proved an excellent way of working with older children, providing them with the opportunity to talk through difficult situations, as well as enabling the service providers, i.e. caregivers, to identify children who are at risk and vulnerable.

Materials Needed

- Covers, which could be cut from a cardboard box, an old poster or the back of an old calendar.
- Plain or ruled papers for the pages.
- Writing materials (pencils, pens, markers).
- A piece of string or wool.
- Paper clips or spikes.
- Paint and brushes. Paint could be locally made using tomato leaves, burnt bricks, charcoal and food colouring. Crayons are also used for colouring the Books. Feathers could be used as brushes.
- A few long and thick nails.
- A hammer is also useful (a number would be required, depending on the number of children).

Making the Hero Book

Making the Hero Book may not be very different from the Memory Book and Memory Box exercises. However, the content of the Hero Book is much more complicated and the exercise requires children to think and be creative. They have to think about their heroes, goals, obstacles, problems, and tricks of overcoming the challenges. The Source Book will only describe the materials that are required and how the Hero Book is made. For more details on the content of the Hero Book, service providers should refer to Making a Hero (Active Citizen) Book: A Guide for Caregivers, written by Jonathan Morgan, REPSI.

TIP:

The caregivers should know the Hero Book exercise very well and should have their own Hero Books, which they will show to the children before they start making their own books.

Once the exercise has been explained and the children are ready to commence the process, the caregiver invites the children to start making their Hero Books. The children should do the following:

- Decide on the size of the book and cut out two covers. The size of the Hero Book will depend on the size of covers and the pages (plain or ruled papers) that are available.
- Take some pages and pile them on one of the covers, then place the other cover on top and straighten the edges. The number of pages depends on the amount of paper available but if possible at least 30 blank pages would suffice. Children may use recycled paper which could be printed on one side.
- Take the nail and hammer and punch two holes through the book on the spine side, about two cm from the edge. These holes should be somewhere along the spine but in the middle section of the book.
- Leave these nails in, and make some more holes until the whole spine side of the book is covered (top to bottom edges of the cover). The two nails help to hold the book together so that the holes the child makes are in a straight line.
- Using the paper clip, which has been bent to make a needle like tool or the spike, pass the string or wool into the first hole at one edge of the book and tie a knot.
- Start binding the book together by passing the string or wool through the holes, with the two nails still left in the holes.
- Remove the nails and complete binding the book.
- Tie a knot at the other edge of the book. This holds the book tight together and keeps the string or wool from becoming loose and falling out.

After the Exercise

After the children have completed making their Hero Books, the caregiver should ask them to sit in small groups and share their books or parts of the book. The caregiver should then ask children the following questions:

- How did you feel when you were making your Hero Book?
- How do you feel now after you have the Hero Book and you have shared some of the things that you drew in the Hero Book?
- What did you like most about developing the Hero Book?
- What didn't you like?
- Why didn't you like the process?
- How can the process of developing the Hero Book be improved?

NOTE:

- These are useful questions as they help the caregiver to evaluate the process but also identify children that may still have unresolved emotional issues and help make the process meaningful.
- Children who are emotionally affected may have past unresolved issues. These children should be assisted using other psychosocial support tools, such as counselling, disclosure sessions, and Tree of Life, for the enhancement of their psychosocial well-being.
- Hero Books and Hero Stories belong to the children and should be handled confidentially. Consent should be sought from the children if the service provider would like to share or publish them.
- Hero Booking is not just for fun but it is a psychosocial support tool.
- The caregiver should help the children to use the problem solving skills (hero-survival qualities) and the resilience which they have gained during the process of developing the Book.
- Children should turn to the newly gained skills whenever they meet challenges in their lives. They should also use the same to help other children facing similar challenges in their lives.
- Children can store their Hero Books in the Memory Boxes and refer to them from time to time.

Tool 7: Games with Rules

Games with rules are games that children play together in a competitive manner. They have rules which the children follow while playing. The games in Malawi include Fulaye, Fish-Fish, Bawo, Chess, Droughts, Phada, Jingo, Siliya-siliya, and Tag of War.

Aim

Games with rules encourage children to help each other and have fun together. They also establish contact between the children and give them an experience of how a community is strengthened, when people help one another.

Games with rules need to be structured in such a way that they help children to feel a sense of normality in abnormal and chaotic situations and help them to:

- gain confidence as they play the games;
- learn to be part of a group and play as a group;
- feel motivated to win;
- enjoy the games from start to finish;
- have a chance to forget their sadness;
- learn how to make others understand through acting;
- begin to play social games of competition; and
- learn how to follow social codes of conduct.

Target Group

The service providers need to encourage children who have been emotionally affected by stressful events, to play these games.

Working with Games with Rules

Most psychosocial service providers are contented that children meet and participate in a variety of play activities. Games often enable children to acquire sporting skills and benefits related to social inclusion. In order for the games to be fully utilised as psychosocial support tools, the caregivers need to sit with the children before they start playing the games and ask them the following questions:

- What game do you want to play?
- Why do you want to play this particular game and not the other games?

- Since this is a competitive game, what does your team need to do in order to win? The caregiver then provides guidance on safety and general rules of the game.

Answers for question three could include:

Team work, dedication, hard work, courage, determination, focusing on the game and the goal (winning), using appropriate skills, and abiding by the rules of the game.

After the Game

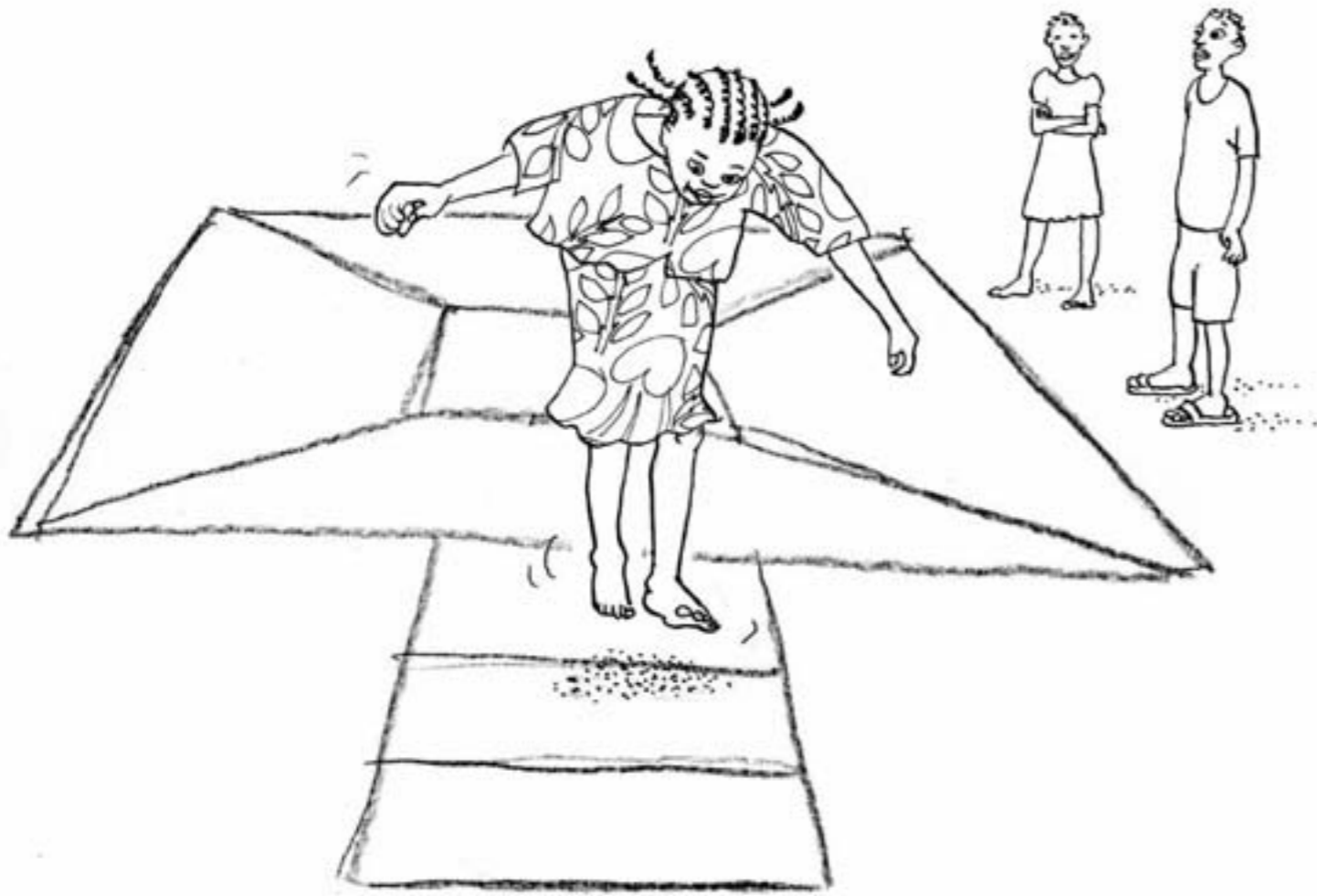
Immediately after the game, or later if time does not allow, the caregiver should sit with the children and ask them the following questions:

- Did you enjoy the game, why or why not?
- How did you feel when you were playing the game? Is this how you felt before the game?
- Did you or your team meet its objective of playing the game (winning), why or why not?
- Did you or your team apply the requirements for winning the game which were discussed before playing the game? If not, which ones did you and the team not follow? (Allow time for discussions among the children but facilitate the process and ensure that there is no finger pointing and self blame).

Spend enough time with the children to reflect on the aim and the impact of the game in terms of the three psychosocial domains, namely emotional well-being, social well-being and skills and knowledge.

NOTE:

Conclude the debriefing by saying: "Just as in games, you all have ambitions to fulfill in life and in order for you to achieve the goals there are certain requirements that you must fulfill".



Tool 8: Psychological First Aid

Psychological First Aid (PFA) is about providing basic human support, delivering practical information, and showing empathy, concern, respect, and confidence in the abilities of the individual.

Target Group

PFA may be offered to children, families and communities immediately after a stressful event.

Aim

PFA describes a humane, supportive and practical response to fellow human beings suffering exposure to serious stresses and who may need support³⁰. PFA involves meeting those affected with compassion, listening to them and protecting them from their surroundings. It recognises that affected children and families need to be helped by meeting their practical needs and problems while they gradually become stronger and better able to care for themselves.

NOTE:

In an emergency or when a stressful event occurs, PFA is more important than counselling. Only people with severe psychological disorder may need specialized counselling.

Key Lessons from Uganda²⁹

- Positive outcome of the games largely depends on the philosophy and ethics of the organisation, the quality of the staff facilitating and/or coaching, the nature of the parental involvement, and the children's individual experiences and resources.
- Encourage children's sustained participation in the games (activities) and self awareness regarding the benefits of their involvement in the activities.
- Focus more on content and structured process rather than the games.
- Focus on nurturing child-caregiver relationships.
- Ensure that lessons learnt and skills and knowledge acquired are applied by children in their everyday lives.
- Integrate psychosocial support concepts and techniques into the organisation and practice of sports, play and recreation activities, and then deepen that impact by creating simple, short, age appropriate reflective moments with the children on: why they did that activity, what it meant to them, how they will use the lessons learnt today or tomorrow at home or at school?
- Integrate sport and life skills instructions in order to foster skill acquisition.
- Endeavour to provide caring adult mentors and caregivers that have positive expectations of the children and who are willing and able to spend quality time with the children.
- Aim to develop youth peer leaders who are trained to coach and lead their peers in sport and life skills programmes.



Providing Psychological First Aid

An affected person can receive PFA from neighbours, community members, volunteers or professionals coming from outside the community. When a person has experienced a stressful event, often service providers and other helpers think of providing complicated support which often requires specialised training. Although this may be the case, the truth of the matter is that people that have gone through a crisis may require the presence of a caring person to provide the very basic support. Key points to remember in PFA include:

- being present;
- willingness to listen;
- meeting practical needs of the affected person, for instance, food, clothing, shelter and information; and
- connecting affected people with service providers and people that can assist.

Action Principles

The above may be achieved by the following basic PFA action principles:

- **A = Assess** for safety, basic needs and reactions.
- **B = Be** attentive, respectful, aware.
- **C = Comfort/Coping**. Help the affected children to be comfortable and to identify resources that may assist them to cope.
- **D = Do** address practical needs, help the affected children to solve problems, link to loved ones or other support.
- **E = End/Exit Strategy**. End your assistance. Refer the affected children to other sources of support. Tell them how long you will offer your assistance. Take time for self-care.

PFA Providers

A caregiver who is providing support to children who have gone through a crisis, for instance, death of parents, may either provide relief to the affected children or do more harm to them. In order to assist the affected children properly, caregivers that are using PFA should:

- be calm, focused and well prepared;
- do no harm; and
- respect, protect and act only in the best interest of affected children.

Often times when an emergency occurs people rush in to render a helping hand without considering the rights and culture of the people concerned and those that surround them. Those that provide PFA must do the following:

- Ask for permission from community leaders/ caregivers/parents.
- Have an identity to show who you are.
- Introduce yourself to the client.
- Sit closer if the client is a child and be a little reserved if working with an adult.
- Endeavour to appreciate cultural dynamics and norms.
- Establish rapport.

Basic Steps in Providing PFA

- Establish contact by introducing yourself and your role in offering assistance.
- If at all possible, remove the child from the stressful situation, i.e. limit their exposure to traumatic sites, sounds and smells.
- Protect them from bystanders and the media.
- Provide adequate food and fluids but avoid alcohol.
- Make sure that someone stays with the child at all times.
- Ask what happened, how they are doing and let them talk about their experiences concerns and feelings, without forcing them to talk if they are not ready to do so.
- Reassure the affected children that their reactions are normal.
- Assist in decision-making if necessary.
- Ask them if they have a place to go. If they do not, help them find shelter.
- Ask if they have someone to look after them or someone to talk to after getting home. If not, assist in establishing contact to significant others.
- Provide factual information about where and how to seek specific assistance.

Tool 9: “I Have... I Am... I Can”

The “I Have... I Am... I Can” tool helps children to identify their internal and external resources, skills and abilities.

Aim

This is one of the psychosocial support tools the purpose of which is to help build the abilities of children and assist them to know and acknowledge their own strengths, capabilities, and people who can support them in their families and communities.

Target Group

The caregiver should ensure that the tool is used with children that are above 12 years. Working with the “I Have... I Am... I Can” tool The caregiver should divide the children into three groups and ask each group to discuss one element of the tool. Each group should record the results of their discussions on a piece of paper before presenting them in plenary. Members of other groups and the caregiver may add to the presentations done by each group. The caregiver should also ask a few children to give practical examples of how they have used elements of the tool in their lives at home or in their communities.

Group 1: The “I Have” Element

The group working on this element should identify the external support and resources that a child can use when he/she faces difficult and stressful events.

Group 2: The “I Am” Element

The group working on this element should identify the strengths that are inside the child which he/she may be proud of, for instance, honesty, brevity etc.

NOTE:

Add the following strengths if they were not mentioned by the children: positive attitudes and good behaviour. A child could say, “I am a person people can like and love... I am trustworthy and honest... I am confident... I am intelligent”.

Group 3: The “I Can” Element

The group working on this element should identify skills which the children learn from other persons and from those who teach them. These are skills which they use very well, for instance, a child can say: “I can control myself when I feel like doing something which is not right or is dangerous. I can find ways to solve problems that I face. I can ask for help from my friends and adults in my community”.

After the plenary session, the caregiver should inform the children that the above elements of the tool help to build children’s resilience which enables them to cope with the challenges they face in their daily lives. He/she should then further provide them with examples of the internal and external resources that help children:

Examples of External Resources that Strengthen Children’s Resilience

- A close and secure relationship with a caregiver.
- A close relationship with the surviving family members.
- Enough food, shelter, clothing and access to medical services.
- Education.

Examples of Internal Resources that Strengthen Children’s Resilience

- Ability to understand their own emotions and express them in words or actions (being comfortable with a wide range of emotions).
- Ability to recall positive relationships and moment of kindness of the past (good autobiographical memory).
- A sense of belonging.

NOTE:

Resilience results from a combination of all the three elements of the “I Have... I Am...I Can” tool and having only one of these elements is, therefore, not enough. For example, a child may be loved (**I Have**) but if he/she has no inner strength (**I Am**) or social, interpersonal skills (**I Can**), he/she cannot be described as a resilient child.

Tool 10: Experiential Learning Games

Experiential Learning Games are about learning through doing and they combine emotional, social and intellectual learning. This makes it an important psychosocial support tool.

Aim

The tool emphasises that learning is not merely acquisition of knowledge by learners but it includes creation of their own knowledge and understanding using prior information and experiences. When learners are actively involved in the learning process, there is higher retention and meaning to information learned. Outdoor games and activities are important because they:

- help children to look at their personalities as well as their needs and skills;
- help each child to explore questions that are relevant to him/her;
- encourage children to find answers to their questions and this makes them feel more competent;
- promote teamwork, trust, effective communication and mutual respect among the children;
- make it possible for children to change their behaviour and subsequently encourage ownership and permanence of positive feelings; and
- help children develop problem-solving skills, initiative and creativity.

Target Group

Caregivers should ensure that the tool is used with children of 12 years old and above. Safety measures should be put in place during the games in order to ensure that children are not physically injured.

Working with Experiential Learning Games
Experiential Learning Games comprise outdoor and indoor games that allow children to assimilate and interpret what has been learnt and how it can be used in dealing with real life issues on a daily basis. During Experiential Learning games, children interact at emotional, spiritual, physical and mental levels. This is why most children prefer and understand practical learning better. Social and emotional learning are just as significant as academic learning and, therefore, should not be ignored or looked down upon.

**Seven Key Elements of Experiential Learning****a) Improvement of Self Concept**

It is generally important for children to know what people think about them, how they view themselves and how they would like others to view them. If children are confident about themselves and the image that others have of them, they participate very well in groups and in society.

b) Trust Building

Experiential Learning games and activities serve to increase the quality of group development and of community and team support. Caregivers should facilitate the building of high level of cohesion among children in order for them to increase openness, sharing, acceptance and support of others.

c) Goal Setting

Goal setting is the way in which group members focus on the present as well as the future. The habit of goal setting enhances planning of how children can meet their needs. The identification of goals and logically aiming to reach them is an achievement which will lead the child/group to move forward.

d) Self-Challenges/Stresses

Perceived risks and impossible tasks that are physically demanding are important adventure experiences for children. Many children do not seem to know how to learn socially acceptable ways of challenging themselves and finding reward and meaning for doing so. Finding an appropriate set of challenging activities and approaching them with the right attitudes promotes a good sense of well being among the children.

e) Peak Experience

Peak Experience refers to a challenging group or individual experience that is a culmination of a particular sequence of skill building, preparation and training. It is also referred to as “an acute identity experience” of the most positive kind which children repeatedly learn from. Children who are immersed in the profound experiences unconsciously absorb lessons for their lives.

f) Humour/Fun

People often need understandable reasons for being able to laugh easily. For this reason, intentionally humorous games and initiatives that are integral to all experiential education programmes are key elements to functioning in an adventure Experiential Learning group. Humour is a reliever of tension while laughing is one of the organism's intrinsic stress fighting mechanisms and helps to restore the physical and mental balance of the body necessary for the good health of children. Laughing with others and with or at oneself, however, as a positive life support activity is often foreign to persons in need such as children in difficult circumstances.

g) Problem Solving

Healthy children are confident of solving problems which they experience in their lives. They are able in most cases to assess a problem, determine alternative solutions, choose the best solution and marshal the resources necessary to carry it out.

A major strength of the Experiential Learning Games tool is that children are continually put in situations where they work as a group to solve problems. Children are given a set of parameters and safety guidelines to a problem and asked to solve it in the most efficient way. There is usually more than one way to solving a problem and the Experiential Learning Games tool allows children to experience firsthand the necessity of successful problem-solving skills.

After the Experiential Learning Games

Once children finish participating in the Experiential Learning Games, the caregiver should ask them the following questions:

- What did you experience as you were participating in the game?
- How did you manage to accomplish the task in the game?
- What made the task difficult to complete?
- How would you do it in future in order to ease the process?
- What have you learnt from this game?
- What lessons have you drawn from the game and how can you use it in your life?
- How can you use these lessons in your daily lives?

Examples of Experiential Learning Games

Trust and Fall

The Trust and Fall activity is a tool that enhances trust building among children.

Process of carrying out Trust and Fall

- The caregiver should explain the aim of the game (as indicated above) and how it is conducted.
- He/she should then set up a table with a chair on top of it. If there is no table, any raised place, including 195 litre drums, tree trunks etc., could be used.
- Once the table has been set up or the raised place is identified, the caregiver should ask children to stand in two rows, facing each other. The children should hold each others' hands tightly so that they may be able to safely catch the child who will fall from the table or raised place.
- He/she should ask the child to climb onto the table, and face the opposite direction, with his/her back to the two rows that the other colleagues have formed. The child standing on the table or raised place should clasp or fold his/her hands so that he/she does not hurt her friends as he/she falls down.
- The child who is standing on the table or raised place says "Trust" and the rest of the children respond by saying "Fall". This is repeated three times after which the child falls backwards onto the arms of his colleagues. The child should ensure that he/she is as stiff as possible when falling.

NOTE:

- Always ensure the safety of the children.
- Explain the exercise very well and give the children opportunities to ask questions before the exercise commences.

After a number of children have taken their turn (falling from the table or raised place) the caregiver should conclude the sessions by asking the children the following questions:

- How did you feel when I introduced the Trust and Fall game, especially when I talked about falling backwards from the tables?

- How did those of you that took turns to fall from the table feel when you were:
 - On the table and about to fall?
 - Falling down?
 - How did those of you that were ready to catch your friends feel?
 - How do you feel now, after the exercise?
 - What lessons did you learn from the Trust and Fall game?
- These are useful questions as they help the caregiver to evaluate the process but also to ensure that the game has meaning and is not just a fun exercise.

Blind Fold

The Blind Fold game helps children to set goals and endeavour to achieve them even amidst the chaos and challenges that they face. As a result of the processes that the children go through, the game also teaches them that the road to one's goal is not easy and that children can be distracted by the many voices that they hear along their journey of life.

Materials Needed

- Pieces of cloth. The number depends on the number of children, but often ten pieces suffice.
- Objects which children will be asked to pick while blindfolded. This could be anything, including bottles, staplers, handbags, mathematical sets, and balls.

Process of Bind Fold

The caregiver should ask eight volunteers to come forward. The eight are paired and each pair is asked to find an object to use during the game, which could be a stapler, a small handbag, a ball, note book etc. One of the paired children should be blindfolded and the ones that are not blindfolded should move away and stand at a distance of about ten metres from their blindfolded colleagues.

The four children that are not blindfolded place the objects which they had brought with them at strategic places and shout instructions simultaneously to their colleagues, each to his/her paired mate. Each of the children who are not blindfolded, endeavours to outdo the other children by giving directions, as loudly as possible, so that his/her pair mate can be able to hear amid the chaos and manage to locate the hidden object.

After the Game

At the end of the game, the caregiver should ask the children the following questions:

- How did you feel when you were participating in the game?
- How do you feel now?
- What did you like most about the game?
- What didn't you like?
- What lessons did you learn from the game?
- How can you use these lessons in your daily life?

The caregiver should then close the session by providing the meaning of the game as follows: "You must set up goals which you would like to achieve in life. However, you should know that along your journey of life you will hear a lot of voices (good advice, information that is not intended for your age group, abusive words etc.), some of which will guide you while some of the information that you will hear will confuse and mislead you. You need to seek and follow or choose that voice which will help you achieve your goals. In all this confusion you have to remain focused and you will succeed in life."

Electric Wire

The Electric Wire is a game which teaches children problem solving skills and team work. The game is quite challenging. It requires creativity and it teaches children that although a problem may seem impossible, in most cases it has a solution.

Materials Needed

- A rope, the length of which depends on the distance between the two objects to which it will be tied.
- Two fixed objects, which this could be trees or posts that are strongly fixed into the ground.

Process of Electric Wire

The caregiver explains the aim of the game and how it is conducted. He/she ties a rope to two posts or trees, which could be four metres apart. Then the caregiver says: "The rope is an electric cable, which is live. You are being pursued by rebels and you have to climb over the wire without touching it. If you delay they will come and kill or abduct you and if you touch the wire you will be electrocuted. You must, therefore, devise ways to help you go over the wire."

After the Game

After the game, the caregiver should ask the children the following questions:

- How did you feel when I introduced the game, especially when I said that the rope is a live wire and that you should not touch it?
- How do you feel now, after completing the exercise?
- What did you like about the game?
- What did you not like and why?
- What lessons did you learn from the exercise?
- How can you apply these lessons in your daily lives?

The caregiver should close the sessions by:

- Thanking the children for participating in the game.
- Reminding them that team work and creativity are important attributes in their lives.
- Some problems appear to be too big and unsolvable, but as was the case with the game, there is often a solution to most problems.

Spider Web

The Spider Web game teaches children problem solving skills and team work. It enhances creativity and also teaches children that although a problem may seem impossible, there is always a solution.

Materials Needed

- Ropes, the number and length of which depend on the distance between the two objects to which it will be tied and the size of web that will be formed.
- Two fixed objects, which could be trees or posts that are strongly fixed into the ground.

Process of Spider Web

The caregiver explains how the game is conducted to the children. Then caregiver, working together with the children, creates a spider web using ropes. He/she then asks children to stand on one side of the web and instruct them to pass through the openings without touching the ropes. He/she also informs the children that each hole can only be used once. If a child inserts a leg or arm in between the spaces of the web, the space closes and it cannot be used again. The caregiver urges the children to be very innovative. He/she should inform them that when all the lower spaces are used, some of the children should pass through openings which are high up.

After the Game

After the game, the caregiver should ask the children the following questions:

- How did you feel when the game was introduced, especially when I said that each space in the web must only be used once and that you should not touch it?
- How do you feel now, after completing the exercise?
- What did you like about the game?
- What did you not like and why?
- What lessons did you learn from the exercise?
- How can you apply these lessons in your daily lives?

The caregiver should close the session by:

- Thanking the children for participating in the exercise.
- Reminding the children that team work and creativity are important attributes in their lives. Some problems appear to be too big and unsolvable, but as was the case with the game, there is often a solution to most problems.

Crossing the Bridge

Crossing the Bridge is one of the psychosocial support tools that are used in the Experiential Learning and it is a suitable tool for camps. The ultimate aim of the activity is to enhance a sense of confidence, positive view of self, and leaping beyond the barriers of perceived limits. The activity provokes deep thoughts and emotions, while challenging the children's physical abilities. It also teaches balancing, coordinating and concentrating since the pegs which children step on as they walk, do sag and the bridge sways, making balancing and walking difficult.

Materials Needed

- Four long and strong ropes, the length of which depends on how long the bridge will be.
- Four posts that have been strongly fixed into the ground.
- Pegs.
- Twines for tying the pegs to the two ropes (as cross beams).
- Poles to construct ladders which children will use as they climb to walk on the bridge and come down after walking.

Process of Crossing the Bridge

Start with making the bridge:

- Tie two thick ropes to four posts, in a parallel manner. The poles should be very well fixed in the ground.

- Join the two ropes together by wooden pegs of about 2.5 cm in diameter, just like the way rail lines are joined by cross beams. The pegs are spaced at various intervals, roughly about 30 cm apart. These are the pieces which the children will step on as they walk on the bridge.
- Add some steps (ladder) which children will use as they climb to walk on the pegs or go down once they have crossed the bridge.
- Tie two thick ropes, parallel to the first two ropes, which children will hold on to as they walk, about 1.5 metre above the first two ropes. Note: Once they are used, children often cross the bridge without holding on to the ropes.
- The length and height of the bridge differs, depending on the strength of the rope and age of the children that will be using the tool.

Then start crossing the bridge. The caregivers should explain to the children the aim of the bridge (as indicated above) and emphasise that this is not a competition and that all children must be extremely careful as they cross the walk. He/she should also remind the children not to laugh at each other but to encourage one another, even when some of them are shivering and failing to cross the bridge. The caregiver should also urge the children to hold on to the upper ropes as they walk until they are confident and experienced enough to walk without holding on to the ropes. Children who become afraid after already commencing the walk should say so or simply sit and carefully get off the bridge. After providing the guidance, the caregiver should demonstrate how the children will cross the bridge and asked them if they have any questions. He/she should then invite the children to try crossing the bridge, one after another. Each child who crosses the bridge should be congratulated by the caregiver and fellow children.

After the Exercise

After the children or a number of them have crossed the bridge, the caregivers should gather them and congratulate the ones that managed to cross the bridge and assure those that may have failed that they will do well next time. The caregiver should then ask the children the following questions:

- How did you feel when you were invited to cross the bridge?
- How do those of you that managed to cross the bridge feel now?
- What did you like about the game?
- What did you not like and why?
- What lessons did you learn from the exercise?

- How can you apply these lessons in your daily lives?

The caregiver should close the sessions by giving children an opportunity to ask questions and thank them for participating in the exercise. He/she should then say: "You all saw that the bridge was swaying as you crossed it and the pegs that you stepped on were sagging. Even if this was the case you continued walking and crossed. The bridge is like your lives and the other side of the bridge is like your goals. Always remember that the journey of life is not always smooth and straight and that there are often several obstacles in one's life that may hinder him/her from achieving the desired goal. However, if you remain focused and remain motivated you can overcome the challenges and achieve your goal, just as you managed to cross the bridge."

Under, Over, and Under

The game is fun and it teaches children that not all company and advice is good.

Materials Needed

- Three ropes of strings.
- A few small pieces of cloth.

Process of Under, Over, and Under

The caregiver explains how the game is conducted and he/she then asks ten children to volunteer and come forward. Six of the volunteers should hold three ropes (one rope per pair), which they should stretch across as follows:

- The first pair raises the rope to about 45 cm to 60 cm from the ground or floor.
- The second pair raises it to about 1.5 m.
- The third group holds the rope at 60 cm just like the first group.

The remaining four volunteers should pair up in twos and they should all carefully study the distance between the two ropes and the heights. The four volunteers should then go into a room or to some place where they can neither hear what is being discussed nor see what is happening. While the children are away two of the four children (one per pair) is blindfolded. Meanwhile all the ropes are laid down on the floor or ground and one of the blindfolded children should be ushered in by his/her colleague and led to come close to where the first rope is.

The children should then be cheered on by the rest of the children and encouraged to go over the

first rope. For instance, the children should say: “The rope is about 60 cm high, try your luck, yes lift the leg up again, good, the other leg now... no! no! higher, yes good. Now proceed to the other rope... walk again further... you are there, now bend... lower, no much lower... go under, that is good, you have done it. Next is the final rope.” Instructions are repeated as it was with the first rope. The child is cheered on and congratulated for going over and under the ropes while he/she was blindfolded.

Eventually the blindfold is removed and the child realises that the ropes were actually down and that he/she did not succeed as he had thought. The other participant is also ushered in and the process is repeated.

NOTE:

Often times children that were blindfolded just laugh upon realising that they were fooled, but be prepared to assist those that may become angry and frustrated.

After the Exercise

At the end of the exercise, the caregiver asks children if they have questions. He/she then asks them the following questions:

- How did you feel when you were asked to participate in the game?
- How did those of you that were blindfolded feel when you were going under and over the ropes?
- How did the rest of you feel when your friends were going under and over the ropes?
- How do you feel now that the game is over?
- What lessons did you draw from the exercise?
- How can you apply these lessons in your daily lives?

The caregiver should now close the session by saying: “Some children have no role models and they lack trusted people to guide and counsel them. They hence end up hearing all sorts of voices, some seemingly giving them good advice and yet they are being leading children astray. It is important for children to filter the information that they receive and only use that which helps them to succeed in life. Children should also learn to seek counselling and guidance from respected community members.”

Alphabet

The Alphabet game teaches children problem solving skills, team work and creativity. The game also teaches children that, although a problem may seem too big and unsolvable, there is always a solution. The game is called “Alphabet” because when it is successfully done children end up lining up according to the way their surnames are arranged alphabetically. For instance, if there is a child whose surname starts with “A”, he/ she will be first on the line and the one whose name starts with “Z” will be at the end of the line.

Process of Alphabet

The caregiver should explain the aim of the game and ask children if they have any questions. He/ she should then invite them to go outside where the activity will take place. The caregiver invites about 10 volunteers (the number depends on the length of the place where children will stand and participate in the game). The children are lined up in a row at a tip of a drain, on a big log or a flower bed built with bricks. They are then asked to arrange themselves alphabetically (according to their surnames) without stepping on the ground. If one steps on the ground, the game is lost and they start all over again.

After the Game

Once the children successfully lined up on the log or drain, the caregiver congratulates them and gives all the children an opportunity to ask questions. He/she then asks them the following questions:

- How did you feel when you were asked to participate in the game?
- How do you feel now that the game is over?
- What lessons did you draw from the exercise?
- How can you apply these lessons in your daily lives?

The caregiver should close the session by saying: “Some challenges which children face in the daily lives may seem to be very big and unsolvable, but with creativity, hope, courage, determination, and team work, children can overcome most of them, sometimes with little or no external help. In this game, you managed to line up yourselves alphabetically without even stepping off the log, which in this case signifies that you did not go outside your territory to seek external support.”

Tool 11: Me Bag

The Me Bag tool is used in various ways, including in self-disclosure, group counseling, and self-awareness sessions.

Aim

The tool helps children to identify their strengths and achievements. It accords them the opportunity to pick out one unresolved challenge (secret), which bothers them but they have not shared with anyone before. This often is the start of resolving the problem because once it is shared with someone, a small group or their whole class, they start feeling a bit relieved. However, this is just the beginning and other tools must be used so that the healing process may be completed. Tools that may be used include Tree of Life and counselling.

Target group

This tool may be used with children as young as 8 years old. It may also be used with older children and children who show signs of having unresolved challenges.

Materials Needed

- A4 envelopes. Children could make their own envelopes or bags using flip chart or other types of paper.
- Writing materials (pens, pencils, markers).
- Paint and brushes. Paint could be locally made using tomato leaves, burnt bricks, charcoal and food colouring. Crayons are also used for colouring the Books. Feathers could be used as brushes.
- Newspapers and magazines with pictures.

NOTE:

The strengths and achievements could include being a good counsellor or caregiver, having had supported fellow vulnerable children, having had done well at school.

Some of the secrets that children may mention could include abortion, HIV status, having sex before, rape/defilement, and theft.

Process of the Me Bag

The process starts with making the bag. The caregiver explains to the children reasons why the bag is made and how it is used. He/ she shows them his/her bag which was made prior to the commencement of the session. The caregiver reminds the children that the exercise is important and that they should not laugh at each other during and after the session. He/ she also should emphasize that information that will be shared during the session must be kept confidentiality, otherwise children whose secrets shall be revealed may not heal, but their situation could be worsened and their ego, self-esteem, self value and confidence destroyed. The caregiver then gives the children an opportunity to ask questions. The caregiver should distribute the writing materials and A4 envelopes to the children. He/she should also make available old magazines, newspaper and some colouring materials. The children then make their bags as follows:

- Outside surfaces of the envelope: draw pictures, objects etc., write and paste pictures that show strengths and the achievements scored in life. These are things that fellow children or other people say about them.
- Inside the bag: Each child thinks about one challenge (secret) which bothers him/her but has not been shared it with anyone. The secret is written on a piece of paper secretly and placed it in the bag. (A child could identify several secrets and then select one from the list).

After Making the Me Bag

Once the Me Bags are made, the caregiver shares with the children his/her strengths and achievements and then says: “Although I have made all these achievements and have these strengths I still have some unresolved issues that bother me. I have not shared these secrets with anyone before and this is the first time that I am doing so. The secret that I have in my heart is: I fathered a child in 1972 but my wife does not know that I had a son outside wedlock. This is a problem for me because my child suffers and yet I am still alive and each time I want to help my son, I have to do this in secrecy. My fear is what

will happen to my child when I die or the day my wife will discover that I have a child whom I meet secretly?”

The caregiver then invites children to present their work. Once the sharing is over the caregiver gives the children an opportunity to ask questions or comment on the process. The caregiver winds up the sessions by saying: “Children may play with friends, may go to school and seem happy, but just as we have seen today, they may have unresolved issues.” The Me Bag is a tool that could facilitate self-disclosure and once children narrate challenges which they face or their secret, the caregivers should use other tools to help the child deal with the unresolved issues.

Tool 12: Circle of Support

The Circle of Support tool is a type of role play. Children form a circle, which symbolises support of others.

Aim

The purpose of the Circle of Support tool is to show children, families, communities, and other service providers how circles of support help protect children and mobilise the stakeholders to render support to vulnerable children in particular.

Target Group

This tool may be used with children of 12 years and above. It may also be used when training community members and parents/guardians of vulnerable children on care and support for children and community parenting skills.

Process of Circle of Support

The caregiver should begin the session by explaining the aim of the activity and its importance in the lives of vulnerable children. He/she should then ask children if they have any questions on the activity. Later the caregiver should do the following.¹

Ask a child to stand in the middle to represent a girl (if there are girls in the group, the caregiver can ask one of them to volunteer). Ask eight other children to stand in a circle. Say: “Zione (The name is being used for the sake of explaining the activity only) lost her elder brother, who was her last surviving relation, one year ago. Her uncle and aunt were not offering her any help and after struggling for a few months Zione fell in love with a local businessman who often helped her with cash and some groceries. She became pregnant but continued to go to school. During the third month of her pregnancy her aunt, uncle, school authorities, and other community members discovered that she was pregnant. Zione was chased from school, her relations and other community members, including friends she sings with in the Church Choir and her Pastor, did not want to associate with her. Zione decided to run away from the village to go and live on the streets in Zomba.”

- The caregiver then asks children who are surrounding Zione to form a Circle of Support by holding hands. Zione then tries to escape but she fails because the Circle of Support is strong.
- He/she then asks some of the members to denounce Zione for being a bad girl and leave the Circle of Support. The remaining members of the Circle of Support should not reduce the size of the circle once other members have left.
- Zione should then try to escape again and this time she succeeds because there are gaps in the circle.

After the Exercise

After the exercise, the caregiver gives the children an opportunity to ask questions. He/she then asks them the following questions:

- What lessons did you learn from this activity?
- How can you apply these lessons in your daily lives?
- How would children like caregivers and other community members to support vulnerable children?

The caregiver should close the session by saying:

- Children need support from a caring and nurturing community.
- Children who face difficulties in their lives may make decisions that could lead them into trouble. Children that are stigmatised and discriminated against should be loved. Such children need support of the community.

¹This session was adapted from The Journey of Life – A Community Workshop To Support Children (REPSI 2004)

- Children are also a part of the Circle of Support and they should be given the opportunity to support each other.

Tool 13: Club of Life

The Club of Life is a tool that reminds children about who they are attached to and who are the most important people to them.

Aim

The tool simultaneously opens up spaces and opportunities for children to tell and explore stories of hope, aspirations, and connections to those around them as well as to those who have died.

Target group

Caregivers should ensure that the tool is used with children that are above 12 years.

Process of Club of Life

- The caregiver should ask the children to imagine that they have a Club of Life and that there are members in that club who keep the club going. The members of the club are usually caring adults, siblings, neighbours, cousins, and other children who are already in the child’s life and whom the child values most.
- The children should then be asked to assign different responsibilities to this membership, i.e. Chairperson, Vice Chairperson, Secretary, Vice Secretary, Treasurer, Committee Members, and other members.
- The caregiver should inform the children that the role of the Chairperson should be assigned to the person they value most in their lives and that the other roles should be given to people depending on the way they have influenced their lives.
- Children should be told that roles can be assigned even to their relations who have passed away.

The aim of the Club of Life tool is to build and acknowledge “a second story” about each child’s life. The second story consists of the skills, abilities, hopes, and dreams of each child and the histories of how these have been acquired by children through their relationships with the members of their Clubs of Life. As the children draw and share their Clubs of Life, the caregiver should encourage rich conversations and explorations of the children’s second stories through probing questions. The caregiver may ask children the following questions as they share their Clubs of Life:

- What did you experience when you were coming up with your Club of Life?
- Why did you assign yourself this particular role in your Club of Life?
- Why did you assign the role of Chairperson to this person? Mention one special thing he/she has done in your life that you value most?
- What have you learned from this exercise?
- Key Points for Care Givers
- The tool should connect children with whom they are today, where they come from, the people who matter to them.
- It should give children a sense of connection, belongingness and identity.
- It should help to strengthen the children’s roots if they are weak.
- It should help the children to identify both the internal and external resources and protection factors they need in order to cope with challenges they face in their daily lives. For instance, they should build a sense of ‘I have’, ‘I can’ and ‘I am’ in children.
- It should emphasise that people do not live their lives alone but that there are people who matter to them and have helped them to be where they are today.

NOTE:

- After the children have drawn their Clubs of Life, the caregiver may ask three or four children to share their Clubs of Life with the rest of the children.
- Children who do not want to share their Clubs of Life should not be forced to do so.

Tool 14: Play Skills and Recreation in Counselling

The Play Skills and Recreation in Counselling tool provides the caregivers (counsellors) with basic information on use of play and recreation in counselling. It is important, therefore, that the caregiver who uses play skills in counselling undergoes a course or a training in general counselling. Play is a natural means of expression for a child and, therefore, many psychosocial interventions involve activities to encourage and stimulate children's play. Play is a fundamental part of children's physical, psychological and social development in post-crisis situations³². Organised Play provides children with opportunities to explore and learn, to develop skills and to have fun. With its opportunities for repetition, play helps children develop physically. Children also learn important social skills necessary for successful relationships with one another. Thinking and language are also developed through play.

Aim

Sometimes, children may not be willing to speak after experiencing a stressful event, partly because they may be too affected (disturbed) by the event such that they may just want not to think about the experience. They may be threatened that something worse will happen to their loved ones if they ever narrate what happened to them. Other children may be too young to narrate what happened to them. In such situations play becomes a very handy tool because it can then be the probable means through which the counsellor may gain an understanding of the difficulties which the child faced. Caregivers should ensure that play serves the following purposes:

a) Communication with a child

Children communicate through spoken language, body language, language of play etc. Caregivers, therefore, need to understand the languages

that children use to communicate in order to engage them (children) in open and meaningful communication processes.

b) Diagnosis

Play can be used to find out the nature of problems that a child could be experiencing in his or her life. It is hence a window to the psychosocial well-being of children. The caregiver should always observe how children play. If a child is unable to play with others, is excessively aggressive or displays other abnormal behaviour, this may be an indicator that the child is not doing well and needs special attention and care.

c) Healing

When children are given the opportunity to play out their feelings and freely express themselves, they begin to heal and understand their situations. Play can serve as an outlet for children to express their emotions and describe difficult experiences without having to put words to them. In this way play is sometimes regarded as having natural healing properties.

Target Group

Since play is a fundamental part of children's physical, psychological and social development, the tool may be used with children as young as 5 years and above. The caregiver should however ensure that play techniques used are relevant to the ages of children. For instance, use of clay would be appropriate for children aged between 5 and 8 years.

Approaches

When play is used for counselling children who are going through difficulties by caregivers or service providers, the following approaches need to be used:

1) Psychoanalytic Approach

This approach is based on:

- Direct observations. The caregiver observes children play and takes note of the behaviours they are displaying while playing.
- Interpretation of behaviour. The caregiver tries to analyse and understand the children's play and derives meaning from the interaction process amongst the children.

2) Structured Approach

This approach involves manipulating or directly structuring an environment so that it elicits the desired response from the child.

3) Non Directive Approach

This approach allows the child to direct the process and influence the outcome of the session.

4) Group Approach

This approach involves working with children in groups. The children can be grouped by age, common experiences, or problems. In groups they engage in structured activities that help them to resolve their issues through the support that they mainly get from each other.

5) Relationship Approach

- This approach aims at creating a good relationship between the counsellor/caregiver and the child. Play is fun and can help to promote rapport between the counsellor and child.
- The counsellor/caregiver creates a playroom atmosphere in which the child feels accepted, respected and understood.
- The counselor/caregiver actively observes and reflects the child's thoughts and feeling throughout the play.

Techniques

Using Clay

According to Kraner M et al (2009)³³, clay is a good material to use when working with children because it allows all children, whether young, aggressive or uninhibited, sociable or withdrawn, to express both creative and destructive urges. The other advantages of clay are that it:

- figures and can easily be altered and, because there are no clear cut rules for its use, it is difficult to make mistakes;
- is a very good way for providing an opportunity for self-expression;
- is easy to control and hence gives the child a sense of control;
- allows the counsellor/caregiver and a child to have a conversation as the child plays; and
- enables children to develop certain insights and understanding of their thoughts and feelings as they play with clay.

However, although most children are willing to play with clay, some may be put off by its messiness. Counsellors should carefully explore the origins of such feelings as they may indicate that the texture is bringing back memories of the abuse to the children.

Feeling Charts

One way of helping children who are unable to speak is to use the feelings technique. A child is presented with different pictures of either animals or human faces that express different emotions, on so-called feeling charts, and asked to choose one that he or she identifies with. This helps the child to identify and name his/her feelings, even without talking to the counsellor. The different emotions include: sadness, anger and happiness. For older children who are able to read, these feelings are written on cards and

whilst holding up the cards and proceeding through them, the caregiver could ask the child to pick the card that matches how they feel³⁴.

According to the Australian Institute of Professional Counsellors (AIPC)³⁵, some children feel uncomfortable talking about their feelings. Combining discussions with an external activity may, therefore, often help them open up about their feelings. AIPC further argues that, when working with children, counsellors should remember to apply the strategies and techniques that work best with the child. For example, toddlers may be able to express their feelings using a finger puppet or a stuffed animal, whereas pre-school aged children like to express their feelings through creative imagery drawings and feeling charts.

Visualisation

Children love to use their imagination. The basic procedure for using the visualisation technique with children is to allow them to³⁶:

- Do the activity themselves as a role-play. Role playing enables children to put into action what they may find difficult to express in words. It also helps the caregiver to get an insight into the child's life and experiences.
- See someone doing the activity, i.e. children watching a drama the theme of which is child sexual abuse.

Stories

Story telling has been used in Malawi for a number of reasons, for instance, passing information related with traditions and culture to children and providing guidance and counselling to them. Due to one reason or another, children may find it difficult to narrate the crisis that they went through. In such situation, telling them a story would be helpful, as listening to it creates a comfortable space for children and helps them to identify with the characters in the story (someone who experienced a similar situation). This may be comforting to him/her and it may ultimately provide the child with a coping model. The coping model is enhanced further if the story ends with victory for the main character and the child becomes hopeful. Then the story becomes a tool for problem solving.

The Ministry of Gender, Labour and Social Development of Uganda (2008)³⁷ advises that when using story-telling as a counselling tool, it is helpful to:

- Use a familiar story, fable or folktale to communicate a message to the child, perhaps using animals to represent humans.
- Avoid using real names or events.
- At the end of the story, encourage the child to talk about what happened. For example, ask about the message of the story to check that the child has understood its relevance.

If necessary, ask children to make up their own story, based on a topic that you give them. For example: "Tell me a story about a little girl who was very sad".

Puppets

Puppets are a conversation tool that allows children to disclose their feelings, including worries and fears. Sometimes children are threatened about telling people that they have been abused. In addition, children may be too embarrassed, for instance, in the case of defilement, or traumatised to talk. In such cases, puppets become handy because the child feels safe, knowing that it was the puppet that spoke not him or her. Furthermore, children are sometimes scared of the counsellor or the subject being discussed. Using puppets helps them because it creates a distance between him/her and the counsellor.

Furthermore, puppets may:

- easily draw the attention of children, particularly if one uses the characters and personalities that the children know and love;
- say things or say something that is similar to the children's stories; and
- easily be adaptable to different situations.

Art and Cultural Activities

Art and cultural activities help reduce psychological stress by providing creative outlets for internal concerns, opportunities for building positive relationships and promoting self-esteem. Art activities can be drawing, creative writing, painting, sculpting with wood, plasticine, and sand drawing.



Children's drawings, for instance, indicate both their thought processes and emotional state. As the children draw, the counsellor/caregiver can focus on:

- the process of drawing;
- the subject matter;
- the position of the pictures on paper;
- details included or left out; and
- colours used.

A child should be given the freedom to draw anything he/she wishes or what story he/she want to tell. However, the counsellor may want to give the child instructions. Do not pressure or force the children to relive the experience, to talk about it, or to draw pictures related to it,

unless they do so on their own initiative. Once the drawing is done, it is important to explore with the child what he or she sees in the drawing. The caregiver or counsellor should never try to interpret the child's drawing as it might have a different meaning to the child.

Creative writing enables children to express their thoughts and emotions. Personal notebooks can offer children a private means of expression in a very un-private time. Creative writing competitions or group activities can allow for shared expression and contribution to community discussions about problems and solutions. Creative writing may also promote literacy and the sharing of culture.



Sports

Games (sports) may be used for counselling purposes but it is preferable to use simple games that can be completed within one session. With very little help, children can organise sports and other team games for themselves. All that is needed is some space and the minimum of equipment. The sporting activities are important because they:

- provide an opportunity for releasing energy and reducing stress; and
- assist children to increase their feelings of control, strengthen their self-confidence, and develop respectful relationships.

Theatre and Familiar Festivals

Theatre, including drama, role-playing, and poetry, and other familiar festivals like choir/singing or dancing festivals or variety shows, can be helpful tools for counsellors to use when communicating with children. When using drama as a counselling tool, it is helpful to³⁸:

- give the children a topic to perform that is related to issues you want to explore with them, such as “A day in my life”;
- encourage the children to discuss what happened in the drama and what issues came up, after the performance; and
- ask questions to explore specific areas, such as “What was the happiest / saddest part of the play?”

Theatre and familiar festivals:

- provide children with the opportunity to express their emotions and creativity as well as learn cooperation;
- perpetuate cultural identity and practices, especially where children are deliberately taught traditional dances, songs or theatre by

the youth or other members of the community; and

- have the potential to bring communities together in shared exploration of their experiences, creating opportunities to make meaning, and gain a sense of control over difficult events.

Traditional Knowledge and Skills

Since time immemorial, traditional knowledge and skills have been used to train, guide and counsel children. Traditional rites of passage and knowledge have been transmitted from generation to generation. However, due to the HIV and AIDS epidemic, the breakup of the traditional Malawian setting, and migration, which is also due to economic factors, these have been disrupted and even lost. Hence society is to some extent not counselling children using these rich traditional methods. The Source Book recommends that service providers should facilitate opportunities to restore these processes so that they may be used to assist children and also to develop a positive identity which ultimately will strengthen links across generations and ensure continuity.

The Source Book further recommends that service providers should use both traditional and modern counselling methods. The use of traditional games, songs, and dances should however:

- provide a sense of stability to children in times of difficulties;
- promote social skills that contribute to the well-being of children;
- help maintain a sense of community and continuity; and
- strengthen the children’s identity.

It should be noted, however, that activities that promote cultural identity may also contribute to political or ethnic tensions, or maintain harmful gender or class stereotypes. It is important to be aware of this possibility, and if necessary, build in activities to promote tolerance of different groups.

To Keep in Mind

It is important to note that while engaging in activities that encourage self-expression can be vital in supporting children through difficult experiences, there are risks as well. Expressing painful emotions can elicit strong responses that may overwhelm children if they are not ready

to confront the memories or feelings. Children should never be forced to talk about, or express in any other way, experiences that are likely to have been distressful.

Activities may focus on general issues but not those specific to the child. Programmes may also encourage creative problem solving in order to foster a safe environment for children to begin to explore their feelings. It is important that self expression activities are facilitated by people the children know, trust and will continue to be in contact with them.

Different age groups will require different types of activities. Young children will focus more on play while older children may prefer arts, music, organised sports, dance, or theatre. Activity groups should, therefore, be organised according to age. Gender must be taken into consideration, as different activities may be appropriate for boys and girls, depending on the culture, age, interest, and skills of the children.

As youth or community members facilitate activities for children, community bonds are strengthened and family-like relationships restored. Children themselves can be engaged in supporting one another, building social skills and self-esteem. For adolescents and youth, organising activities with children affords them an opportunity to contribute constructively to their communities.

When organising play activities for children, pay attention to the following:

- Find out from the children if they are comfortable with the people whom they are working with.
- Give them choices, i.e. ask them what they would like to do.
- Organise activities that they participate in voluntarily; no one should force them to participate. Children are also not obliged to come in every day.
- Create open spaces, which are better, especially for those children who are afraid to participate in a group activity.
- Organise games that are appropriate for children who have special needs.
- Choose a location that is safe, clean, easily accessible, has enough light and fresh air, and is liked by children.
- Choose materials that are simple, locally made (where possible) or familiar, and in-expensive. Many games do not require anything but human beings.

Recommendations

A considerable investment in PSS programmes in Malawi is essential and paramount if the service providers are to implement PSS programmes effectively and in a coherent manner. It is, therefore, important to appeal to the Government of Malawi, donor partners, and other well wishers to provide financial and material support for capacity building of PSS service providers at all levels. So that they will understand and put into use the strategies and tools that have been highlighted in this Source Book and other PSS documents. These may ultimately improve the provision of the psychosocial well-being of vulnerable children in the country.

The Source Book is intended for different stakeholders who carry out interventions that are aimed at improving the psychosocial well-being of vulnerable children. However, the Source Book is currently written in English and it hence may not be user-friendly for some children, families, communities, and caregivers. It would, therefore, be of great benefit if the Source Book could be translated into some of the major local languages. This, coupled with the production of abridged versions, will make the Source Book much more user-friendly and hence enable more caregivers to understand and use the strategies and tools better.

The writing of this Source Book is just the beginning and it is hoped that it will stimulate dialogue and a culture of documenting and sharing of best PSS practices and experiences. This will help the stakeholders to implement PSS interventions using tested strategies and tools that deliberately aim at improving the psychosocial well-being of vulnerable children in Malawi.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BSHDC	Blantyre Synod Health and Development Commission
AIPC	Australian Institute of Professional Counsellors
CBCC	Community-Based Childcare Centre
CBO	Community-Based Organisation
CC	Children's Corner
CHOC	Consol Homes Orphan Care
CSO	Civil Society Organisation
DSWO	District Social Welfare Officer
ECC	Ecumenical Counselling Centre
GoM	Government of Malawi
HIV	Human Immunodeficiency Virus
IASC MHPSS	Inter-Agency Standing Committee on Mental Health and Psychosocial Support
IEC	Information Education and Communication
IFRC	International Federation of Red Cross and Red Crescent
IRIN	Integrated Regional Information Networks
LISAP	Livingstonia Synod AIDS Programme
MAGGA	Malawi Girl Guides Association
NPA	National Plan of Action
NOVOC	Network of Organizations for Vulnerable and Orphaned Children
OAU	Orphan Affairs Unit
OMP	Orphan Member of Parliament
OVC	Orphans and vulnerable children
PFA	Psychosocial First Aid
PS	Psychosocial
PSP	Psychosocial Support Programme
PSS	Psychosocial Support
PWG	Psychosocial Working Group
QIS	Quality Improvement Standards
REFA	Regional Facilitator
REPSSI	Regional Psychosocial Support Initiative
SAN	STOP AIDS NOW!
TASU	Technical Advisory Support Unit
TWG	Technical Working Group
UNICEF	United Nations Children Emergency Fund
YOCIC	Youth for a Child in Christ
YONECO	Youth Net and Counselling Organization

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About this publication

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STOP AIDS NOW! aims to expand and improve the Dutch contribution to the global response to HIV and AIDS. In STOP AIDS NOW! five organisations, the Aids Fonds, Hivos, ICCO, Cordaid and Oxfam Novib have joined forces.

STOP AIDS NOW! aims to:

- Raise funds in order to contribute to more HIV and AIDS projects in developing countries
- Obtain political and public support for the efforts against HIV and AIDS, both nationally and internationally
- Innovate or redefine existing strategies and establish new forms of cooperation in order to improve the response to HIV and AIDS, and meet the needs of people affected.

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