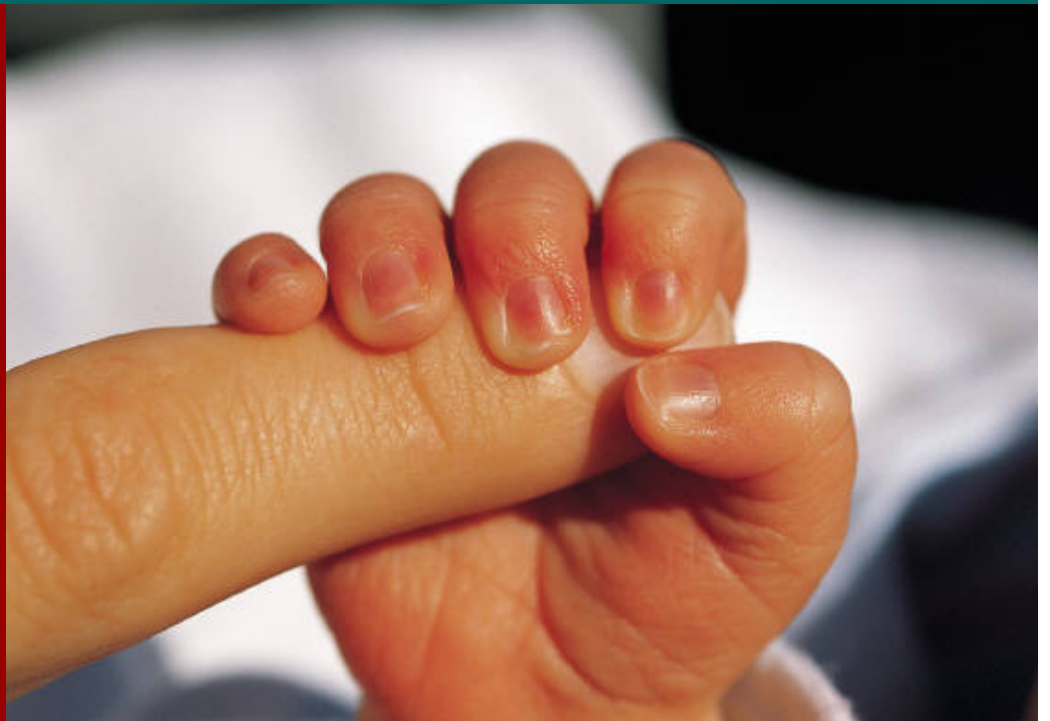




HIV and Children

and Prevention of Mother-to-Child Transmission

*Community
Health
Evangelism*



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Note: For more lessons about children or to teach children see the lesson folder "Children"

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About this manual ...

The Care for Orphans and Vulnerable Children manual was written as an aid to communities and churches desiring to address the needs of orphans and vulnerable children in their community. The increasing number of children left without adult caregivers has made this a daunting task, indeed. God mandates His people to care for orphans more than 40 times in the Scriptures and provides the strength to carry it out through His power. May God bless those who lovingly care for children with the compassion of Christ. These caregivers are truly the picture of Christ as they dry tears, wash away the dirt, overlook the past, and wrap their arms lovingly around His children.

This manual was written in the participatory LePSAS style and is meant for use with the Community Health Evangelism (CHE) strategy. CHE is a strategy that has had amazing successes in community development and transformation. It relies upon the community to take ownership, responsibility, and to come up with solutions to problems within the community drawing from their own local resources. Many international leaders, governments, and organizations speak of the need for “grass roots” efforts in mobilizing communities and increasing community capacity to care for the children in their community, and much research has been done showing that this is the true desire of communities as well. Global CHE Network and LifeWind International have developed a strategy and the tools to accomplish the task.

The core of CHE is the home-visit where community volunteers teach their neighbors physical and spiritual lessons they have learned at weekly training seminars. In this way, volunteers provide personal teaching and mentoring to each home. A committee from the community oversees the work and evaluates progress, changing and making new priorities as needs exist.

Many wonderful and insightful materials have been written to address the issues concerning children affected by the HIV crisis. This manual was not meant to replace them, but to add a proven strategy and tools that enable churches and community groups to mobilize.

May the God of all comfort bless you as you reach your hands “to the least of these” in your communities. May they feel His touch.

EXCERPT FROM THE
COMMUNITY HEALTH EVANGELISM (CHE) OVERVIEW

GOAL

The goal of Community Health Evangelism (CHE) is to establish a development ministry whose purpose is to bring together Jesus' Great Commission (Matthew 28:19-20) and the Great Commandment (Matthew 25:37-40). This is accomplished by training community members as Community Health Evangelists (CHEs) who regularly visit 10-15 neighboring households, sharing the gospel and promoting principles of disease prevention and healthy living. The program is designed to be transferable, multipliable, and ongoing after the training team leaves the area.

THE COMMUNITY HEALTH EVANGELISM (CHE) APPROACH

LifeWind International's CHE strategy is broadly aimed toward the whole community. This is done by training local villagers to share spiritual, physical, emotional, and social truths with their fellow villagers.

The CHE strategy includes the following primary characteristics:

1. Concentration on meeting priority needs keenly felt by the village through simple community projects. These projects are designed to empower the villagers to do as much as possible on their own. We attempt to begin at the ability level of the people in relation to their leadership, initiative, and self-reliance.
2. An integration of preventive medicine, health education, and sometimes curative care, into a total program. The emphasis is on prevention and education with expected results in changed lifestyles and conditions.
3. A vision and goal to reach the most people as possible.
4. A program of instruction that shows the people how they can participate in their own development. Lessons are developed that are aimed at simple health education, identification of major diseases, recognition of the need for medical care, and care of the sick (especially children).
5. Community self-help and community leadership emanating from the peoples' commitment to the program.
6. A commitment to delegate most of the tasks to local church leaders, community leaders, and the CHEs, who can best generate local support and commitment for the program.
7. An understanding that the content of the training must be transferable and multipliable.

8. A commitment to use readily available local resources as much as possible.
9. Provision for good working relationships with the nearest available hospital for necessary obstetrical, surgical, and medical care of severely ill patients.
10. Mass inoculation programs for measles, BCG, DPT, and polio. Such programs should be community sponsored.
11. Provision for sanitation training with an emphasis on cleanliness, safe water, and proper use of pit latrines.
12. Provision for easily accessible family planning instruction materials.

An underlying foundation for a CHE Program is that the community sees a project as their own. Too many times outside organizations do something for the people, leave, and what had been accomplished disintegrates. The emphasis from the beginning must be on the community taking ownership.

CORE ELEMENTS OF CHE

Community Health Evangelism is made up of three essential groups:

THE TRAINING TEAM

The training team initiates the program and usually comes from outside the area. Each training team consists of two to four people with a combination of vocational skills (medical, agricultural, pastoral, social work, etc.).

THE COMMITTEE

A successful Community Health Evangelism Program that will be multipliable, transferable, and ongoing must be community-based rather than outside agency-based. The program must be integrated around community committees, which are chosen from community members. The committee carries out this goal.

The committee should be community-based. The members should be mature, well-respected individuals who represent different segments of the community (educational, governmental, business, agricultural, medical, etc.).

THE COMMUNITY HEALTH EVANGELISTS (CHES)

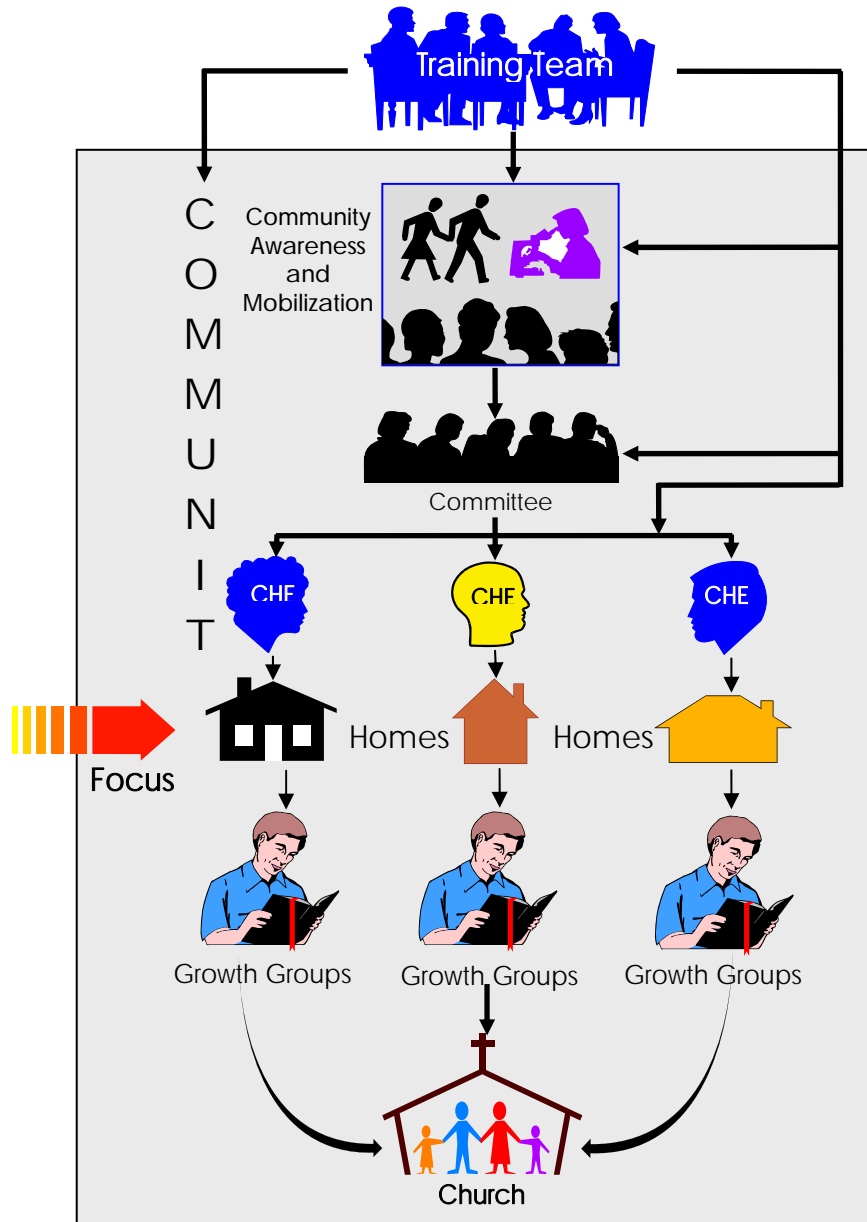
The Community Health Evangelism volunteer is the major worker in the program and is chosen by the committee. Adequate attention to their ministry will require about six to eight hours a week. As they are being trained they will:

1. Put into practice what they have learned around their home and with their family; modeling what they have learned.
2. Promote good health, prevent disease, and model abundant Christian life with their neighbors.

3. Practice evangelism and discipleship with individuals and groups.
4. Do home-visiting on a regular basis, sharing the spiritual and physical truths they have learned.
5. Teach in a way that will help others to become teachers.

COMMUNITY-BASED CHE MODEL

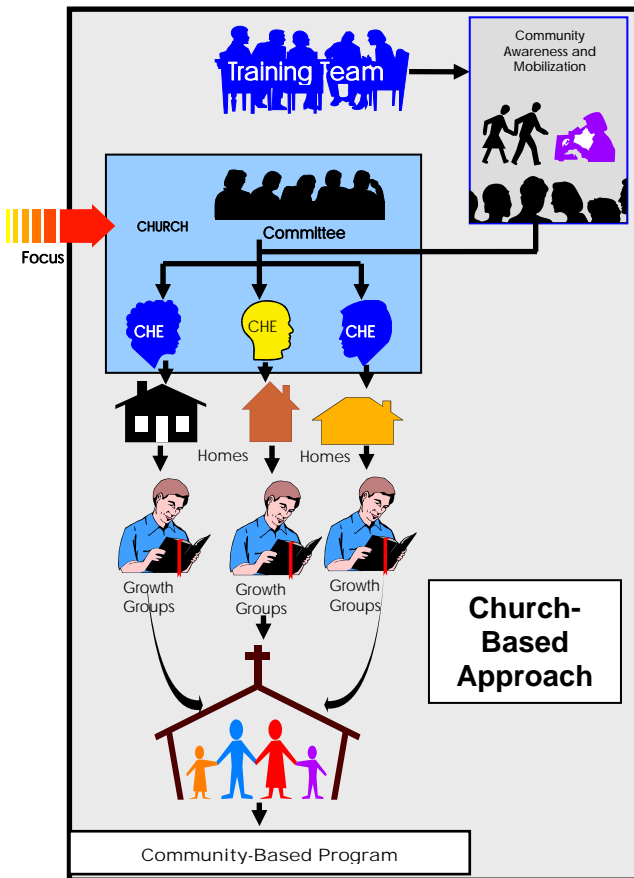
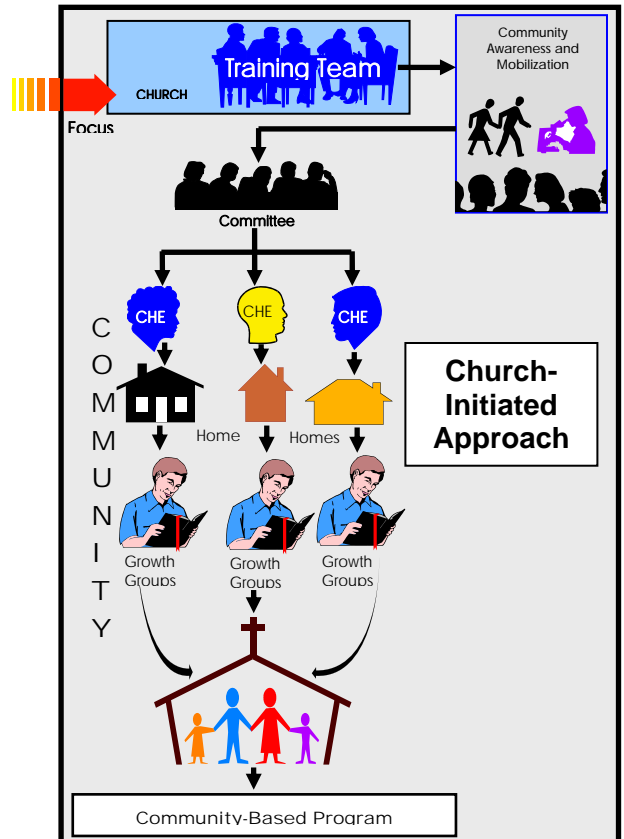
The community-based model is the most desirable model because of the probability of success. Once a project is truly owned by the community, the villagers take responsibility for their own lives and those of their neighbors. Mortality rates and sicknesses decrease, children are no longer malnourished, neighbors live in harmony with one another, family and spouse relationships are strengthened, the gospel is shared, churches grow, and communities become wholistically healthy. Community-based models are used in all of our open access countries.



CHURCH-INITIATED AND CHURCH-BASED CHE APPROACHES

The CHE strategy may begin through the church when the target area is too large or there is little unity among the community (i.e. urban settings). If there is only one church in the community that is open to CHE, then the committee members and the CHEs will probably be made up of only church members. If this is so, the church will probably be seen as the initiator and doing something for the community. Therefore, there may be little or no community ownership. This is a church-based approach. But if the church is open, it is best to have non-church members on the committee and as CHEs which will build community ownership. This is called a church-initiated, community-based approach.

One major difference in a church approach is that there is the opportunity for the trainers to be volunteers if they are from the church and they see their service as a ministry of the church. If that is the case, then there needs to be more (8 – 12) trainers equipped since they will not have the time to work as does a full-time trainer.



If there is more than one evangelical church in the community, equal representation from all of these churches should be on the committee and chosen as CHEs. One small (50 member) evangelical church may not have the resources to establish and maintain a CHE program unless this is their main outreach into the community.

The churches must view this strategy as a means to reach out to their non-Christian neighbors in a wholistic way rather than exclusively using it for their own church members. The more churches involved the better, since an individual church may not have enough members or resources to enable the development of a broad-based community program.

PEOPLE AT RISK OF HIV: CHILDREN

Date: 4/10

(1 HOUR)

- OBJECTIVES:** After working through this lesson, participants will be able to:
1. List ways that children may become infected with HIV.
 2. Discuss practical ways to care for children living with HIV.
 3. Describe how HIV affects families and communities.
 4. Discuss ways to help families and communities that are impacted by HIV.

OVERVIEW FOR TRAINERS: This is another lesson in the series on people at risk for HIV. Teach this lesson along with *Andrew's Story* and *Mwavita's Story*.

METHOD	TIME	KNOWLEDGE
<p>Picture: Show the picture, <i>Cambodian children</i>. Ask, what do you see?</p> <p>After they give their observations, give these facts:</p> <ul style="list-style-type: none"> • These children are from an orphanage in Cambodia. • Some of them are infected with HIV. • Can you tell which ones are infected? <p>----SHOWD questions----</p> <p>S = What do you <u>See</u>? H = What is <u>H</u>appening? O = Does this happen in <u>O</u>ur place? W = <u>W</u>hy does this happen? D = What will we <u>D</u>o about it?</p>	5"	<p>What do you see?</p> <ol style="list-style-type: none"> 1. The children look happy. 2. They look healthy. 3. They are well nourished. 4. They range in age from about one year to about 10 years old. 5. Many are wearing the same t-shirt. 6. That may be a uniform.
<p>I. Children infected with HIV Discuss in large group.</p> <p>A. Around the world, about 2 million children are infected with HIV. How do children become infected with HIV?</p> <p>B. Give out the handout <i>Babies of HIV-Positive Mothers</i>. What do you see here?</p>	15"	<p>I. <u>Children infected with HIV</u></p> <p>A. How do children become infected?</p> <ol style="list-style-type: none"> 1. Most are infected from their mothers. 2. This is called mother-to-child transmission. It is often abbreviated MTCT. <ul style="list-style-type: none"> - Babies are infected during the pregnancy, childbirth, or breastfeeding. 3. Some children become infected through blood transfusions or dirty needles. 4. Some become infected through sexual abuse or rape. 5. Some children become sexually active at a young age. <p>B. Babies of HIV-positive mothers</p> <ol style="list-style-type: none"> 1. If the mother and baby are not treated, about one third of babies of HIV-positive mothers become infected with HIV.

PEOPLE AT RISK OF HIV: CHILDREN

METHOD	TIME	KNOWLEDGE
C. What happens if these HIV-positive children are not treated with antiretroviral medicines?		<ol style="list-style-type: none"> 2. About 20% of babies (or 20 of every 100) of HIV-positive mothers become infected during the pregnancy, labor, and delivery. 3. About 15 of every 100 (or 15%) become infected after birth, through breastfeeding.
D. That sounds pretty bleak! Is there any good news?		<p>C. What if they are not treated?</p> <ol style="list-style-type: none"> 1. HIV develops rapidly in children. 2. One third of untreated HIV-positive children die before they are one year of age. 3. Over one half die before two years of age. <p>D. Good news</p> <ol style="list-style-type: none"> 1. Yes! Most HIV infections can be prevented. 2. If the mother and baby both receive courses of antiretroviral treatment (ART), the spread of HIV from mother to child can be reduced dramatically. 3. Babies can even breastfeed, if both mother and baby receive ART. 4. HIV cannot be cured, but it can be treated. 5. If they receive antiretroviral treatment, HIV-positive children can be healthier and live longer. 6. With good treatment, infected children can live until adulthood.
E. What are some ways to take care of children living with HIV?		<p>E. Caring for children living with HIV</p> <ol style="list-style-type: none"> 1. Make sure that babies of HIV-positive mothers are tested and diagnosed early. 2. Give HIV treatment for children. 3. Give vaccines to prevent infections. 4. Make sure they are well nourished. 5. Sometimes antibiotics are given to prevent infections. 6. Children living with HIV also have many emotional needs. 7. Give support, care, and love to children living with HIV.

PEOPLE AT RISK OF HIV: CHILDREN

METHOD	TIME	KNOWLEDGE
<p>II. Effect of HIV on families and communities Divide into small groups. Discuss one of two questions: How does HIV affect families? How does HIV affect communities?</p> <p>A. How does HIV affect families?</p> <p>B. How does HIV affect communities?</p>	20"	<p>II. <u>Effect on families and communities</u></p> <p>A. HIV and families</p> <ol style="list-style-type: none"> 1. Many children have a family member who is infected with HIV. 2. Many times a family member has died of AIDS-related illness. 3. Often these families face stigma and discrimination. 4. Children may need to work to support the family. 5. The number of AIDS orphans is increasing rapidly. 6. Some orphans are adopted by other family members. 7. Sometimes families may take in several more children. 8. Children may be separated from their brothers and sisters. 9. Now there are many households led by children. <p>B. HIV and communities</p> <ol style="list-style-type: none"> 1. The healthcare system is often overwhelmed. 2. There are not enough hospitals or hospital workers. 3. There may be little healthcare for children. 4. Many teachers have died of AIDS-related illness so their education of children suffers. 5. Many houses are empty because of AIDS. 6. The whole economy suffers. 7. Many key leaders are lost. 8. The whole community suffers emotionally.
<p>III. Helping families and communities Return to your small groups to discuss: How can we help families? How can we help communities?</p> <p>A. How can we help families impacted by HIV?</p>	20"	<p>III. <u>Helping families and communities</u></p> <p>A. Helping families</p> <ol style="list-style-type: none"> 1. Make sure there is access to HIV treatment. 2. Teach the family ways to prevent HIV.

PEOPLE AT RISK OF HIV: CHILDREN

METHOD	TIME	KNOWLEDGE
B. How can we help communities impacted by HIV?		<ol style="list-style-type: none"> 3. Give support and care to AIDS orphans and vulnerable children. 4. Share Christ with the family and children. 5. The church can reach out to give care to the family. 6. Make sure the children can go to school. 7. Give food or help them to plant a garden. Make sure that the children are well nourished. 8. Help the families with practical needs, like going for medical care. 9. Build friendships with the families. <p>B. Helping the community</p> <ol style="list-style-type: none"> 1. Make sure there is access to voluntary testing and HIV counseling. 2. Make sure there is access to HIV treatment. 3. Hold community meetings to discuss prevention and treatment of HIV. 4. Visit homes to provide HIV training and to encourage families. 5. Teach about HIV in the schools, through radio programs, and on signs. 6. Use skits and songs to teach children and adults. 7. Those actions also help to prevent stigma and discrimination against these families. 8. Form support groups of people who are living with HIV. 9. Those who are living with HIV can reach out to teach others. 10. Study the Bible together. 11. Do Bible storying. 12. As a community, work together to care for AIDS orphans. 13. Work together with the local churches.

PEOPLE AT RISK OF HIV: CHILDREN

METHOD	TIME	KNOWLEDGE
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AVERT. 2010. *Children, HIV and AIDS*. Available from: <http://www.avert.org/children.htm>

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WHO and UNICEF. 2007. *IMCI complementary course on HIV/ AIDS*. Available from: http://whqlibdoc.who.int/publications/2006/9789241594370.m2_eng.pdf

ATTITUDE: HIV affects children's lives in many ways.

SKILL: Participants will be able to discuss how HIV affects the lives of children, as well as their families and communities.

EVALUATION: Are the participants able to work with the communities and churches to care for children and families who are impacted by HIV?

MATERIALS:

- Newsprint, markers, masking tape
- Cambodian Children* illustration
- Babies of HIV-Positive Mothers*

This lesson is used in: HIV; and in OVC.

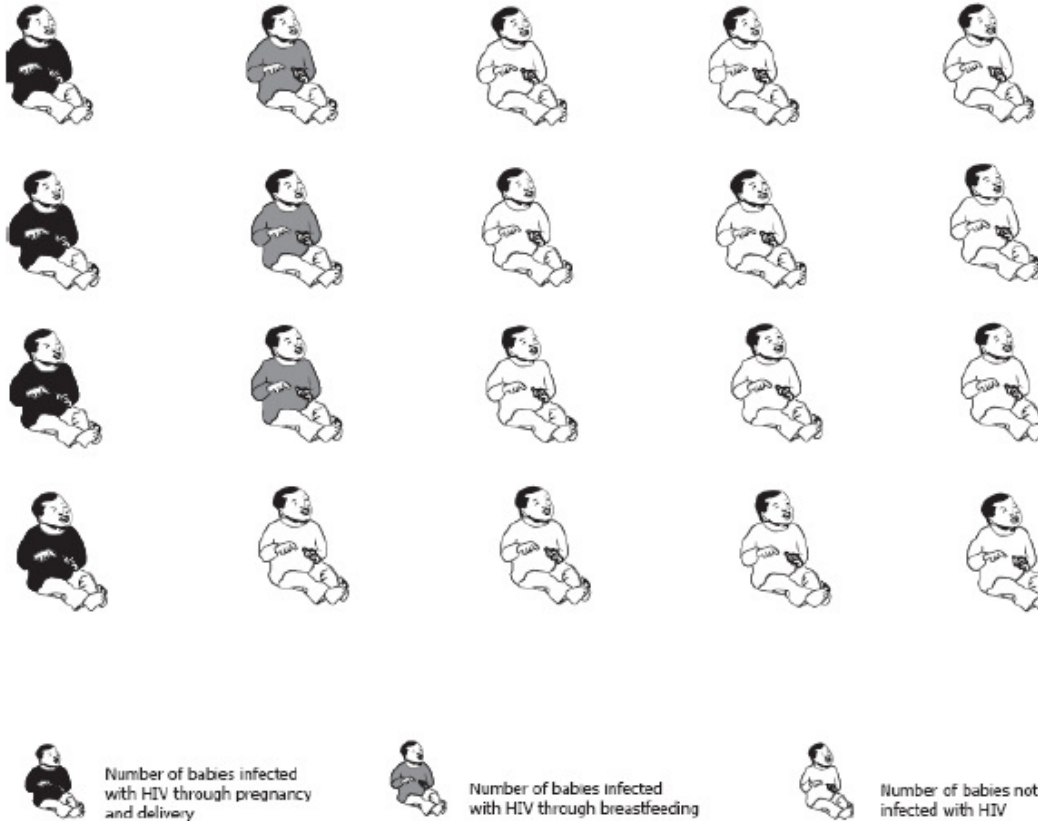
CAMBODIAN CHILDREN



Source: Wikimedia, 2010.

BABIES OF HIV-POSITIVE MOTHERS (WITHOUT TREATMENT)

RISK OF BEING INFECTED WITH HIV



Without antiretroviral treatment of the mother and baby, the overall risk of 35% (one third) can be broken down as follows: the estimated risk of becoming infected during pregnancy, labor, and delivery is about 20%. The estimated risk of becoming infected after delivery, through breastfeeding, is about 15%. If we go back to the diagram, this means that about 4 out of 20 babies (20%) born to HIV-positive mothers will be infected during pregnancy and delivery and 3 out of 20 babies (15%) will become infected after delivery.

Source: WHO and UNICEF. 2007. *IMCI complementary course on HIV/AIDS*. Available from: http://whqlibdoc.who.int/publications/2006/9789241594370.m2_eng.pdf

HOW HIV IMPACTS CHILDREN

Date: 05/10

(1 HOUR)

- OBJECTIVES:** After working through this lesson, participants will be able to:
1. Use stories to discuss the impact of HIV on children
 2. List challenges that AIDS orphans face.
 3. Name some people who may help to care for them.

OVERVIEW FOR TRAINERS: This lesson is based on Footsteps' *Children and HIV/AIDS*. Teach this lesson after *People at Risk of HIV: Children*.

METHOD	TIME	KNOWLEDGE
<p>Story: Divide into small groups. Read <i>John and James' story</i> and work through some of the discussion questions.</p> <p>----SHOWD questions---- S = What do you <u>S</u>ee? H = What is <u>H</u>appening? O = Does this happen in <u>O</u>ur place? W = <u>W</u>hy does this happen? D = What will we <u>D</u>o about it?</p>	25"	
<p>I. Challenges</p> <p>A. What are some of the challenges that children who have lost one or both parents face?</p> <p>B. Who can care for children who have lost their parents?</p>	10"	<p>I. <u>Challenges</u></p> <p>A. Challenges</p> <ol style="list-style-type: none"> 1. Loss of their parents or other relatives 2. Grieving; emotional stresses 3. They may be rejected by their community 4. People may avoid them or look down on them 5. Lack of community support 6. Loss of income 7. How are they going to support themselves? 8. They may lose their homes 9. Children caring for children 10. Child-led households 11. Children often need to leave school in order to work 12. Difficulty getting healthcare <p>B. Who can care for them?</p> <ol style="list-style-type: none"> 1. Relatives: aunts, grandparents, older brothers and sisters 2. Children caring for children 3. Another family in the community 4. Community groups 5. Church families 6. Non profit organizations 7. Orphanages—but they may be overwhelmed

HOW HIV IMPACTS CHILDREN

METHOD	TIME	KNOWLEDGE
		8. Some children have nobody to care for them.
II. Wezi's story A. Return to your small groups to read and discuss Wezi's story. B. Think about your community. What happens to children who lose their parents? C. During this week, tell your friends or family <i>James and John's story</i> , or <i>Wezi's story</i> .	25"	II. <u>Wezi's story</u> A. Wezi's story B. Your community 1. Their grandparents take care of them. 2. Another family member helps out. 3. There is nobody to care for them. C. During this week

References:

Footsteps. 2004. Children and HIV/AIDS. Available from:
<http://tilz.tearfund.org/webdocs/Tilz/Footsteps/English/FS61.pdf>

ATTITUDE: Children who have lost their parents to HIV need our care.

SKILL: Participants will be able to talk with their neighbors about HIV and children by telling a story.

EVALUATION: Are the participants telling *John and James' story* or *Wezi's story*?

MATERIALS: -Newsprint, markers, masking tape
 -*John and James' story*
 -*Wezi's story*

This lesson is used in: HIV

JOHN AND JAMES' STORY (AIDS ORPHANS)

This story, from Tearfund, has two parts:

STORY: (part one)

John (12) and James (14) lost their parents. When their father died their life changed dramatically, as their father was the family's only source of income. Mum was often sick and they had to nurse her. She died a year later and they were left on their own. Their home was in a terrible condition—the roof had large gaps where rain would get through. They were scavenging for food. For some reason they were not being given much support by their community.

----SHOWD questions----

S = What do you **S**ee?

H = What is **H**appening?

O = Does this happen in **O**ur place?

W = **W**hy does this happen?

D = What will we **D**o about it?

DISCUSSION: (Use some of these questions, or add your own.)

Observation questions: (What happened?)

- Would anyone like to retell John and James' story?
- How did their life change when their father died?

Interpretation questions: (Why?)

- What challenges or problems did John and James face?
- Why do you think that their parents died?
- What social pressures did they face?
- Why do you think that the community did not give them much support?
- What options did they have? Who could help with their care?

Application questions:

- Do you know any children who are AIDS orphans?
- How are orphans or AIDS orphans cared for in your area? Do other relatives care for them?
- Are there orphanages or organizations that help care for AIDS orphans?

STORY: (part two)

A Christian organization discovered John and James when they had reached a desperate state. The organization helped the children to cope. James decided to let John continue his schooling. James would prepare meals for John and farm their land. The organization mobilized the local church and community to repair their home. It provided basic HIV education and worked at creating a supportive environment for the children.

Questions:

- What decisions did John and James make?
- What did the organization do?
- How can the local church be involved in caring for children who are orphans?

TELLING THE STORY

- If there is time, divide into pairs to practice telling this story.
- During the week, tell your family, friends and neighbors John and James' story.

Adapted from: Footsteps. 2004. *Children and HIV/AIDS*.

WEZI'S STORY

INTRODUCTION: This story is adapted from Tearfund.

STORY:

I met Wezi in Lusaka, Zambia. Some social workers told me she was helping to look after about 21 orphans. As I listened to their story, I could not help but thank God for grandparents. The children ranged from 2 years to 14 years old. They were all cousins—the children of Wezi's three daughters. Their fathers had all died from AIDS. Later their mothers, Wezi's daughters, all moved back to live with Wezi.

Wezi's daughters did not have good jobs. They looked for whatever was available on a daily basis. This included washing clothes and digging or weeding gardens. Life was very tough. I looked at the joy on the children's faces and wondered if they understood their situation. As they shared their dreams with the social worker, they sang a few songs. They wanted the chance to perform on television! What hope and vision! The young girls particularly concerned me. There would be many "wolves" that would want to prey on these girls for sexual favors in exchange for food. With the drought in Zambia and the scarcity of jobs—my heart ached.

----SHOWD questions----

S = What do you **See**?
 H = What is **H**appening?
 O = Does this happen in **O**ur place?
 W = **W**hy does this happen?
 D = What will we **D**o about it?

DISCUSSION: (Use some of these questions, or add your own.)

Observation questions: (What happened?)

- Would anyone like to retell Wezi's story?
- Describe the lives of Wezi, her three daughters, and her 21 grandchildren.
- What dreams did the children have?

Interpretation questions: (Why?)

- Why does the storyteller thank God for grandparents?
- Why was the storyteller particularly concerned about the young girls?
- Who are "wolves"? What do they do?
- What other dangers or risks do the children face as they grow up?
- What are some possible solutions to these challenges?

Application questions:

- Who cares for AIDS orphans in your area?
- What risks or struggles do AIDS orphans face in your area?
- How is your community or church reaching out to them?
- What else could you do?

TELLING THE STORY

- If there is time, divide into pairs to practice telling this story.
- During the week, tell your family, friends and neighbors Wezi's story.

Adapted from: Footsteps. 2004. *Children and HIV/AIDS*.

HIV AND CHILDREN

Date: 06/10

(1 HOUR)

- OBJECTIVES:** After working through this lesson, participants will be able to:
1. Explain how HIV attacks the body's defense system.
 2. Name ways that children may become infected with HIV.
 3. Describe some symptoms of HIV in children.
 4. Give a brief description of lab tests to diagnose HIV.

OVERVIEW FOR TRAINERS: Teach this lesson after *People at risk of HIV: Children*.

METHOD	TIME	KNOWLEDGE
<p>Role Play: Act out <i>How HIV Affects Our Health</i> (from the handout) or divide into small groups and look at the illustrations.</p> <p>----SHOWD questions---- S = What do you See? H = What is Happening? O = Does this happen in Our place? W = Why does this happen? D = What will we Do about it?</p>	10"	
<p>I. The attack Discuss in large group.</p> <ol style="list-style-type: none"> A. What are CD4 cells? What do they do? B. What does HIV do? C. What happens after HIV destroys the CD4 cells? D. (Review) How can children become infected with HIV? 	10"	<p>I. <u>The attack</u></p> <ol style="list-style-type: none"> A. CD4 cells <ol style="list-style-type: none"> 1. CD4 cells are white cells. 2. CD4 cells protect the body. 3. They protect the body against problems like cough and diarrhea. B. What does HIV do? <ol style="list-style-type: none"> 1. HIV attacks the CD4 cells. 2. HIV destroys CD4 cells. 3. So the CD4 cells no longer can defend the body. C. What happens next? <ol style="list-style-type: none"> 1. Problems like diarrhea and cough can attack the body. 2. The person becomes sick and later dies. D. How can children become infected with HIV? <ol style="list-style-type: none"> 1. Most children are infected from their mothers. 2. They may be infected during the pregnancy, labor and delivery or while breastfeeding. 3. Some become infected by injecting drug use. 4. Some become infected by medical procedures or blood transfusions.

This lesson is part of an extensive series for use in Community Health Evangelism (CHE) ministries. CHE facilitators skilled in participatory learning methods enable communities to escape cycles of poverty and live as followers of Jesus. For information about CHE, and how you can be trained as a facilitator, go to www.CHENetwork.org.

HIV AND CHILDREN

METHOD	TIME	KNOWLEDGE
<p>D. What happens if infants or children become infected with HIV and they are not treated with medicines against HIV?</p>		<p>5. Some become affected by sexual abuse or rape. 6. Some become infected through early sexual activity.</p> <p>D. What happens if children are infected and are not treated?</p> <ol style="list-style-type: none"> 1. HIV can overwhelm their CD4 cells and their body's defense system. 2. They can become ill with problems like diarrhea and cough. 3. Young children become ill more quickly than adults. 4. Half of all untreated HIV-positive infants may die before they are two years-old.
<p>II. Symptoms of HIV Discuss in large group</p> <p>A. What are some symptoms of HIV infections in children?</p> <p>B. Does every child with diarrhea or pneumonia or thrush or swollen lymph glands have HIV?</p>	10"	<p>II. <u>Symptoms of HIV</u></p> <p>A. Symptoms of HIV</p> <ol style="list-style-type: none"> 1. Many HIV-positive infants and children have no symptoms. 2. Suspect HIV if the mother is HIV-positive. 3. Some HIV-positive children may have persistent diarrhea. 4. Some may have a persistent cough or pneumonia. 5. Others will have a very low weight for their age. 6. They may have thrush (white patches inside the cheeks that look like cottage cheese). 7. They may have swollen lymph glands. <p>B. Does every child with these symptoms have HIV?</p> <ol style="list-style-type: none"> 1. No. There are other causes for each one of these symptoms. 2. But these symptoms should make you think of HIV and check for it.
<p>III. Testing for HIV Discuss in large group. Some of this information is more technical, so this part is optional. Adjust what you teach to match your group.</p> <p>A. How can you know if a child has HIV?</p>	10"	<p>III. <u>Testing for HIV</u></p> <p>A. How can you know if a child has HIV?</p> <ol style="list-style-type: none"> 1. You can't depend on the symptoms, since many HIV-positive children have no symptoms. 2. So you must do a blood test.

HIV AND CHILDREN

METHOD	TIME	KNOWLEDGE
B. What does a positive rapid HIV test in a newborn show you? (Remember that rapid tests show HIV antibodies, or the body's immune reaction to HIV, and not the virus itself.) Note: Don't worry about the technical information. Just know that a positive HIV antibody test in a newborn does not necessarily mean that the newborn is infected.		B. Testing a newborn 1. The newborn may be HIV-positive. 2. Or the newborn may just have HIV antibodies from his mother. 3. They may stay in his blood until he is more than a year old. 4. So a positive HIV test in a newborn does not tell you if the newborn is infected.
C. So how can you know for sure?		C. How can you know for sure? 1. You can keep on repeating the HIV test on the baby. If the test becomes negative over time, that means the baby is not infected. 2. But a positive HIV test in a baby more than 18 months of age means that the baby is infected. 3. Some well-equipped labs can do a blood test for the HIV virus itself. 4. You can also do a dried blood spot test and send it to a lab.
D. Why not just wait on the testing until the baby is 18 months old?		D. Why not just wait? 1. Parents want to know as soon as possible. 2. They don't want to wait that long to know if she is HIV-positive. 3. And perhaps babies should start on HIV treatment earlier.
E. How can a blood test for HIV be done?		E. How can a blood test for HIV be done? 1. Some good labs can test for the virus itself. 2. This can be done soon after birth. 3. But that testing is expensive. 4. And many labs or hospitals cannot do this type of test. 5. It is hard to send blood to another hospital for testing.
F. What is a dried blood spot test?		F. Dried blood spot test 1. This can be done on young infants and children. 2. A small amount of the baby's blood is dropped on a piece of paper and then dried. 3. The small piece of paper is sent to a laboratory for testing. 4. The paper can be sent to a lab that is far away.

HIV AND CHILDREN

METHOD	TIME	KNOWLEDGE
<p>IV. Questions</p> <p>A. Pretend you are a parent who has just been told that your baby is HIV-positive. What questions would you like to ask? Report back by asking the questions. Another member of the group may pretend to be a doctor, answering the questions. You may not have all the answers yet!</p> <p>B. We will talk more about the treatment of HIV in children next time.</p>	20"	<p>5. The blood is tested for the virus itself (not just the antibody.)</p> <p>6. So if this test is positive for HIV, the baby is HIV-positive.</p> <p>IV. <u>Questions</u></p> <p>A. What questions would you like to ask?</p> <ol style="list-style-type: none"> 1. You say that my baby has HIV. How do you know for sure? <ul style="list-style-type: none"> - We did a blood test that shows that he has the virus in his blood. 2. Does that mean he has AIDS? <ul style="list-style-type: none"> - He is HIV-positive, but does not have AIDS. AIDS is the last and most severe stage of an HIV infection. 3. Can you cure him? <ul style="list-style-type: none"> - We can't cure him, but we can treat his infection. 4. Is he going to die? <ul style="list-style-type: none"> - We have good medicines to treat HIV. With these medicines, we hope that he can stay healthy for many years. 5. Medicines? How long will he have to take medicines? <ul style="list-style-type: none"> - He will need to take medicines every day for the rest of his life. 6. How did he get HIV? <ul style="list-style-type: none"> - HIV is an infection. It spreads from person to person. One of the ways that HIV spreads is from mother to child. 7. Is it my fault that he has HIV? <ul style="list-style-type: none"> - The HIV infection spreads from one person to another. It is not your fault that you caught the HIV infection. And it is not your fault that he caught it either. 8. What do we do now? <ul style="list-style-type: none"> - Next time we meet, we will talk about the ways to treat his HIV infection. <p>B. Next time</p>

HIV AND CHILDREN**References:**

AVERT. 2010. *Children, HIV and AIDS*. Available from: <http://www.avert.org/children.htm>

AVERT. 2010. *HIV Treatment for Children*. Available from: <http://www.avert.org/hiv-children.htm>

Eddleston, M. *et al.* Oxford Handbook of Tropical Medicine. 2008. Oxford: Oxford University Press.

UNICEF, WHO, and UNAIDS. 2009. *Children and AIDS*. Available from: http://www.who.int/hiv/pub/paediatric/cafst_2009_en.pdf

WHO and UNICEF. 2007. *IMCI complementary course on HIV/ AIDS*. Available from: http://whqlibdoc.who.int/publications/2006/9789241594370.m2_eng.pdf

ATTITUDE: Participants are concerned about HIV infections in children.

SKILL: Participants will know basic information about HIV infections in children.

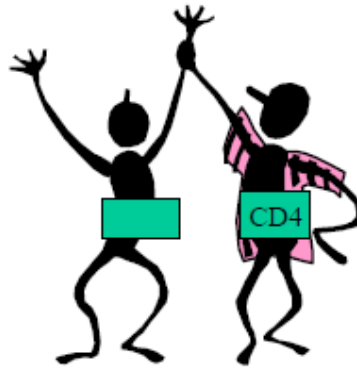
EVALUATION: Are the participants able to talk to their neighbors about HIV infections in children?

MATERIALS: -Newsprint, markers, masking tape
-*How HIV Affects Our Health*

This lesson is used in: HIV – HIV and Children

HOW HIV AFFECTS OUR HEALTH

1. The CD4 cell is a kind of white blood cell.
The CD4 is the friend of our body.



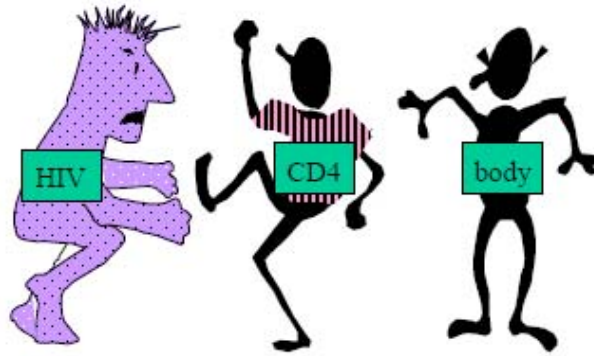
2. Problems like cough try to attack our body, but the CD4 fights them to defend the body, his friend.



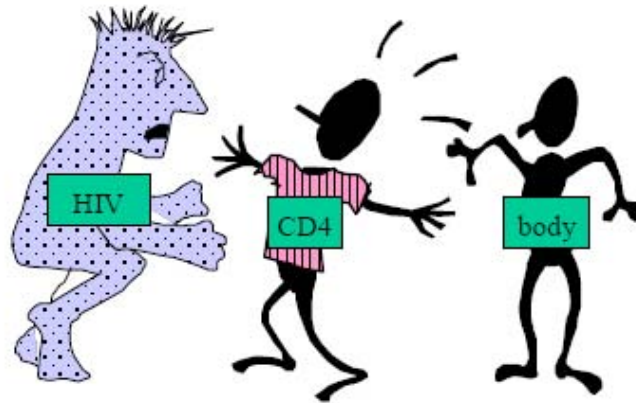
3. Problems like diarrhoea try to attack our body, but the CD4 fights them to defend the body.



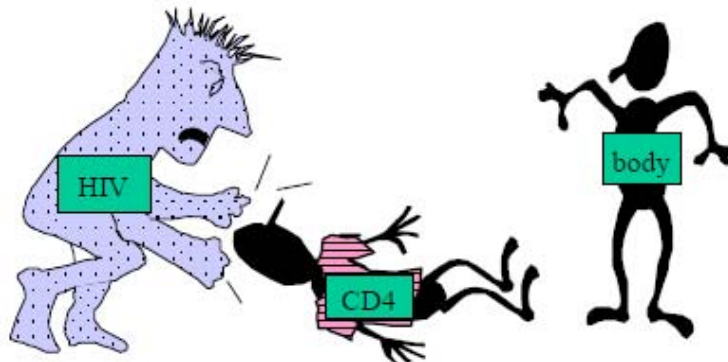
4. Now, HIV enters and starts to attack the CD4.



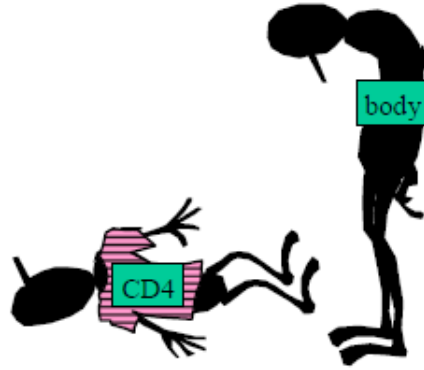
5. The CD4 notices he cannot defend himself against HIV!



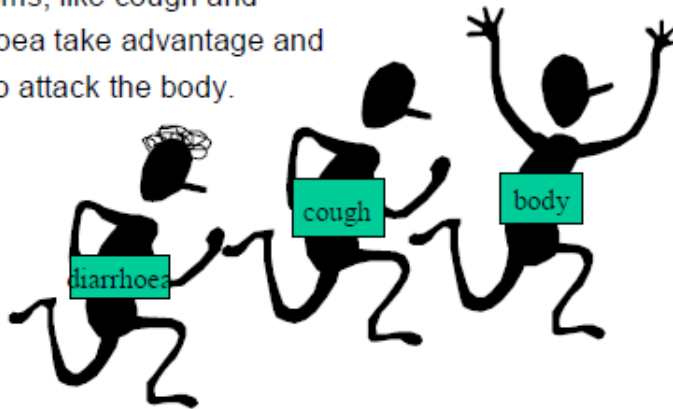
6. Soon, CD4 loses his force against HIV.



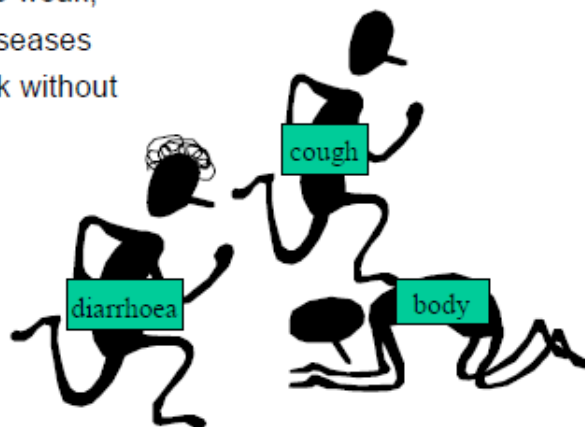
7. CD4 loses the fight. The body remains without defence.



8. Now, the body is all alone, without defence. All kinds of problems, like cough and diarrhoea take advantage and start to attack the body.



9. In the end, the body is so weak, that all diseases can attack without difficulty.



TREATING CHILDREN WITH HIV

Date: 06/10

(1 HOUR)

- OBJECTIVES:** After working through this lesson, participants will be able to:
1. Give some advantages of HIV treatment for children.
 2. Discuss when treatment should begin.
 3. List some challenges to HIV treatment for children.
 4. Discuss the care of children living with HIV.

OVERVIEW FOR TRAINERS: Teach this lesson after *HIV and Children*.

METHOD	TIME	KNOWLEDGE
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- Role Play** Two mothers are talking.
- 1st** Now what should I do?
- 2nd** What do you mean?
- 1st** They tell me that my baby is HIV-positive. Should we start her on treatment? Or wait until she gets sick? Or just take her home to die?
- 2nd** Medicines for HIV? She looks strong and healthy! Why give her medicines?
- 1st** But I don't want her to get sick. I want to fight this HIV infection!
- 2nd** There's no hurry. Just wait a while.

5"

----SHOWD questions----

S = What do you **S**ee?
 H = What is **H**appening?
 O = Does this happen in **O**ur place?
 W = **W**hy does this happen?
 D = What will we **D**o about it?

- I. Why give HIV treatment?
 Work in large group
- A. Why treat HIV-positive babies and young children with HIV medicines?

10"

- I. Why give treatment?
- A. Why treat babies and young children?
1. Without treatment, many HIV-positive babies will die before they are two years-old.
 2. Treatment with antiretrovirals helps to fight the HIV infection.
 3. Treatment with HIV medicine strengthens the body's defense system.
 4. Treatment helps prevent health problems like tuberculosis.
 5. Children on treatment will grow better.
 6. Children on treatment may learn better.

This lesson is part of an extensive series for use in Community Health Evangelism (CHE) ministries. CHE facilitators skilled in participatory learning methods enable communities to escape cycles of poverty and live as followers of Jesus. For information about CHE, and how you can be trained as a facilitator, go to www.CHEnetwork.org.

TREATING CHILDREN WITH HIV

METHOD	TIME	KNOWLEDGE
<p>B. Read this quote from Julie, a nurse working with children living with HIV:</p> <p><i>"You see scrawny, rashy, tired, lethargic kids come in, you start them on treatment and within weeks you've got bounding, podgy, gorgeous growing children. People often don't believe, they're often quite skeptical of the medications, and then you see this transformation and parents are like 'The child's got so much energy!'"</i></p> <p>Source of quote: Avert, 2010.</p>		<p>7. So that HIV-positive children can live longer and be healthier.</p> <p>B. Quote</p>
<p>II. Starting treatment Discuss in large group.</p> <p>A. When should young babies be started on HIV treatment?</p> <p>C. When should older children start on HIV treatment?</p>	10"	<p>II. <u>Starting treatment</u></p> <p>A. When should babies be started on HIV treatment?</p> <ol style="list-style-type: none"> 1. In the past, the time to start treating babies often was based on lab tests and symptoms. 2. Now, young babies often are started on HIV treatment as soon as they are known to be HIV-positive. 3. Infants who start right away on HIV treatment seem to survive better. 4. This does not depend on their symptoms or lab tests. <p>C. Children</p> <ol style="list-style-type: none"> 1. There is no easy answer. 2. HIV treatments may cause side effects. 3. HIV treatments must be continued for life. 4. The time of treatment may depend on lab tests and whether there are symptoms. 5. Talk with your health care provider to decide.
<p>III. Treating children Discuss in large group.</p> <p>A. What HIV treatment is given?</p>	5"	<p>III. <u>Treatment</u></p> <p>A. What treatment is given?</p> <ol style="list-style-type: none"> 1. Usually the child is given a combination of three medicines. 2. This seems to work better than a single medicine.

TREATING CHILDREN WITH HIV

METHOD	TIME	KNOWLEDGE
<p>B. How long will children need to keep on taking the HIV medicine?</p>		<p>3. With three medicines, there is less resistance to the medicines. (Resistance means that after awhile the medicines stop working because the virus can fight them off.)</p> <p>4. Often the medicines are given together in a fixed drug combination. The medicines are given as a combination pill.</p> <p>5. The HIV medicine is usually taken every day, at the same time of day.</p> <p>B. How long?</p> <p>1. The medicines will be taken for the life of the child.</p> <p>2. If the child stops taking their medicines, HIV may cause problems again.</p>
<p>III. Challenges</p> <p>A. What are some challenges and difficulties in treating children living with HIV? Discuss in small groups. You can report back as a role play, acting out some of the challenges.</p> <p>B. So what can be done?</p>	20"	<p>III. <u>Challenges</u></p> <p>A. Challenges and difficulties</p> <p>1. The medicines may not be available in your area.</p> <p>2. They may be expensive.</p> <p>3. Children need a different dose than adults.</p> <p>4. Children may not be able to swallow tablets.</p> <p>5. Many pharmacies don't have syrups or powders for children.</p> <p>6. Many homes don't have a refrigerator to store syrups.</p> <p>7. If children receive an adult dose, they may be overdosed.</p> <p>8. Children may not like the taste of the medicines.</p> <p>9. All medicines have side effects.</p> <p>10. Children must take the medicines every day.</p> <p>11. It is hard to take three different medicines.</p> <p>B. So what can be done?</p> <p>1. HIV medicines for adults come as a triple drug combination tablet.</p> <p>2. One tablet is taken every day.</p> <p>3. These tablets can be divided for children.</p> <p>4. But it is hard to get the dosage right.</p>

TREATING CHILDREN WITH HIV

METHOD	TIME	KNOWLEDGE
<p>C. Read this quote from a doctor in Malawi:</p> <p><i>“Since there are still no available, easy-to-use triple drug combinations for children, I do what most doctors are doing: I try to show caregivers such as grandparents how to break adult tablets, hoping that the children will get the doses they need.”</i></p> <p>Source: Avert, 2010.</p>		<p>C. Quote</p>
<p>IV. Other care Discuss in large group.</p> <p>A. In addition to HIV medicine, what other health care should be given to children living with HIV?</p>		<p>IV. <u>Other care</u></p> <p>A. Other health care</p> <ol style="list-style-type: none"> 1. Children living with HIV can be malnourished. 2. They will need good nutrition. 3. They will need regular health care. 4. Children living with HIV can receive most of the regular vaccinations. 5. Check with your health care provider about vaccines. 6. Children living with HIV who have weakened immune systems can get other infections, like tuberculosis. 7. They can get a serious form of pneumonia. 8. Children living with HIV are usually given an antibiotic to prevent this pneumonia. 9. They are given prophylaxis or preventive treatment with co-trimoxazole. 10. Co-trimoxazole is cheap and effective.
<p>B. How else can you care for children living with HIV?</p>		<p>B. Other care</p> <ol style="list-style-type: none"> 1. Treat them like normal children! 2. They need lots of love and attention. 3. They need care and discipline. 4. They can go to school. 5. They can play games and have friends. 6. Talk to them about Christ and teach them Bible stories.

TREATING CHILDREN WITH HIV**References:**

AVERT. 2010. *Children, HIV and AIDS*. Available from: <http://www.avert.org/children.htm>

AVERT. 2010. *HIV Treatment for Children*. Available from: <http://www.avert.org/hiv-children.htm>

Eddleston, M. *et al.* Oxford Handbook of Tropical Medicine. 2008. Oxford: Oxford University Press.

UNICEF, WHO, and UNAIDS. 2009. *Children and AIDS*. Available from: http://www.who.int/hiv/pub/paediatric/cafst_2009_en.pdf

WHO and UNICEF. 2007. *IMCI complementary course on HIV/ AIDS*. Available from: http://whqlibdoc.who.int/publications/2006/9789241594370.m2_eng.pdf

ATTITUDE: Children with HIV can be treated.

SKILL: Participants will be able to discuss the treatment of children living with HIV.

EVALUATION: Are the participants able to talk with their neighbors about the treatment of children with HIV?

MATERIALS: -Newsprint, markers, masking tape
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This lesson is used in: HIV-HIV and Children

CARING FOR CHILDREN WITH HIV

Date: 04/04 (rev. 06/10)

(1½ HOURS)

- OBJECTIVES:**
1. Participants will know how HIV is transmitted to children.
 2. Participants will be able to assist families in providing compassionate care to children living with HIV.

OVERVIEW FOR TRAINERS: During this session, have participants take turns holding baby doll with label “HIV-positive” attached.

METHOD	TIME	KNOWLEDGE
<p>Role Play: Woman holding infant at clinic waiting area. Talks to woman next to her.</p> <p>1st I am worried. My baby doesn't seem to be growing well. I keep feeding him, but he seems sick all the time.</p> <p>2nd Let me look at him. (She looks into the blanket.) You're right. He does look sick. Maybe they can give him medicine to make him better.</p> <p>1st What if he has HIV? I heard of another baby that died of that. I hope my baby doesn't have HIV.</p> <p>2nd (She scoots away, looking worried.) Maybe you should get him tested!</p>	10"	<p>Infant is HIV-positive, mother is worried about baby's health, doesn't know if baby is infected with HIV. Woman in clinic is afraid to sit too close to infant that might be infected.</p> <p>Other scenario might include: Older child with HIV. Neighbors won't let their children play with child living with HIV. Child living with HIV not allowed to go to school, or hides when other children walking by home on way to school.</p>

----SHOWD questions----

- S = What do you **See**?
H = What is **H**appening?
O = Does this happen in **O**ur place?
W = **W**hy does this happen?
D = What will we **D**o about it?

<p>I. HIV transmission to children Discuss in large group.</p> <p>A. From what we have learned about HIV, how would a child become infected by HIV?</p>	10"	<p>I. <u>HIV transmission to children</u></p> <p>A. How children become infected</p> <ol style="list-style-type: none"> 1. From an HIV-positive mother during pregnancy, delivery, or breastfeeding. The infection rate is about 30% unless the mother is receiving antiretroviral treatment. 2. From transfusion of HIV contaminated blood or blood products 3. Use of non sterile equipment in health care facilities 4. Use of non-sterile equipment by traditional healers (surgeries, male and female circumcision, scarification)
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CARING FOR CHILDREN WITH HIV

METHOD	TIME	KNOWLEDGE
B. In small groups discuss: What are symptoms that show a child might be infected with HIV? What symptoms have you seen? Report back.	10"	<ol style="list-style-type: none"> 5. Sexual abuse 6. Injection drugs 7. Sexual initiation practices involving sex workers 8. Child prostitution 9. Cleansing rituals <p>B. Symptoms of HIV infected children</p> <ol style="list-style-type: none"> 1. HIV-positive children may have no symptoms 2. Multiple childhood infections 3. Recurrent or prolonged fever 4. Recurrent or prolonged diarrhea 5. Enlarged lymph nodes 6. Failure to thrive, abnormally slow growth, or weight loss 7. Oral thrush 8. Generalized rash or severe eczema
C. Describe HIV testing in infants and children	5"	<p>C. Describe HIV testing</p> <ol style="list-style-type: none"> 1. The same HIV antibody test used for adults may be used for children and infants. 2. Infants younger than 18 months may still have antibodies from their HIV-positive mother. They may test positive at first, but then later test negative. 3. An infant testing negative before or after 18 months is considered negative. 4. An infant testing positive after 18 months of age is considered to be HIV-positive. 5. There are tests to check for the virus itself. 6. Young babies may be tested with a dried blood spot test.
<p>D. When do infants and children living with HIV become ill with AIDS?</p> <ul style="list-style-type: none"> • . Infants infected during pregnancy. • . Infants infected during delivery or breastfeeding 	5"	<p>D. When do infants and children living with HIV become ill with AIDS?</p> <ol style="list-style-type: none"> 1. AIDS is the latest and most severe stage of HIV infection. 2. Illness depends on whether they are receiving HIV treatment. 3. Without treatment, infants who are infected during pregnancy usually become ill in the first 3 months of life. 4. Without treatment, infants that are infected during delivery or breastfeeding usually present with signs of AIDS between 6 months and 5 years.

CARING FOR CHILDREN WITH HIV

METHOD	TIME	KNOWLEDGE
<ul style="list-style-type: none"> • . Infants or children infected by other means • With antiretroviral treatment 		<ol style="list-style-type: none"> 5. Without treatment, children become ill 2-10 years following HIV infection. 6. With antiretroviral treatment, infants and children may stay healthy for longer time periods.
<p>II. Caring for infants and children exposed to or infected by HIV</p> <p>A. Should children who have been infected or exposed to HIV receive the same care as other children?</p> <p>B. What additional care should be given to a child or infant exposed to HIV?</p> <p>C. Are caregivers at risk for becoming infected with HIV?</p>	15"	<p>II. <u>Caring for infants and children exposed to or infected by HIV</u></p> <p>A. Yes, the care needs of infected and uninfected children are the same. All children need love, nurturing, play, and discipline.</p> <ol style="list-style-type: none"> 1. Immunizations Check with your health care providers about which immunizations to give to an HIV-positive child. 2. Growth charting 3. Routine well-child health visits 4. Practice good hygiene <p>B. Additional care needed for infant or child exposed to HIV:</p> <ol style="list-style-type: none"> 1. Ensure that child is well-nourished 2. Protect child from infection 3. Monitor for symptoms of HIV 4. Supplemental vitamins 5. Medication to prevent opportunistic diseases such as co-trimoxazole or Septra 6. Use anti-retroviral medications if they are available <p>C. Generally, caregivers are not at risk of becoming infected with HIV from caring for infants and children with HIV.</p> <ol style="list-style-type: none"> 1. HIV is not transmitted by holding, touching, hugging or kissing. 2. Caregivers should wash hands well after touching body fluids or stools from infant or child living with HIV. 3. Linens soiled with body fluids should be washed well in hot soapy water and line dried. 4. Surfaces soiled with body fluids should be washed with disinfectant.
<p>III. Additional needs of children and infants living with HIV. In small group discuss the following questions. Report back.</p>	20"	<p>III. <u>Additional needs of children and infants living with HIV</u></p>

CARING FOR CHILDREN WITH HIV

METHOD	TIME	KNOWLEDGE
<p>A. What are the additional physical needs of infants or children living with HIV?</p> <p>B. What are the additional social needs of infants or children living with HIV?</p> <p>C. What are the additional spiritual/emotional needs of infants or children living with HIV?</p>		<p>A. Physical needs of infants and children living with HIV</p> <ol style="list-style-type: none"> 1. To be touched, held, and loved 2. To have regular health check-ups and see health provider early in illnesses 3. Pain management <p>B. Social needs of infants and children living with HIV:</p> <ol style="list-style-type: none"> 1. To be included in family and community 2. To be cared for at home as much as possible rather than hospital or institutional environment 3. To be allowed to go to school as long as they are healthy enough <p>C. Spiritual and emotional needs of infants and children living with HIV</p> <ol style="list-style-type: none"> 1. To receive tender, loving care by stable caregiver 2. To be allowed to talk about illness and feelings 3. To be comforted in the process of dying 4. To know about God and his love for them
<p>IV. Helping families care for a child or infant living with. In small group discuss and report back.</p> <p>A. How can a CHE help a family that has a child or infant living with HIV</p>	25"	<p>IV. <u>Helping families care for a child or infant with HIV</u></p> <p>A. How a CHE can help a family that has a child or infant living with HIV:</p> <ol style="list-style-type: none"> 1. Make regular home visits 2. Teach family about hygiene 3. Teach family about good nutrition 4. Teach family how to prevent common infections 5. Teach family how to prevent transmission of HIV 6. Encourage the family to get health care and antiretroviral treatment for the child 7. Help with HIV testing and treatment 8. Encourage the family to provide loving care to the child or infant living with HIV 9. Demonstrate love and acceptance of child/family 10. Refer family to additional care providers such as clinic, local pastor, counselor, etc. 11. Provide emotional and spiritual

CARING FOR CHILDREN WITH HIV

METHOD	TIME	KNOWLEDGE
<p>B. What can a CHE committee or HIV care committee do to help families with a child or children living with HIV?</p>		<p>support</p> <p>12. Make referral to HIV care committee for additional family needs such as inadequate income to provide for family, illness or death of caregivers, child-headed families</p> <p>B. What a CHE committee or HIV care committees can do to help families with child or children living with HIV</p> <ol style="list-style-type: none"> 1. Form support groups for families affected by HIV. 2. Encourage community members to include families affected by HIV. 3. Encourage community to allow schooling of children living with HIV. 4. Develop food sharing program to supplement food needs of families affected by. 5. Develop plan for children who cannot be cared for at home due to death or illness of caregiver. 6. Develop care plan for orphans in community.
<p>C. Pass around a baby doll with a label saying HIV-positive, with the label inside the blanket so that it can only be seen by the person holding the baby. Pretend this is a real baby. In large group allow participants to talk about how it felt to hold an HIV-positive baby.</p> <ol style="list-style-type: none"> 1. What were their fears? (If this were a real HIV-positive baby, what would be their fears?) 2. How did they feel about this child? 	10"	<p>C. Allow group members to talk about fears, feelings, and concerns over holding HIV-positive infant.</p> <ol style="list-style-type: none"> 1. Fears <ol style="list-style-type: none"> a. Becoming infected b. Not wanting to get too close emotionally c. Afraid they might do something to make the child ill d. Afraid the baby might get sick or die e. Afraid they might catch something else from the baby 2. Feelings: <ol style="list-style-type: none"> a. The baby was dirty b. Sad because the baby was going to die c. The mother should have prevented the pregnancy

CARING FOR CHILDREN WITH HIV

METHOD	TIME	KNOWLEDGE
3. How would they feel if it were really their child?		d. Angry at the mother for putting herself at risk for HIV 3. Concerns: a. People would not talk to you if your child was infected b. Sad because of the projected loss of this child c. Concern because the child is or might get sick
<p><u>ATTITUDE:</u> Children in a community who are living with HIV have the same needs as other children including: love, nurturing, play, and discipline. It is important that these children be included in the community and their additional needs be met.</p>		
<p><u>SKILL:</u> Participants will become knowledgeable and able to train families in the care of their child with HIV.</p>		
<p><u>EVALUATION:</u> Participants know how HIV is transmitted to infants and children. They will assist families in providing compassionate care to children living with HIV. Children in the community living with HIV will receive loving care.</p>		
<p><u>MATERIALS:</u></p> <ul style="list-style-type: none"> - Newsprint - Marking pens - Masking tape - Baby doll or roll of material that can be held to look like a baby - Label for the baby that says "HIV-positive", placed inside the blanket, so that it can only be seen by the person holding the baby 		

This lesson is used in: Physical Health – HIV– Orphans & Vulnerable Children

NURTURING CHILDREN AFFECTED BY HIV

Date: 10/04

(1 HOUR)

- OBJECTIVES:**
1. Participants will discuss how children in their community are nurtured.
 2. Participants will understand their part in providing nurture to children.
 3. Participants will know how to help care givers nurture children in their care.

OVERVIEW FOR TRAINERS:

METHOD	TIME	KNOWLEDGE
<p>Role Play: Two people with baskets; one basket is full of strips of paper*, one is empty.</p> <p>The person with the full basket skips around the room giving away strips of paper, smiling.</p> <p>The one with the empty basket looks sad, sits down, looks into basket, and sees that there is nothing there.</p> <p>The person with the full basket notices the one with the empty basket and goes to sit down next to that person. The one with the full basket begins to quietly talk to and touch the one with the empty basket. One by one she/he puts some of the slips of paper into the empty basket</p> <p>Soon the one who had an empty basket starts to smile and then gets up and starts joyfully passing out the strips to paper to others</p> <p>----SHOWD questions----</p> <p>S = What do you See? H = What is Happening? O = Does this happen in Our place? W = Why does this happen? D = What will we Do about it?</p>	10"	*Strips of paper have words written on them: Love, joy, peace, patience, kindness, tenderness, understanding, individual attention, listening, friendship, acceptance, gentleness. Make multiples of words so that many strips are in basket
<p>I. Nurture What does the word nurture mean? Discuss in large group.</p>	10"	<p>I. <u>Definition of Nurture</u></p> <ol style="list-style-type: none"> A. To lovingly care for B. To nourish C. Guidance D. To train or educate E. To care for as a mother nursing her infant F. To include as a vital part of family or community G. To give individual attention H. To recognize and meet needs I. To provide comfort

NURTURING CHILDREN AFFECTED BY HIV

METHOD	TIME	KNOWLEDGE
		<p>J. To see and encourage the good in someone</p>
<p>II. Supplying These Needs Divide into small groups and answer the following questions. Report back.</p> <p>A. Who should supply these needs? What if parents are unavailable to provide this training?</p> <p>B. How can we help those who are caregivers to provide this type of care to children in their home?</p>	15"	<p>II. <u>Supplying These Needs:</u></p> <p>A. Who is to supply these needs:</p> <ol style="list-style-type: none"> 1. Parents 2. Extended Family 3. Teachers 4. Community 5. Church Community <p>B. Helping caregivers nurture:</p> <ol style="list-style-type: none"> 1. Provide encouragement 2. Be a good friend 3. Be a good listener 4. Provide child care training 5. Sharing the love of Christ with them 6. Take some of the responsibility 7. Give the caregiver a break to do necessary errands or have time away from the constant care giving responsibilities
<p>III. What are some feelings and emotions that children affected by HIV have? Discuss in large group.</p>		<p>III. <u>Feelings and Emotions of Children Affected by HIV:</u></p> <ol style="list-style-type: none"> A. Sadness B. Anger C. Fear of future D. Afraid of new situations E. confusion F. loneliness G. Resentful (of other children who do not have same burdens or adults who put them in this situation) H. Guilt that they may have caused the situation by thoughts or actions I. hopeless J. helpless
<p>IV. How can we help these children express their feelings so they can develop coping skills to heal? Divide into same small groups and discuss the following. Report back.</p>	15"	<p>IV. <u>Helping Children Express Feelings and Develop Helpful Coping Skills</u></p> <ol style="list-style-type: none"> A. Allow them to talk about their feelings and experiences B. Give them tools to express themselves artistically C. Talk them to about their drawing and what it means to them D. Tell bible stories and give examples of how God has helped people in the past in difficult situations E. Be a good listener

NURTURING CHILDREN AFFECTED BY HIV

METHOD	TIME	KNOWLEDGE
		F. Allow them to cry and then help them put themselves back together. G. Hold or touch the child on their terms H. Invite these children to Sunday School I. Have child to child care groups J. Help show them appropriate ways to express anger K. Explain the situation truthfully and simply if asked by the child L. Be available to help with physical tasks
V. Summarize the lesson with these points and Bible verses. A. 2 Corinthians 1:3-5 <i>The God of All Comfort</i> B. 2 Corinthians 7:5-7 C. Isaiah 40:1-2 <i>Comfort for God's People</i>	10"	V. <u>Summary:</u> A. 2 Corinthians 1:3-5: Christ comforts us so that we can comfort others. B. 2 Corinthians 7:5-7: God comforts those who are weary by sending others along side us to comfort us. C. Isaiah 40:1-2: God tells us to comfort each other, to remind each other of the love and forgiveness through Christ.

ATTITUDE: Children have real needs that go beyond their bodily requirements to the mental and spiritual necessities if they are to be fitted for life. The necessity for nurturing children; and the dangers of neglecting this priceless opportunity.

SKILL: Parents need to be meeting the physical, spiritual and emotional needs of their children as they are training them. Others must take the role of the parents if the parents are unavailable to provide training for their children

EVALUATION:

MATERIALS:

- Newsprint
- Marking Pens
- Masking Tape
- Bibles
- Two baskets
- Strips of paper (see role play above)

This lesson is used in: Physical Health – HIV – Orphans & Vulnerable Children

NEEDS AND RESOURCES FOR CHILDREN ORPHANED BY AIDS

Date: 09/03

(1 ½ HOUR)

- OBJECTIVES:**
1. Participants will understand the needs and of children orphaned by AIDS.
 2. Participants will be able to identify resources in the community to meet the needs of orphans.
 3. Participants will be able to identify the gap between existing resources and the needs of orphans in their community.
 4. Participants will discover what volunteers can do to help orphans in their community
 5. Participants will discuss what the larger community can do to help orphans.

OVERVIEW FOR TRAINERS: This lesson should follow the *Biblical Importance of Children* lesson. It is easy for communities to see orphans as a burden and not an asset to their community. This lesson is intended to consider needs/problems of orphans and generate ideas in the group for meeting them.

METHOD	TIME	KNOWLEDGE
<p>Role Play: Two friends talking</p> <p>1st We sure are getting a lot of kids whose parents have died from AIDS-related illnesses.</p> <p>2nd Yes, they seem to be an ever increasing number. What do we do with them?</p> <p>1st I don't know but they could cause trouble if we keep getting more and more.</p> <p>2nd I wish someone would do something,</p> <p>1st What about you?</p> <p>2nd Not me, I don't know their needs and besides they're not mine.</p> <p>----SHO questions----</p> <p>S = What do you <u>See</u>? H = What is <u>H</u>appening? O = Does this happen in <u>O</u>ur place?</p> <ul style="list-style-type: none"> - How are children in our village affected by HIV? - Vulnerable children in the community: <ol style="list-style-type: none"> A. Children in a family where one or both of the parents or guardians are ill with AIDS B. Children in a family where one of the parents have died C. Children in a family where both parents have died 	10"	
<p>I. Problem and Needs of Children Orphaned by AIDS</p> <p>A. Break into small groups. List the problems and needs of children in the village who are orphaned by AIDS.</p>	20"	<p>I. <u>Problem and Needs of Children Orphaned by AIDS</u></p> <p>A. Problems and needs of orphans:</p> <ol style="list-style-type: none"> 1. Diminished the family's ability to grow food or earn money 2. Shelter may be a problem

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NEEDS AND RESOURCES FOR CHILDREN ORPHANED BY AIDS

METHOD	TIME	KNOWLEDGE
<p>B. Write <i>Physical Needs</i>, <i>Social Needs</i>, and <i>Spiritual Needs</i> on the top of three pieces of newsprint in the front of the room. Have the small groups take turns reporting their findings by placing them under the category headings.</p>		<ol style="list-style-type: none"> 3. Furniture and materials for the home may be missing 4. They may need clothing, etc. 5. Probability dropped out of school or quit before they were finished 6. They need school fees and supplies if still in school 7. Don't know how to take care of their health 8. More prone to malnutrition, infections, and less likely to receive proper healthcare 9. Stigmatized against 10. Exploited by relatives who take their property and inheritance 11. Exploited by those who take them in and make them work 12. Lack of ability to learn cultural skills as one person may be looking after too many children 13. Emotional and psychological needs 14. At significant risk for sexual and physical abuse 15. Suffer from mental and physical neglect 16. The children of ill parents generally consume less food therefore are more malnourished <p>B. <u>Physical Needs</u></p> <ol style="list-style-type: none"> 1. Food 2. Clothing 3. Shelter 4. Health care <p><u>Social Needs</u></p> <ol style="list-style-type: none"> 1. Love and nurturing 2. Discipline 3. To be included in a family 4. Status in community 5. Formal schooling 6. Informal education of life skills such as cooking, gardening, cultural skills, etc. 7. Protection from exploitation 8. Protection from abuse and neglect 9. Legal protection of property and possessions <p><u>Spiritual Needs</u></p> <ol style="list-style-type: none"> 1. Spiritual guidance 2. Mentoring 3. Inclusion in the church community

NEEDS AND RESOURCES FOR CHILDREN ORPHANED BY AIDS

METHOD	TIME	KNOWLEDGE
<p>II. Discovering Existing Resources. In large group discuss the following questions:</p> <p>A. What are the existing resources in our community that can meet these needs?</p> <p>B. Where are the gaps between the needs of the children in our community and the resources already available?</p>	15"	<p>II. <u>Discovering Existing Resources in the Community</u></p> <p>A. Existing resources might include</p> <ol style="list-style-type: none"> 1. Community gardens 2. The chief's field (Zonde Mambo) 3. Humanitarian aid groups providing food services 4. Free or low cost medical care for the poor 5. School fee subsidy programs 6. Legal support <p>B. Gaps between existing resources and the needs of vulnerable children:</p> <ol style="list-style-type: none"> 1. Children not going to school for lack of school fees 2. No system set up to teach children trades 3. Some children have no adult care givers 4. Children being taken care of by grandparents or extended families malnourished due to large number of people in household 5. Housing of child-headed households in disrepair or inadequate 6. Young children left unattended while older children working 7. Older children unable to go to school because of need to care for younger children
<p>III. What can be Done to Help the Vulnerable Children in our Community? Divide into small and report back.</p> <p>A. What are some of the things that can be done to help vulnerable children in the community?</p>	20"	<p>III. <u>What can be Done to Help the Vulnerable Children in our Community:</u></p> <p>A. Things we can do to help:</p> <ol style="list-style-type: none"> 1. Set up Orphan Care Committee 2. Establish child feeding programs 3. Provide day care for young children 4. Help with planting, weeding, and harvesting of family garden 5. Help food processing and storage 6. Donate or make school uniforms, books or fees

NEEDS AND RESOURCES FOR CHILDREN ORPHANED BY AIDS

METHOD	TIME	KNOWLEDGE
<p>B. Have small group list things that the larger community can do to help vulnerable children.</p>		<ol style="list-style-type: none"> 7. Help repair and maintain housing 8. Provide caring emotional support 9. Help with homework 10. Include vulnerable children in vocational and trade teaching in healthy families 11. Provide sports activities, story telling, art, drama, and music education and entertainment 12. Include children in rituals and customs of community 13. Advocate for the rights of children in the community <p>B. Things that the larger community can do to help vulnerable children:</p> <ol style="list-style-type: none"> 1. Establish foster care program for orphans with no close relatives 2. Establish village committee to coordinate assistance to vulnerable children 3. Assist in the cost of caring for orphans through government programs or community pools of funds 4. Exempt orphans from school fees and provide materials 5. Arrange for "surrogate" head of households to parent children- provide compensation 6. Set up feeding programs for children in and out of school 7. Set up community centers for care of small children while parents or caregivers are working or going to school 8. Establish legal advocates for child headed families and other orphans 9. Organize CHE home visit project to households affected by HIV 10. Establish "family to family program" where intact family assists one other vulnerable family with daily and informal educational needs
<p>C. How do we start a volunteer program to help orphans in our community?</p>	15"	<p>C. Starting a volunteer orphan care program:</p> <ol style="list-style-type: none"> 1. Form a committee 2. Identify orphans in need of care 3. Inform other members of community of needs

NEEDS AND RESOURCES FOR CHILDREN ORPHANED BY AIDS

METHOD	TIME	KNOWLEDGE
<p>D. How do we encourage the government or community policy to care for the needs of orphans?</p>		<ol style="list-style-type: none"> 4. Determine priorities 5. Elicit volunteers 6. Train or organize volunteers according to interest and abilities 7. Start program 8. Evaluate effects of program <p>D. Encouraging the government or community policy to care for the needs of orphans:</p> <ol style="list-style-type: none"> 1. Form a committee 2. Identify the orphans in need of care 3. Determine the priorities 4. Approach the government officials or community leaders about needs of orphans 5. Encourage others to support government or community involvement in the care of orphans

ATTITUDE: Children in the community have many needs. Children who have lost a parent, both parents, or caregivers are especially vulnerable. Communities must recognize the needs and seek solutions to meet them

SKILL:

EVALUATION: Participants recognize the needs of vulnerable children in their community and become advocates for their care. A committee is set up to oversee volunteers and community leaders are encouraged to take steps to care for children.

MATERIALS: -Newsprint
 -Marking pens
 -Masking tape

This lesson is used in: Physical Health – HIV– Family & Comm. Support

ROLES OF THE CHE

Date: 06/91

(1 HOUR)

- OBJECTIVES:**
1. Participants understand the jobs of CHE.
 2. Participants understand the characteristics that make a good community development worker.

OVERVIEW FOR TRAINERS: The major emphasis is for the participants to think through the characteristics which would make a person a good CHE. The exercise of sorting through the yellow strips and prioritizing characteristics is excellent.

METHOD	TIME	KNOWLEDGE
<p>Role Play: A CHE is collecting money for a billiard parlor or some other activity which is not in the role of a CHE.</p> <p>Neighbor CHE I'm not interested in giving. (Keeps insisting and harassing him implying he does not care about his community.)</p> <p>Neighbor Why are you doing this? This isn't even your job. You are supposed to be helping us physically and spiritually!</p>		

----SHO questions----

S = What do you See?
H = What is Happening?
O = Does this happen in Our place?

(Either begin with qualities of a CHE or with the role, whichever part you think would work best.)

- | | |
|--|---|
| <p>I. In small groups, have the people discuss what qualities they want in a CHE. There are two approaches to this:</p> <p>A. One is to give the workers 27 different cards each with a different quality, including both positive and negative points. Eliminate the negative or ones you do not want and prioritize those cards left into the most important to least important qualities they want in their health workers.</p> | <p>I. <u>Good and bad qualities of a CHE:</u></p> <ul style="list-style-type: none"> - Faithful - Represent their sub-district - Men only - Women only - Married or single - Over 25 years of age - Minimum of standard seven education - Maximum of standard seven education - Long-term community resident - Respected - Married only - Volunteer - Able to read and write |
|--|---|

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ROLES OF THE CHE

METHOD	TIME	KNOWLEDGE
<p>B. A second approach is to have the group come up with their own qualities.</p>		<ul style="list-style-type: none"> - Desires to work at a hospital at a later date - Looking for a salary - Desires improved health in their home - Hard worker - Young school leaver - Drunkard - Dishonest - Men and women - Very busy - Trained - Model - Committed to community - Trusted - Christian only
<p>II. Have the small groups discuss what the role of a CHE volunteer is. Some roles they might come up with are included under the knowledge section. You may need to clarify:</p> <ul style="list-style-type: none"> - Who chooses the committee? (The community of the CHE?) - Who chooses the CHE? (The committee) 		<p>II. <u>CHE roles (tasks or jobs):</u></p> <ul style="list-style-type: none"> A. Do survey work * B. Be a model * C. Do home visitation D. Initiate self-help projects * E. Do evangelism and discipleship F. Follow up of new Christians G. Be committed to be trained and attend the trainings H. Report to committee what you find I. Promote health, prevent disease, and participate in the abundant Christian life * J. Teaches in community, one-on-one K. Multiply teachings into adjacent areas L. Be an encourager to help people in the community see the project as their own M. Be a multiplier of what you have learned within your own area N. Be a part-time volunteer O. Do group trainings at harambees, barazas and in primary schools P. Meet expected standards set by trainers and committee Q. Work with resources people R. Refer patients to clinics S. Conduct Bible studies
<p>This is a good exercise to do during the committee training.</p> <p>* Denotes most important roles.</p>		

ROLES OF THE CHE

ATTITUDE: The CHEs are important members of the project and they must participate fully in the development of the project.

SKILL: The training team is able to train the committee so that the committee chooses CHEs with the right characteristics. Also, enable the CHEs to fully understand their role after the completion of the training.

EVALUATION: The training team knows their role and how to perform it.

MATERIALS: -*Good and Bad Qualities of a CHE Strips* cut apart (4 sets)
-Newsprint
-Marking pens
-Masking tape

This lesson is used in: Program Trainings – HIV TOT, TOT I, Committee

Good and Bad Qualities of a CHE Strips Exercise

Instructions: Take each quality listed below. Make FOUR sets of all 27 qualities.

Faithful

Represent their
sub-district

Men only

Women only

Married or Single

Over 25 years of age

Minimum of standard
seven education

Maximum of standard
seven education

Long-term community
resident

Respected

Married only

Volunteer

Able to read and write

Desire to work at a
hospital at a later date

Looking for a salary

Desires improved health
in their home

Hard worker

Young school leaver

Drunkard

Dishonest

Men and Women

Very busy

Trained

Model

Committed to community

Trusted

Christian only

ROLES OF THE COMMITTEE

Date: 06/91

(1 HOUR)

- OBJECTIVES:**
1. Participants will be able to understand the central role of the committee.
 2. Participants will know what the jobs of the committee are.
 3. Participants will know that the committee is the group that manages the project and not the training team.
 4. Participants will know there are alternatives to having a special development committee manage the project.

OVERVIEW FOR TRAINERS: Of the three major groups in a project, the committee is the place where the most misunderstandings take place, the most mistakes are made, and the most problems occur. Participants must understand how to work with the committee or the project may fail.

<u>METHOD</u>	<u>TIME</u>	<u>KNOWLEDGE</u>
<p>Role Play: Two committee members talking.</p> <p>1st Do you know what our committee is to do now that we have chosen the CHEs and training is going on?</p> <p>2nd No, I'm not sure what we need to do now. I wonder if we are needed anymore.</p> <p>1st I don't think so. Let's quit meeting. Our job is done.</p> <p>----SHO questions----</p> <p>S = What do you <u>See</u>? H = What is <u>H</u>appening? O = Does this happen in <u>O</u>ur place?</p>	10"	
<p>I. Break into small groups and have the groups develop a list of jobs that a local committee would do.</p>	20"	<p>I. <u>Jobs of a local committee:</u></p> <ol style="list-style-type: none"> A. Select and oversee CHE volunteers and help evaluate their work. B. Represent the community. C. Visiting homes with CHEs. D. Plan and find resources for the projects, both local and outside. E. Be an encouragement. F. Own and control the project. G. Coordinate between training team, community and the government. H. There needs to be a champion. An influential person on this committee who takes responsibility for the program. He is an initiator, a motivator. I. Participate in committee training. J. Be open to spiritual content. K. Act as resource people. L. Be promoters of CHE in other places.

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ROLES OF THE COMMITTEE

METHOD	TIME	KNOWLEDGE
		<ul style="list-style-type: none"> M. Be models themselves, both physically and spiritually. N. Promote and publicize the project within the community. O. Visit CHEs on a regular basis to communicate interest and to express appreciate to them. This is the biggest motivation factor for CHEs. P. Be organized. Q. Help identify need of the community and then prioritize those needs. R. Meet regularly.
<p>II. Who should be members of a CHE committee? How should they be chosen? Who chooses them?</p>	5"	<p>II. <u>Members should be:</u></p> <ul style="list-style-type: none"> A. Influential/respected people B. Representative of different segments of society C. Interested people D. Leaders E. Church people F. Chosen by community
<p>III. Why is a committee needed?</p>	5"	<p>III. <u>A committee is needed for:</u></p> <ul style="list-style-type: none"> A. Community ownership B. Building enthusiasm and momentum C. Giving direction to the project
<p>IV. How important is a committee? Can a program run without a committee? Is there an existing organization within the community that can function as a CHE committee? What are the advantages and disadvantages of an all church committee? Have the groups discuss these questions and report back or discuss as a large group.</p>	10"	<p>IV. <u>Other possible structures:</u></p> <ul style="list-style-type: none"> A. Existing church or community committee B. Clan structure with elders as committee C. Representatives from different focus groups. Form focus groups around specific interests (mothers, farmers, youth, savings clubs, etc.) Have each focus group choose one representative to serve on the committee. D. Ad Hoc committee. Form temporary committee through the training time. Dissolve that structure after training of CHEs is complete and form a new committee with people who have proven themselves as committee members or CHEs.
<p>V. How can we strengthen the committee?</p>	5"	<p>V. <u>Strengthening the committee:</u></p> <ul style="list-style-type: none"> A. Train and coach the committee (very important). Training for the committee is discussed in TOT II. C. View key committee members as your first disciples D. Spend time with key committee members

ROLES OF THE COMMITTEE

METHOD	TIME	KNOWLEDGE
		E. Have committee set their own governing structure. *It is important that key influential people from the community are on this committee to add credibility to the program.
VI. Discuss the guidelines for the committee setup in a target area.	5"	VI. <u>Guidelines for the committee setup for the target area:</u> A. One committee per 1500 villagers or 300 families within 1-2 kms. Each committee should have 7-11 members. This is a good number for voting. Have both men and women if possible. B. If project area is very large, may have one executive committee per target area with two members from each local committee. C. One CHE per 10-15 families (50-75 people). Will need at least 20 CHEs for 300 families and 1500 people. Train 15-20 CHEs at one time.

ATTITUDE: The committee is very important if the program is to be a success. They are the ones who represent the community and should be the ones to plan, manage, and control the project.

SKILL: Participants will be able to understand the central role of the committee. Participants will know what the jobs of the committee are. Participants will know that the committee is the group that manages the project and not the training team. Participants will know there are alternatives to having a special development committee manage the project.

EVALUATION: The committee plans, organizes, and manages the program well. They also are supervising the CHEs.

MATERIALS:
 -Newsprint
 -Marking pens
 -Masking tape

This lesson is used in: TOT I, Committee, HIV

HOME-VISITING

Date: 01/08

(2 HOUR)

- OBJECTIVES:**
1. Participants will understand the vital importance of home-visiting to the project.
 2. Participant will be able to prepare CHEs to do home visiting.

OVERVIEW FOR TRAINERS: This is a lesson for trainers, as they prepare the CHEs for home visiting.

METHOD	TIME	KNOWLEDGE
<p>Role Play: A new CHE goes to visit a particular home for the first time. Before getting to the home (while still walking), he acts nervous and keeps reviewing his notes. Upon arriving at the home, he greets them and tells the couple his name, but doesn't explain that he is a CHE. He pulls out a teaching picture (maybe dirty water) and asks the SHOWD questions. After that he doesn't ask any more questions or involve those he is visiting. He does not smile. The CHE basically lectures and keeps reading from his notes. The family members keep yawning and act bored. He finishes and gets up to leave without ever finding out what they feel, their problems, or their needs. He does not make any plans to come back for another visit.</p> <p>----SHOWD questions----</p> <p>S = What do you See? H = What is Happening? O = Does this happen in Our place? W = Why does this happen? D = What will we Do about it?</p>	<p>10"</p>	
<p>I. Home Visiting Discuss in large group. A. Why is home visiting important?</p>	<p>15"</p>	<p>I. <u>Home Visiting</u></p> <p>A. Importance</p> <ol style="list-style-type: none"> 1. Home visiting is central to CHE programs. 2. With home visiting, the CHEs share what they have learned with the families in their community. 3. Through home visiting, the CHEs can reach out to the families in their community. 4. The CHEs build relationships with these families and learn about their needs. 5. The families learn practical skills to help meet their own needs

HOME-VISITING

METHOD	TIME	KNOWLEDGE
<p>B. What are some guidelines for home visiting? When does it start? Who do the CHEs visit?</p>		<p>6. The CHEs can also share Christ with their neighbors and disciple new Christians.</p> <p>7. Home visiting allows for the message to be spread and multiplied.</p> <p>B. Guidelines</p> <ol style="list-style-type: none"> 1. Home visiting begins when the CHEs are still in training. 2. When they have learned a topic, the CHEs will visit homes to teach the same topic. 3. Each CHE will visit 10-15 families. 4. They should try to visit each family at least once a month. 5. They will regularly visit the same group of families. 6. When possible, the CHE will visit families who live close to his home so they are neighbors. 7. The CHEs will make two to four home visits a week.
<p>II. Doing home visits Divide into three small groups, and give each group one question to answer. Report back.</p> <p>A. What will the CHEs teach during a home visit?</p>	25"	<p>II. <u>Doing Home Visits</u></p> <p>A. What will the CHEs teach during a home visit?</p> <ol style="list-style-type: none"> 1. The CHEs should try to visit people when they have a specific need. 2. Teach something that is important to the family. 3. The CHEs can teach the topics they have just learned. 4. They can teach about physical needs, like nutrition, or about family and social needs. 5. Many times the teaching will be related to their community project. 6. Try to teach both a physical and a spiritual topic on each home visit. 7. The CHEs can do Bible storying with their neighbors. 8. The CHEs can give follow-up and discipleship to the new Christians.

HOME-VISITING

METHOD	TIME	KNOWLEDGE
<p>B. In addition to teaching topics, what else can the CHEs learn or do during home visits?</p> <p>C. What suggestions do you have for the CHEs as they visit homes? How should they act during their home visits?</p> <p>D. Give out the home visiting handout.</p>		<p>B. What else can the CHEs learn or do during home visits?</p> <ol style="list-style-type: none"> 1. At first, the CHEs will be getting to know their neighbors. 2. They can gather baseline information about the family. 3. They can observe the home of the family and learn about their needs. 4. They can do KAP surveys before and after a community project. 5. They can respond to the needs of the family. If a child is sick, they can help them take the right actions. 6. They can work with the family to improve their home or to learn a practical skill. 7. They can pray with the family. 8. They can make an appointment to come back. <p>C. Suggestions for the CHEs</p> <ol style="list-style-type: none"> 1. Be alert to everything. 2. Observe, but do not take notes. 3. Find out what they need. 4. Give praise for what they are doing well. 5. Build good relationships. 6. Ask good questions. 7. Use words they understand. 8. Be above reproach. Men should not visit women when they are alone in the home. 9. Pray with the family. 10. Do not gossip. 11. Keep their information confidential. 12. Be friendly and smile. <p>D. Home visiting handout.</p>
<p>III. Preparing CHEs for home visits</p> <p>A. How can you as trainers help the CHEs be prepared for their home visits?</p>	10"	<p>III. <u>Preparing CHEs for Home Visits</u></p> <p>A. Preparing the CHEs</p> <ol style="list-style-type: none"> 1. Make sure that the CHEs know about the community project they are working on. 2. Teach them a series of lessons about the topic. 3. Practice using the teaching booklets. 4. Use simulations to practice home visits and practice teaching topics.

HOME-VISITING

METHOD	TIME	KNOWLEDGE
<p>B. How can you encourage the CHEs to be faithful in their home visiting?</p>		<ol style="list-style-type: none"> 5. Go with the CHEs on home visits, especially at first. 6. Show them how to do KAP surveys. 7. Do demonstrations of practical skills. 8. Show them how to keep home visit logs. <p>B. Encouraging the CHEs</p> <ol style="list-style-type: none"> 1. Accompany the CHEs on home visits. 2. Demonstrate how to do teaching in the homes. 3. The CHEs can meet together to talk over their home visits. 4. Frequently ask the CHEs about their home visits. 5. Pray with the CHEs. 6. Review the home visit logs with the CHEs. 7. Review the results of the KAP surveys with the CHEs and the committee. 8. The CHEs will give a monthly report to the committee. 9. Encourage the CHEs and praise them when they are faithful in home visiting.

ATTITUDE:

SKILL: Participant will understand the vital importance of home visiting to the project and will be able to prepare CHEs for home visiting.

EVALUATION: Facilitators will know the participants have learned the content of this lesson when they can prepare CHEs for home visits.

MATERIALS:

- Newsprint
- Marking pens
- Masking tape
- Teaching picture for role play
- *Home Visiting* handout.

HOME-VISITING

Home Visiting

Home-visitation is central to all CHE programs. Without CHEs doing home-visitation, there is no true functioning CHE program. For that reason it is critical that CHEs know how to visit a home and that they are regularly sharing what they have learned with their neighbors.

Home-visitation begins while the CHE is still in training. As the CHEs learn a topic, such as *Worms* or *New Life in Christ*, they will be taught how to use the picture book in class and then they will visit homes using the booklet. During training, sometimes they will visit homes on their own. Sometimes, they will visit homes with one of their trainers so they can learn from their trainer and give their trainer the opportunity to see how they are progressing.

Important items to consider about home-visitation:

- It is best to visit people when they have a specific need; therefore, the CHE can teach something that is important to the household.
- When possible try to share a spiritual truth at each home-visit. Do not be pushy, but try to make a natural transition to the physical truth you are teaching using analogies, etc., as given in the lesson plans.
- CHEs should be assigned 10 – 15 homes close to their house so they are visiting neighbors whenever possible.
- The number of home-visits each week varies from two-to-four but during harvesting and planting seasons, this will probably not be possible.

During home visits:

- Be alert to everything
- Show concern by listening
- Find what they need
- Give praise for what is good
- Build good relationships
- Ask good questions
- Use words they understand
- Be above reproach. Men never visit women when they are alone in the home. Watch what is said and done especially dealing with the opposite sex.
- Pray with the family for healing and other needs.
- Do not gossip
- Keep sensitive information confidential

Orphan and Vulnerable Children Home-Visit Log

FAMILY NAME		Plot or area #	# in Household	Priority #
Given Name	Birth Date	Given Name	Birth Date	

NUMBER OF VISITS

January-February	/				
March-April	/		July-August	/	
May-June	/		September-October	/	
			November-December	/	

<p>HOUSEHOLD EVALUATION</p> <table style="width: 100%;"> <tr><th style="width: 80%;">Yes/No</th></tr> <tr><td>Adult caregiver in home</td><td style="width: 20%;"></td></tr> <tr><td>Ill adults in home</td><td></td></tr> <tr><td>Ill children in home</td><td></td></tr> <tr><td>Condition of housing</td><td></td></tr> <tr><td>Condition of plot</td><td></td></tr> <tr><td>Available bedding</td><td></td></tr> <tr><td>Clothing</td><td></td></tr> <tr><td>Food in home</td><td></td></tr> <tr><td>Children appear nourished</td><td></td></tr> <tr><td>Emotional state of children</td><td></td></tr> <tr><td>Children in school</td><td></td></tr> </table> <p>SPIRITUAL NURTURE</p> <table style="width: 100%;"> <tr><th style="width: 80%;">Yes/No</th></tr> <tr><td>Family attends church</td><td></td></tr> <tr><td>Invite Caregiver to support group</td><td></td></tr> <tr><td>Wordless book</td><td></td></tr> <tr><td>Invited to Kids Club</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Yes/No	Adult caregiver in home		Ill adults in home		Ill children in home		Condition of housing		Condition of plot		Available bedding		Clothing		Food in home		Children appear nourished		Emotional state of children		Children in school		Yes/No	Family attends church		Invite Caregiver to support group		Wordless book		Invited to Kids Club						<p>LESSON TAUGHT</p> <table style="width: 100%;"> <tr><th style="width: 80%;">Date</th></tr> <tr><td>Scabies</td><td></td></tr> <tr><td>Wearing shoes</td><td></td></tr> <tr><td>Washing Hands</td><td></td></tr> <tr><td>Worms</td><td></td></tr> <tr><td>Diarrhea</td><td></td></tr> <tr><td>Nutrition</td><td></td></tr> <tr><td>Immunizations</td><td></td></tr> <tr><td>Dental Hygiene</td><td></td></tr> <tr><td>Preventing accidents</td><td></td></tr> <tr><td>Colds</td><td></td></tr> <tr><td>Germ, Flies & Disease</td><td></td></tr> </table> <p>HOME IMPROVEMENTS</p> <table style="width: 100%;"> <tr><th style="width: 80%;">Date</th></tr> <tr><td>Healthy Home Award</td><td></td></tr> <tr><td>Protected Water Source</td><td></td></tr> <tr><td>Purifying Drinking Water</td><td></td></tr> <tr><td>Refuse Pit</td><td></td></tr> <tr><td>Improved Stoves</td><td></td></tr> <tr><td>Latrines or Toilets</td><td></td></tr> </table>	Date	Scabies		Wearing shoes		Washing Hands		Worms		Diarrhea		Nutrition		Immunizations		Dental Hygiene		Preventing accidents		Colds		Germ, Flies & Disease		Date	Healthy Home Award		Protected Water Source		Purifying Drinking Water		Refuse Pit		Improved Stoves		Latrines or Toilets		<p>LESSON TAUGHT</p> <table style="width: 100%;"> <tr><th style="width: 80%;">Date</th></tr> <tr><td>Preventing HIV Transmission</td><td></td></tr> <tr><td>Home Cleanliness</td><td></td></tr> <tr><td>Eyes</td><td></td></tr> <tr><td>First Aid</td><td></td></tr> <tr><td>Malaria</td><td></td></tr> <tr><td>Planting a Family Garden</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>HOME IMPROVEMENTS</p> <table style="width: 100%;"> <tr><th style="width: 80%;">Date</th></tr> <tr><td>Dish Drying Racks</td><td></td></tr> <tr><td>Income generating training</td><td></td></tr> <tr><td>Family Garden</td><td></td></tr> <tr><td>Poultry or Rabbits</td><td></td></tr> <tr><td>Livestock</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Date	Preventing HIV Transmission		Home Cleanliness		Eyes		First Aid		Malaria		Planting a Family Garden												Date	Dish Drying Racks		Income generating training		Family Garden		Poultry or Rabbits		Livestock					
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Other Needs Identified/Interventions

Home Based Care Training

Referral to local clinic/social service

Deaths in Family

Name and relationship	Birth date	Date of Death	Caregiver has a Will	Yes/No

Relatives Contacted

Name	Date	Name	Date

REPORTING

Date: 03/93 (revised 1/08)

(1 HOUR)

- OBJECTIVES:**
1. Participants will understand and accept the concept of reporting.
 2. Participants will know how to make written reports.
 3. Participants will understand that reporting is seen as a major tool for CHE to give them guidance for the work they are doing.

OVERVIEW FOR TRAINERS: This lesson is to encourage the CHEs to see the importance of reporting.

METHOD	TIME	KNOWLEDGE
<p>Role Play: A committee is meeting and they have a CHE in front of them. They are questioning what he has done or not done. The CHE is very vague in telling what he has done and is defensive about it. The committee has a critical attitude toward him. No one is satisfied.</p> <p>Comm. What is it that you have been doing in your village?</p> <p>CHE We have been doing a variety of things with the people there.</p> <p>Comm. Please give us some specific information.</p> <p>CHE I can't tell you any details! We have been working hard.</p> <p>Comm. Please tell us more about your work.</p> <p>CHE I'm sorry, but I don't know what else to tell you!</p> <p>----SHOW questions---- S = What do you See? H = What is Happening? O = Does this happen in Our place? W = Why does this happen?</p> <p>Ask: How could this problem have been eliminated through reporting?</p> <p>I. Why is there a need for reporting?</p>	10"	<p>I. <u>Reasons for Reporting</u></p> <ol style="list-style-type: none"> A. Motivation for CHEs, training team, and committee. (#1 reason) B. Helps the committee to supervise the CHEs and direct their projects. C. Their progress motivates the CHEs, committee, and community. D. To evaluate the progress of projects, CHEs, and training team. E. So others see the validity of programs. F. May be a government requirement. G. To find problem areas or areas that need to be improved.

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REPORTING

METHOD	TIME	KNOWLEDGE
<p>II. What kinds of reported information do you think would be useful in a CHE Project? List answers on newsprint as large group.</p>	10"	<p>H. To find needs in the community which are not being met. I. For future reference. J. This could show the need for facilities, services, or equipment. K. This can help when looking for outside resources. L. To validate their requests for supplies.</p> <p>II. <u>Kinds of Information</u> A. Refer to attached CHE Monthly Report form.</p>
<p>III. CHE Monthly Report Hand out CHE Form and go over it. Go through the Report Form section by section making sure they understand how to fill it out.</p>	10"	<p>III. <u>CHE Monthly Reports</u> A. On a <u>monthly</u> basis each CHE should fill in an individual monthly report. B. It looks at different areas of their work, such as their home visits, the topics taught, and their work with community projects. C. It gives some statistical information. D. It reports about the CHE's experiences. E. They can report successes and failures and request prayer. F. It reports changes in the Knowledge, Attitude, and Practice of the community.</p>
<p>IV. How can the CHEs keep track of what they are doing? A. Hand out a CHE Home Visit Log form B. What do you notice on this form? What information should the CHEs record? C. How is this information used?</p>	15"	<p>IV. <u>Keeping Track of the CHE's Work</u> A. Each CHE is to keep a log book with data for each family they are visiting. B. CHE Home Visit Log 1. Keep a notebook with one page per family. 2. Record basic information about each family—their names, address, birthdates, etc. 3. Record when they accepted Christ and how they are growing. 4. Record the topics covered during the home visits. 5. Record the home improvements made. 6. Record the infant and child mortality. C. Using this information 1. The CHEs write down this information after their home visits. 2. They don't write down notes during their home visits.</p>

REPORTING

METHOD	TIME	KNOWLEDGE
D. How can CHEs who are illiterate fill out a report?		3. Use this information to make out the monthly reports. 4. The trainers and committee can go over this book with the CHEs. D. Illiterate CHEs 1. They can work together with another CHE who can read and write. 2. They can use drawings and slash marks (/) or Xs to record information.
V. Who should get the reports and why?	5"	V. <u>Who Gets the Reports</u> A. The CHEs will give the reports to the committees. B. The committees are directing their work. The information will help them plan their projects. C. The committees can share the information with the trainers. D. The trainers will know how their teaching is being used. E. The CHEs may keep a copy for their own use.

ATTITUDE: Facilitator is aware that reporting is beneficial to all involved and it aids the person preparing the report to evaluate how he is doing. It also gives him a regular line of communication of his successes and problems to his leadership for their information and assistance when needed.

SKILL: Participants will be able to properly report to their leadership.

EVALUATION: Facilitators will know that participants have learned the content of this lesson when they see reports turned in by the CHEs that are accurately filled out.

MATERIALS:

- Newsprint
- Marking Pens
- Masking Tape
- *CHE Monthly Report* handout
- *CHE Home Visit Log* handout

This lesson is used in: Program Trainings – TOT I, HIV TOT, TOT II, TOT III, Family-Based CHE TOT I; Community Development – Program Preparation

COMMUNITY HEALTH EVANGELIST MONTHLY REPORT

Name _____

Month _____

1. Please share something God is teaching you. What spiritual victories or defeats have you had this month? Also, share about your evangelistic opportunities and discipleship ministry.

2. Are there some things you want us to pray for you? Any answered prayer?

3. Total home visits made _____ Number of different homes or household visited _____
 Number of times the gospel was shared _____ Number of professions of faith _____
 Number of New Life or Bible study groups _____ Number of people participating _____

4. What is the main community problem or opportunity you are working on with your committee? What projects are you doing to address this problem or opportunity?

Main community problem or opportunity :	Other Projects	Number of Homes
	Homes gaining access to safe drinking water	
Related community projects :	Healthy Home awards	
	Other project:	
	Other project:	

5. What specific topics have you taught in the homes?
Spiritual topics may include moral value teaching, evangelism, or follow-up picture booklets or teaching, Bible storying, or Bible teaching. **Physical** teaching should be focused on your current community project or based on a specific need of the families you are working with.

Spiritual Topics Taught	No.	Physical Topics Taught	No.

6. What changes in **knowledge** have you seen in the community (what they know, or the information they have about an issue) as a result of your project?

7. What changes in **attitude** have you seen in the community (what they think or believe)?

8. What changes in **practice** have you seen in the community (what they do or how they live)?

9. Is there anything else you want to share with us? (Problems or suggestions)

10. What would you like to see accomplished in your area during the next month?

CHE HOME VISIT LOG								
FAMILY NAME		# in Home	Address		Community			
Given Name		Birthdate	Given Name		Birthdate			
NUMBER OF VISITS								
January		April		July		October		Total
February		May		August		November		
March		June		September		December		
PROFESSIONS OF FAITH								
Name	Date	Name	Date	Name	Date			
GROWTH INDICATORS							# of People	
Completed Follow Up Series				Led Someone to Christ				
Joined Bible Study Group				Leading Bible Study				
HOME VISITS - TOPICS COVERED								
Spiritual	Date	Physical	Date					
New Life in Christ		Colds						
Confession		Worms						
Living the Christian Life		Diarrhea						
Walking With Christ		Nutrition						
Christian Growth		Immunizations						
Time Alone With God		Family Planning						
Prayer		Feeding Children						
Bible Storying		First Aid						
Bible Storying		Other:						
Moral Values		Other:						
Moral Values		Other:						
Other		Other:						
HOME PROJECTS		Date	HOME PROJECTS		Date			
Healthy Home Award			Dish Drying Racks					
Protected Water Source			Trees					
Purifying Drinking Water			Bio-Intensive Garden					
Refuse Pit			Poultry or Rabbits					
Improved Stoves			Livestock					
Latrines or Toilets			Fish					
			MicroEnterprise					
			Other					
			Other					
INFANT AND CHILD MORTALITY								
Name of Child	Birthdate	Date of Death						

BIBLICAL IMPORTANCE OF CHILDREN

Date: 05/02

(1 HOUR)

- OBJECTIVES:**
1. Participants will be able to understand God's focus on children and determine why we should involve them in community activities.
 2. Participants will be able to recognize and apply from Scripture how children were trained and provided good examples.

OVERVIEW FOR TRAINERS:

METHOD	TIME	KNOWLEDGE
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READ STORY: We know a group of community workers who know every inch of the village in which they work, who are accepted by everyone, who want to help their community, and who will work hard (for short periods of time) and cheerfully (all the time). Last month the health worker used them to collect information about which children had been vaccinated in the village. Next Tuesday some of them will help to remind the villagers that the baby clinic is coming and they will be at hand to play with the older children when mothers take their babies to see the nurse. Next month they plan to help the schoolteacher in a village with a clean-up campaign. Who are these workers? Answer: These health workers are the boys and girls of the village.

Source: Aarons, A. Hawes, H and Gayton, J (1979) Child-to-Child, London: Macmillan.

----SHO questions----

S = What do you See?
 H = What is Happening?
 O = Does this happen in Our place?

- | | |
|--|--|
| <p>I. Why are children important in a community?</p> | <p>I. <u>Why Children are Important:</u>
 A. They are the leaders of tomorrow.
 B. They give life and vigor.
 C. They can make people happy.
 D. They work and contribute to family and community.
 E. Their learning will last a long time.
 F. They can influence many people over a lifetime.
 G. No old habits need to be corrected.</p> |
| <p>II. How do you think children are important to God?</p> | <p>II. <u>How Children are Important to God:</u>
 A. God loves them.
 B. They are tender and can be taught.
 C. They continue life in the community.
 D. Children's minds are moldable, open and eager to learn and do.</p> |

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BIBLICAL IMPORTANCE OF CHILDREN

METHOD	TIME	KNOWLEDGE
		<ul style="list-style-type: none"> E. Special because they are vulnerable. F. They are defenseless. G. Fresh from the Creator's hands.
<p>III. Why are children important in the following Bible verses?</p> <ul style="list-style-type: none"> A. Matthew 18:1-6 B. Mathew 18:6 C. Matthew 21:15-16 D. II Timothy 3:15 E. Mark 10:13-16 F. Acts 2:39 G. Ephesians 6:4 H. I Samuel 1:24, 28 		<p>III. <u>Bibles Verses for Why Children are Important:</u></p> <ul style="list-style-type: none"> A. Jesus loves them and likes their innocence. B. They believe in Jesus. C. They glorify God. D. They understand scriptures. E. They come to Christ. F. They receive the promises. G. They receive training. H. They worship in God's house.
<p>IV. What duties does the Bible say children have?</p> <ul style="list-style-type: none"> A. Ephesians 6:1-3 B. Ephesians 6:4 C. Hebrews 12:9 		<p>IV. <u>Duties the Bible Says Children Have:</u></p> <ul style="list-style-type: none"> A. To obey parents who are following Lord, to honor parents and care for them. B. They should follow discipline and instruction of the Lord. C. Earthly fathers to discipline, children should respect their father.
<p>V. How should children be trained?</p> <ul style="list-style-type: none"> A. Proverbs 22:6 B. Deuteronomy 6:7 		<p>V. <u>How Children Should be Trained:</u></p> <ul style="list-style-type: none"> A. Children should be trained in his bent or God given direction if interests and talents. B. They should be taught from the heart, talk of God's word while sitting in home, when you walk by the way, when you lie down, and when you rise up.
<p>VI. Give some examples of good children and why you think they are good.</p> <ul style="list-style-type: none"> A. What are some examples of good children in the Bible? <ul style="list-style-type: none"> 1. Genesis 22:6-10 Isaac 2. Genesis 45:9, 10 Joseph 3. I Samuel 2:26 Samuel 		<p>VI. <u>Examples of Good Children and What they Show:</u></p> <ul style="list-style-type: none"> - Love, respect, eagerness, and kindness. - They want to please, benefit and improve the family, and be a contributing part of the family. - They are dependable with job, do not complain, and do what they are asked to do. <p>A. Examples of good children in the Bible:</p> <ul style="list-style-type: none"> 1. Isaac – Trusting and faithful, willing to work. 2. Joseph- Helps and want best for family. 3. Samuel – He grew in stature, favor with God, and favor with men.

BIBLICAL IMPORTANCE OF CHILDREN

METHOD	TIME	KNOWLEDGE
4. I Samuel 17:20 David		4. David – He eagerly gets to task, followed instruction of his father, sees that his responsibility is done. Trusted God with Goliath.
5. Daniel 1:8 Daniel		5. Daniel – He has resolve to do right, to follow God, respectfully asks permission, shows himself in humble manner under his authority.
6. Luke 1:80 John the Baptist		6. John the Baptist – He grew, became strong spiritually, lived a humble life until God was to use him.
7. Luke 2:51 Jesus at home		7. Jesus at home – He was under authority to parents.
8. Matthew 21:15, 16 Jesus in Temple		8. Jesus in Temple – When children praised God in the Temple Jesus stood up for them because they praised God innocently even though it was against what adults and leaders thought should be done.
9. II Timothy 3:15		9. Timothy – He learned God's word from a very young age.
VII. How can children help to make your community a better place for everyone?		VII. <u>How Children can Make your Community a Better Place:</u> A. Obey parents and Godly adults. B. Learn scriptures at early age. C. They can lead other children in how to bring praise to God. D. When decisions have to be made, they can decide to do what God wants. E. When given responsibility they should do the tasks well as unto the Lord. F. When given a job and taught how to do it, they will do it eagerly.
VIII. What can you do to assist this to happen?		VIII. <u>What you Can do to Assist this to Happen:</u> A. Help in family, church, and community to encourage participation by children. B. Show children the benefits of health in learning, good relationships, and a clean environment. C. Encourage children to stay healthy and practice healthy habits. D. Improve neighborhood environment by clean up campaigns. E. Pass their knowledge and skills to those who do not have it.

BIBLICAL IMPORTANCE OF CHILDREN

METHOD	TIME	KNOWLEDGE
		F. Train children in health to share with friends.
<hr/>		
<u>ATTITUDE:</u>	Facilitator has come to understand the importance of God's focus on children and of how they can be actively involved in community activities after receiving positive training from the good examples that are provided in Scripture.	
<u>SKILL:</u>	Participants will be able to understand God's focus on children and determine why we should involve them in community activities. They will also learn from Scripture how children were trained and provided with good examples.	
<u>EVALUATION:</u>	Facilitators will know that participants have learned the content of this lesson when they come to understand the importance of God's focus on children and then begin to recognize and apply from Scripture how children can be trained to make a valuable contribution in their community.	
<u>MATERIALS:</u>	<ul style="list-style-type: none"> - Newsprint - Marking Pens - Masking Tape - Bibles 	

This lesson is used in: Social Development – Children – About, HIV – Children

GROWTH MONITORING

Date: 11/91

(1 HOUR)

- OBJECTIVES:**
1. Participants will understand the reason for monitoring children's growth and that many factors relate to poor growth and not just food.
 2. Participants will teach others the importance of growth monitoring.

OVERVIEW FOR TRAINERS: If the CHEs are demonstrating this practice with their own children, it will make their teaching more acceptable and successful.

METHOD	TIME	KNOWLEDGE
Show picture of malnourished child.	10"	
----SHOWD questions----		
<small>S = What do you See? H = What is Happening? O = Does this happen in Our place? W = Why does this happen? D = What will we Do about it?</small>		
I. When discussing causes for the problem, info from Point I.	5"	I. <u>Causes of Early Childhood Deaths</u> A. Poverty B. Poor Growth C. Ill Health D. Disease
II. In small groups ask them to discuss why growth monitoring is important. Report back.	20"	II. <u>Why Monitor a Child's Growth</u> A. If a child is growing according to the average, the child is well. B. If the child is not growing appropriately, he is ill. C. Gives early warning when growth is faltering. D. Channel to disseminate knowledge about child health topics. E. Regular monitoring allows 36 contacts between CHE and mother. F. Gets mother involved directly in monitoring her child. G. Mother takes the central position in caring for her child. This shifts emphasis from health professional to the parent. H. Mother sees that proper feeding is the basis for child health. I. A gain in weight from one month to next is a cause of satisfaction. A loss of weight causes dissatisfaction.
III. Ask if the group knows the relationship between weight loss, diarrhea and measles. Share from Knowledge section.	10"	III. <u>Poor Nutrition/Diarrhea/Measles</u> A. 2% of a child's body weight is lost with each episode of diarrhea. B. Children in the 2/3 have 5-10 diarrheal episodes <u>each</u> year.

This lesson is part of an extensive series for use in Community Health Evangelism (CHE) ministries. CHE facilitators skilled in participatory learning methods enable communities to escape cycles of poverty and live as followers of Jesus. For information about CHE, and how you can be trained as a facilitator, go to www.CHEnetwork.org.

GROWTH MONITORING

METHOD	TIME	KNOWLEDGE
		<ul style="list-style-type: none"> C. Therefore, a child can lose up to 20% of its weight each year. D. Unless extra feeding is done, the child will never regain this weight loss. E. First 6 to 24 months most crucial when child's growth should be most rapid. F. Second year of life most likely to have measles. G. Measles takes 7% of a child's weight. H. After age two, children grow at the same rate. I. Those who have not regained lost weight will always remain stunted. J. Growth monitoring allows a switch from cure to prevention.
<p>IV. Community Nutrition Interventions</p> <ul style="list-style-type: none"> A. Give out <i>Community Nutrition Action for Child Survival</i> handout. B. In a large group discuss what can be done to improve child survival. C. Break into 3 conditions and show how the interventions affect the problem. <ul style="list-style-type: none"> 1. Malnutrition/ low birth weight 2. Immunizable diseases 3. Diarrhea/ dehydration D. Interventions <ul style="list-style-type: none"> 1. Growth monitoring 2. Breast feeding 3. Improved Weaning 4. ORS 5. Immunizations 6. Family Planning 	10"	<p>IV. <u>Community Nutrition Interventions</u></p> <ul style="list-style-type: none"> C. Conditions and Interventions <ul style="list-style-type: none"> 1. Malnutrition/ low birth weight <ul style="list-style-type: none"> a. Growth monitoring b. Good mother's nutrition c. Breast feeding d. Improved weaning e. Family planning 2. Immunizable diseases <ul style="list-style-type: none"> a. Vaccinations 3. Diarrhea/ dehydration <ul style="list-style-type: none"> a. ORS D. Interventions

GROWTH MONITORING

ATTITUDE: Facilitator recognizes that growth monitoring is one of the most important things parents can do to help keep their children healthy.

SKILL: Participants will be able to understand the reason for monitoring children's growth and that many factors relate to poor growth and not just food, and teach others the importance of growth monitoring.

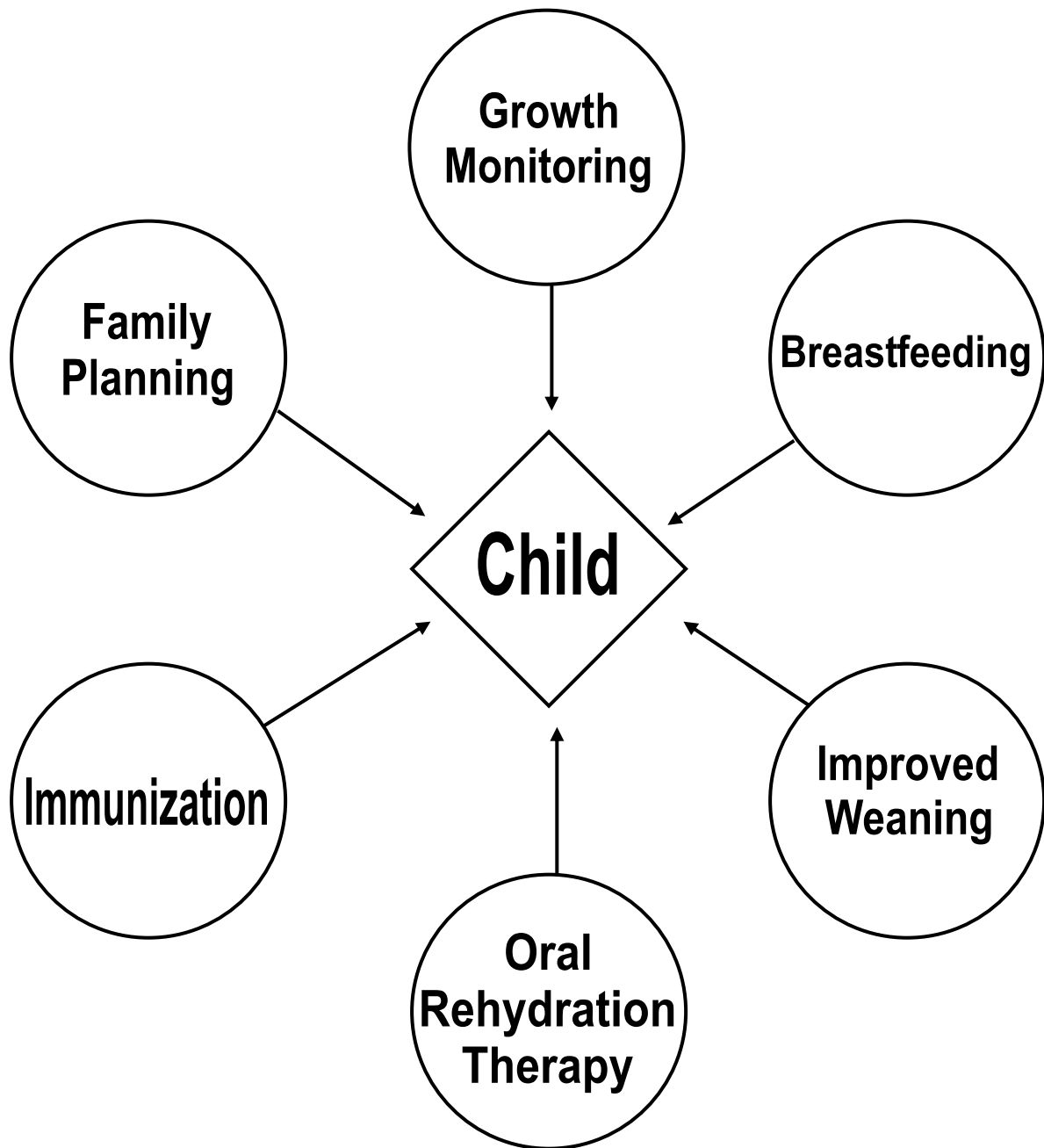
EVALUATION: Facilitators will know that the participants have learned the content of this lesson when the CHEs are teaching the mothers to monitor their own children's growth and their children are growing normally according to the charts.

MATERIALS:

- Newsprint
- Marking pens
- Masking tape
- *Community Nutrition Action for Child Survival* handout

This lesson is used in: Physical Health – Nutrition; HIV– Orphans & Vulnerable Children, Family & Comm. Support

Community Nutrition Action for Child Survival



THE NEEDS AND TRAINING OF CHILDREN

Date: 01/94 (revised 09/06)

(1 HOUR)

- OBJECTIVES:**
1. Participants discuss the skills and knowledge children in the community need in order to be successful, happy, and self reliant.
 2. Participants understand why training of children is important.
 3. Participants understand their part in providing these needs and training.

OVERVIEW FOR TRAINERS:

METHOD	TIME	KNOWLEDGE
<p>Role Play: Sara is resting with some of her friends when she notices a hen and her chicks. Suddenly she voices her thought, "Why are our children so helpless, when these baby chicks can find their own food in a day or two?"</p>	10"	<p>In response to role play after the discussion, reinforce that God made human babies completely dependent on their parents for many months and partially dependent for many years, because they are so precious. This is to allow time for parents to train their children to do right. We want to think about what exactly a child needs to be trained rightly during his childhood.</p>
<p>----SHOWD questions---- S = What do you <u>See</u>? H = What is <u>H</u>appening? O = Does this happen in <u>O</u>ur place? W = <u>W</u>hy does this happen? D = What will we <u>D</u>o about it?</p>		
<p>I. What physical and mental needs does a child have? Look up the verses in the large group.</p> <p>A. Proverbs 31:13,15,21</p> <p>B. Proverbs 1:8,9</p> <p>C. Romans 14:17 Proverbs 21:21</p>	10"	<p>I. <u>The Child's Physical and Mental Needs:</u></p> <p>A. Security is the feeling of being cared for bodily. Most parents accept the responsibility to provide food, clothes and shelter. The virtuous woman provides all these.</p> <p>B. A child needs to be taught and his mind trained. We need to be careful not to put education before the spiritual needs of our children. Your child asks many questions because he needs to know. Answer him reasonably, don't jest or shut him up.</p> <p>C. Righteousness is the key to successful child raising.</p>
<p>II. What skills and knowledge do children in our community need in order to be successful, happy, and self-reliant? Discuss in small groups. Report back.</p>	10"	<p>II. <u>Other Needs of Children that we Should Carefully Consider:</u></p> <p>A. They need to feel secure in the family and to feel loved.</p> <p>B. They need for discipline and guidance for their behavior.</p> <p>C. The need for God to satisfy his soul.</p>

THE NEEDS AND TRAINING OF CHILDREN

METHOD	TIME	KNOWLEDGE
		<ul style="list-style-type: none"> D. Need to know God's boundaries for a happy, righteous life. E. Need to know how to farm or garden. F. Need to know meaning of traditions, rituals, ceremonies in community G. Need to know how to build and maintain housing H. Need an education to be able to read, etc I. Need a skill for providing family income J. They need to know how to build loving relationships with the opposite sex.
<p>III. Who should supply these needs?</p> <p style="margin-left: 40px;">D. What if parents are unavailable to provide this training?</p>	5"	<p>III. <u>Who is to Supply These Needs?</u></p> <ul style="list-style-type: none"> A. The physical needs, of course, are supplied by the parents. B. Parents are also responsible for material training for six years. Parents are the best teachers because they love their children. They should answer questions in the best possible way and teach only in good language. If cursing is a habit, pray to God to cleanse the words out of your mouth. C. Spiritual needs should also be met by the parents, as well as by the pastor and teachers. Ask God to make you strong in your soul that you may teach your children rightly. D. If the parents are unavailable to care for the training needs of children it is the responsibility of the community to train the child, especially the church community.
<p>IV. What does it mean to train a child?</p>	5"	<p>IV. <u>What is Child Training:</u></p> <ul style="list-style-type: none"> A. Someone has said, "Training is the fixing of habits, beliefs and character of a child." This concerns both soul and body. B. God's first school for training is the home. Parents are the best teachers because the child is part of them. They must not delegate this task to others.

THE NEEDS AND TRAINING OF CHILDREN

METHOD	TIME	KNOWLEDGE
V. When is the best time to train your children? Why? In groups demonstrate the truths of training early by using clay which can be easily molded, an easily bent branch and an unbending stick.	10"	V. <u>Children Must be Trained Early:</u> A. You cannot neglect this training and wait. A child's personality is formed by eight years of age. He changes little after that, therefore the greatest influences in his life are felt at home. The time for parents to train their children and lead them to the Savior is between 2-12 years of age at the latest. After that he looks to others rather than to his parents. B. Pre-school age is the time when a child learns most. He will believe his parents because he loves them. Parents, strive to keep his trust. You can mold him as clay into the right way. (Use clay to demonstrate.) Romans 9:21 C. It's too late to begin to teach children obedience after twelve years of age. Punishment then usually hardens them, and they become problem children, a nuisance at home and school.
VI. What can be result of not training children properly? Can these mistakes be corrected? A. Proverbs 29:15-17 B. Proverbs 2:12-15 C. Proverbs 22:15 D. Proverbs 20:7	5"	VI. <u>Failure to Train Properly Produces Unruly Youths who are a Menace:</u> A. Children who are undisciplined disgrace their parents. Discipline brings peace. B. Children will go the way of the wicked. C. Children take to stealing, drug use, and prostitution if not properly trained. D. Children who are not trained as children do not know how to care for their own children.
VII. Summarize the lesson with these points and Bible verses. A. Genesis 18:19 B. Proverbs 22:6 C. Proverbs 19:18 D. Romans 9:21 E. Ephesians 6:4	5"	VII. <u>Summary:</u> A. God commended Abraham for commanding his children. B. Train a child in the right way. C. Improper training is disastrous. D. As the potter has power over clay, so is a parent to the heart of a child. E. The father should lead in child training.

THE NEEDS AND TRAINING OF CHILDREN

ATTITUDE: Children have real needs that go beyond their bodily requirements to the mental and spiritual necessities if they are to be fitted for life. The necessity for training a child in the right way while young; and the dangers of neglecting this priceless opportunity.

SKILL: Parents need to be meeting the physical, spiritual and emotional needs of their children as they are training them. Others must take the role of the parents if the parents are unavailable to provide training for their children

EVALUATION: Memorize – Proverbs 32:6. Does the CHE have well behaved children? Memorize – Romans 14:17. Can the CHE tell you how he is meeting some of the spiritual and mental needs of his children?

MATERIALS:

- Newsprint
- Marking Pens
- Masking Tape
- Bibles
- An easily bent branch
- An unbending stick
- A lump of soft clay

This lesson is used in: HIV – Children

PROVIDING COMPASSIONATE CARE

Date: 05/04

(1 ½ HOURS)

- OBJECTIVES:**
1. Participants will look to scripture for a model and proper motive for compassionate care.
 2. Participants will consider those in the community in need of compassionate care and the risks of those people not receiving this type of care.
 3. Participants will come up with practical ways to show compassionate care to those in the community identified as in need.

OVERVIEW FOR TRAINERS:

METHOD	TIME	KNOWLEDGE
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Starter: Read *Peter's Story* (attached).

----SHOWD questions----

- S = What do you **See**?
- H = What is **H**appening?
- O = Does this happen in **O**ur place?
- W = **W**hy does this happen?
- D = What will we **D**o about it?

- I. **Compassionate Care**
 - A. Read the quote from the knowledge column.

 - B. Read the following verses in a large group and discuss how Jesus displayed compassionate care. (You may also pass out strips of paper with the passages pre-written for them to read.)
 1. Luke 5:13
 2. 2 Corinthians 1:3,4
 3. James 5:11
 4. Matthew 9:36
 5. Matthew 15:32
 6. Luke 8:47-48

- I. **Compassionate Care**
 - A. A teacher in Sunday School asked someone to tell the meaning of loving kindness. A little boy jumped up and said "Well, if I was hungry and someone gave me a piece of bread that would be kindness, but if they put a little jam on it, that would be loving-kindness." This is compassionate care.
 - B. How Jesus displayed compassion:
 1. Jesus reached out his hand and touched the man.
 2. He comforts us in all our troubles, so we can comfort others.
 3. The Lord is full of compassion and mercy.
 4. When he saw the crowds, he had compassion on them.
 5. He had compassion for the people.
 6. He had compassion on the "unclean" woman and healed her.

This lesson is part of an extensive series for use in Community Health Evangelism (CHE) ministries. CHE facilitators skilled in participatory learning methods enable communities to escape cycles of poverty and live as followers of Jesus. For information about CHE, and how you can be trained as a facilitator, go to www.CHEnetwork.org.

PROVIDING COMPASSIONATE CARE

METHOD	TIME	KNOWLEDGE
7. Mark 1:40-42		7. Filled with compassion, Jesus reached out his hand and touched the man.
8. Luke 7:12-15		8. When the Lord saw her, his heart went out to her.
9. Luke 5:18,19,25,26		9. When he saw the faith of the man's friends, he healed him.
10. Luke 7:37-39,44-50		10. He touched, cared for, and loved those considered "unclean" by others.
C. Ask the large group the following questions.		C. Discussion questions:
1. Who is our model of compassionate care?		1. Jesus perfectly models compassionate care.
2. How does Jesus show compassionate care?		2. By listening, touching, healing, offering hope, providing food
3. To whom does Jesus show compassionate care?		3. Whom Jesus displayed compassion on: <ul style="list-style-type: none"> a. The leper b. The mother of the dead child c. Job d. The hungry crowd e. Those who have troubles f. A prostitute
4. How does this display of compassionate care make you feel?		4. Allow members in the group to respond aloud.
D. Select people in the group to read the following Bible passages out loud. Discuss our mandate to provide compassionate care.		D. Our mandate and motive to provide compassionate care:
1. Luke 6:36		1. Be merciful, just as your Father is merciful.
2. Romans 15:1,2		2. We who are strong ought to bear with the failings of the weak and not to please ourselves. Each of us should please his neighbor for his good, to build him up.
3. Colossians 3:12		3. Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience.
4. Acts 4:34,35		4. There were no needy persons among them.
5. James 1:27		5. Look after orphans and widows in their distress and to keep oneself from being polluted by the world.

PROVIDING COMPASSIONATE CARE

METHOD	TIME	KNOWLEDGE
6. Isaiah 1:17		6. Learn to do right. Seek justice, encourage the oppressed. Defend the cause of the fatherless, plead the case of the widow.
7. Zachariah 7:9		7. Administer true justice; show mercy and compassion to one another. Do not oppress the widow or the fatherless, the alien or the poor. In your hearts do not think evil of each other.
8. 1 Peter 3:8		8. Finally, all of you, live in harmony with one another; be sympathetic, love as brothers, be compassionate and humble.
9. Ephesians 4:32		9. Be kind and compassionate to one another, forgiving each other, just as in Christ God forgave you
E. Discussion questions.		E. Discussion questions.
1. To whom are we to provide compassionate care?		
2. What is our attitude to be?		
3. Why do we provide compassionate care?		
4. What should be our motive?		
II. Making it Personal		II. <u>Making it Personal</u>
A. Divide into small groups and ask each person to share examples of compassionate care from their experience either those they have seen or have been shown to them.		A. Sharing.
B. Have the small group develop a definition of compassionate care and then present it to the larger group in the form of a song, picture, poem, story, etc.		B. This activity should be fun and allow creativity in the group.
III. Assessing our Community:		III. <u>Assessing our Community</u>
A. Who in our community is in need of compassionate care? Discuss in large group.		A. Community members needing compassionate care:
		1. The elderly
		2. The ill or handicapped
		3. Orphans
		4. Children of those who are ill
		5. Children who are caregivers or workers in the home

PROVIDING COMPASSIONATE CARE

METHOD	TIME	KNOWLEDGE
<p>B. What are the risks for these people without compassionate care?</p> <p>C. What can be done to provide compassionate care to the people in our community needing care with just our hands, feet, hearts, and available resources? (You might have them place specific activities under groups of people, i.e., orphans, ill, elderly, widows)</p>		<p>6. Mentally ill or addicted to drugs or alcohol</p> <p>B. The risks for those who do not receive compassionate care:</p> <ol style="list-style-type: none"> 1. Not feeling accepted or loved in the community 2. No one will notice when a person is sick or dies 3. Children will be malnourished and uncared for 4. Children may end up living on the street 5. Psychological and emotional problems 6. They will never know the love of Christ 7. They might experience hopelessness <p>C. How to provide compassionate care:</p> <ol style="list-style-type: none"> 1. Visiting homes to see how things are going 2. Arranging a work day or help your neighbor day 3. Invite families or individuals to church and welcome them 4. Provide loving friendship 5. Start orphan's group to provide meal, Bible study, and encouragement
<p>IV. Acting on our Thoughts.</p> <p>A. What are we going to do with this new information or understanding?</p> <p>B. What are the next steps? It is important at this point to have an action plan so that all of the learning becomes practical not just theoretical.</p> <p>C. Ask for someone to pray for the group.</p>		<p>IV. <u>Acting on our Thoughts</u></p> <p>B. Our next steps:</p> <ol style="list-style-type: none"> 1. Initiate a compassion care group. 2. Decide on specific activities for the group 3. Set up a meeting schedule 4. Choose leaders <p>C. Seek the instigator of compassionate care to help the group act on all they have learned and to thank Him for His compassion.</p>

PROVIDING COMPASSIONATE CARE

ATTITUDE: Providing compassionate care is easier when we have a model to follow. Jesus is our model of compassionate care, providing care and touch to those who deserve it and those who do not. The scripture clearly mandates compassionate care to those in our community

SKILL:

EVALUATION: Community members will provide compassionate care to others in the community.

MATERIALS:

- Newsprint
- Marking pens
- Masking tape
- Bibles or verses written on strips of paper
- *Peter's Story* handout

This lesson is used in: Physical – HIV– Home-Based Care, Program Trainings – HIV TOT

Peter's Story

When the local church woke up to the challenge of caring for its orphans, life changed dramatically for Peter. The pastor's wife led a small team of women to visit children like Peter, doing all they could to give them loving care and support.

Six-year-old Peter was sick with AIDS-related illnesses and TB. His 75-year-old grandmother was doing her best to care for him and his three brothers and sisters; but she, too, was sick with TB, had a broken arm, and was unable to plow or adequately care for the children.

When the volunteers first visited Peter and his grandmother they found him lying listlessly on the floor, in a corner that also housed a pool of muddy rainwater. This was the family's one and only hut. The roof had fallen in. Because it was the rainy season, the hut was awash. Peter was seriously sick and emaciated, and his grandmother was no better. The other children scavenged to survive as best they could.

The pastor's wife and her dedicated team mobilized the local villagers, and together they built Peter and his family a new bedroom hut. They also mended the roof and repaired the floor on the old one so it could serve as the kitchen. They plowed, planted, and cultivated a field. Until harvest, they gave the family maize from their own granaries and gifts of vegetables and peanut butter.

Peter's younger sister was sent to school, and the pastor's wife regularly took Peter to the clinic. As she washed and dressed him, she told him stories about Jesus and his love for Peter. She prayed with him and his grandmother and often had them stay in her own home.

A year later Peter died at home in the arms of his grandmother. There was enormous comfort knowing that during the last year of his life he had been touched with the hands and love of Jesus through the loving care and commitment of the volunteers. His grandmother, brothers, and sisters still receive that same support.

Story taken from Children Affected by HIV/AIDS by Phyllis Kilbourn.

CARING FOR YOUR NEIGHBOR

Date: 06/95

(1 HOUR)

- OBJECTIVES:**
1. Participants will understand that anyone in need is their neighbor who we are to help.
 2. Participants will understand what love is and what love is not.
 3. Participants will understand how loving their neighbor works.

OVERVIEW FOR TRAINERS: This is a lesson in the moral value series.

METHOD	TIME	KNOWLEDGE
<p>Role Play: Act out the story of the Good Samaritan found in Luke 10:29-37. There are three characters: man lying on the ground moaning, saying he was robbed; priest who sees and passes by; and Samaritan who helps the person.</p>	10"	
<p>----SHO questions---- S = What do you <u>See</u>? H = What is <u>H</u>appening? O = Does this happen in <u>Our</u> place?</p>		
<p>I. How is Samaritan showing love? Discuss in large group.</p>	10"	<p>I. <u>How the Samaritan Shows Love:</u> A. Stopped when he saw a problem, didn't ignore it. B. He bound up the man's wounds using what he had. C. He helped the man to an inn where he could receive. D. He checked back to see if ore money was needed. E. He was despised by Jews but he helped anyway not letting that stop him.</p>
<p>II. Who is our neighbor? Discuss in large group.</p>	10"	<p>II. <u>Who Our Neighbor Is:</u> A. Not just someone we know or live close to. B. Any person we come across in need even if we don't have a relationship with them. C. If we see a need and we have the ability to help we must help.</p>
<p>III. What does I Corinthians 13:1-3 say is to be characteristic of love? (Love is...) Read this passage by going around the large group with each person reading a verse. Discuss and list answers on newsprint.</p>	10"	<p>III. <u>The Characteristics of Love Found in I Corinthians 13:1-13</u> A. Patient B. Kind C. Truthful D. Endures E. Faithful F. Hopeful</p>

CARING FOR YOUR NEIGHBOR

METHOD	TIME	KNOWLEDGE
IV. What does I Corinthians 13:1-13 say is NOT to be characteristic of love? (Love is not...) You many also want to ask, "How do we (people) tend to love?"	10"	IV. <u>The Characteristics which are NOT Love</u> (found in I Corinthians 13:1-13 A. Jealous B. Boastful C. Proud in ourselves D. Easily provoked E. Harbors evil F. Glad when wrong is done
V. Meaning in regard to neighbor. Then discuss what this means in regard to our neighbor.	10"	V. <u>Meaning in Regard to Neighbor</u> A. Characteristics of love related to others more than our self. B. It means thinking good about our neighbor. C. It means thinking of others as well as our self. D. It means doing nothing to harm our neighbor in word or deed.
VI. How does all this apply to us? Discuss in large group. Report back.	10"	VI. <u>How This Applies to Us</u> A. When we find a physically sick person we need to care for or take to clinic. B. When we find mentally sick person we need to counsel or take for counseling. C. When we find a drunk, counsel him and share Christ with him. D. When someone doesn't know Christ, to share Christ with them. E. With new or young believers do basic follow-up with them. F. Dying person, make comfortable share Bible and Christ if needed. G. We are to be patient and kind with al people where they show love to us in return. H. We are not to boast or be proud of any help we give others.
VII. Summary	10"	VII. <u>Summary</u> A. Love is both thought and action B. No matter what other things we do, the central point of our life should be loving others. C. If we don't love then everything else is worthless. D. Love is positive action for others. E. We are to show love to anyone in need that comes across our path whether we know them or not. F. Love is the highest thing that we can do in this world. G. We need to reach out to all people to show them love.

CARING FOR YOUR NEIGHBOR

ATTITUDE: Facilitator is aware of the need to care for our “neighbors” and how to show them love in a positive way.

SKILL: Participants will be able to understand that anyone in need is their neighbor who we are to help; what love is and what love is not; and how loving their neighbor works.

EVALUATION: Facilitator will know that participants have learned the content of this lesson when the participants show love to their neighbors in practical ways.

MATERIALS:

- Newsprint
- Masking tape
- Marking pens
- Bibles

This lesson is used in: Social Dev. – Moral Values; Physical Health – HIV– Home-Based Care

HOW CHILDREN GRIEVE

Date: 10/04

(1 HOUR)

- OBJECTIVES:**
1. Participants will discuss typical grieving in children.
 2. Participants will be able to identify children who are not coping well with grief and warning signs of abnormal grief expression.

OVERVIEW FOR TRAINERS: Lesson is developed from material by “Starting from Strengths Training Manual” written by R. Michelle Cook, Malawi.

METHOD	TIME	KNOWLEDGE
<p>Role Play: Two CHEs are talking.</p> <p>1st I went to visit the Mzuri family last week. I feel so bad. Their mother just died and the children won't even come out of the house. I know that the oldest boy should be going to school, but he wouldn't tell me why he wasn't going.</p> <p>2nd That's horrible!</p> <p>1st I know! I offered to bring food but the older children refused. And then there was the younger child just playing on the floor like nothing had happened. I just don't know what to do or how to help them.</p> <p>2nd Me either!</p> <p>----SHOWD questions---- S = What do you See? H = What is Happening? O = Does this happen in Our place? W = Why does this happen? D = What will we Do about it?</p>	10”	
<p>I. Defining grief</p> <p>A. What is grief? Discuss in large group.</p> <p>B. What types of thing might a person grieve?</p>	15”	<p>I. <u>Defining Grief</u></p> <p>A. Grief is our emotional response or feelings to an event that affects you, usually the loss of a person, thing, or idea.</p> <p>B. Types of things a person might grieve:</p> <ol style="list-style-type: none"> 1. The death of a person 2. Separation from a caregiver or siblings 3. Loss of friendships 4. Loss of attention 5. Loss of animal or special object 6. Loss through robbery or property grabbing

This lesson is part of an extensive series for use in Community Health Evangelism (CHE) ministries. CHE facilitators skilled in participatory learning methods enable communities to escape cycles of poverty and live as followers of Jesus. For information about CHE, and how you can be trained as a facilitator, go to www.CHEnetwork.org.

HOW CHILDREN GRIEVE

METHOD	TIME	KNOWLEDGE
<p>C. Read the quote from the knowledge column.</p> <p>D. Have participants share experiences they have had with grief as a child</p> <ol style="list-style-type: none"> 1. What was the loss? 2. How did they feel? 3. How long did they feel that way? 		<ol style="list-style-type: none"> 7. Loss of status in community or school (stigma due to illness, poverty, etc) 8. Loss of childhood 9. Loss of hope 10. Loss of familiar circumstances 11. Loss of dreams for future <p>C. <i>Children's grief is different from adults: the younger the child the more different the grieving. Young children don't usually maintain a continuous level of sadness. Instead you see happy, happy, happy, DEVISTATED! Young children go through enormous peaks and valleys of grief.</i> McCue, K (1994)</p> <p>Children tend to grieve for shorter bursts of time than adults, but a child's grief can last for years with the intensity usually decreasing over time. They are more able to put aside sadness for a time and play and have fun. This gives them an emotional break, but does not mean that they have stopped hurting inside.</p> <p>D. Share experiences</p>
<p>II. How children grieve. Break into four small groups. Give two groups question A and two groups question B. Report back.</p> <p>A. What are some of the physical signs of grief in a child?</p>	20"	<p>II. <u>How Children Grieve:</u></p> <p>A. Physical signs of grief in a child:</p> <ol style="list-style-type: none"> 1. Stomach aches 2. Inability to go to sleep by themselves 3. Extreme anger at the parent for dying and leaving them alone followed by feelings of guilt 4. Regression to behaviors of younger child ie bedwetting, thumb sucking, 5. Withdrawal from other people 6. Inability to concentrate 7. Constant crying and sadness

HOW CHILDREN GRIEVE

METHOD	TIME	KNOWLEDGE
<p>B. What are some of the emotions a child who is grieving may experience?</p>		<ol style="list-style-type: none"> 8. Less interest in personal appearance and in what is happening with others 9. A change in eating or sleeping habits 10. Throwing temper tantrums 11. Getting into fights 12. Getting into trouble with the law 13. Becoming sexually promiscuous <p>B. Common emotions in child experiencing grief:</p> <ol style="list-style-type: none"> 1. Fear 2. Anxiety 3. Anger at those who survived for not stopping the loss 4. Guilt that their thoughts caused the loss or death 5. Feeling that "everyone is looking" at them or knows what happened. 6. Shock 7. Denial 8. Sadness
<p>III. Abnormal Grief</p> <p>A. What are warning signs of abnormal grief in a child?</p> <p>B. Who are the children or youth especially vulnerable to having difficulty coping with loss?</p>		<p>III. <u>Abnormal Grief</u> When a child is unable to work through their grief in order to cope with the loss.</p> <p>B. Warning signs that a child is not coping well with grief:</p> <ol style="list-style-type: none"> 1. Significant weight loss 2. Destroying things 3. Acting out killing or death 4. Prolonged withdrawal 5. Severe emotional changes 6. Self mutilation or suicidal thoughts 7. Intense fears 8. Sleep disturbances or repeated nightmares <p>C. Children or youth who might be especially vulnerable:</p> <ol style="list-style-type: none"> 1. Children who have experienced multiple losses of people, especially over a short period of time 2. Children who have lost their mother 3. Children less than 5 years of age 4. Children who have experienced many kinds of losses

HOW CHILDREN GRIEVE

METHOD	TIME	KNOWLEDGE
		<ol style="list-style-type: none"> 5. Children who do not have someone they can trust to talk to openly regarding their feelings and loss 6. Children who are isolated 7. Children who are very reserved and quiet 8. Teenagers 9. Children who begin to engage in risky behaviors 10. Children who talk about suicide 11. Children with disabilities
<p><u>ATTITUDE:</u> Children’s grief is different than that of adults. They tend to grieve in shorter “bursts”, but the grief can last for years and re-surface at special times in the child’s life.</p>		
<p><u>SKILL:</u> Participants will discuss typical grieving in children. They will be able to identify children who are not coping well with grief and warning signs of abnormal grief expression</p>		
<p><u>EVALUATION:</u> Community members are sensitive to the needs of children in the community who are grieving. Community members can identify children who are at risk for being unable to cope with their grief and take steps to assist them in their grief.</p>		
<p><u>MATERIALS:</u></p> <ul style="list-style-type: none"> - Newsprint - Marking pens - Masking tape - <i>Tools to Help Children Talk about Grief</i> handout 		

This lesson is used in: HIV– Orphans & Vulnerable Children

Tools to Help Children Talk about Grief/Emotions

Goldman, L (1994) Life and loss: A guide to helping grieving children

Drawing/Art Work

The child can draw pictures about how they are feeling, as a goodbye gift to the person, as a way of remembering happy times, a picture of the person who died, etc.

Talk about the pictures after they are finished. Ask the child to tell you about their picture: don't interpret it for them.

Story Telling

Have the child create a story about the deceased person, their feelings, things they used to do with the person who died. (If I could...or I wish...are good beginning topics). Have the child talk about the story when they are finished.

Writing

Have the child write down their memories, their feelings, the things they wished they had said or never got a chance to say. They can write a goodbye message to the person. They can make a memory book with special memories

Remembering Games

Get the child to talk by having the child look at pictures, creating a scrap book of favorite memories or a memory box with special things. Start a remembering game by saying "I remember when..." and then helping them remember special things about a person or times.

Drama and Imagination

Use puppets or act out plays to express emotions. Direct the play of younger children by helping them act out events like what the funeral will look like.

Music

Let the child express their emotions through listening to or playing different musical instruments or dancing, they may want to bang a drum hard to get out anger or dance out sadness.

Physical Activity/Sports

Let the child have a physical outlet for their emotions: football, jumping, hitting a ball, pounding on a pillow, or running. This helps them release emotions that are locked up inside.

HELPING A CHILD THROUGH THE GRIEF PROCESS

Date: 10/04

(1 HOUR)

- OBJECTIVES:**
1. Participants will consider ways to help a child who is grieving normally.
 2. Participants will consider ways to help a child who is not coping well with grief.

OVERVIEW FOR TRAINERS:

METHOD	TIME	KNOWLEDGE
<p>Role Play: Two CHEs are talking.</p> <p>1st It is hard to believe Anita passed away. She was so young!</p> <p>2nd I know. Her daughter seems to be having a hard time since she has been gone.</p> <p>1st I agree. She barely talks to anyone! I wonder if we can help.</p> <p>2nd I don't know. I hope she gets better soon.</p> <p>1st Me too.</p>	5"	

----SHOWD questions----

- S = What do you See?
 H = What is Happening?
 O = Does this happen in Our place?
 W = Why does this happen?
 D = What will we Do about it?

- I. Helping a child through the grief process
 - A. Discuss the information in the knowledge column.
 - B. Have participants remember an experience with death as a child. Break into small groups and have them answer the following questions. As large group ask for volunteers to share their answers.
 1. Do you remember asking or thinking about the same questions many children ask?
 2. Were you discouraged from crying or showing emotion?

- I. Helping a Child through the Grief Process:
 - A. There are three important questions that all children may think about and need answered following a death:
 1. Did I make this happen?
 2. Will I/you die next?
 3. Who will take care of me?
 - B. It can be helpful for adults to empathize with children if they can remember how they experienced death and what helped them through the grief process.

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HELPING A CHILD THROUGH THE GRIEF PROCESS

METHOD	TIME	KNOWLEDGE
<p>3. What were the important factors that helped you through your grief?</p> <p>C. What types of things do children need to help them work through their grief?</p>		<p>C. Things children need to help them work through their grief:</p> <ol style="list-style-type: none"> 1. Safety 2. Security 3. Love 4. Someone to talk to 5. To be told that the death was not their fault 6. To be reassured about the future 7. To have the death explained to them in a language that they can understand 8. Honesty and respect 9. To be told that their emotions are ok 10. To be encouraged to express their emotions 11. To be told what will happen to them now 12. Physical touch and comforting 13. Simple and true explanation of what happened 14. Someone who will answer their questions about death 15. Someone who will help take the burden of household responsibility 16. To be included in rituals related to burial or saying good-bye 17. Regular routine and discipline
<p>II. How our group can help children who are grieving. Divide into small groups and discuss the following questions. Have them write their answers on newsprint and report back.</p> <p>A. What are things that a CHE can do to help children who are grieving?</p>		<p>II. <u>Helping Children Who are Grieving.</u></p> <p>A. Things that we can do to help children who are grieving:</p> <ol style="list-style-type: none"> 1. Visit homes where someone is terminally ill or has died 2. Provide appropriate physical touch. For example: hugs, gentle touch 3. Provide listening ear to children 4. Teach relatives and neighbors about the grief process and how they can help

HELPING A CHILD THROUGH THE GRIEF PROCESS

METHOD	TIME	KNOWLEDGE
<p>B. What could you do for a child who is having difficulty coping with loss?</p>		<ol style="list-style-type: none"> 5. Form age appropriate care groups of children experiencing grief 6. Hold play times or games for children in the community and include those who are grieving 7. Help find stable adult who can be available to children who are grieving 8. Offer practical help to child-headed households to relieve burden of responsibility 9. Be available to talk and listen to children who are grieving 10. Help identify relatives who could care for the child <p>B. Helping children who are having difficulty coping with loss:</p> <ol style="list-style-type: none"> 1. Provide someone who can be a mentor to the child 2. Ensuring adequate care and safety of the child 3. Referring children to counselor 4. Informing grandparents, elders, village headmen, social welfare officers, orphan care committees of children at risk 5. Never ignore talk about suicide or refuse to talk about it. 6. Visit homes frequently to check on progress
<hr/> <p><u>ATTITUDE:</u> Helping a child through their grief can be crucial to their emotional and social development.</p> <p><u>SKILL:</u> Participants will consider ways to help a child who is grieving and not coping well with grief.</p> <p><u>EVALUATION:</u> Community members are sensitive to the needs of children in the community who are grieving. Community members can identify children who are at risk for being unable to cope with their grief and take steps to assist them in their grief.</p> <p><u>MATERIALS:</u></p> <ul style="list-style-type: none"> - Newsprint - Marking pens - Masking tape - <i>Tools to Help a Children Talk about Grief</i> handout <hr/>		

This lesson is used in: HIV – Orphans & Vulnerable Children

Tools to Help Children Talk about Grief/Emotions

Goldman, L (1994) Life and loss: A guide to helping grieving children

Drawing/Art Work

The child can draw pictures about how they are feeling, as a goodbye gift to the person, as a way of remembering happy times, a picture of the person who died, etc.

Talk about the pictures after they are finished. Ask the child to tell you about their picture: don't interpret it for them.

Story Telling

Have the child create a story about the deceased person, their feelings, things they used to do with the person who died. (If I could...or I wish...are good beginning topics). Have the child talk about the story when they are finished.

Writing

Have the child write down their memories, their feelings, the things they wished they had said or never got a chance to say. They can write a goodbye message to the person. They can make a memory book with special memories

Remembering Games

Get the child to talk by having the child look at pictures, creating a scrap book of favorite memories or a memory box with special things. Start a remembering game by saying "I remember when..." and then helping them remember special things about a person or times.

Drama and Imagination

Use puppets or act out plays to express emotions. Direct the play of younger children by helping them act out events like what the funeral will look like.

Music

Let the child express their emotions through listening to or playing different musical instruments or dancing, they may want to bang a drum hard to get out anger or dance out sadness.

Physical Activity/Sports

Let the child have a physical outlet for their emotions: football, jumping, hitting a ball, pounding on a pillow, or running. This helps them release emotions that are locked up inside.

LEGACY BUILDING

Date: 05/04

(1 ½ HOURS)

- OBJECTIVES:**
1. Participants will develop ideas for leaving keepsake items to surviving family members or children.
 2. Participants will consider the needs of children when a caregiver dies.
 3. Participants will learn from the example of Jesus' preparation of his disciples before his death.

OVERVIEW FOR TRAINERS:

METHOD	TIME	KNOWLEDGE
<p>Role Play:</p> <p>1st I am so sad. I know that I am dying. My children are so young, how will they remember me?</p> <p>2nd I wish we had a camera, and then I could take your picture. That way they would always remember what you look like.</p> <p>1st A picture might be good, but how can I let them know how much I love them? I had so many plans of how I was going to raise them and now I have to leave it for others to do. How are they going to learn the things they need to know?</p> <p>----SHOWD questions---- S = What do you <u>See</u>? H = What is <u>H</u>appening? O = Does this happen in <u>O</u>ur place? W = <u>W</u>hy does this happen? D = What will we <u>D</u>o about it?</p> <p>- Before you begin, you might You might have one of the trainers show or share examples of something that is meaningful to them that was passed down from the generation above.</p> <p>I. Legacy A. What is legacy?</p> <p>B. What types of information and possessions are generally passed from one generation to the next in our culture?</p>		<p>Parents want to leave something behind so that their children do not forget them. Planning is also needed so that children will have their needs met physically, socially, emotionally, and spiritually after the death of a caregiver.</p> <p>I. <u>Legacy</u> A. Legacy 1. Legacy is the memories or values that are left behind when a person dies 2. Things that are handed down from one generation to the next.</p> <p>B. Passing of culture from one generation to the next: 1. Land 2. Trades or vocations 3. Eating habits 4. Traditions and rituals 5. Language</p>

LEGACY BUILDING

METHOD	TIME	KNOWLEDGE
<p>C. When and how are these things passed and to whom?</p>		<ol style="list-style-type: none"> 6. Values 7. Beliefs 8. Wedding clothes or jewelry 9. Tools <p>C. Passing on of possessions or information:</p> <ol style="list-style-type: none"> 1. After the death of a parent or both parents. 2. When a child reaches a certain age. 3. In daily living 4. Males teach young boys trades 5. Women teach young girls 6. Oldest son given land or divided equally among children or boys
<p>II. Needs of Children When a Caregiver Dies. In small groups discuss the needs of children when a caregiver dies. Give each group one of the following areas to consider: physical, social, emotional and spiritual.</p> <p>A. What are the physical needs of children when a caregiver dies?</p> <p>B. What are the social needs of children when a caregiver dies?</p> <p>C. What are the emotional and spiritual needs of children when a caregiver dies?</p>	<p>10"</p>	<p>II. <u>Needs of Children When a Caregiver Dies</u></p> <p>A. Physical needs of children:</p> <ol style="list-style-type: none"> 1. Food and nutrition needs 2. Housing 3. Medical care and hygiene 4. Security from abuse and neglect 5. Schooling/ learning trades 6. Affection <p>B. Social needs of children:</p> <ol style="list-style-type: none"> 1. To be included in family and community 2. Structure and discipline 3. To be included in community rituals including burial and funeral of caregiver. 4. Assurance of value of child in community <p>C. Emotional and spiritual needs of children:</p> <ol style="list-style-type: none"> 1. Assurance of love and care 2. Encouragement to share feelings 3. Explanation of death 4. Hope for reunion with caregiver 5. To be included in faith community 6. Adult to mentor and provide guidance for child

LEGACY BUILDING

METHOD	TIME	KNOWLEDGE
<p>III. Leaving Memorabilia Behind. In same small group discuss, list, report back.</p> <p>A. What types of physical things could a parent, grandparent leave for a child or children to remember them by?</p> <p>B. What type of preparation could a parent/caregiver make to insure the well being of children?</p>		<p>III. <u>Leaving Memorabilia Behind</u></p> <p>A. Physical things can be left:</p> <ol style="list-style-type: none"> 1. Letter telling of life story 2. Letter telling of love for child or children 3. Photo of individual or family 4. Diagram of family tree and how child fits into family 5. Art or craft piece made by parent 6. Poem or song <p>B. Preparations parents can make:</p> <ol style="list-style-type: none"> 1. Arrange for someone to care for the child/children 2. Pay school fees in advance or make arrangements for continued schooling 3. Arrange for someone else in the community to teach trades or skills to children, i.e., aunt to teach daughter to cook 4. Make a will to legally pass land and possessions on to desired family member 5. Making of special piece of art or picture.
<p>IV. Legacy and the Bible Divide group into pairs. Have them discuss the following questions. (This information is not appropriate for whole group. It encourages self-reflection.)</p> <p>A. What type of legacy am I leaving to my family?</p> <p>B. What changes will I have to make to leave the kind of legacy I want to leave for my family?</p> <p>C. In the Bible we can see Jesus preparing his disciples for his death. Break into small groups and have them look up the following scriptures. Discuss how Jesus was an example for someone preparing their children for their death.</p>		<p>IV. <u>Legacy and the Bible</u></p> <p>A. It is important for people to reflect on the memories that their descendants will have of them.</p> <p>B. Upon reflection, people may choose to change their behavior or to make specific effort to teach/tell children the things that they feel are necessary.</p> <p>C. Biblical application of Jesus preparing for His death.</p>

LEGACY BUILDING

METHOD	TIME	KNOWLEDGE
1. Luke 21:8-36		1. Luke 21:8-36 – He warned them and He encouraged them.
2. Luke 22:15		2. Luke 22:15 – He spent time with them willingly
3. Luke 18:31-33		3. Luke 18:31-33 – He explained exactly what was going to happen at the time of his death.
4. Matthew 18:21-35		4. Matthew 18:21-35 – He taught them how to live using stories so that they could understand.
5. John 17		5. John 17 – He interceded for those who follow him, prays for them.
6. John 16:7-33		6. John 16:7-33 – He comforts them and He provides someone to care for them after he leaves.
7. John 14:15-21,25 - 27		7. John 14:15-21, 25 -27 – He comforts them and gives them assurance that he has planned for his departure and that they will be cared for.

ATTITUDE: Legacy is the things physical and non-physical that a person or generation leaves to the generations following them. When people's lives are shortened by AIDS it can be helpful to them and their families to plan what kind of legacy they want to leave and how they are going to do this.

SKILL: Participant will consider leaving legacy for their own children and will be able to help others who must prepare their children for the death of a caregiver or loved one.

EVALUATION: Participants will recognize what they are leaving behind to their children and will be able to assist those infected with HIV in planning to leave positive legacy to their children and future generations.

MATERIALS:

- Newsprint
- Marking pens
- Masking tape
- Bibles
- Family pictures, diagram of family tree, wedding gear or trade tools that have been passed down from one generation to the next, etc.

This lesson is used in: Physical Health – HIV– Home-Based Care, Orphans & Vulnerable Children

CARE GROUPS

Date: 01/91 (Revised 09/06)

(1 HOUR)

- OBJECTIVES:**
1. Participants will be able to understand the biblical basis of Care Groups, including the objectives and core elements.
 2. Participants will be able to understand the place of both large and small groups.
 3. Participants will be able to understand the steps to starting a Care Group and how members can care for one another.

OVERVIEW FOR TRAINERS: This session is to help the participants realize that they need other Christians to care for them and for them to care for other Christians. This can be done through a Care Group.

METHOD	TIME	KNOWLEDGE
<p>Role Play: Two people talking:</p> <p>1st I hear that people in our church are meeting in something called a Care Group. Do you know what it is all about?</p> <p>2nd I heard something about the group. I think it's another Bible Study.</p> <p>1st I think it includes that, but it is more than that. I wonder where we can learn more about it. I might be interested in going.</p> <p>2nd Maybe the pastor knows something about it. I might be interested if it isn't just another Bible study that lasts forever.</p> <p>----SHO questions---- S = What do you <u>See</u>? H = What is <u>H</u>appening? O = Does this happen in <u>O</u>ur place?</p> <p>I. Biblical Basis of Care Groups. In small groups look up Biblical basis for care Groups.</p> <p>A. Acts 5:42</p> <p>B. Acts 2:41-47</p> <p>C. Colossians 3:16</p> <p>D. I Peter 4:10</p> <p>E. Hebrews 3:13</p>	10"	<p>I. <u>Biblical Basis of Care Groups</u></p> <p>A. Acts 5:42, Disciples daily met in teaching and proclaiming Christ.</p> <p>B. Acts 2:41-47, Both large and small groups 3,000 added.</p> <ol style="list-style-type: none"> 1. Devoted selves to teaching. 2. Apostles held things in common. 3. Met in temple courts. 4. Ate together. <p>C. Colossians 3:16, Teach and admonish one another.</p> <p>D. I Peter 4:10, Employ your gifts for one another.</p> <p>E. Hebrews 3:13, Exhort one another every day.</p>

CARE GROUPS

METHOD	TIME	KNOWLEDGE
F. Galatians 6:2		F. Galatians 6:2, Bear one another's burdens
G. James 5:16		G. James 5:16, confess sins to one another, pray for each other.
H. Hebrews 10:24-25		H. Hebrews 10:24-25, Stir one another up for good works, meeting together, encouraging one another.
II. Objectives Break into 5 groups with each group looking up Bible verses for a given objective. Report back.		II. <u>Objectives of Care Groups</u>
A. Evangelism:		A. Evangelism:
1. II Corinthians 5:18		1. II Corinthians 5:18, Christ gave us the ministry of reconciliation.
2. Acts 1:8		2. Acts 1:8, Go to Jerusalem, Samaria, and outer parts of world as Christ's witnesses.
3. Matthew 28:18-20		3. Matthew 28:18-20, To go to whole world to make disciples teaching them what we have been taught.
B. Bible Study:		B. Bible Study:
1. John 8:31		1. John 8:31, Know and hold to Jesus teachings therefore people know person is Jesus disciple.
2. Psalm 1:1-2		2. Psalm 1:1-2, Blessed is the man who doesn't walk in the way of sinners, sit in the seat of scoffers, but he delights in the laws of the Lord; meditating on it night and day.
3. Colossians 1:28		3. Colossians 1:28, We proclaim Him, admonishing and teaching every man with wisdom; that every man be presented complete in Christ.
4. II Timothy 2:15		4. II Timothy 2:15, Study to present yourself approved to God, a workman not ashamed, handling accurately the word of truth.
C. Prayer:		C. Prayer:
1. Ephesians 6:18		1. Ephesians 6:18, Pray in the Spirit on all occasions with all kinds of requests.
2. Matthew 18:19-20		2. Matthew 18:19-20, Where two or three come together I will be with you.
3. Psalm 145:18,19		3. Psalm 145:18,19, The Lord is near to those who call Him in truth.
D. Sharing:		D. Sharing:
1. John 13:35		1. John 13:35. All will know we are Christ's disciples if we love one another.

CARE GROUPS

METHOD	TIME	KNOWLEDGE
2. Ephesians 4:2-3		2. Ephesians 4:2-3, Make every effort to be in unity of the Spirit.
3. I Thessalonians 2:8		3. I Thessalonians 2:8, Love so much that we delight in sharing the gospel and of our lives.
E. Leadership Development:		E. Leadership Development:
1. II Timothy 2:2		1. II Timothy 2:2, Entrust what you hear from Christ to reliable men who will teach others.
2. Ephesians 4:11-13		2. Ephesians 4:11-13, We have different gifts in order to build up the church.
3. I Timothy 3:1		3. I Timothy 3:1, Good to aspire to become a leader.
4. Matthew 20:26-28		4. Matthew 20:26-28, Leaders are to serve others.
III. Distinctions of Large and Small Groups. Break into Four Groups with two groups each, looking separately at one of the questions. Report back.		III. <u>Distinctions of Large and Small Groups</u>
A. What are the distinctions of a large group?		A. Large group distinctions: <ul style="list-style-type: none"> 1. Congregational 2. Feeling of being a part of something important. 3. Can get lost in crowd 4. Impersonal 5. Celebration/Worship/Praise 6. Focus on God
B. What are the distinctions of a small group?		B. Small group distinctions: <ul style="list-style-type: none"> 1. Feel cared for and important. 2. Personal 3. Focus on others in group. 4. Obedience/Service/Accountability
IV. Steps to Starting Care Groups. Ask large group what do they think are the necessary steps in starting a Care Group.		IV. <u>Steps to Starting Care Groups</u> <ul style="list-style-type: none"> A. Select and recruit leaders. B. Train new leaders. C. Leaders select and recruit six church members for his group. D. Leaders meet with his group sharing the purposes, objectives, and guidelines for the group. Get to know each other.
V. How Members Can Care For Each Other. In small groups discuss what ways can we practically care for each other in a Care Group. Use Matthew 20:26-28 and Matthew 25:35-40 as a beginning point for ways. Report Back!		V. <u>How Members Can Care For Each Other</u> <ul style="list-style-type: none"> A. Matthew 20:26-28 <ul style="list-style-type: none"> 1. Serve one another first not expecting to be served ourselves. B. Matthew 25:34-40 <ul style="list-style-type: none"> 1. Feed hungry 2. Give drink to thirsty 3. Invite stranger to home 4. Clothe Naked

CARE GROUPS

METHOD	TIME	KNOWLEDGE
		5. Care for sick 6. Visit prisoner C. Other 1. A husband is out of work, members provide extra food, encouragement and prayer. 2. Mother is home ill, members clean house, provide childcare and food. 3. Death in the family, members mourn with them and provide needs 4. Wayward child in family, members pray for, encourage and support.

ATTITUDE: Facilitator has learned the importance of Care Groups and of how they can enable Christians to learn to care for one another with Biblical perspective.

SKILL: Participants will be able to learn and apply the biblical basis of Care Groups, the place of both large and small groups, how to start a Care Group, and how they can care for one another.

EVALUATION: Facilitator will know that participants have learned the content of this lesson when they can share the biblical basis of Care Groups, what the objectives are, how members can care for one another, and then apply the steps for beginning a Care Group.

MATERIALS:

- Bibles
- Newsprint
- Marking Pens
- Masking Tape

This lesson is used in: Physical Health – HIV– Counseling; Spiritual – Bible; Social Dev. – Emotional Care

WRITING A WILL

Date: 05/04

(1 ½ HOURS)

- OBJECTIVES:**
1. Participants will discuss the benefits of having a will.
 2. Participants will know what items to include in their will.
 3. Participants will be able to help someone write a will.

OVERVIEW FOR TRAINERS:

METHOD	TIME	KNOWLEDGE
<p>Role Play: CHE visiting home of ill person. Several children are running around the house.</p> <p>1st Just rest, everything will be taken care of. You don't have to worry. I know you are sick.</p> <p>2nd But I am so worried, what will happen to my children? Who will care for them? How will they live?</p> <p>1st Surely someone will take care of them. You shouldn't worry about that now.</p> <p>2nd But what if no one can take them in? I can hardly provide for them now and the garden is going to seed already.</p> <p>1st Oh don't worry so much!</p> <p>----SHOWD questions----</p> <p>S = What do you See? H = What is Happening? O = Does this happen in Our place? W = Why does this happen? D = What will we Do about it?</p>	10"	<p>Caregiver is loving and wants to reassure dying person, but is not helping to make plans for future. Dying person could write will to make plans for children and prepare for death. It is a healthy part of the dying process to make provision for things after our death.</p>
<p>I. Customary laws and traditions concerning children, property, and possessions following a death. Discuss as large group writing answers on newsprint.</p> <p>A. What are the customary laws and traditions concerning a person's children after their death?</p>	20"	<p>I. <u>Customary Laws and Traditions Concerning Children, Property, and Possessions Following a Death:</u></p> <p>A. Customary laws and traditions concerning a person's children:</p> <ol style="list-style-type: none"> 1. The are distributed among the relatives 2. The husband's brother takes the wife and children (wife inheritance) 3. Children go to a specific relative

WRITING A WILL

METHOD	TIME	KNOWLEDGE
<p>B. What are the customary laws and traditions concerning a person's possessions and/or property following their death?</p> <p>C. What are the government laws regarding the following:</p> <ol style="list-style-type: none"> 1. Children 2. Debt 3. Property 		<p>B. Customary laws and traditions concerning a person's possessions and/or property:</p> <ol style="list-style-type: none"> 1. Property stays in the husband's family, the wife can stay, but the property goes to the husband's male children 2. The property goes to the husband's brother, sister, mother, or father 3. The wife inherits the property following her husband's death <p>C. Government laws:</p> <ol style="list-style-type: none"> 1. Regarding children: <ol style="list-style-type: none"> a. The children become the responsibility of the father's family b. The government doesn't have laws regarding the disposition of children upon orphaning c. The family must mutually decide the disposition of children 2. Debt <ol style="list-style-type: none"> a. It must be paid by family b. It is paid by the person/persons who inherit the property c. Debt of a person who has died is cancelled 3. Property <ol style="list-style-type: none"> a. It goes to children in equal shares b. It goes back to husband's family c. Women and girls can/cannot own property
<p>II. Writing a Will. Discuss in large group</p> <p>A. What is a will?</p> <p>B. Do people in our community make wills? Why or why not?</p>	15"	<p>II. <u>Writing a Will.</u></p> <p>A. A will is a written and legitimized document describing the desires of a person regarding their children and the distribution of their estate, property, and possessions.</p> <p>B. Do people in our community make and honor wills?</p> <ol style="list-style-type: none"> 1. No, It is bad luck to prepare for your death. 2. Yes, some people do. It is getting more common 3. No, people allow customary law to take place

WRITING A WILL

METHOD	TIME	KNOWLEDGE
<p>C. What are the benefits of having or making a will?</p>		<p>4. Yes, you can go the government office and fill out a will</p> <p>C. Benefits of making or having a will:</p> <ol style="list-style-type: none"> 1. Desires following death are made know 2. Parent is able to choose guardians for their children 3. Property and possessions can be used to take care of children 4. Spouse, children can inherit property. 5. It helps a person/family prepare for the death
<p>III. The making of a will. Divide into small groups. Give each group one of the questions below to discuss. Write on newsprint and report back to large group.</p> <p>A. What types of things should be included in a will?</p> <p>B. What needs to be done to make the will legally binding?</p> <p>C. Who should have copies of the will?</p>	<p>15"</p>	<p>III. <u>The Making of a Will:</u></p> <p>A. Types of things should be included in a will:</p> <ol style="list-style-type: none"> 1. Date of writing 2. Names of beneficiaries 3. Name of spouse and date of marriage 4. Executor of the will-the person who will collect your debts and distribute property 5. Appointment of guardians for children, including contact information for guardian 6. The wishes of the maker of the will 7. Desired distribution of estate (property and possessions) <p>B. Making the will legally binding:</p> <ol style="list-style-type: none"> 1. It should include a signature on every page 2. At least two signatures of witnesses that are not included as recipients in the will 3. A statement about the clarity of the mind of the person writing the will. <p>C. Several copies of the will should be made and kept with:</p> <ol style="list-style-type: none"> 1. You at home 2. At the church 3. Registrar or high court 4. advocate 5. A responsible friend 6. A trusted local council official or member of parliament

WRITING A WILL

METHOD	TIME	KNOWLEDGE
		7. Someone in your support group
IV. How can we help others make and honor wills in our community? Divide into same small groups and have each group discuss one of the following, write on newsprint, and report to large group. A. Encourage community members to make wills B. What can we do to ensure the legality of a person's will? C. What can we do to encourage the family and community to honor the will of a person who is deceased?	15"	IV. <u>Helping Others to Make and Honor Wills in our Community:</u> A. Encourage community members to make wills 1. Teach family about making a will 2. Help family obtain forms B. Working to make wills legally binding in the community: 1. Work with the government offices 2. Keep a file of wills written by community members in central locked location such as church office or community center. 3. Develop a community position or office to assist others in writing wills and keeping them C. Encouraging the family and community in honoring a will: 1. Make reading the will a part of the funeral ceremony. 2. Hold campaigns to enforce wills 3. Form a committee to help enforce the desires of the deceased and stand up for the rights of surviving spouse and children

ATTITUDE: A will can be a very integral part of preparing for death, both for the person dying and their dependants.

SKILL: Participants will discuss the benefits of having a will and will know what items to include in their will. They also will be able to help someone write a will.

EVALUATION: Facilitators will know participants have learned the content of this lesson when members of the community will make a will prior to their death and the community and will honor the wishes of the deceased. Participants will be able to assist others in the community in making a will.

MATERIALS:

- Newsprint
- Marking pens
- Masking tape

REACHING OUT IN MINISTRY TO PEOPLE LIVING WITH HIV

Date: 05/03

(1 HOUR)

- OBJECTIVES:**
1. Participants will consider the needs of those with HIV.
 2. Participants will discuss fears and attitudes within the church that inhibit effective ministry to those suffering with HIV.
 3. Participants will discover how Jesus responded to those with shameful illness or lifestyle.

OVERVIEW FOR TRAINERS: Often members of the church have not thought about how it feels to be affected by HIV and are resistant to become involved in ministry to those who have the disease or their family.

METHOD	TIME	KNOWLEDGE
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Role Play: *Reaching Out in Ministry to People with HIV Scenario* (attached).

----SHOWD questions----

S = What do you **See**?
 H = What is **H**appening?
 O = Does this happen in **O**ur place?
 W = **W**hy does this happen?
 D = What will we **D**o about it?

- I. Considering the Needs of Those Living with HIV.
 Divide into small groups. Discuss the following questions and report back.
 - A. How have people in the community responded to Ana?
 - B. What are Ana's needs?

- I. Considering the Needs of Those Living with HIV
 - A. The community responds to Ana:
 1. They acted differently after they began to suspect that Ana was HIV-positive.
 2. They whispered about her.
 3. No one would sit by her at the meetings.
 4. People in the village gossiped about her family
 5. Customers stopped buying from her.
 6. People turned away when they saw her.
 7. People were afraid to be near her
 8. People would not touch any thing that she touched
 - B. Ana's needs:
 1. To be included and accepted
 2. To have friends and relationships.
 3. Spiritual support
 4. Money for her family

This lesson is part of an extensive series for use in Community Health Evangelism (CHE) ministries. CHE facilitators skilled in participatory learning methods enable communities to escape cycles of poverty and live as followers of Jesus. For information about CHE, and how you can be trained as a facilitator, go to www.CHEnetwork.org.

REACHING OUT IN MINISTRY TO PEOPLE WITH AIDS

METHOD	TIME	KNOWLEDGE
C. What could the members of the group do to help Ana?		C. What members of the group can do to help Ana: <ol style="list-style-type: none"> 1. Be her friend privately and in public 2. Dispel rumors. 3. Touch her. 4. Buy from her and encourage others to support her business as well 5. Provide her spiritual support, offering hope in Christ 6. Pray with her and for her
II. Fears related to ministry In large group discuss		II. <u>Fears Related to Ministry</u>
A. What fears do individuals have of ministering to people and families with HIV?		A. Fears that individuals have: <ol style="list-style-type: none"> 1. Fear that I or my family might catch HIV. 2. Feeling inadequate to talk about death and dying. 3. Not wanting to be around people who are "different." 4. Fear that they may become a drain on my own family. 5. Fear that by helping one person with HIV that many more will come to church. 6. Feeling that problem is too big to really do anything about. 7. Fear that if I help people with HIV that others will think that I have it, too.
B. What are attitudes that church members might have about people with HIV that inhibit ministry?		B. Attitudes that church members might have: <ol style="list-style-type: none"> 1. Uncomfortable being around person or people with HIV. 2. Feeling that people deserve the results of their sin. 3. Belief that HIV is a punishment from God. 4. Belief that sins that led to HIV cannot be forgiven
C. What are things we can do to overcome these fears and attitudes?		C. How to overcoming these fears: <ol style="list-style-type: none"> 1. Learn the facts about HIV transmission. How it is spread and how it is not spread. 2. Follow the example of Jesus in the Bible 3. Pray for forgiveness for wrong attitudes and actions 4. Pray for those in the community living with HIV. 5. Learn practical ways to help.

REACHING OUT IN MINISTRY TO PEOPLE WITH AIDS

METHOD	TIME	KNOWLEDGE
<p>III. How Jesus Responded to Those with Shameful Illnesses. Divide into three small groups. Give each group a Bible passage. Discuss the following questions and report back.</p> <p>A. John 9</p> <ol style="list-style-type: none"> 1. What was the shameful illness or disability? 2. How did community members respond to the person? 3. How did Jesus respond? <p>B. John 8</p> <ol style="list-style-type: none"> 1. What was the shameful act the woman was caught in? 2. How did the community respond? 3. How did Jesus respond? <p>C. Luke 5:12-14</p> <ol style="list-style-type: none"> 1. What was the shameful illness? 		<p>III. <u>How Jesus Responded to Those with Shameful Illnesses:</u></p> <p>A. John 9</p> <ol style="list-style-type: none"> 1. Blindness – believed to be caused by sin of person before birth or his parents 2. The community’s response: <ol style="list-style-type: none"> a. He was isolated b. He had to beg for food c. They did not believe him d. Even his parents disowned him e. They hurled insults at him f. They told him that God did not care about him g. They threw him out of the church 3. Jesus’ response: <ol style="list-style-type: none"> a. He did not judge the man b. He recognized the man’s need c. He touched the blind man d. He healed the man’s blindness physically and spiritually e. Jesus sought him out (verse 35) f. Jesus revealed Himself to the blind man <p>B. John 8</p> <ol style="list-style-type: none"> 1. She was caught in adultery. 2. The community’s response: <ol style="list-style-type: none"> a. They made her stand before the group to shame her publicly b. They were going to stone her 3. Jesus’ response: <ol style="list-style-type: none"> a. He stood with the woman b. He did not condemn her c. He instructed her to leave her life of sin <p>C. Luke 5:12-14</p> <ol style="list-style-type: none"> 1. Leprosy – those who had leprosy were considered “unclean”

REACHING OUT IN MINISTRY TO PEOPLE WITH AIDS

METHOD	TIME	KNOWLEDGE
<p>2. How did the community respond to someone with this disease?</p> <p>3. How did Jesus respond?</p>		<p>2. The community's response:</p> <p>a. They were isolated from the community</p> <p>b. They would not touch lepers</p> <p>c. They were isolated from the church</p> <p>3. Jesus' response:</p> <p>a. He touched the leper</p> <p>b. He healed the leper</p> <p>c. He reestablished relationship between the man and the church</p>
<p>IV. Summary</p> <p>A. In large group give participants opportunity to share something that they learned in this class or feel differently about now than before the class today.</p>		

ATTITUDE: There are many attitudes and feelings that inhibit believers from reaching out to those affected by shameful diseases. Looking at how Jesus responded to those in the Bible helps us model out attitude and actions after his.

SKILL:

EVALUATION: Church members willing to reach out in ministry to those affected by HIV.

MATERIALS: -Newsprint
 -Marking pens
 -Masking tape
 -Bibles
 -*Reaching Out in Ministry to People with HIV Scenario* handout

This lesson is used in: Physical Health – HIV– Mob. the Church; HIV– Orphans & Vulnerable Children; Program Trainings – HIV TOT

Reaching Out in Ministry to People with HIV Scenario

(Content from Facing AIDS Together, World Relief)

- You will need a scarf and 1 volunteer to be Ana.
- Read the scenario aloud:

Ana knew that she was HIV-positive because she went to the clinic for a blood test. Her husband had been sick for many months, and the family spent most of their money caring for him. After her husband died, Ana joined a group at the local church that helped her start her own business. Her business is very important because it is her family's only source of income.

When Ana joined the group, everyone was friendly and helpful. She was chosen as a group leader. However, after they began to suspect that Ana was HIV-positive, they acted differently. Some of the women whispered when Ana came in and no one would sit near her at the meetings.

Ana's son Peter told her that everyone in the village knew that his father, Paul, had died of AIDS-related causes. Some of them were saying that Ana gave the disease to her husband! She often thought, "How can they think this? I have always been a faithful wife. Paul was the only man I have ever had sex with in my life!"

Worse yet, Ana's business was not going well. Even her best customers stopped buying from her. People who used to greet her warmly now turn away when they see her. It seems that they are afraid to be near her, afraid they will get HIV if they touch anything she has touched.

- **SHOWD Questions**

- Have volunteers take turns wearing Ana's scarf, pretending to be Ana, and share how it feels to be Ana.
- Selected volunteer will go first and say, "I am Ana. You are my neighbors. It hurts me when you avoid me and are afraid to touch me. I am afraid and lonely. I need your help and friendship."

MOBILIZING A COMMUNITY TO CARE FOR THEIR OWN

Date: 09/04

(1 ½ HOUR)

- OBJECTIVES:**
1. Participants will discuss advantages and disadvantages of outside funding for programs within the community.
 2. Participants will discuss the advantages and disadvantages of running their own programs
 3. Participants will discuss ways of utilizing outside help or funding while maintaining community ownership of programs or solutions to community problems.
 4. Participants will discover what God’s word says regarding the care of the poor and needy.

OVERVIEW FOR TRAINERS: This lesson addresses the advantages and disadvantages of outside funding or help for inside problems. It helps community leaders and members determine how to best work with these groups and consider their own responsibility to care for their own community.

METHOD	TIME	KNOWLEDGE
<p>Role Play: Two community members talking</p> <p>1st Someone really needs to do something about the problems we are having here as a result of HIV. You know there are so many orphans and people who cannot care for themselves.</p> <p>2nd I heard that there are some rich governments that are sending money to set up programs to help.</p> <p>1st I sure hope they hurry up! We can’t wait forever, and we surely don’t have the money we need to fix all of this!</p> <p>2nd Last time someone came and told us they were going to help us all they did was set up an office. They got rich and we didn’t see anything get better.</p> <p>1st That’s the problem, we have all these needs and there are people who tell us they will help but in the end nothing changes.</p>	10”	Community awaiting financial aid and programs from outside as solution to HIV crisis.

----SHOWD questions----

- S = What do you See?
- H = What is Happening?
- O = Does this happen in Our place?
- W = Why does this happen?
- D = What will we Do about it?

This lesson is part of an extensive series for use in Community Health Evangelism (CHE) ministries. CHE facilitators skilled in participatory learning methods enable communities to escape cycles of poverty and live as followers of Jesus. For information about CHE, and how you can be trained as a facilitator, go to www.CHEnetwork.org.

MOBILIZING A COMMUNITY TO CARE FOR THEIR OWN

METHOD	TIME	KNOWLEDGE
<p>I. Community Programs with Outside Funding Discuss in large group.</p> <p>A. What is your community experience with outside funding or programs:</p> <ol style="list-style-type: none"> 1. What programs in your community have been funded by outside resources? 2. Are the programs still providing assistance? 3. What have been the advantages of receiving outside funding? 4. What have been the disadvantages of receiving outside funding? <p>B. How has this been affected by the HIV problem?</p>	<p align="center">20"</p>	<p>I. <u>Community Programs with Outside Funding</u></p> <p>A. Community experience with outside funding or programs. Answers will vary</p> <ol style="list-style-type: none"> 1. Programs might include: <ol style="list-style-type: none"> a. Vaccination clinics b. Mission or government hospitals/clinics c. Food relief d. Clothing e. Microenterprise loans f. Orphan homes 2. Answers will vary. 3. Advantages of receiving outside funding: <ol style="list-style-type: none"> a. Quick supply of money for project b. Expertise that we don't have in the community c. Help when we were unable to help ourselves d. Relief from immediate crisis 4. Disadvantages of receiving outside funding: <ol style="list-style-type: none"> a. The funding was limited and is now gone. b. They met the program objectives but not our specific needs. c. The community did not have control of the project. d. People in our community came to depend on outside help. e. Poverty because a resource. f. It only took care of one of our needs for a short time. g. Some of the solutions were not acceptable to our culture/traditions. h. They promised things that they never did. <p>B. Effect of global awareness of HIV:</p> <ol style="list-style-type: none"> 1. We see more organizations and government people asking us what we need. 2. Fewer of our community members are available due to illness or care giving duties

MOBILIZING A COMMUNITY TO CARE FOR THEIR OWN

METHOD	TIME	KNOWLEDGE
<p>II. Community Based programs Divide into small groups and discuss the following questions. Report back.</p> <p>A. What are the advantages of developing our own programs with our own resources?</p> <p>B. What are some of the disadvantages of developing our own programs with our own resources?</p>	<p align="center">10"</p>	<p>3. Nothing has changed 4. We have fewer resources 5. We know there is money for programs, but not how to get it 6. We see new clinics and programs starting to help us with our needs.</p> <p>II. <u>Community Based Programs</u></p> <p>A. Advantages:</p> <ol style="list-style-type: none"> 1. We determine our needs and priorities. 2. The community pulls together to address its needs 3. Community members have sense of accomplishment 4. Programs easier to sustain 5. Programs are in line with our cultural practices and traditions 6. We control the program. <p>B. Disadvantages:</p> <ol style="list-style-type: none"> 1. They take time to develop 2. Expertise is limited to that of local community members 3. It is hard to identify the resources that we need 4. We don't have the money it takes to develop a program to meet our immediate needs 5. We're so busy just trying to get enough to eat-we can't do anything more
<p>III. Utilizing outside resources while retaining community ownership. In large group discuss:</p> <p>A. In what ways can we utilize outside resources while still having the benefits of community ownership?</p>	<p align="center">15"</p>	<p>III. <u>Utilizing Outside Resources: Having the Benefit of Community Ownership.</u></p> <p>A. Utilizing outside resources-having the benefit of community ownership.</p> <ol style="list-style-type: none"> 1. Utilizing outside consultants for needed expertise on specific areas 2. Set up our own leadership committee to manage programs 3. Seek outside funding for our own projects. 4. Use our own resources as much as possible 5. Develop partnerships with organizations with desire to help in the community

MOBILIZING A COMMUNITY TO CARE FOR THEIR OWN

METHOD	TIME	KNOWLEDGE
		6. Take training from those who have experience with “grass roots” programs
IV. God’s Word	20”	IV. <u>God’s Word</u>
A. Scripture shows us God’s view of the needy supports caring for our community, neighbor, and family. In large group have participants read the following passages: <ol style="list-style-type: none"> 1. Exodus 22:22-24 2. Zechariah 7:9, 10 3. Deuteronomy 10:17-19 4. Deuteronomy 15:11 5. Isaiah 1:17 6. 1 Timothy 5:7,8 7. 1 Timothy 5:16 8. James 1:27 9. Psalm 69:33 10. Psalm 72:12-14 11. Luke 10:27 		A. Scripture shows us God’s view of the needy supports caring for our community, neighbor, and family. <ol style="list-style-type: none"> 1. Exodus 22:22-24: Warning not to take advantage of widows and orphans. 2. Zechariah 7: 9,10: Directive to show justice, mercy, and compassion to others including the poor, widows, and orphans. 3. Deuteronomy 10:17-19: God is not partial to the rich. He defends orphans and widows, loving and providing for them. We are to do the same. 4. Deuteronomy 15:11: We are to be generous toward others including the poor and needy in our land. 5. Isaiah 1:17: We are to stand up for the oppressed, fatherless, and widow. 6. 1 Timothy 5:7,8: Part of being a believer is providing for one’s family 7. 1 Timothy 5:16: Believers should take care of their own family in order to free up the resources of the church to care for others. 8. James 1:27: The care of the orphan and widow is foundational to our pure and faultless faith. 9. Psalm 69:33: God hears the needy and does not despise them 10. Psalm 72:12-14: God cares about the needy and hears their cries. 11. Luke 10:27: We are to love our neighbors as ourselves.

MOBILIZING A COMMUNITY TO CARE FOR THEIR OWN

METHOD	TIME	KNOWLEDGE
12. Proverbs 14:20,21,31		12. Proverbs 14:20,21,31: It is sin to despise, oppress, or show contempt to our neighbors. Those who love and are kind to the needy honor God.
13. Proverbs 22:22,23		13. Proverbs 22:22,23: The Lord defends the poor and needy.
14. Proverbs 31:8,9		14. Proverbs 31:8,9: We are to speak up for and defend the rights of the destitute, poor, and needy.
<p>V. Spiritual Application Discuss the following questions</p> <p>A. What is God's attitude toward the needy?</p> <p>B. What does God's word say is to be our attitude toward orphans and widows?</p> <p>C. To whom does God give the responsibility of caring for the needy? The community or outsiders?</p>		<p>V. <u>Spiritual Application</u></p> <p>A. God's attitude toward the needy:</p> <ol style="list-style-type: none"> 1. He hears them 2. He loves them 3. He provides for them 4. He shows no partiality for the rich 5. He defends them <p>B. Our attitude toward the needy:</p> <ol style="list-style-type: none"> 1. We are to defend them 2. We are to speak up for them and their needs 3. We are to care for them 4. We are to be open-handed toward them 5. We are to show them kindness 6. We are to love our neighbors as ourselves 7. We are to show compassion <p>C. God gives the responsibility of caring for the needy to:</p> <ol style="list-style-type: none"> 1. The family 2. The church 3. Neighbors 4. His children <p>God gives the responsibility to the community and to those who follow Him.</p>

MOBILIZING A COMMUNITY TO CARE FOR THEIR OWN

ATTITUDE: We are to be caring for the poor and needy within our communities. Outside help with funding, materials, and expertise is sometimes available. We can use the resources while continuing to maintain community ownership of our problems.

SKILL: Participants will recognize the advantages and disadvantages of outside intervention, advantages and disadvantages of running HIV programs on their own and come up with solutions to collaborate with outside agencies.

EVALUATION: Facilitators will know participants have learned the content of this lesson when communities will begin collaboration with outside resources to meet their needs while maintaining ownership of problems and programs.

MATERIALS:

- Newsprint
- Marking pens
- Masking tape
- Bibles or bible verses printed out on strips of paper

This lesson is used in: Physical Health – HIV – Education & Prevention; HIV – Orphans & Vulnerable Children

SEED PROJECTS FOR HIV

Date: 01/04

(2 HOURS)

- OBJECTIVES:**
1. Participants will be able to understand what a Seed Project is and does.
 2. Participants will explore possibilities of Seed Projects impacting HIV.
 2. Participants will be able to apply the steps in planning a Seed Project.

OVERVIEW FOR TRAINERS: This is a practical lesson plan that gets the participants involved in planning and then doing a Seed Project related to HIV.

METHOD	TIME	KNOWLEDGE
<p>Role Play: Two people listening to radio broadcast. (Have someone off-stage read this statement “The HIV epidemic has reached disastrous rates, causing whole communities to suffer. Sub-Sahara Africa has the largest number of adults and children living with HIV, and new people are being infected everyday. In other countries the infection rate is rising as well and will not be stopped unless something is done.”</p> <p>1st HIV is such a terrible problem; I feel so helpless. Where do we begin?</p> <p>2nd I don't know! What can one person do? It seems like it is spreading faster and more people are likely to get sick.</p> <p>1st I know that I am a CHE, and I want to help my neighbors, but this problem is too big.</p> <p>----SHOWD questions---- S = What do you <u>S</u>ee? H = What is <u>H</u>appening? O = Does this happen in <u>O</u>ur place? W = <u>W</u>hy does this happen? D = What will we <u>D</u>o about it?</p>	10”	<p>Two CHEs are listening to the radio. They are overwhelmed by the HIV epidemic and the affect it has on the community. They are concerned about the affect on their own community, but don't now where to begin.</p>
<p>I. Introduction</p> <p>A. Give introduction</p>	5”	<p>I. <u>Introduction</u></p> <p>A. Giving of introduction</p> <ol style="list-style-type: none"> 1. A Seed Project is designed to help the local church develop a vision of what God wants to do for and with them so that they can help themselves become self-reliant under God's direction. 2. The concept of a seed project is designed to help the local church first learn how to be steward of their own resources.

SEED PROJECTS FOR HIV

METHOD	TIME	KNOWLEDGE
<p>B. Define Seed Project. Give content found under knowledge.</p>		<p>3. A Seed Project is used in the Entering the Community phase of a CHE program to cause some visibility an enthusiasm for CHE.</p> <p>B. Seed Projects are very small scale projects that are carried out by the local church and that demonstrate God's love to the people of the community.</p>
<p>II. Seed Projects</p> <p>A. What are characteristics of a Seed Project? Give out handout <i>Characteristics of Local Church Seed Projects</i>.</p>	10"	<p>II. <u>Seed Projects</u></p> <p>A. Characteristics of a local church Seed Project:</p> <ol style="list-style-type: none"> 1. Projects are covered in prayer. 2. Motivated by Gods intentions, over and above human compassion. 3. Should be thoughtfully and easily planned. 4. Simple 5. Small scale 6. Low cost 7. Completed in one to two days. 8. Involve community members. 9. Done with local resources. 10. Should be done without discrimination so that they benefit any community member. 11. Those who benefit from the seed project should also participate in their accomplishment. 12. Help develop relationships between team members and community. 13. Be defined by the community. 14. Be motivational 15. The result is that God is praised.
<p>B. Hand out list of potential Seed projects (<i>Which are Seed Projects</i>) and have each participant note if each one meets or does not meet the characteristics of a Seed Project. Discuss answers in large group.</p>	15"	<p>B. Seed Project Exercise</p> <ol style="list-style-type: none"> 1. Radio broadcast with HIV transmission education (yes) 2. Planting a community garden for those who are in need (yes) 3. Development of a hospice for people living with AIDS (no) 4. Puppet show at school (yes) 5. Showing an educational film at the community center (yes) 6. Government campaign for reduced school fees for orphans (no)

SEED PROJECTS FOR HIV

METHOD	TIME	KNOWLEDGE
<p>C. When the list is completed ask the group to come up with their own seed project ideas. You might read the <i>Example of an HIV Seed Project</i> to initiate ideas.</p>		<ol style="list-style-type: none"> 7. Collecting school supplies and uniforms for orphans in the community (yes) 8. Doing a survey of the community to determine the needs of families in the community (yes) 9. Latrine repair at a home headed by children (yes) 10. Writing a proposal for a new clinic in the community (no) 11. Formation of an orphan care committee (yes) 12. Developing school curriculum for HIV prevention (no) 13. A child-feeding program funded by the United Nations (no) 14. Starting a community counseling center (no)
<p>III. Give following additional notes about Seed Projects:</p>	5"	<p>III. <u>Notes About Seed Projects:</u></p> <ol style="list-style-type: none"> A. Christians should not be simply doing good works out of human motivation and strength, but should be a conscious response to the commands of Jesus Christ. B. They must be done in the power of Christ's Holy Spirit. That power only comes through prayer. C. Small projects allow failure without major consequences. <ol style="list-style-type: none"> 1. We need to start small because we will fall or fail many times. 2. If we start with big projects any failure could be fatal on future projects. D. In evaluation we need to ask: <ol style="list-style-type: none"> 1. Has God multiplied the resources? 2. Have those other than those serving been blessed? 3. Is God honored? 4. There needs to be a clear Yes to these questions, and if not it is probably not of the Lord.

SEED PROJECTS FOR HIV

METHOD	TIME	KNOWLEDGE
IV. Planning a Seed Project. A. Break large group into small groups if possible, all working in same area. 1. Hand out to the groups: - <i>Seed Project Planning Guide</i> - <i>Seed Project Plan Worksheet</i> 2. Have groups read and discuss among themselves. 3. Now hand out to each group a filled out <i>Example Seed Project Plan Worksheet</i> which they are quickly to review.	20"	IV. <u>Planning a Seed Project</u> A. Studying Handouts
B. Have each group design a plan which they will try to accomplish within one week. 1. Post on Newsprint and paste on walls so people can look at each others.	30"	B. Each Group designing their Seed Project plan to be implemented in one week.
C. Do the seed project and report back the results at next meeting.	5"	

ATTITUDE: Facilitator has gained an understanding of the importance of implementing Seed Projects and that participants learn how to be involved in both the planning and doing of a Seed Project.

SKILL: Participants will be able to understand what a Seed Project is, what it does, and then be able to be involved in the planning and doing of implementing a Seed Project.

EVALUATION: Facilitators will know that participants have learned the content of this lesson when they can share what a seed project is, what it does, and then begin to take the necessary steps to implement a seed project in their area.

MATERIALS:

- Newsprint
- Marking Pens
- Masking Tape
- *Characteristics of Local Church Seed Projects* handout
- *Which are Seed Projects?* handout
- *Example of an HIV Seed Projects* handout
- *Seed Projects Planning Guide* handout
- *Seed Projects Plan Worksheet* handout
- *Example Seed Projects Plan Worksheet* handout

CHARACTERISTICS OF LOCAL CHURCH SEED PROJECTS **HANDOUT**

- Projects are covered in prayer
- Motivated by Gods intentions, over and above human compassion
- Should be thoughtfully and easily planned
- Simple
- Small scale
- Low cost
- Completed in one to two days
- Involve community members
- Done with local resources
- Should be done without discrimination so that they benefit any community member
- Those who benefit from the seed project should also participate in their accomplishment
- Help develop relationships between team member and community
- Be defined by the community
- Be motivational
- The result is that God is praised

WHICH ARE SEED PROJECTS? **HANDOUT**

Seed Projects: Small-scale ministry projects, carried out by a local church, demonstrating God's love to its community.

- Radio Broadcast with HIV transmission education
- Planting of a community garden for those who are in need
- Development of Hospice for people living with AIDS
- Puppet show at school
- Showing an educational film in the community center
- Government campaign for reduced school fees for orphans
- Collecting school supplies and uniforms for orphans in community
- Doing a survey of the community to determine needs of families in the community
- Latrine repair at a home headed by children
- Writing a proposal for a new clinic in the community
- Formation of an orphan care committee
- Developing school curriculum for HIV prevention
- Child feeding program funded by the United Nations
- Starting a community counseling center

Example of HIV Seed Project:

When the local church woke up to the challenge of caring for its orphans, life changed dramatically for Peter.

Six-year-old Peter was sick with AIDS and Tuberculosis (TB). His 75 year-old grandmother was doing her best to care for him and his three brothers and sisters, but she too was sick with TB. His grandmother also had a broken arm and was unable to plow or adequately care for the children.

When the volunteers first visited Peter and his grandmother they found him lying listlessly on the floor, in a corner that also housed a pool of muddy rainwater. This was the family's one and only hut. The roof had fallen in—because it was the rainy season, the hut was awash. Peter was seriously sick and emaciated, and his grandmother was no better. The other children scavenged to survive as best they could.

The pastor's wife and her dedicated team mobilized the local villagers, and together they built Peter and his family a new bedroom hut. They also mended the roof and repaired the floor on the old one so it could serve as the kitchen. They plowed, planted, and cultivated a field. Until harvest, they gave the family maize from their own granaries and gifts of vegetables and peanut butter.

Peter's younger sister was sent to school, and the pastor's wife regularly took Peter to the clinic. As she washed and dressed him, she told him stories about Jesus and his love for Peter. She prayed with him and his grandmother and often had them stay in her home.

A year later, Peter died at home in the arms of his grandmother. There was enormous comfort knowing that during the last year of this life he had been touched with the hands and love of Jesus through the loving care and commitment of the volunteers. His grandmother, brothers, and sisters still receive the same support.

Story from [Children Affected by HIV and AIDS by Phyllis Kilburn](#)

SEED PROJECT PLANNING GUIDE **HANDOUT**

Preparation

- Pray:** Ask the Holy Spirit to show you God's concern and intentions concerning a physical, spiritual, wisdom, or social need in your community.
- Scripture:** Select a Scripture passage that reflects God's intentions about the need. Discuss how this Scripture demonstrates that meeting the need honors God. (The principle objective is to honor God, not to meet a need.)
- Meditate:** Meditate silently and then discuss thoughts about the need.
- Choose:** If several needs are discussed, write them on a blackboard or large paper. Discuss and narrow the list to one you believe God is calling you to meet.
- Vision:** Ask the Lord to show you what changes would exist if God's full intentions were met in this area. Write down the changes.
- Select:** Select one specific project or ministry activity that will move people closer to God's intentions for them in their area of need (our definition of development). Discuss how this project can do that. Keep in mind that, although the preparation may take longer, the project itself should be able to be completed within a few days.

Writing the Plan

Using the blank "Seed Project Plan Worksheet" write your own plan for a seed project that will meet the need selected. Make sure to indicate the secondary impact areas.

- Steps:** List project steps in the order that they should be implemented.
- People Consulted:** List the people who should be consulted for each step.
- Resources:** List the resources needed for each step.
- Person Responsible:** List the person(s) responsible for carrying out each step.
- Dates:** List the date that each step will be carried out.
- Criteria:** Compare your plan with the seed project characteristics. If some are not met, adjust the plan accordingly.

Prayer

Continue to pray that the Lord will guide you and bless this seed project, so that the people served and those who observe what is happening will be blessed and give thanks to God for what they experience and see.

Evaluation

When your seed project is completed, use the Seed Project Report to evaluate your experience.

SEED PROJECT PLAN WORKSHEET

GOD'S INTENTIONS: _____ **SCRIPTURE:** _____

PROBLEM/NEED: _____

SEED PROJECT: _____

PRIMARY IMPACT AREA: _____ **SECONDARY IMPACT AREA:** _____

<u>PROJECT STEPS</u>	<u>PERSONS/ INSTITUTIONS WHICH NEED TO BE CONSULTED</u>	<u>RESOURCES NEEDED</u>	<u>PERSON(S) RESPONSIBLE</u>	<u>COMPLETION DATE</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

Comments:

SAMPLE SEED PROJECT PLAN

GOD'S INTENTIONS: Husbands treat their wives with love and respect. **SCRIPTURE:** Ephesians 5:25

PROBLEM-NEED: The husbands in our community do not treat their wives with respect.

SEED PROJECT: Seminar on husbands' relationships with their wives.

PRIMARY IMPACT AREA: Wisdom

SECONDARY IMPACT AREA: Social

<u>PROJECT STEPS</u>	<u>PERSONS- INSTITUTIONS WHICH NEED TO BE CONSULTED</u>	<u>RESOURCES NEEDED</u>	<u>PERSON(S) RESPONSIBLE</u>	<u>COMPLETION DATE</u>
1. Prayer, meditation, study	God	Time, reflection	Project Leader	Day 1
2. Decision	Project leaders		Project leaders	Day 1
3. Survey of interest	Men in church & community	Questionnaire	Volunteers from the church	Days 4-7
4. Get seminar teacher	Pastor or other teacher	Recommendations-references	Pastor	Days 8-10
5. Get lesson material	Church, bookstore, etc.	Researcher, funds	(Name)	Days 8-15
6. Get place to meet	Person in charge	Seats, blackboard, etc.	(Name)	Days 8-15
7. Arrange refreshments	Church ladies	Funds, brochure	(Name)	Days 15-20
8. Produce announcements	Printer	Funds, brochure	(Name)	Days 15-20
9. Prayer meeting	Entire church		Pastor	Day 25
10. Distribute announcements	Shop owners, mayor, etc.	Church youth	(Name)	Days 20-24
11. Hold seminar	Project leaders		Project leaders	Day 30
12. Prayer meeting	Entire church	Pastor	(Name)	Day 31
13. Evaluation	Project leaders	Participant responses	Project leaders	Day 32-35
14. Project Report		Writer	(Name)	Day 35-40

Comments:

OVC Committee Training Schedule

Day 1

Introductions and Expectation
CHE Program Concepts and Description
Caring for Vulnerable Children within the Community
Roles of the Committee
Roles of the CHE
Home Visiting
Reporting

Day 2

Reaching out in Ministry to People with HIV
Providing Compassionate Care
Needs and Resources for OVC
Mapping for OVC
(Afternoon is spent doing mapping activity)

Day 3

Biblical Importance of Children
Protecting Orphans and Vulnerable Children from Exploitation
Organizing a Kid's Club for Orphans and Vulnerable Children
Care Groups
Seed Projects for HIV
Developing an OVC Survey

OVC Volunteer (CHE) Training Schedule

(Lessons are taught in ½ day sessions 1-5 days a week)

Welcome and Opening
Caring for Your Neighbor
Biblical Importance of Children
Caring for Vulnerable Children within the Community

What is HIV? What is AIDS?
HIV Transmission and Prevention
Reaching Out in Ministry to People with HIV
Home-Visiting

Nurturing Children
Needs and Resources for Children Orphaned by AIDS
Caring for Children with HIV
Review of the OVC Home-Visit Log

Caring for the Caregiver
Providing Compassionate Care
Protecting Orphans and Vulnerable Children from Exploitation
Writing a Will

How Children Grieve
Helping a Child through the Grief Process
Counseling
Legacy Building

Following these sessions, volunteers will continue to attend training using the topics from the Children's Lesson Topic List. This material will then be used for teaching in each home visited. The children's lessons may also be taught to children in groups settings such as a Kid's Club.

MAPPING FOR OVC

Date: 10/04

(2 HOURS)

- OBJECTIVES:**
1. Participants will understand the concept of mapping.
 2. Participants will be able to draw maps of their village.
 3. Participants will be able to use a map to find out about an area.
 4. Participants discuss how this map can be used by our orphan and vulnerable children care committee.

OVERVIEW FOR TRAINERS: The goal of this lesson is to equip the participants to be able to draw a map of their own area and then plot homes and areas with orphans and vulnerable children.

METHOD	TIME	KNOWLEDGE
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Role Play: Two people talking:

- 1st** I know we have a lot of children in our village that need help, but how do we find them?
- 2nd** Yes, I know there are many children that need help. I think most of them live over by the river.
- 1st** I have seen a lot of them hanging around there and also by the duka where they sell liquor.
- 2nd** Maybe we should try to figure out where the orphans and vulnerable children in our community live and then make a plan to go visit them.

----SHO questions----

S = What do you See?
 H = What is Happening?
 O = Does this happen in Our place?

- | | |
|---|------------|
| <p>I. Have a worker tell the group, by only talking and hand motions, about his village-where, how big, the boundaries, where his home is in the village, where he gets his water, etc.</p> <p>A. Ask another worker to describe the first worker's village just from what he heard.</p> <p>B. Ask: "Do you have a picture in your mind of the first worker's village?"</p> <p>C. Ask the first worker, "What would help you explain it better?"</p> <p>D. "What would help the rest of you to see it better?"</p> <p>E. "Have any of you ever drawn a map?" Do survey teaching prior to mapping.</p> | <p>15"</p> |
|---|------------|

MAPPING FOR OVC

METHOD	TIME	KNOWLEDGE
II. Ask what a map is.	5"	II. <u>A Map:</u> A line drawing of a defined area marking the larger details of the area with designated symbols. Every part marked on the drawing is in distance proportionate to every other part.
III. Ask why we need a map.	10"	III. <u>Why a Map is Needed:</u> For the worker to have an overview of his/her village, with all its characteristics. To plan home visiting so that the whole area is covered, and to see how facilities (such as springs, churches, etc.) are distributed in the area.
IV. To demonstrate mapping, use a chalkboard or yellow plastic and washable marker. Map the room you are in (if you are in a room), marking first the size of the room, then the most prominent object (window, desk, whatever ...) of the room. Fill in the details.	15"	IV. <u>Demonstrate Mapping</u>
V. Discuss the points from knowledge column on drawing the map.	20"	V. <u>Drawing the Map:</u> Paper - At top, put name of village, sub-location, location, date drawn, and name of drawer. <u>Walk</u> around the community to get to know it. <u>Plot</u> The farthest points of community to be marked at top, bottom, left, and right. <u>Draw</u> the roads and paths. <u>Add</u> rivers, lakes, swamps, and water sources. <u>Mark</u> shops, health center, churches. <u>Mark</u> houses in proper location and number then in the order you would like to visit. <u>Review</u> to be sure you have all important features. <u>Ask</u> someone to follow your map. Make corrections.
VI. Hand out a page of map symbols to each participant.		VI. <u>Suggested Symbols:</u> Main Road = = = = = OR footbridge Secondary road _____ House Footpath ----- Church + River/Stream ~~~~~ School, lake, health center, shops, spring, city hall

MAPPING FOR OVC

METHOD	TIME	KNOWLEDGE
VII. Give each worker the same size piece of paper. Have all the workers go out into the compound you are in and map it. Designate the boundaries if they are not already clearly defined. Bring all the workers back into the meeting room.	30"	IV. <u>Practice Mapping</u>
VIII. How could a map be useful for our orphan and vulnerable children care committee?	20"	VIII. <u>Use of the Community Map by the Orphan and Vulnerable Children Care Committee.</u> A. To determine where there are groups of OVC's in the community. B. To divide the community into smaller portions and assign a volunteer group to each portion or region. C. To identify homes with OVC in need of care and support D. To identify churches, schools, clinics, etc that might provide services to OVC
IX. Give assignment for each participant or divide into pairs to map the community and bring it to the next class.		IX. <u>Divide into pairs and map the community</u>

ATTITUDE: Facilitator has come to see that mapping helps us to understand our community better and can assist the orphan and vulnerable care committee in making a home visitation plan.

SKILL: Participants will be able to mentally "see" an area and gain some sense of direction.

EVALUATION: Facilitators will know that participants have learned the content of this lesson when they can apply the concept of mapping by being able to draw a map of their village; use a map to find out about an area; and teach others how to use a map.

MATERIALS:

- Newsprint or yellow plastic
- Marking Pens
- Masking Tape
- *Map Symbols* handout
- Pieces of paper of same size for each CHE for drawing of his map

This lesson is used in: HIV – Orphans and Vulnerable Children; Children – Lessons About Children – OVC

Map Symbols

Main Road = = = = = OR footbridge

Secondary road _____

House □

Footpath -----

Church +

River/Stream ~~~~~

School, lake, health center, shops, spring, city hall

DEVELOPING AN OVC SURVEY

Date: 10/04

(1 ½ HOURS)

- OBJECTIVES:**
1. Participants will know what a survey is and what it includes.
 2. Participants will develop a survey for OVC in the community.
 3. Participants will develop a system to prioritize those in the community most in need.

OVERVIEW FOR TRAINERS: This lesson is to be done after the mapping exercise. It helps the Child Care Committee plan for a community survey, determine measurable needs, and set priorities of those needing the most intervention.

METHOD	TIME	KNOWLEDGE
<p>Role Play: Two members of the Child Care Committee talking between sessions.</p> <p>1st We already know that there are a lot of kids that need our help, but how are we going to determine who needs it most?</p> <p>2nd It is difficult; all the kids in our community have needs. My neighbors have 5 children and I know those kids don't have very much to eat.</p> <p>1st I know of another family where all of the adults are gone and the older girl is caring for all of the children. It is really sad.</p> <p>2nd This is overwhelming. How do we begin and what families do we help first?</p> <p>1st I think I'll start with my neighbors. (Both walk away shaking their heads)</p>	10"	Community members are aware of the many needy children in the community, but it is often difficult to prioritize needs to those who need it most, not just who we know.

----SHOWD questions----

S = What do you See?
H = What is Happening?
O = Does this happen in Our place?
W = Why does this happen?
D = What will we Do about it?

<p>I. Doing a community Survey. In large group discuss</p> <p>A. What is a survey?</p> <p>B. How can a survey be used for our work with OVC?</p>	20"	<p>I. <u>Doing a Community Survey</u></p> <p>A. A survey is an <u>action</u> to examine as to condition, situation, or value. It is used to ask questions in order to collect data for the analysis of some aspect of a group or area.</p> <p>B. Using a survey for work with Orphans and Vulnerable Children:</p> <ol style="list-style-type: none"> 1. To know how many orphans and vulnerable children need additional care and support
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DEVELOPING AN OVC SURVEY

METHOD	TIME	KNOWLEDGE
<p>C. What information will the survey include?</p> <p>D. How do you to collect the data?</p>		<ol style="list-style-type: none"> 2. To determine the needs of families in our community 3. To be able to prioritize those who are most needy 4. To guide our interventions 5. To determine how many volunteers we need <p>C. Information to be included in the survey:</p> <ol style="list-style-type: none"> 1. Family name 2. Names and birthdates of those in household 3. State of home 4. School attendance of children 5. Availability of food 6. General health of children 7. Presence or absence of caregiver 8. Health of caregiver 9. Location within community <p>D. Methods of collecting data:</p> <ol style="list-style-type: none"> 1. Looking 2. Asking questions 3. smelling 4. listening
<p>II. Surveying for the needs of children in our community. In small groups discuss and report back.</p> <p>A. What are signs that children are in need?</p> <p>B. How will we prioritize families/homes so that the neediest are visited first or more often?</p> <p>C. What are your concerns about doing this survey?</p>	20"	<p>II. <u>Surveying for the Needs of Children in our Community.</u></p> <p>A. Signs that children are in need:</p> <ol style="list-style-type: none"> 1. No food available for cooking or eating 2. Cleanliness of children 3. Absence of clothing 4. Absence of adult caregiver 5. Non-attendance at school 6. Poor condition of home 7. Poor condition of plot 8. No bedding or inadequate bedding 9. Children without home 10. Adult caregiver is very elderly or sick 11. Child is main caregiver 12. Children are very withdrawn 13. No latrine <p>B. Prioritizing so that the neediest are visited first or more often:</p> <ol style="list-style-type: none"> 1. Scoring system to determine depth of need 2. Volunteers could decide independently 3. Committee could decide which were neediest homes <p>C. Concerns about doing survey:</p>

DEVELOPING AN OVC SURVEY

METHOD	TIME	KNOWLEDGE
<p>D. How can we overcome these concerns?</p>		<ol style="list-style-type: none"> 1. If we are not careful, we could make promises we cannot deliver 2. Community members will be suspicious 4. "Favorite" children will get more service 3. Don't want to walk around village alone <p>D. Overcoming concerns regarding survey:</p> <ol style="list-style-type: none"> 1. Inform community officials about committee and survey 2. Be careful not to promise anything 3. Ask questions, but don't do formal interview 4. Be genuinely friendly and kind 5. Reassure those being surveyed 6. Do survey in pairs or 3's 7. Score homes using impartial system
<p>III. In large group work to develop one survey and priority system to determine those most in need.</p>	10"	<p>III. <u>Develop Survey and Priority System</u></p>
<p>IV. Doing the survey In large group discuss</p> <p>A. How will we divide up the community using our map?</p> <p>B. How will we divide ourselves to do a survey of our community?</p> <p>C. What is the deadline for survey results to be collected?</p> <p>D. Set a date for collection and review of survey data.</p>	15"	<p>IV. <u>Doing the Survey</u></p> <p>A. Divide the community using the map made in a previous session</p> <p>B. How to divide ourselves:</p> <ol style="list-style-type: none"> 1. Divide group and assign each to section of community 2. Have each person take a small portion 3. Work in pairs 4. Survey as large group <p>C. Set deadline for survey results to be collected.</p> <p>D. Set date for collection and review of data.</p>

DEVELOPING AN OVC SURVEY

ATTITUDE: It is important to conduct a community survey in order to determine needs in the community and prioritize interventions and level of need.

SKILL: Participants will know what a survey is and what to include in one. They will develop a survey for OVC in community and will develop a system to prioritize those in the community most in need.

EVALUATION: Facilitators will know participants have learned the content of this lesson when they are able to develop and properly use OVC surveys in the community.

MATERIALS:

- Newsprint
- Marking pens
- Masking tape
- Map of community
- Calendar

This lesson is used in: HIV – Family and Community Support, Orphans and Vulnerable Children; Children – Lessons About Children – OVC

CARING FOR VULNERABLE CHILDREN WITHIN THE COMMUNITY

Date: 09/03

(1 ¼ HOUR)

- OBJECTIVES:**
1. Participants will recognize the value of caring for vulnerable children within their community.
 2. Participants will develop a definition of “vulnerable children.”
 3. Participants will develop a register for vulnerable children in the community.

OVERVIEW FOR TRAINERS:

METHOD	TIME	KNOWLEDGE
<p>Role Play: Three people talking</p> <p>1st This seems like a lot of work-planning to take care of other people’s kids.</p> <p>2nd I know and we can’t possibly afford to support all of these children. I can barely afford to support my own.</p> <p>1st I think someone else should take care of them, set up an orphanage or something.</p> <p>3rd (Walks up.) I heard you talking about orphanages... I just heard about what one community did in Zimbabwe. They set up a program to identify and support orphans in their community. They used volunteers and visited over 2000 households. They provided maize seed, school fees for 600 children, cooking oil, and soap. They found that the cost of the program was about \$9.50 per family.</p> <p>1st That sounds like a lot!</p> <p>3rd Not when you compare the cost of a child in a Children’s Home. That costs about \$185 per year, per child! We can help 20 times more children when we care for them in the village!</p> <p>2nd Wow, I never thought of it that way! I wonder what we do to get started!</p>	10”	

----SHOWD questions----

- S = What do you **See**?
- H = What is **H**appening?
- O = Does this happen in **O**ur place?
- W = **W**hy does this happen?
- D = What will we **D**o about it?

This lesson is part of an extensive series for use in Community Health Evangelism (CHE) ministries. CHE facilitators skilled in participatory learning methods enable communities to escape cycles of poverty and live as followers of Jesus. For information about CHE, and how you can be trained as a facilitator, go to www.CHEnetwork.org.

CARING FOR VULNERABLE CHILDREN WITHIN THE COMMUNITY

METHOD	TIME	KNOWLEDGE
<p>I. Benefits of Caring for Orphans within the Community. Discuss in large group.</p> <p>A. What are the benefits of caring for orphans within the community?</p> <p>B. Do we know who is in need of support?</p> <p>C. What might the situation be for the children you include in community care?</p>	20"	<p>I. <u>Benefits of Caring for Orphans within the Community.</u></p> <p>A. Benefits of caring for orphans within the community:</p> <ol style="list-style-type: none"> 1. Lower Cost 2. Benefits greater number of children 3. Children maintain membership in the community 4. Community is drawn together 5. Children grow up to be valuable members of community 6. Community knows the needs of its members 7. Children maintain community values and traditions 8. Integrity of community is maintained 9. Community can prioritize care to the most needy 10. Children seen as "our children" and asset to the community <p>B. Community members generally know who is in need of support in their community.</p> <p>C. Children who might be included in community care:</p> <ol style="list-style-type: none"> 1. Children whose parents are ill with terminal illnesses such as AIDS 2. Child-headed households 3. Children with elderly adult as primary caregiver 4. Children with one parent as a result of the death of the other parent 5. Family where caregiver is consumed caring for ill family member and cannot work
<p>II. Identifying and Tracking Vulnerable Children Discuss in large group:</p> <p>A. How are we going to identify and keep track of vulnerable children and their needs?</p> <p>B. What are the benefits of using a register of orphans?</p>	10"	<p>II. <u>Identifying and Tracking Vulnerable Children</u></p> <p>A. Answers will vary, but should be on the topic of developing a registry.</p> <p>B. Benefit of register</p> <ol style="list-style-type: none"> 1. Creates awareness of the problem 2. Identifies the size of the problem

CARING FOR VULNERABLE CHILDREN WITHIN THE COMMUNITY

METHOD	TIME	KNOWLEDGE
C. Divide into small groups and have them list items the register might include.	10"	3. Helps prioritize those in need of the most assistance 4. Helps in forward planning C. Register of orphans may include: <ol style="list-style-type: none"> 1. Family name 2. Status of parents or other adult 3. Location of family 4. Names and ages of children 5. Care givers 6. Special needs of children 7. Number of children in school 8. Living conditions 9. Source of food or income
D. Have the groups develop a register for keeping track of vulnerable children in the community. Use notebook.	10"	
E. Have each group present ideas for register of orphans and vulnerable children	10"	
F. Have large group come to consensus of what will be included in register and how it will be set up.		
III. Spiritual Application Read following verses aloud in large group.	10"	III. <u>Spiritual Application</u>
A. Matthew 25:40		A. Matthew 25:40 – Meeting the needs of the suffering
B. Mark 10:13-16		B. Mark 10:13-16 – Jesus welcomes the children, expects disciples to allow the children to come to him.
C. Psalm 22		C. Psalm 22 – People will praise God for caring for the little ones.
D. What does the Bible say is our responsibility to the children in our community?		D. Responsibility for the children in the community: <ol style="list-style-type: none"> 1. To meet their needs 2. To assist them in coming to Jesus 3. To be a witness to others by caring for the little ones- others will praise God for taking care of the children.

CARING FOR VULNERABLE CHILDREN WITHIN THE COMMUNITY

ATTITUDE: Children are a community's most valuable asset and its hope for the future. Many communities see orphans as a great burden. Working together, the community can provide the loving care these children need to become productive members of the community.

SKILL:

EVALUATION: The vulnerable children in the community are identified and the community takes steps to care for them within the community.

MATERIALS:

- Newsprint
- Marking pens
- Masking tape
- Bibles
- Notebooks (enough for one per small group)

This lesson is used in: HIV – Family and Community Support; Children – Lessons About Children – OVC

CARING FOR CHILDREN WITH HIV

Date: 04/04 (rev. 06/10)

(1½ HOURS)

- OBJECTIVES:**
1. Participants will know how HIV is transmitted to children.
 2. Participants will be able to assist families in providing compassionate care to children living with HIV.

OVERVIEW FOR TRAINERS: During this session, have participants take turns holding baby doll with label “HIV-positive” attached.

METHOD	TIME	KNOWLEDGE
<p>Role Play: Woman holding infant at clinic waiting area. Talks to woman next to her.</p> <p>1st I am worried. My baby doesn't seem to be growing well. I keep feeding him, but he seems sick all the time.</p> <p>2nd Let me look at him. (She looks into the blanket.) You're right. He does look sick. Maybe they can give him medicine to make him better.</p> <p>1st What if he has HIV? I heard of another baby that died of that. I hope my baby doesn't have HIV.</p> <p>2nd (She scoots away, looking worried.) Maybe you should get him tested!</p>	10"	<p>Infant is HIV-positive, mother is worried about baby's health, doesn't know if baby is infected with HIV. Woman in clinic is afraid to sit too close to infant that might be infected.</p> <p>Other scenario might include: Older child with HIV. Neighbors won't let their children play with child living with HIV. Child living with HIV not allowed to go to school, or hides when other children walking by home on way to school.</p>

----SHOWD questions----

S = What do you **S**ee?
H = What is **H**appening?
O = Does this happen in **O**ur place?
W = **W**hy does this happen?
D = What will we **D**o about it?

<p>I. HIV transmission to children Discuss in large group.</p> <p>A. From what we have learned about HIV, how would a child become infected by HIV?</p>	10"	<p>I. <u>HIV transmission to children</u></p> <p>A. How children become infected</p> <ol style="list-style-type: none"> 1. From an HIV-positive mother during pregnancy, delivery, or breastfeeding. The infection rate is about 30% unless the mother is receiving antiretroviral treatment. 2. From transfusion of HIV contaminated blood or blood products 3. Use of non sterile equipment in health care facilities 4. Use of non-sterile equipment by traditional healers (surgeries, male and female circumcision, scarification)
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CARING FOR CHILDREN WITH HIV

METHOD	TIME	KNOWLEDGE
B. In small groups discuss: What are symptoms that show a child might be infected with HIV? What symptoms have you seen? Report back.	10"	<ol style="list-style-type: none"> 5. Sexual abuse 6. Injection drugs 7. Sexual initiation practices involving sex workers 8. Child prostitution 9. Cleansing rituals <p>B. Symptoms of HIV infected children</p> <ol style="list-style-type: none"> 1. HIV-positive children may have no symptoms 2. Multiple childhood infections 3. Recurrent or prolonged fever 4. Recurrent or prolonged diarrhea 5. Enlarged lymph nodes 6. Failure to thrive, abnormally slow growth, or weight loss 7. Oral thrush 8. Generalized rash or severe eczema
C. Describe HIV testing in infants and children	5"	<p>C. Describe HIV testing</p> <ol style="list-style-type: none"> 1. The same HIV antibody test used for adults may be used for children and infants. 2. Infants younger than 18 months may still have antibodies from their HIV-positive mother. They may test positive at first, but then later test negative. 3. An infant testing negative before or after 18 months is considered negative. 4. An infant testing positive after 18 months of age is considered to be HIV-positive. 5. There are tests to check for the virus itself. 6. Young babies may be tested with a dried blood spot test.
<p>D. When do infants and children living with HIV become ill with AIDS?</p> <ul style="list-style-type: none"> • . Infants infected during pregnancy. • . Infants infected during delivery or breastfeeding 	5"	<p>D. When do infants and children living with HIV become ill with AIDS?</p> <ol style="list-style-type: none"> 1. AIDS is the latest and most severe stage of HIV infection. 2. Illness depends on whether they are receiving HIV treatment. 3. Without treatment, infants who are infected during pregnancy usually become ill in the first 3 months of life. 4. Without treatment, infants that are infected during delivery or breastfeeding usually present with signs of AIDS between 6 months and 5 years.

CARING FOR CHILDREN WITH HIV

METHOD	TIME	KNOWLEDGE
<ul style="list-style-type: none"> • . Infants or children infected by other means • With antiretroviral treatment 		<ol style="list-style-type: none"> 5. Without treatment, children become ill 2-10 years following HIV infection. 6. With antiretroviral treatment, infants and children may stay healthy for longer time periods.
<p>II. Caring for infants and children exposed to or infected by HIV</p> <p>A. Should children who have been infected or exposed to HIV receive the same care as other children?</p> <p>B. What additional care should be given to a child or infant exposed to HIV?</p> <p>C. Are caregivers at risk for becoming infected with HIV?</p>	15"	<p>II. <u>Caring for infants and children exposed to or infected by HIV</u></p> <p>A. Yes, the care needs of infected and uninfected children are the same. All children need love, nurturing, play, and discipline.</p> <ol style="list-style-type: none"> 1. Immunizations Check with your health care providers about which immunizations to give to an HIV-positive child. 2. Growth charting 3. Routine well-child health visits 4. Practice good hygiene <p>B. Additional care needed for infant or child exposed to HIV:</p> <ol style="list-style-type: none"> 1. Ensure that child is well-nourished 2. Protect child from infection 3. Monitor for symptoms of HIV 4. Supplemental vitamins 5. Medication to prevent opportunistic diseases such as co-trimoxazole or Septra 6. Use anti-retroviral medications if they are available <p>C. Generally, caregivers are not at risk of becoming infected with HIV from caring for infants and children with HIV.</p> <ol style="list-style-type: none"> 1. HIV is not transmitted by holding, touching, hugging or kissing. 2. Caregivers should wash hands well after touching body fluids or stools from infant or child living with HIV. 3. Linens soiled with body fluids should be washed well in hot soapy water and line dried. 4. Surfaces soiled with body fluids should be washed with disinfectant.
<p>III. Additional needs of children and infants living with HIV. In small group discuss the following questions. Report back.</p>	20"	<p>III. <u>Additional needs of children and infants living with HIV</u></p>

CARING FOR CHILDREN WITH HIV

METHOD	TIME	KNOWLEDGE
<p>A. What are the additional physical needs of infants or children living with HIV?</p> <p>B. What are the additional social needs of infants or children living with HIV?</p> <p>C. What are the additional spiritual/emotional needs of infants or children living with HIV?</p>		<p>A. Physical needs of infants and children living with HIV</p> <ol style="list-style-type: none"> 1. To be touched, held, and loved 2. To have regular health check-ups and see health provider early in illnesses 3. Pain management <p>B. Social needs of infants and children living with HIV:</p> <ol style="list-style-type: none"> 1. To be included in family and community 2. To be cared for at home as much as possible rather than hospital or institutional environment 3. To be allowed to go to school as long as they are healthy enough <p>C. Spiritual and emotional needs of infants and children living with HIV</p> <ol style="list-style-type: none"> 1. To receive tender, loving care by stable caregiver 2. To be allowed to talk about illness and feelings 3. To be comforted in the process of dying 4. To know about God and his love for them
<p>IV. Helping families care for a child or infant living with. In small group discuss and report back.</p> <p>A. How can a CHE help a family that has a child or infant living with HIV</p>	25"	<p>IV. <u>Helping families care for a child or infant with HIV</u></p> <p>A. How a CHE can help a family that has a child or infant living with HIV:</p> <ol style="list-style-type: none"> 1. Make regular home visits 2. Teach family about hygiene 3. Teach family about good nutrition 4. Teach family how to prevent common infections 5. Teach family how to prevent transmission of HIV 6. Encourage the family to get health care and antiretroviral treatment for the child 7. Help with HIV testing and treatment 8. Encourage the family to provide loving care to the child or infant living with HIV 9. Demonstrate love and acceptance of child/family 10. Refer family to additional care providers such as clinic, local pastor, counselor, etc. 11. Provide emotional and spiritual

CARING FOR CHILDREN WITH HIV

METHOD	TIME	KNOWLEDGE
<p>B. What can a CHE committee or HIV care committee do to help families with a child or children living with HIV?</p>	10"	<p>support</p> <p>12. Make referral to HIV care committee for additional family needs such as inadequate income to provide for family, illness or death of caregivers, child-headed families</p> <p>B. What a CHE committee or HIV care committees can do to help families with child or children living with HIV</p> <ol style="list-style-type: none"> 1. Form support groups for families affected by HIV. 2. Encourage community members to include families affected by HIV. 3. Encourage community to allow schooling of children living with HIV. 4. Develop food sharing program to supplement food needs of families affected by. 5. Develop plan for children who cannot be cared for at home due to death or illness of caregiver. 6. Develop care plan for orphans in community.
<p>C. Pass around a baby doll with a label saying HIV-positive, with the label inside the blanket so that it can only be seen by the person holding the baby. Pretend this is a real baby. In large group allow participants to talk about how it felt to hold an HIV-positive baby.</p> <ol style="list-style-type: none"> 1. What were their fears? (If this were a real HIV-positive baby, what would be their fears?) 2. How did they feel about this child? 	10"	<p>C. Allow group members to talk about fears, feelings, and concerns over holding HIV-positive infant.</p> <ol style="list-style-type: none"> 1. Fears <ol style="list-style-type: none"> a. Becoming infected b. Not wanting to get too close emotionally c. Afraid they might do something to make the child ill d. Afraid the baby might get sick or die e. Afraid they might catch something else from the baby 2. Feelings: <ol style="list-style-type: none"> a. The baby was dirty b. Sad because the baby was going to die c. The mother should have prevented the pregnancy

CARING FOR CHILDREN WITH HIV

METHOD	TIME	KNOWLEDGE
3. How would they feel if it were really their child?		d. Angry at the mother for putting herself at risk for HIV 3. Concerns: a. People would not talk to you if your child was infected b. Sad because of the projected loss of this child c. Concern because the child is or might get sick
<p><u>ATTITUDE:</u> Children in a community who are living with HIV have the same needs as other children including: love, nurturing, play, and discipline. It is important that these children be included in the community and their additional needs be met.</p>		
<p><u>SKILL:</u> Participants will become knowledgeable and able to train families in the care of their child with HIV.</p>		
<p><u>EVALUATION:</u> Participants know how HIV is transmitted to infants and children. They will assist families in providing compassionate care to children living with HIV. Children in the community living with HIV will receive loving care.</p>		
<p><u>MATERIALS:</u></p> <ul style="list-style-type: none"> - Newsprint - Marking pens - Masking tape - Baby doll or roll of material that can be held to look like a baby - Label for the baby that says "HIV-positive", placed inside the blanket, so that it can only be seen by the person holding the baby 		

This lesson is used in: Physical Health – HIV– Orphans & Vulnerable Children

ORGANIZING A KIDS' CLUB FOR ORPHANS AND VULNERABLE CHILDREN

Date: 10/04

(1 ¼ HOUR)

- OBJECTIVES:**
1. Participants will know purpose of developing a Kids' Club for OVC.
 2. Participants will discuss possible activities for a Kid's Club and will make specific plans to develop a Club.

OVERVIEW FOR TRAINERS:

METHOD	TIME	KNOWLEDGE
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Role Play:

10"

- 1st Wouldn't it be great if we could get some of the needy kids together and teach them about Jesus' love for them?
- 2nd Yea, that doesn't take any money.
- 1st Maybe we could get donations of food or clothing and we could hand it out.
- 2nd That's a great idea. I heard of another group that was teaching children how to take care of goats for milk, maybe they could come and teach our children.
- 1st That's a great idea! I'd like someone to teach my children how to do that.
- 2nd Let's talk to the committee and see if we can get something started.

----SHOWD questions----

- S = What do you See?
 H = What is Happening?
 O = Does this happen in Our place?
 W = Why does this happen?
 D = What will we Do about it?

- | | | |
|--|------------|--|
| <p>I. Organizing a Kids' Club
 Discuss as large group</p> <p>A. What is Kids' Club:</p> <p>B. What would be the purpose of our Kids' Club?</p> | <p>10"</p> | <p>I. <u>Organizing a Kids' Club</u></p> <p>A. Kids' Club is a specific time set by a care group for kids to come together for fun, learning, and love</p> <p>B. Purpose of Kids' Club:</p> <ol style="list-style-type: none"> 1. To share the love of Jesus with children in our community 2. To provide time for children to have fun 3. To teach health and life lessons 4. To help children feel accepted in community 5. To provide for some of the needs of children in the community |
|--|------------|--|

ORGANIZING A KIDS' CLUB FOR ORPHANS AND VULNERABLE CHILDREN

METHOD	TIME	KNOWLEDGE
<p>C. How will children be invited?</p>		<p>6. To build relationships between children</p> <p>7. To take some of the burden of needy children off of home visit volunteers and caregivers</p> <p>8. To help children emotionally</p> <p>C. Children to be included in Kids' Club:</p> <ol style="list-style-type: none"> 1. Children identified by volunteers doing home visits 2. Announcements at school, church, and community center 3. Make posters 4. Word of mouth
<p>II. Planning Activities for Kids' Club Divide into small groups to discuss and report back</p> <p>A. What types of activities and services could be offered at Kids' Club?</p> <p>B. When should Kids' Club be held?</p> <p>C. How should age groups be divided?</p>	<p>20"</p>	<p>II. <u>Planning Activities for Kids' Club</u></p> <p>A. Types of activities for Kids' Club:</p> <ol style="list-style-type: none"> 1. Some type of fun activity, game or craft 2. A meal or food to take home 3. A bible story 4. Health lessons 5. time to talk about losses 6. One on one counseling as needed 7. Appropriate and gentle touch 8. Teaching of life skills such as cooking and gardening 9. Teaching income generating skills 10. Distribution of clothing or home/school supplies 11. Dr or nurse to do health screening 12. Teaching HIV prevention <p>B. Select a time where most children would be available to attend:</p> <ol style="list-style-type: none"> 1. Day of week 2. Time of day 3. Frequency 4. Length of time <p>C. Dividing by age group:</p> <ol style="list-style-type: none"> 1. Older teenagers 2. School age children 3. Pre-school age children
<p>III. Staffing for Kids' Club</p> <p>A. Who will staff Kids' Club?</p> <p>B. How can we include the children in the planning and running of Kids' Club?</p>	<p>20"</p>	<p>III. <u>Staffing for Kids' Club</u></p> <p>A. Staff for Kids' Club:</p> <ol style="list-style-type: none"> 1. Volunteers from community 2. Church members 3. Teenagers <p>B. Including children in the planning and running of Kids' Club:</p>

ORGANIZING A KIDS' CLUB FOR ORPHANS AND VULNERABLE CHILDREN

METHOD	TIME	KNOWLEDGE
		<ol style="list-style-type: none"> 1. They can give ideas for activities 2. They can teach their skills to others 3. They can take turns teaching or running games or activities 4. They can bring or encourage friends to come 5. They can help serve food or distribute 6. Older children can help with younger groups
C. How can we recruit people to help us staff Kids' Club?		C. Recruiting staff for Kids' Club: <ol style="list-style-type: none"> 1. Putting up posters 2. Announcements at church 3. Invite adults to help 4. Include volunteers that do home visit
D. Who will provide leadership and direction for Kids' Club?		D. Leadership for Kids' Club: <ol style="list-style-type: none"> 1. Orphan care committee 2. Separate Kids' Club Committee 3. Pastor or pastor's wife 4. Volunteer
IV. Praying for Kids' Club Divide into small groups or pairs for prayer.	10"	IV. <u>Praying for Kids' Club</u> <ol style="list-style-type: none"> A. Ask for God's leading in deciding whether to start a Kids' Club B. Pray for the children in the community C. Pray for potential leadership of Kids' Club

ATTITUDE: A Kids' Club can be a tool for ministering to the needy children in the community. It can be an effective and fun way to meet the needs of children.

SKILL: Participants will know purpose of developing a Kids' Club for OVC. Participants will discuss possible activities for a Kid's Club and will make specific plans to develop a Club.

EVALUATION: Facilitators will know participants have learned the content of this lesson when a Kids' Club is organized and started in the community.

MATERIALS:

- Newsprint
- Marking pens
- Masking tape

This lesson is used in: HIV – Orphans and Vulnerable Children; Children – Lessons About Children – OVC

PROTECTING ORPHANS AND VULNERABLE CHILDREN FROM EXPLOITATION

Date: 10/04

(1 HOUR)

- OBJECTIVES:**
1. Participants will recognize the risk of abuse and exploitation to orphans and vulnerable children in the community.
 2. Participants will discuss who has the responsibility of protecting children.
 3. Participants will develop ways to protect OVC from abuse and exploitation.

OVERVIEW FOR TRAINERS: This lesson recognizes the children in the community that are abused and exploited. It is the responsibility of the other members in the community, especially the Church community to protect them.

METHOD	TIME	KNOWLEDGE
<p>Role Play: Two CHEs are talking.</p> <p>1st Did you see those children working at that clothing factory?</p> <p>2nd I did...I think they were the Muiz children. Didn't their parents pass away last summer?</p> <p>1st Yes, they did. Now that I think about it, I don't think I've seen the Muiz children in school.</p> <p>2nd You're right. What should we do?</p> <p>1st I don't know!</p> <p>----SHOWD questions---- S = What do you <u>See</u>? H = What is <u>H</u>appening? O = Does this happen in <u>O</u>ur place? W = <u>W</u>hy does this happen? D = What will we <u>D</u>o about it?</p>	10"	
<p>I. Abuse and Exploitation of Orphans and Vulnerable Children</p> <p>Discuss the following questions in the large group.</p> <p>A. In what ways are orphans and vulnerable children are abused or exploited in our community?</p>	20"	<p>I. <u>Abuse and Exploitation of Orphans and Vulnerable Children</u></p> <p>A. Ways orphans and vulnerable children are abused or exploited in our community.</p> <ol style="list-style-type: none"> 1. People steal their land and property 2. Orphan child is accepted into family, but works as domestic servant. 3. Female children are married off early or given to older man against their will 4. Children work for other community members who do not pay them a fair wage. 5. Children sold into prostitution 6. Girls trade sex for school fees or food

PROTECTING ORPHANS AND VULNERABLE CHILDREN FROM EXPLOITATION

METHOD	TIME	KNOWLEDGE
<p>B. What makes children vulnerable to these abuses?</p>		<p>7. Working children are not allowed to quit their job.</p> <p>8. Children do not have control of the number of hours worked or work to be done</p> <p>B. Circumstances that make children vulnerable to abuse and exploitation</p> <ol style="list-style-type: none"> 1. Desperation for immediate needs 2. No parental or adult support 3. Lack of education 4. Lack of a skill or trade 5. No policies in community to protect children 6. Belief that sex with a virgin will cure HIV 7. No extended family to care for or protect them 8. Not enough adults to care for and support all of the children needing care 9. Community turns "blind-eye" to situations of abuse or exploitation 10. No money to pay for basic needs 11. Stigmatization of orphans or children of ill adults 12. Sense of worthlessness on part of child 13. Belief that children do not have any rights 14. The need on the part of children for physical touch and affection
<p>II. How the community can protect these young people Divide into three groups. Give each group one of the three headings. What is this community group currently doing to protect young people from exploitation? What can they do? Have each group present findings on newsprint to large group.</p> <p>A. Government</p>	<p align="center">20"</p>	<p>II. <u>Groups in the Community can Protect Young People from Abuse and Exploitation.</u></p> <p>A. Government</p> <ol style="list-style-type: none"> 1. Develop and enforce laws to prohibit exploitation of children 2. Recognize wills and inheritance 3. Organize social welfare office to visit and keep track of orphans and vulnerable children

PROTECTING ORPHANS AND VULNERABLE CHILDREN FROM EXPLOITATION

METHOD	TIME	KNOWLEDGE
		<ol style="list-style-type: none"> 4. Provide free schooling for OVC 5. Provide free health care for OVC 6. Provide food and clothing for OVC 7. Provide financial assistance to those providing care to OVC 8. Advocating for Children's Rights
<p>B. Church</p>		<p>B. Church</p> <ol style="list-style-type: none"> 1. Organize an orphan care committee 2. Provide teaching in the church about protecting OVC from abuse 3. Be a public voice against abuse and exploitation 4. Take children into church members homes to protect them 5. Provide services to help meet the daily needs of OVC ie: food programs, clothing distribution 6. Help those who are terminally ill prepare a will and plan for the care of their children 7. Provide vocational training to young people to help them earn an income 8. Help find extended family who can provide loving care to orphans 9. Set up home-visit schedule to visit families with OVCs 10. Partner with NGO's who can provide services to OVCs
		<p>C. Community</p> <ol style="list-style-type: none"> 1. To become aware of the situation for orphans and vulnerable children that puts them at risk for abuse and exploitation 2. Develop community gardens, community day-care, and respite care for caregivers 3. Do away with school fees for OVC 4. Recognize wills written by members of the community 5. Allow women to own and inherit land 6. Develop orphan or child welfare committee 7. Set up home visit schedule for volunteers to visit homes.

PROTECTING ORPHANS AND VULNERABLE CHILDREN FROM EXPLOITATION

METHOD	TIME	KNOWLEDGE
<p>III. God's Word about caring and protecting orphans.</p> <p>A. Read the following passages from God's Word.</p> <ol style="list-style-type: none"> 1. Isaiah 1:17 2. Proverbs 14:31 3. James 1:27 4. Exodus 22:22,23 <p>B. What do these verses say is our responsibility to the orphans and vulnerable children in our community?</p>		<ol style="list-style-type: none"> 8. Set up policies to protect OVC from violence, abuse, discrimination, trafficking, loss of inheritance, exploitation. 9. Pool resource to care for OVC 10. Hold community forums to discuss the plight of OVC in the community <p>III. <u>God's Word about Caring and Protecting Orphans:</u></p> <p>A. Biblical references:</p> <ol style="list-style-type: none"> 1. Seek justice, rescue the oppressed, defend the orphan 2. He who is kind to the needy honors God 3. Pure worship is to care for orphans and widows 4. Do not take advantage of orphans or widows. <p>B. What these verses say about our responsibility:</p> <ol style="list-style-type: none"> 1. To seek justice 2. Rescue the oppressed 3. Defend the orphan 4. Be kind to the needy 5. Care for orphan 6. Not to take advantage of orphans
<p>IV. Personal response</p> <p>Break into small groups and discuss the following:</p> <ol style="list-style-type: none"> A. What is one think that was a new realization for you today? B. How will you think or behave differently after today's session C. Pray together about the plight of orphans and vulnerable children in your community and your response in taking action to protect them. 		<p>IV. <u>Personal response</u></p> <p>Allow time of personal reflection and prayer. Close by having one person pray.</p>

PROTECTING ORPHANS AND VULNERABLE CHILDREN FROM EXPLOITATION

ATTITUDE: God mandates us to care for needy in the community and to protect them and their rights.

SKILL:

EVALUATION: Participants recognize the many ways OVC are vulnerable to abuse and exploitation and take action to help reduce the risks to children in their community.

MATERIALS:

- Newsprint
- Marking pens
- Masking tape
- Bibles

This lesson is used in: HIV – Orphans and Vulnerable Children; Children – Lessons About Children – OVC

About this manual ...

One of the tremendously discouraging impacts of the HIV epidemic is the growing number of women infected with the virus. Tragically up to 30% of those who become pregnant will pass the HIV infection to their child. The suffering of these children, many of whom do not reach their first birthday, is heartbreaking. Most of these precious children never experience a healthy childhood and die before their teen years.

The Prevention of Mother-to-Child Transmission (PMTCT) manual was written to help communities develop a comprehensive program to prevent mother-to-child transmission. Our objectives are to enable CHE programs to address this need of HIV through education, behavior change, and administration of an anti-retroviral drug for mother and child at time of delivery, which reduces the risk of transmission of the virus to 15%. It provides for perinatal health education for all the pregnant women in the community and encourages HIV testing for all pregnancies through participating clinics. Through this program women receive education and counseling regarding HIV transmission and healthy pregnancy in the clinic and also during home-visits. The woman can be referred to CHE programs in her community and she can also be referred to the clinic by the CHE worker in the community. This process helps provide care for pregnant women on the clinic level and in her home to provide reinforcement and follow-up for the woman, her infant, and the entire family.

This manual was written in the participatory LePSAS style and is meant for use with the Community Health Evangelism (CHE) strategy. CHE is a strategy that has had amazing successes in community development and transformation. It relies upon the community to take ownership, responsibility, and to come up with solutions to problems within the community drawing from their own local resources. Many international leaders, governments, and organizations speak of the need for “grass roots” efforts in mobilizing communities and increasing community capacity to care for the children in their community, and much research has been done showing that this is the true desire of communities as well. Global CHE Network and LifeWind International have developed a strategy and the tools to accomplish the task.

The core of CHE is the home-visit where community volunteers teach their neighbors physical and spiritual lessons they have learned at weekly training seminars. In this way, volunteers provide personal teaching and mentoring to each home. A committee from the community oversees the work and evaluates progress, changing and making new priorities as needs exist.

Jesus loves the little children, all the children of the world, red and yellow, black and white, they are precious in His sight. How grateful we are for His love and care for these—His little ones. He knows each one by name.

CONSEQUENCES OF SEXUAL RELATIONS OUTSIDE OF MARRIAGE

Date: 01/03

(1 HOUR)

- OBJECTIVES:**
1. Participants will discuss cultural practices regarding sexuality outside of marriage.
 2. Participants will understand the physical, emotional, and spiritual consequences of sex outside of marriage.

OVERVIEW FOR TRAINERS:

METHOD	TIME	KNOWLEDGE
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Role Play:

- 1st** I don't know why God says that sex should be limited to marriage. It seems like an old-fashioned rule to me.
- 2nd** I agree, I can love more than one person at a time, and as long as I am a good husband (wife) what should it matter?
- 1st** Did you hear about Fred? I heard that he has been really sick lately. I wonder if he has "slim's disease." I told my wife and kids to stay away from his house.

----SHOWD questions----

S = What do you **See**?
 H = What is **H**appening?
 O = Does this happen in **O**ur place?
 W = **W**hy does this happen?
 D = What will we **D**o about it?

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|---|--|
| <p>I. How does our community view sexual relations outside of the marriage relationship? Discuss in large group.</p> <p>A. What about before marriage? Are men or women expected to experiment or be experienced sexually?</p> <p>B. Is it acceptable to have sexual partners other than one's spouse? For men? For women?</p> <p>C. Does extra-marital sexual activity happen in the community, even if it is taboo or not talked about?</p> | <p>I. <u>How our Community Views Sexual Relations Outside of Marriage:</u>
 The answers will vary according to culture and community. In some communities sexual activity is almost exclusively limited to the marriage relationship, in others; it is accepted practice to engage in sexual activity with several partners, including one's spouse.</p> <p>C. Often, although it is not talked about, extra marital relationships are common or expected.</p> |
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CONSEQUENCES OF SEXUAL RELATIONS OUTSIDE OF MARRIAGE

METHOD	TIME	KNOWLEDGE
<p>D. Why do people engage in extramarital sexual relationships?</p> <p>II. Consequences Divide into two groups and have each group discuss one of the following questions, and then have each group report their answers to larger group.</p> <p>A. What are some of the physical consequences of sexual activity outside of marriage?</p> <p>B. What are some of the emotional consequences of sexual activity outside of marriage?</p> <p>C. In large group ask: What are some of the spiritual consequences of sexual activity outside of marriage? Have different people in group look up the following verses.</p> <ol style="list-style-type: none"> 1. 1 Corinthians 6:12-20 2. 1 Peter 2:11 3. Psalm 32:2 4. Proverb 6:28-35 5. Hebrew 13:4 6. Deuteronomy 11:26-28 7. Exodus 20:14 		<p>II. <u>Consequences</u></p> <p>A. Some of the physical consequences:</p> <ol style="list-style-type: none"> 1. Sexually transmitted diseases 2. HIV 3. Unplanned pregnancy 4. Infertility due to untreated sexually transmitted disease and infection 5. Having more than one family to support. <p>B. Some of the emotional consequences:</p> <ol style="list-style-type: none"> 1. Guilt 2. Fear of being found out 3. Fear of pregnancy 4. Breakdown of marriage relationship 5. Low self-respect 6. Fear of AIDS 7. Feeling used or cheated 8. No real intimacy 9. Divided loyalties to wife/girlfriends/children <p>C. Spiritual consequences:</p> <ol style="list-style-type: none"> 1. 1Corinthians 6:12-20 Sin against our body. 2. 1 Peter 2:11 Abstain from lusts of the flesh. 3. Psalm 32:2 Happy is the man free of guilt and deceit 4. Proverbs 6:28-35 He who commits adultery is senseless fool. 5. Hebrews 13:4 Marriage is honorable. 6. Deuteronomy 11:26-28 Blessing for keeping the commandments of God, curse for disobeying 7. Exodus 20:14 Thou shall not commit adultery.

CONSEQUENCES OF SEXUAL RELATIONS OUTSIDE OF MARRIAGE

METHOD	TIME	KNOWLEDGE
8. Isaiah 59:2		8. Isaiah 59:2 It is your iniquities that raise a barrier between you and God.
9. 1 Samuel 12:14b-15		9. 1 Samuel 12:14b-15 If you revere the Lord and do not rebel, well and good. If you do not obey then He will set his face against you.
10. Galatians 5:19-25		10. Galatians 5:19-25 Fruit of spirits, fidelity and self-control
<p>III. Benefits In large group discuss the benefits of not having sexual relations outside of marriage.</p> <p>A. What are the physical benefits of not having sexual relations outside of marriage?</p> <p>B. What are the emotional benefits of not having sexual relations outside of marriage?</p> <p>C. What are the spiritual benefits of not having sexual relations outside of marriage? (These verses can get participants started, they may add many more.)</p> <ol style="list-style-type: none"> 1. Psalms 34:15, 84:11 Matthew 5:8 2. Psalms 32:2 		<p>III. <u>Benefits</u></p> <p>A. Physical benefits:</p> <ol style="list-style-type: none"> 1. Freedom from sexually transmitted diseases including HIV 2. No unplanned pregnancy, no need for abortion 3. More money for one's family <p>B. Emotional benefits:</p> <ol style="list-style-type: none"> 1. Freedom from guilt 2. Legitimate children 3. Good relationship with spouse 4. Feel good about oneself and choices made <p>C. Spiritual benefits:</p> <ol style="list-style-type: none"> 1. God blesses those who are pure. 2. Psalms 32:2 Happy is the man free of guilt and deceit
<p>IV. Spiritual Application Divide into three groups and have each group look up 2 Samuel 11, 12, 24:17-25 Answer the questions.</p> <p>A. What was the sin or sinful way of life?</p> <p>B. What is the consequence?</p> <p>C. What is God's response and what does He tell them to do?</p>		<p>IV. <u>Spiritual Application</u></p>

CONSEQUENCES OF SEXUAL RELATIONS OUTSIDE OF MARRIAGE

ATTITUDE: Facilitator understands it may be very common in your community for men and women to have more than one sexual partner. It is important to discuss that this is outside of God's plan for us and has many consequences.

SKILL: Participants will discuss cultural practices regarding sexuality outside of marriage. Participants will understand the physical, emotional, and spiritual consequences of sex outside of marriage.

EVALUATION: Facilitator will know participants have learned the content of this lesson when they are good models of marital fidelity and the community consequences of extramarital relationships will decrease.

MATERIALS:

- Newsprint
- Marking pens
- Masking tape
- Bibles

This lesson is used in: Physical Health – Sexuality; HIV– Education & Prevention; HIV – PMTCT; Physical Health – Women

SEXUALITY I - GOD MADE YOU UNIQUE

Date: 11/91

(2 HOURS)

- OBJECTIVES:**
1. Participants will know that they are each unique.
 2. Participants will understand why they may feel badly about themselves and what they can do to know they are of great value.
 3. Participants will understand that men and women are different physically and emotionally; therefore, they have different responses in a given situation.
 4. Participants will understand why people get involved sexually and what they can do.

OVERVIEW FOR TRAINERS: This is the first in a four part series on sex education based upon God’s view of man.

METHOD	TIME	KNOWLEDGE
<p>Role Play: Two people are talking:</p> <p>1st I feel very ordinary. I’m not special or unique. I wish I were.</p> <p>2nd I agree. I feel the same way.</p> <p>1st Why should people like me? I’m a nobody. No one cares about me.</p> <p>2nd Me either. I wish I were really good looking and popular, but I’m blah.</p> <p>----SHO questions---- S = What do you <u>See</u>? H = What is <u>H</u>appening? O = Does this happen in <u>Q</u>ur place?</p>	5”	
<p>I. Introduction to course. Give introduction.</p>	5”	<p>I. <u>Introduction to Course</u></p> <p>A. In today’s world, you receive many different messages about sex. Your sexuality begins the day you were born when it’s announced that you are a boy or girl.</p> <p>B. As you become teenagers, your body begins to get ready for se. Jesus also was a teenager at one time.</p> <p>C. Luke 2:52 says He grew in wisdom, stature and in favor with God and men.</p> <p>D. How you think about yourself determines your sexual behavior.</p> <p>E. But you are unique. Of the billions of people alive today, no one is exactly like you.</p> <p>F. YOU ARE UNIQUE</p>

This lesson is part of an extensive series for use in Community Health Evangelism (CHE) ministries. CHE facilitators skilled in participatory learning methods enable communities to escape cycles of poverty and live as followers of Jesus. For information about CHE, and how you can be trained as a facilitator, go to www.CHEnetwork.org.

SEXUALITY I – GOD MADE YOU UNIQUE

METHOD	TIME	KNOWLEDGE
<p>II. Your Uniqueness In small groups look up Bible verses which talk about our uniqueness.</p> <p>A. Genesis 1:27</p> <p>B. Psalm 119, Jeremiah 1:5</p> <p>C. Isaiah 43:7</p> <p>D. Psalm 139:13-16</p> <p>E. John 9:1-3</p> <p>F. I Corinthians 12</p>	15"	<p>II. <u>Your Uniqueness</u></p> <p>A. Genesis 1:27, God created man in His own image, male and female.</p> <p>B. Psalm 119, Jeremiah 1:5, God knew us and set us apart before we were formed in our mother's womb.</p> <p>C. Isaiah 43 :7, God created us for His glory.</p> <p>D. Psalm 139:13-16, God created our frame and innermost being. We are fearfully and wonderfully made. God saw us as our body was woven together.</p> <p>E. John 9:1-3, God gave us our special abilities and even handicaps so that God's glory could be displayed.</p> <p>F. I Corinthians 12, We all have different gifts, but all are needed and important.</p>
<p>III. Why do we feel badly about ourselves?</p> <p>A. In small groups, list reasons why we feel badly about ourselves.</p> <p>B. Are these expectations real or are they lies? Look up Bible verses to verify.</p> <p>1. I Samuel 16:7</p>	20"	<p>III. <u>Why We Feel Badly About Ourselves</u></p> <p>A. In small groups, list reasons why we feel badly about ourselves.</p> <ol style="list-style-type: none"> 1. Sometimes we do things we aren't ready to do physically. (i.e. sex) 2. Sometimes we do things we aren't ready to do emotionally. (i.e. sex) 3. The image we have of being perfect: and can't live up to it. <ol style="list-style-type: none"> a. Boys – tall, athletic, muscular b. Girls – thin, flawless skin and hair, the right clothes c. Get high grades d. Have a lot of money e. Say and do the "right" things f. Be in the right social group g. If I don't have all of these qualities, I am not normal. <p>B. These expectations are a lie.</p> <ol style="list-style-type: none"> 1. I Samuel 16:7, Don't look at outward appearances, but inner qualities.

SEXUALITY I – GOD MADE YOU UNIQUE

METHOD	TIME	KNOWLEDGE
2. Proverbs 27:19		2. Proverbs 27:19, A man's heart reflects the man, not outward appearance.
IV. What can we do to feel better about ourselves? Use large group. A. Romans 12:1,2 B. Matthew 10:29-31 C. Romans 12:6 D. Proverbs 22:29 E. Proverbs 21:13 F. I Corinthians 6:12 G. Proverbs 20:1 H. I Corinthians 6:9-20		IV. <u>What can We do to Feel Better About Ourselves:</u> A. We are extremely important to God. B. We have more value than a sparrow who God provides for. C. God has given us special abilities to do certain things well. Find out what these skills are. D. A skilled man will serve kings. Use those special abilities. E. Spend time thinking about others, not yourself. F. Be mastered by nothing bad. G. ...such as alcohol, which gives false courage. H. We are temples of the Holy Spirit
V. Male and female created differently. Break into groups of all males and all females and discuss these topics: A. Men 1. How they are physically 2. How they are emotionally 3. Their ultimate desires 4. Their false values 5. Their true values B. Women 1. How they are physically 2. How they are emotionally		V. <u>Male and Female Created Differently</u> A. Men 1. Physically – respond to sight (i.e. – a beautiful girl, a hot car, etc.) 2. Emotionally – man is conqueror. He needs to compete and overcome challenges (i.e. – great interest in sports, war, etc.) 3. Ultimate desires – significance, a need to feel he is the most important person in the world. a. Tend to be slower to get involved emotionally. b. He needs a firm foundation of respect and friendship. 4. False value – I am important because I have sexual experiences. 5. I am special because of who I am. B. Women 1. Physically – respond to touch. When a boy touches a girl, it communicates that he cares for her. 2. Emotionally – she is a giver, a potential mother. They want boys to care about them.

SEXUALITY I – GOD MADE YOU UNIQUE

METHOD	TIME	KNOWLEDGE
<p>3. Their ultimate desires</p> <p>4. Their false values</p> <p>5. Their true values</p> <p>C. What are we to remember? In large group look up Bible verses and discuss:</p> <p>1. Genesis 1:27</p> <p>2. Jeremiah 31:3</p> <p>3. John 3:16</p>		<p>3. Ultimate desires -</p> <ol style="list-style-type: none"> Security Emotional intimacy Lasting relationships Affection Communication To not feel used To achieve these feelings, a girl may give herself physically to a boy. <p>4. False value – I am special because a boy cares for me.</p> <p>5. True value – I am special just because of who I am.</p> <p>C. What we are to remember</p> <ol style="list-style-type: none"> Genesis 1:27, I am made in God's image. Jeremiah 31:3, I am loved by God. John 3:16, God so loved me He sent His son to die for me.
<p>VI. Why do youth get sexually involved before marriage?</p> <p>A. Outside pressures Discuss outside pressures in small groups. What part does advertising , T.V., movies, music, peer pressure, drugs, alcohol and birth control play? Report back.</p>	15"	<p>VI. <u>Why Youth Get Involved Before Marriage</u></p> <p>A. Outside Pressures</p> <ol style="list-style-type: none"> Advertising – sex sells goods. T.V. – shows sex without consequences or commitment. Sex is no longer private, but on T.V. Movies – In R-rated movies, many sex acts are seen which lead youth to think sex outside of marriage is normal. Music – explicit and abusive words. The words are remembered whether or not you want to. Peer pressure – you think everyone is doing it. Invincible – You think you won't get HIV Only prostitutes get HIV Date pressure – being pressured into single dating at too early an age.

SEXUALITY I – GOD MADE YOU UNIQUE

ATTITUDE: Facilitator is aware that we are all unique and that sex outside of marriage is not God's plan.

SKILL: Participants will be able to know that they are each unique, are of great value, and will understand why they may feel badly about themselves. Participants will be able to understand that men and women are different physically and emotionally; therefore, they have different responses in a given situation. They will also understand why people get involved sexually.

EVALUATION: Facilitators will know that participants have learned the context of this lesson when they can share what makes each person unique and why we have false ideas about ourselves.

MATERIALS:

- Bible
- Newsprint
- Masking tape
- Marking pens

This lesson is used in: Physical Health – Abortion, HIV - PMCT

SEXUALLY TRANSMITTED DISEASES (STDs)

Date: 11/91 (Revised 05/06)

(1 HOUR)

OBJECTIVES: Participants will know the signs, symptoms, treatment, and prevention of sexually transmitted diseases (STDs).

OVERVIEW FOR TRAINERS: This issue is a major problem that must be dealt with sensitively. It is important for the participants to recognize the problem and know what to do.

METHOD	TIME	KNOWLEDGE
<p>Role Play: A bar situation with people sitting around drinking. One woman, a prostitute, starts talking to one of the men and they end up going off together. The same woman comes back and soon goes off with another man. About three days later these two men go to a clinic because they have pain when urinating and pus discharge.</p> <p>----SHOWD questions---- S = What do you <u>See</u>? H = What is <u>H</u>appening? O = Does this happen in <u>O</u>ur place? W = <u>W</u>hy does this happen? D = What will we <u>D</u>o about it?</p>	5"	<p>These diseases spread from an infected person to another person during sexual intercourse. There is treatment for some STDs, but some have no treatment and can even be fatal.</p>
<p>I. Sexually Transmitted Diseases A. Give the definition in the knowledge column.</p>	10"	<p>I. <u>Sexually Transmitted Diseases</u> A. Sexually transmitted diseases (STDs):</p> <ol style="list-style-type: none"> 1. An STD is a disease that is spread during close, sexual activity, including vaginal, anal, and oral sex. Some STDs are also spread by contact with infected blood (HIV, Hepatitis B). STD germs need to live in warm and moist areas. 2. Some STDs infect only your sexual and reproductive organs. 3. Other STDs can cause general body infections (HIV, Hepatitis B, Syphilis, and sometimes Gonorrhea) 4. Sometimes there are no signs or symptoms you are infected, but you can still have the disease and pass it on to other people 5. Some STDs can not be cured

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SEXUALLY TRANSMITTED DISEASES

METHOD	TIME	KNOWLEDGE
<p>B. As a large group list general symptoms of STDs for the following:</p> <ol style="list-style-type: none"> 1. Men 2. Women 3. Both men and women 		<p>B. General symptoms of STDs for the following:</p> <ol style="list-style-type: none"> 1. Men <ul style="list-style-type: none"> - Drip or discharge from the penis 2. Women <ul style="list-style-type: none"> - May have no symptoms - Unusual discharge or smell from the vagina - Pain in the pelvic area – area between the belly button and sex organs - Burning or itching around the vagina - Bleeding from the vagina that is not part of her regular menstrual cycle - Pain deep inside the vagina when having sexual relations 3. Men and women <ul style="list-style-type: none"> - Sores, bumps, or blisters near the sex organs, rectum, or mouth - Burning and pain when urinating or having a bowel movement - Need to urinate often - Itching around the sex organs - Swelling or redness in the throat - Flu-like feelings, with fever, chills, and aches - Swelling in the groin – area around the sex organs
<p>II. Prevention</p> <p>A. How can one prevent contacting a STD? Discuss as large group.</p>	5"	<p>II. <u>Prevention</u></p> <p>A. How to prevent STD:</p> <ol style="list-style-type: none"> 1. Not having sex. 2. Having sex with only one uninfected partner who only has sex with you. 3. Not have sex with an infected person. (A person remains contagious throughout the course of the disease until it is properly treated even though there may be no symptoms present.)

SEXUALLY TRANSMITTED DISEASES

METHOD	TIME	KNOWLEDGE
		<ol style="list-style-type: none"> 4. All STDs can be transmitted to another sexual partner, unless a person is cured. For some STDs there is no cure. Every person an infected person has had sex with while he has been infected also needs to be treated. 5. Condoms used properly during sexual intercourse can provide protection.
<p>III. Specific Diseases Divide into small groups. Write the name of one STD on a piece of paper. Have each group fill in the appropriate information for the following areas. Report back.</p> <ol style="list-style-type: none"> 1. Signs and symptoms for women, men, and/or both 2. Treatment 3. Complications if left untreated <p>A. Chlamydia</p> <ol style="list-style-type: none"> 1. Signs and symptoms for women, men, and both 2. Treatment 3. Complications if left untreated 	35"	<p>III. <u>Specific Diseases</u></p> <p>A. Chlamydia</p> <ol style="list-style-type: none"> 1. Signs and symptoms: occur 7-28 days after having sex. Most women and some men have no symptoms. <ul style="list-style-type: none"> - Women: discharge from the vagina; bleeding from vagina between period; pain in the abdomen, sometimes with fever and nausea - Men: water, white drip from penis; swollen or tender testicles - Both: burning or pain when urinating; need to urinate more often 2. Treatment: medication 3. Complications if left untreated: reproductive organs can be damaged; women and men may no longer be able to have children; mother can pass on disease to baby during childbirth

SEXUALLY TRANSMITTED DISEASES

METHOD	TIME	KNOWLEDGE
<p>B. Genital Warts</p> <ol style="list-style-type: none"> 1. Signs and symptoms for both women and men 2. Treatment 3. Complications if left untreated 		<p>B. Genital Warts: spread during sex and sometimes by genital touching with an infected person</p> <ol style="list-style-type: none"> 1. Signs and symptoms: occur 1-8 months after contact with HPV, the virus that causes genital warts. One type of HPV is linked to cervical cancer in women. <ul style="list-style-type: none"> - Both: small, bumpy warts on the sex organs and anus; itching or burning around the sex organs; after the warts go away, the virus may stay in the body and the warts can come back. 2. Treatment: no curative treatment. Warts may go away on their own, remain unchanged, or grow and spread 3. Complications if left untreated: mother can pass on disease to baby during childbirth
<p>C. Gonorrhea</p> <ol style="list-style-type: none"> 1. Signs and symptoms for women and men 2. Treatment 3. Complications if left untreated 		<p>C. Gonorrhea</p> <ol style="list-style-type: none"> 1. Signs and symptoms: occur 2-21 days after contact. Most women and some men have no symptoms. <ul style="list-style-type: none"> - Women: at first, no symptoms; later, vaginal discharge; pain or burning when urinating or having a bowel movement; abnormal menstrual periods or bleeding between periods; cramps and pain - Men: pain when urinating; pus discharge from the penis; difficulty urinating 2. Treatment: penicillin 3. Complications if left untreated: damage to reproductive organs leading to being unable to have babies; heart trouble; skin disease; arthritis; blindness; mother can pass on disease to baby during childbirth and the child can go blind (babies should also be treated with antibiotic ointment –tetracycline– after birth to prevent blindness due to gonorrhea).

SEXUALLY TRANSMITTED DISEASES

METHOD	TIME	KNOWLEDGE
D. Hepatitis B		D. Hepatitis B: spread through sexual relations, sharing needles, and contact with infected blood
1. Signs and symptoms for both women and men		1. Signs and symptoms: occur 1-9 months after contact. Many people have no or mild symptoms. - Both: flu-like feelings that do not go away; tiredness; jaundice (yellow skin); dark urine; light-colored bowel movements
2. Treatment		2. Treatment: there is no curative treatment after infection. However, there is a series of three immunization shots available to prevent Hepatitis. These shots are regularly given to infants.
3. Complications if left untreated		3. Complications if left untreated: symptoms can go away, but are still able to pass disease on to others; liver damage; liver cancer; mother can pass on disease to baby during childbirth
E. Herpes		E. Herpes: spread during sex and sometimes by genital touching with an infected person
1. Signs and symptoms for both women and men		1. Signs and symptoms: occur 1-30 days, or long, after contact. - Both: flu-like feelings; small, painful blisters on the sex organs or mouth; itching or burning before the blisters appear; blisters last 1-3 weeks; blisters go away, but you still have herpes and the blisters can reappear
2. Treatment		2. Treatment: no curative treatment after infection.
3. Complications if left untreated		3. Complications if left untreated: mother can pass on disease to baby during childbirth
F. HIV		F. HIV: spread through sexual relations, sharing needles, and contact with infected blood (this topic may be taught in a separate lesson)
1. Signs and symptoms for both women and men		1. Signs and symptoms: several months to several years after contact with HIV, the virus that causes AIDS. - Women: yeast infections that do not go away

SEXUALLY TRANSMITTED DISEASES

METHOD	TIME	KNOWLEDGE
<p>2. Treatment</p> <p>3. Complications if left untreated</p>		<p>- Both: unexplained weight loss or tiredness; flu-like feelings that do not go away; diarrhea; white spots in the mouth</p> <p>2. Treatment: no curative treatment after infection. Medicine for the infected mother during pregnancy, labor, and baby immediately after birth can reduce transmission to the baby from about 32% to 1%.</p> <p>3. Complications if left untreated: many illnesses and death. Mother can pass on disease to baby while in womb, during childbirth, or breastfeeding.</p>
<p>G. Syphilis</p> <p>1. Signs and symptoms for both women and men</p> <p>2. Treatment</p> <p>3. Complications if left untreated</p>		<p>G. Syphilis: important – a person remains contagious throughout the course of the disease until it is fully treated, even if there are no symptoms present</p> <p>1. Signs and symptoms:</p> <ul style="list-style-type: none"> - Both – Stage 1: occur 1-2 weeks after contact; painless sore or sores on the mouth or sex organs; sore(s) last 1-5 weeks; sores may go away, but not the syphilis - Both – Stage 2: occur 1 week-6 months after sore(s) heal; rash anywhere on the body; flu-like feelings and mild fever; sores in the mouth; rash and flu-like feeling may go away, but you still have syphilis <p>2. Treatment: antibiotic medicine</p> <p>3. Complications if left untreated: mother can pass on disease to baby during childbirth; heart disease; brain damage; blindness; death</p>
<p>H. Trichomoniasis (yeast infection)</p> <p>1. Signs and symptoms for women and men</p>		<p>H. Trichomoniasis (yeast infection)</p> <p>1. Signs and symptoms: occur 3-14 days after contact. Many people have no symptoms.</p> <ul style="list-style-type: none"> - Women: itching, burning or irritation in the vagina; yellow, greenish or gray discharge from the vagina.

SEXUALLY TRANSMITTED DISEASES

METHOD	TIME	KNOWLEDGE
2. Treatment 3. Complications if left untreated		- Men: watery, white drip from the penis; burning or pain when urinating; need to urinate more often. 2. Treatment: medicine 3. Complications if left untreated: men can get infections of the prostate gland.
IV. Biblical Application A. Read Romans 12:1-2. Discuss the following questions as a large group. <ol style="list-style-type: none"> 1. What are we to do with our bodies? 2. How does God view this? 3. What should you do instead of doing what everyone around you in the world does? 4. What is God's will for you? 	10"	IV. <u>Biblical Application</u>

ATTITUDE: Facilitator will be sensitive, understanding, and have patience when teaching about this subject.

SKILL: Participants will know the signs, symptoms, treatment, and prevention of sexually transmitted diseases.

EVALUATION: Facilitator will know the participants have learned the content of this lesson when they are able to recognize signs and symptoms of sexually transmitted diseases and will know how to treat and prevent them.

MATERIALS:

- Newsprint
- Marking pens
- Masking tape
- Pieces of paper with name of one STD written on it
- Bibles

This lesson is used in: Pregnancy/CHEPS, Women's Cycle of Life, HIV - PMCT

MOTHER-TO-CHILD TRANSMISSION (MTCT) OF HIV

Date: 01/03 (rev. 05/10)

(1 HOUR)

- OBJECTIVES:**
1. Participants will be able to understand when HIV is spread from the pregnant woman to her infant.
 2. Participants will discuss risk factors from transmission of HIV from mother to infant.

OVERVIEW FOR TRAINERS: This lesson is from the series on Prevention of Mother-to-Child Transmission (PMTCT).

METHOD	TIME	KNOWLEDGE
<p>Role Play: Mary and Sally are talking a few months after the last visit.</p> <p>Mary I am sorry to hear about John's death. That must have been hard for you.</p> <p>Sally Yes, it was hard for our whole family. And I just found out I'm pregnant again. I really didn't want to get pregnant again, but it just happened.</p> <p>Mary What did the doctor say? Will the baby be infected with HIV?</p> <p>Sally I'm not sure. They say I have a 30% chance of passing HIV to my baby. But what does that mean?</p> <p>Mary 30%? Is that like 3 out of 10 times? But you're only having one baby!</p> <p>Sally I don't understand it. What can I do? I feel so helpless!</p> <p>Mary Let's go ask the counselor at the clinic, maybe she can help.</p> <p>Sally Okay, we'll go ask her. I hope I can do something to protect my baby.</p>	5"	
<p>----SHOWD questions----</p> <p>S = What do you See? H = What is Happening? O = Does this happen in Our place? W = Why does this happen? D = What will we Do about it?</p>		
<p>I. Transmission</p> <p style="padding-left: 20px;">A. HIV can be transmitted or spread from the mother to her baby. When can this happen? Discuss as large group.</p>	15"	<p>I. <u>Transmission – How this happens</u></p> <p style="padding-left: 20px;">A. HIV can be transmitted or spread to the baby:</p> <ol style="list-style-type: none"> 1. During the pregnancy 2. During labor and delivery 3. During breastfeeding

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MOTHER-TO-CHILD TRANSMISSION (MTCT) OF HIV

METHOD	TIME	KNOWLEDGE
<p>B. Draw or give out the <i>Spread of HIV</i> pie chart with the following information. Explain that this refers to mothers who are HIV-positive but who are not receiving treatment for HIV. What does this chart show? Give a brief explanation of percentages. 70% of the time means that 70 out of 100 times (or 7 out of 10 times) the baby will not be infected with HIV. Of every 100 pregnancies of HIV-positive women who are not treated, about 30 of their babies will be infected with HIV.</p> <ul style="list-style-type: none"> • About 70%-no transmission • About 30 %-HIV transmitted to infant • 5%-during the pregnancy • 15%-during the delivery • 5%-during early breastfeeding (the first 6 months) • 5%-during late breastfeeding (after 6 months) 		<p>B. Pie chart What does this show?</p> <p>Refer to the chart, <i>Spread of HIV from mother to child</i></p> <ol style="list-style-type: none"> 1. About two-thirds (70%) of HIV-positive women will not pass the HIV infection on to their babies. 2. About one-third (30%) of infants will become infected with HIV. 3. Some of this spread is during the pregnancy. 4. Some babies are infected during the delivery. 5. Some babies are infected while breastfeeding.
<p>II. Strategies</p> <p>A. So babies born to HIV-positive women are at risk of HIV infections. Can the spread of HIV be prevented?</p> <p>B. You are health officials trying to prevent mother-to-child transmission (MTCT) of HIV. Think of different time periods—before, during and after the pregnancy. What are some general strategies that you would recommend? (We will discuss specific measures later on.)</p>	10"	<p>II. <u>Strategies</u></p> <p>A. Can this be prevented?</p> <ol style="list-style-type: none"> 1. Yes. Usually the spread of HIV from mother to child can be prevented. 2. But not everyone has access to those health services. <p>B. General strategies</p> <ol style="list-style-type: none"> 1. Protect the parents from getting infected with HIV 2. HIV-testing of the parents 3. HIV-positive women can decide whether they want to get pregnant. 4. Give good care to HIV-positive women 5. Prevent the spread of HIV during the pregnancy 6. Antiretroviral treatment of HIV-positive women during the pregnancy

MOTHER-TO-CHILD TRANSMISSION (MTCT) OF HIV

METHOD	TIME	KNOWLEDGE
<p data-bbox="228 646 678 856">III. What are risk factors that increase the spread of HIV from the mother to the child? Discuss in small groups. Think of risk factors during the pregnancy; during the delivery; and after delivery.</p> <p data-bbox="298 1073 690 1125">ART means Antiretroviral Treatment, or treatment for the HIV infection</p>	<p data-bbox="768 646 808 674">25"</p>	<p data-bbox="1016 254 1430 611">7. Prevent the spread of HIV during the delivery 8. Protect the newborn by giving ART. 9. Prevent the spread of HIV during breastfeeding. 10. The mother or baby may receive HIV treatment while breastfeeding. 11. Make sure these health services are available to all women.</p> <p data-bbox="885 646 1105 674">III. <u>Risk Factors</u></p> <p data-bbox="956 680 1446 1745">A. The risk during the pregnancy depends on the health of the mother: 1. Is she HIV-positive? 2. How much of the virus is in her blood? (The technical name for this is her "viral load.") 3. Which type of HIV does she have? 4. Is her immune system strong? 5. How much immune protection does she have? 6. Her nutrition and health 7. Is she taking HIV treatment (ART)?</p> <p data-bbox="956 1136 1438 1465">B. Risks during the labor and delivery 1. Type of delivery—vaginal (normal) or C-section 2. Long labor 3. Waters break early (prolonged rupture of membranes) 4. Bleeding during the delivery 5. STIs (sexually transmitted infections) 6. No antiretroviral treatment for the mother</p> <p data-bbox="956 1472 1414 1745">C. Risks for the newborn and young infant 1. Mother not receiving antiretroviral treatment 2. Infant not receiving ART 3. Breastfeeding 4. Sore or enflamed breasts 5. Mixed feedings (a mixture of breastfeeding and formula)</p>
<p data-bbox="228 1780 686 1927">IV. Conclusion A. What is your conclusion? Can the spread of HIV from the mother to the newborn be prevented?</p>	<p data-bbox="776 1780 800 1808">5"</p>	<p data-bbox="889 1780 1089 1808">IV. <u>Conclusion</u></p> <p data-bbox="956 1814 1430 1955">A. What is your conclusion? 1. Without treatment, up to 30% (or 3 of 1) babies born to HIV-positive women become infected with HIV.</p>

MOTHER-TO-CHILD TRANSMISSION (MTCT) OF HIV

METHOD	TIME	KNOWLEDGE
		<ol style="list-style-type: none"> 2. But with HIV treatment during the pregnancy and delivery, and while breastfeeding, very few babies will become infected. 3. But not every HIV-positive woman has access to good HIV treatment.

References:

Avert. 2010. *HIV and breastfeeding*. Available from: <http://www.avert.org/hiv-breastfeeding.htm>

Avert. 2010. *Preventing mother-to-child transmission of HIV (PMTCT)*. Available from: <http://www.avert.org/motherchild.htm>

Avert. 2010. *WHO HIV & AIDS guidelines for PMTCT & Breastfeeding*. Available from: <http://www.avert.org/pmtct-guidelines.htm>

World Health Organization. 2009. *New HIV recommendations to improve health, reduce infections and save lives*. Available from: http://www.who.int/mediacentre/news/releases/2009/world_aids_20091130/en/index.html

World Health Organization. 2009. Rapid advice: Use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. Available from: http://www.who.int/hiv/pub/mtct/rapid_advice_mtct.pdf

ATTITUDE: Participants are open to discussing the prevention of HIV.

SKILL: Participants can discuss how HIV is spread from mother to child, and list some risk factors for the spread of HIV.

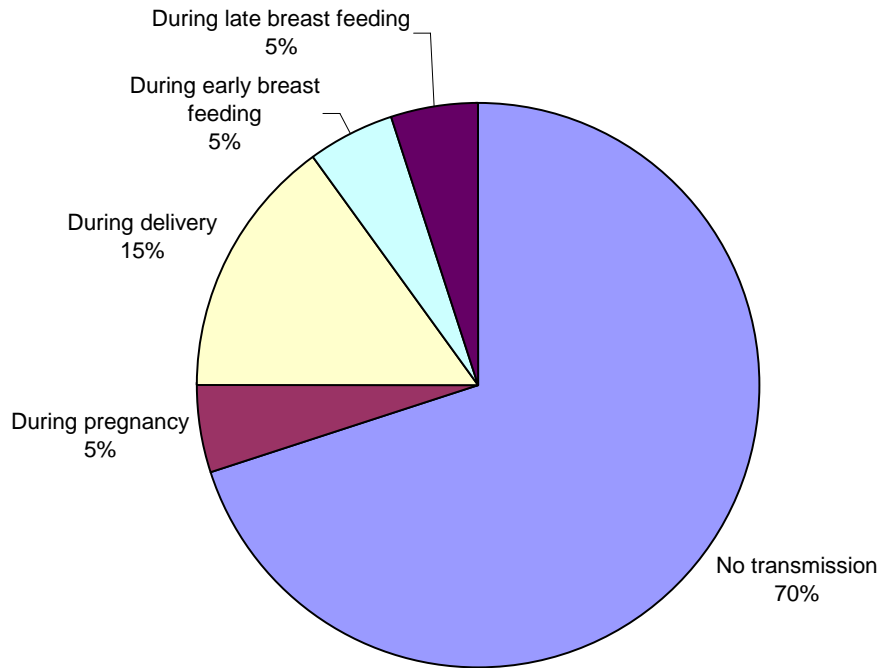
EVALUATION: Facilitator will know participants have learned the content of this lesson when they teach others how AIDS can be passed from mother to infant.

MATERIALS: -Newsprint
 -Marking pens
 -Masking tape
 -*Spread of HIV From Mother to Child*

This lesson is used in: HIV- PMTCT

SPREAD OF HIV FROM MOTHER TO CHILD

Spread of HIV from mother to infant



HOW CAN YOU PREVENT THE SPREAD OF HIV:

Before the pregnancy?

During the pregnancy?

During labor and delivery?

To the newborn?

While breastfeeding?

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT)

Date: 01/03

(1 HOUR)

- OBJECTIVES:**
1. Participants will be able to understand when HIV is spread from the pregnant woman to her infant.
 2. Participants will discuss risk factors from transmission of HIV infection from mother to infant.

OVERVIEW FOR TRAINERS: This lesson is from the series on Prevention of Mother-to-Child Transmission (PMTCT).

METHOD	TIME	KNOWLEDGE
<p>Role Play: Mary and Sally are talking a few months after the last visit.</p> <p>Mary I am sorry to hear about John's death. That must have been hard for you.</p> <p>Sally Yes, it was hard for our whole family. And I just found out I'm pregnant again. I really didn't want to get pregnant again, but it just happened.</p> <p>Mary What did the doctor say? Will the baby be infected again?</p> <p>Sally I'm not sure. They say I have a 30% chance of passing the HIV infection to my baby. But what does that mean?</p> <p>Mary 30%? Is that like 3 out of 10 times? But you're only having one baby!</p> <p>Sally I don't understand it. What can I do? I feel so helpless!</p> <p>Mary Let's go ask the counselor at the clinic, maybe she can help.</p> <p>Sally Okay, we'll go ask her. I hope I can do something to protect my baby.</p>	10"	

----SHOWD questions----

S = What do you **See**?
 H = What is **H**appening?
 O = Does this happen in **O**ur place?
 W = **W**hy does this happen?
 D = What will we **D**o about it?

<p>I. Transmission</p> <p>A. How is HIV transmitted from the mother to the infant? When could it be transmitted? Discuss as large group.</p>	10"	<p>I. <u>Transmission – How this Happens</u></p> <p>A. HIV can be transmitted during pregnancy and/or during labor and delivery to the newborn or young infant.</p>
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PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMCT)

METHOD	TIME	KNOWLEDGE
<p>B. Draw pie chart with the following sections:</p> <ul style="list-style-type: none"> - 65-70% no transmission - 30-35% HIV transmitted to infant - 5% during pregnancy - 15% during delivery - 5% during early breastfeeding (under 6 months) - 5% during late breastfeeding (after 6 months) 		
<p>II. What are risk factors that increase the spread of HIV from the mother to the child and how could we reduce these risks? Discuss in large group.</p>	10"	<p>II. <u>Risk Factors</u></p> <p>A. High viral load of the mother; strain of the virus; mother's health; immune status, and nutrition. To reduce the risks, improve maternal health and nutrition.</p> <p>B. Obstetric factors – long labor; prolonged rupture of membranes; hemorrhage during delivery; STDs; type of delivery; and medications. To reduce the risks, have a cesarean section, use anti-viral medications, treat STDs, etc.</p> <p>C. Infant – duration of breastfeeding and mixed feeding. To reduce the risks, have exclusive formula feeding if feasible, affordable, and safe. Or use exclusive breastfeeding but only until 6 months of age.</p>
<p>III. Summary Read information from knowledge column.</p>		<p>III. <u>Summary:</u> Most HIV transmission occurs during labor and delivery, though some can occur during the pregnancy or during breastfeeding, especially if prolonged.</p>
<p>IV. Follow-up questions. Break into small groups and report back.</p> <p>A. What are some ways that we can help families affected by HIV and help prevent the vertical transmission of HIV to children?</p> <p>B. What are the advantages and disadvantages of breastfeeding in this situation?</p>	30"	<p>IV. <u>Follow-up Questions</u></p>

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMCT)

METHOD	TIME	KNOWLEDGE
<p>C. How could a CHE program help to prevent vertical transmission of HIV to children?</p> <p>D. What is needed to have a PMTCT program here?</p>		
<hr/> <p><u>ATTITUDE:</u> Facilitator is sensitive to the HIV topic as many communities have difficulties in dealing with the HIV situation.</p> <p><u>SKILL:</u> Participants will understand when HIV infection is spread from the pregnant woman to her infant. They will also discuss factors for transmission of HIV from mother to infant.</p> <p><u>EVALUATION:</u> Facilitator will know participants have learned the content of this lesson when they understand how HIV can be passed from mother to infant.</p> <p><u>MATERIALS:</u> -Newsprint -Marking pens -Masking tape</p> <hr/>		
<p>This lesson is used in: Prevention of Mother-to-Child Transmission (PMTCT); HIV TOT</p>		

BREASTFEEDING AND HIV TRANSMISSION

Date: 01/03 (Revised 05/10)

(1½ HOURS)

- OBJECTIVES:**
1. Participants will discuss breastfeeding norms in the community.
 2. Participants will identify factors which might increase risk of HIV transmission through breastfeeding.
 3. Participants will be able to discuss the new WHO recommendations for breastfeeding.
 4. CHEs will be able to teach women regarding breastfeeding with HIV infection.

OVERVIEW FOR TRAINERS: This lesson discusses the hard choices of whether HIV-positive women should breastfeed, and the risks versus benefits to the infant. Teach this lesson after *Preventing Mother-to-Child Transmission*. The lesson could be divided into two shorter lessons.

Note: Be sure to discuss specific recommendations with your health care professional. This lesson gives health teaching but not specific medical advice.

METHOD	TIME	KNOWLEDGE
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- Role Play:** Two CHEs are talking. 10"
- 1st I have heard that a HIV infection can spread to the baby from breastfeeding!
- 2nd Does that mean HIV-positive women should not breastfeed?
- 1st HIV-positive mothers have a hard decision to make.
- 2nd What do you mean?
- 1st If they breastfeed, their babies could be infected with HIV. But if they don't breastfeed, their babies may get diarrhea and grow poorly.
- 2nd What advice shall we give them?
- 1st I don't know!

----SHOWD questions----

S = What do you **S**ee?
 H = What is **H**appening?
 O = Does this happen in **O**ur place?
 W = **W**hy does this happen?
 D = What will we **D**o about it?

- | | | |
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| <p>I. Infant feeding practices. In large group discuss the following questions.</p> <p>A. How do women in our community feed their babies?</p> | 15" | <p>I. <u>Infant Feeding Practices and Alternatives.</u></p> <p>A. Women in our community feed their babies by:</p> <ol style="list-style-type: none"> 1. Breastfeeding exclusively for several years 2. Breastfeeding for a few months then mixed feedings of formula and breastfeeding. 3. Giving formula 4. Feeding the infant other fluids such as tea, gruel, rice water, etc. |
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BREASTFEEDING AND HIV TRANSMISSION

METHOD	TIME	KNOWLEDGE
B. How long do women breastfeed?		B. How long do women breastfeed? 1. This can vary, from a few weeks to several years. 2. Generally, at about 6 months an infant is ready to begin receiving nutrition from other sources. 3. Some communities add teas or other liquid foods in early infancy; others add other foods later in first year.
C. What can the infant eat when the mother can't breastfeed her baby? (For example, if a woman dies during or after childbirth)		C. Alternate feeding may include: 1. Commercially made infant formula 2. Cow or goat's milk 3. Gruel made from grains or rice 4. Another woman who is now breastfeeding woman may feed the baby. 5. .This varies from community to community.
II. Choices Discuss in large group.	10"	II. <u>Choices</u>
A. What are some advantages of breastfeeding?		A. Advantages of breastfeeding 1. Infant formula is often very expensive. 2. Breastfeeding is convenient and available. 3. Breast milk is the best nutrition for a baby. 4. Breastfed babies grow well. 5. Breastfeeding protects the baby from infections. 6. Formula can get contaminated with germs and cause illness and diarrhea. 7. Sometimes parents dilute the formula. 8. Sometimes parents can't afford to buy formula.
B. What is the general recommendation about breastfeeding, for mothers who are not HIV-positive?		B. General recommendation 1. Babies should breastfeed exclusively for six months. 2. Babies don't need formula, milk, food, or even water for six months. Breast milk alone is enough. 3. After six months of age, babies can start to eat solid foods.
C. Why is the choice of feeding harder for HIV-positive women?		C. Harder choice 1. HIV can be passed on to the infant through breast milk. 2. Mothers don't want their babies to become infected with HIV.

BREASTFEEDING AND HIV TRANSMISSION

METHOD	TIME	KNOWLEDGE
D. What are some factors that would affect the decision of a HIV-positive woman?		D. Deciding factors <ol style="list-style-type: none"> 1. Can she afford to buy formula? 2. Is HIV treatment with antiretroviral medicines available and affordable?
E. What are some factors that might put the baby at higher risk of being infected with HIV?		E. The baby is at higher risk if: <ol style="list-style-type: none"> 1. The mother has a lot of the virus in her blood (high viral load) 2. Cracked or bleeding nipples 3. A breast infection during breastfeeding 4. Oral thrush in newborns or other mouth sores
III. World Health Organization recommendations	25"	III. <u>World Health Organization Recommendations</u>
A. Divide into small groups. Read the <i>World Health Organization Recommendations</i> and work through the questions.		
B. What are antiretrovirals? What do they do?		B. What are antiretrovirals? <ol style="list-style-type: none"> 1. Antiretrovirals are medicines that fight the HIV infection. 2. They build up the immune system. 3. They help the person fight off other infections.
C. When should a pregnant woman take antiretroviral medicines?		C. When should a pregnant woman take antiretroviral medicines? <ol style="list-style-type: none"> 1. If she needs them for her own health 2. To protect the health of the baby 3. Women who are HIV-positive should start taking antiretroviral medicines early in the pregnancy.
D. Can HIV-positive women breastfeed?		D. Can HIV-positive women breastfeed? <ol style="list-style-type: none"> 1. An HIV-positive woman can breastfeed if she is taking antiretroviral medicines. 2. Sometimes her baby will take antiretrovirals as well. 3. The antiretroviral medicines protect her baby from getting infected with HIV.
E. When should an HIV-positive woman NOT breastfeed?		E. When should an HIV-positive woman NOT breastfeed? <ol style="list-style-type: none"> 1. If she has no access to antiretroviral medicines. 2. If she can't afford ARVs. 3. If she is not taking antiretroviral medicines.

BREASTFEEDING AND HIV TRANSMISSION

METHOD	TIME	KNOWLEDGE
<p>F. What is the biggest obstacle or challenge to breastfeeding?</p> <p>G. If an HIV-positive woman decides to breastfeed, what advice would you give her?</p>		<p>4. If she prefers not to breastfeed.</p> <p>F. What is the biggest obstacle or challenge to breastfeeding?</p> <ol style="list-style-type: none"> 1. Sometimes antiretroviral treatment is not available. 2. Some countries cannot afford to supply antiretroviral medicines. <p>G. If an HIV-positive woman decides to breastfeed, what advice would you give her?</p> <ol style="list-style-type: none"> 1. Breastfeed exclusively until six months of age. 2. Do not give a mix of formula and breast milk. 3. She can continue to breastfeed for 12 months. 4. Wean the baby gradually. 5. Continue the antiretroviral treatment faithfully.
<p>IV. Case studies Return to your small groups. Read Martha and Zenia's case studies. What should they do?</p> <p>A. Martha</p> <p>B. Zenia</p> <p>C. What do you think? Should HIV-positive women breastfeed?</p>	20"	<p>IV. <u>Case studies</u></p> <p>A. Martha</p> <ol style="list-style-type: none"> 1. She can go to a nearby city to see if antiretroviral medicines are available. 2. If she cannot take antiretroviral medicine, she probably should not breastfeed. 3. She can give the baby formula. 4. She will need to boil the stream water or use purified water to mix the formula. 5. Be sure not to dilute the formula. <p>B. Zenia</p> <ol style="list-style-type: none"> 1. She needs to go for prenatal care. 2. She should begin to take antiretroviral medicines early in her pregnancy. 3. Both she and her baby will need to take ARVs. 4. If she is taking ARVs, she could decide to breastfeed. 5. She should discuss the options with her health care professional. <p>C. What do you think?</p> <ol style="list-style-type: none"> 1. That is an individual decision.

BREASTFEEDING AND HIV TRANSMISSION

METHOD	TIME	KNOWLEDGE
<p>V. How can the CHE help the HIV-positive woman make a decision regarding how to feed her baby and then support her in her decision? Discuss in large group.</p>	10"	<p>2. HIV-positive women may decide to breastfeed if antiretroviral treatment is available.</p> <p>3. But that is a decision for the parents and the doctor to discuss.</p> <p>4. There is no easy answer.</p> <p>V. <u>Making the decision</u></p> <p>A. CHEs won't make the decision. They will give training and support the HIV-positive woman.</p> <p>B. Give health education regarding prevention of HIV during the pregnancy and breastfeeding period.</p> <p>C. Encourage all pregnant women to seek prenatal care and HIV testing.</p> <p>D. An HIV-positive woman will take antiretroviral medicine during the pregnancy and while breast feeding.</p> <p>E. Her health care professional will give her advice about ARV treatment.</p> <p>F. Give health education regarding good breastfeeding technique to prevent bleeding or cracked nipples and mastitis.</p> <p>G. Discuss breastfeeding options.</p> <p>H. She will also discuss these options with her health care professional.</p> <p>I. Give emotional support to HIV positive women and support their decisions regarding infant feeding.</p>

References:

Avert. 2010. *HIV and breastfeeding*. Available from: <http://www.avert.org/hiv-breastfeeding.htm>

Avert. 2010. *Preventing mother-to-child transmission of HIV (PMTCT)*. Available from: <http://www.avert.org/motherchild.htm>

Avert. 2010. *WHO HIV & AIDS guidelines for PMTCT & Breastfeeding*. Available from: <http://www.avert.org/pmtct-guidelines.htm>

World Health Organization. 2009. *HIV and infant feeding*. Available from: http://www.searo.who.int/LinkFiles/HIV-AIDS_Rapid_Advice_Infant_feeding%28web%29.pdf

World Health Organization. 2009. *New HIV recommendations to improve health, reduce infections and save lives*. Available from: http://www.who.int/mediacentre/news/releases/2009/world_aids_20091130/en/index.html

World Health Organization. 2009. *Rapid advice: Use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants*. Available from: http://www.who.int/hiv/pub/mtct/rapid_advice_mtct.pdf

BREASTFEEDING AND HIV TRANSMISSION

ATTITUDE: It is important to consider social, practical, and health implications of breastfeeding and how this is impacted when a woman is HIV-positive.

SKILL: The CHE is able to teach pregnant women in their community how HIV is transmitted from mother to child. The CHE is able to suggest lower risk feeding methods to HIV-positive mothers. The CHE is supportive of the feeding choice made by the mother.

EVALUATION: The community will see a marked decrease in mother to child HIV transmission rates.

MATERIALS: -Newsprint
-Marking pens
-*World Health Organization Recommendations* handout, with *Case Studies*

This lesson is used in: HIV- PMTCT

World Health Organization Recommendations

Preventing mother-to-child transmission and improving child survival

The 2009 WHO recommendations promote the use of antiretrovirals earlier in pregnancy, starting at 14 weeks and continuing through the end of the breastfeeding period.

WHO now recommends that breastfeeding continue until the infant is 12 months of age, provided the HIV-positive mother or baby is taking antiretrovirals during that period. This will reduce the risk of HIV transmission and improve the infant's chance of survival.

"In the new recommendations, we are sending a clear message that breastfeeding is a good option for every baby, even those with HIV-positive mothers, when they have access to antiretrovirals," said Daisy Mafubelu, WHO's Assistant Director General for Family and Community Health.

National health authorities are encouraged by WHO to identify the most appropriate infant feeding practice (either breastfeeding with ARVs or the use of infant formula) for their communities. The selected practice should then be promoted as the single standard of care.

Benefits and challenges

An earlier start to antiretroviral treatment boosts the immune system and reduces the risks of HIV-related death and disease. It also lowers the risk of HIV and TB transmission.

The new prevention of mother-to-child transmission (PMTCT) recommendations have the potential to reduce mother-to-child HIV transmission risk to 5% or lower. Combined with improved infant feeding practices, the recommendations can help to improve child survival.

The main challenge lies in increasing the availability of antiretroviral treatment in resource-limited countries.

Adapted from: World Health Organization. 2009. New HIV recommendations to improve health, reduce infections and save lives.

Questions:

1. What are antiretrovirals? What do they do?
2. When should a pregnant woman take antiretroviral medicines?
3. Can HIV-positive women breastfeed?
4. When should a HIV-positive woman NOT breastfeed?
5. What is the biggest obstacle or challenge to breastfeeding?
6. If a HIV-positive woman decides to breastfeed, what advice would you give her?

Case Studies

Martha lives in a rural village where there is little health care. She can buy formula, but it is expensive. She tested HIV-positive last year during a health campaign. No antiretroviral medicines are available locally. She drinks water from a nearby stream. Now she is pregnant. What should she do?

Zenia lives closer to the city. Her local health center provides HIV testing and antiretroviral medicines. She is HIV-positive, but is not taking medicines. She just learned that she is pregnant, but has not had any prenatal care. What should she do?

HIV TESTING

Date: 04/03 (revised 3/10)

(1 ½ HOUR)

- OBJECTIVES:**
1. Participants will understand the HIV test.
 2. Participants will discuss who should consider HIV testing.
 3. Participants will be able to discuss with others advantages and challenges of HIV testing.

OVERVIEW FOR TRAINERS: This lesson discusses the HIV testing and the advantages and challenges of knowing one's HIV status. The trainer should know what types of HIV tests are available to the particular community.

METHOD	TIME	KNOWLEDGE
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Story: Read the story about Ana.	10"	
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Part 1

Ana is a woman who lives in a community not too far from here. Last month, Paul, her husband died from AIDS-related complications. Paul had always provided the income for the family while Ana stayed home and cared for the children. Paul died after being sick for many months. During his illness, they used all of the family money to pay for cures. Now Ana worries she is HIV-positive and wonders how she will care for her family and pay for school fees and other expenses.

----SHOWD questions----

S = What do you **S**ee?
 H = What is **H**appening?
 O = Does this happen in **O**ur place?
 W = **W**hy does this happen?
 D = What will we **D**o about it?

- | | | |
|---|----|--|
| <p>I. HIV Testing
 In large group discuss the following questions.
 A. What is HIV testing?</p> | 5" | <p>I. <u>HIV Testing</u>

 A. What is HIV testing
 1. HIV testing shows if you are HIV-positive.
 2. A positive test indicates that a person has been infected with HIV.
 3. (HIV is the virus that causes AIDS.)
 4. This is a medical test to detect the presence of HIV or antibodies to HIV. (Antibodies are the person's immune response to the virus.)</p> |
|---|----|--|

HIV TESTING

METHOD	TIME	KNOWLEDGE
<p>B. What body fluid is used for HIV testing?</p> <p>C. Where is HIV testing available in your community and how much does it cost?</p>		<p>B. Body fluid used for testing:</p> <ol style="list-style-type: none"> 1. A small blood sample is taken for the HIV test. 2. There are also oral tests that check fluids from the mouth. 3. The urine can also be tested. <p>C. Answers will vary by community.</p>
<p>III. Advantages and Challenges of HIV Testing</p> <p>Divide into small groups. Have groups discuss and list advantages of having an HIV test and disadvantages, then have groups take turns presenting an advantage and disadvantage until all of ideas are listed.</p>	15"	<p>III. <u>Advantages/Challenges of HIV Testing:</u></p> <p>A. Advantages</p> <ol style="list-style-type: none"> 1. Prevent the spread of HIV to others 2. Good opportunity for HIV education 3. Gives motivation to stay HIV-negative, with behavior change 4. HIV-positive persons can learn about ways to stay healthy 5. Prepare for the future 6. HIV-positive people can receive treatment for HIV 7. HIV testing gives an opportunity to share Christ and pray with them 8. Spiritual counseling 9. Connection with legal services 10. Get medical care <p>B. Challenges</p> <ol style="list-style-type: none"> 1. Many people are afraid to be tested. 2. They may think of being HIV-positive as a death sentence 3. They have to face illness and death 4. But HIV can be treated 5. Intense feelings such as anger, guilt, worry 6. They may face shunning by their community 7. Partner may become angry or may leave 8. Fear of dying sooner because you know 9. Might spread the disease on purpose 10. Loss of job, business, or home if others find out about diagnosis 11. No medicine to cure HIV

NOTE: Section 'D' should be for clinic staff trainings only.

HIV TESTING

METHOD	TIME	KNOWLEDGE
D. What types of HIV tests are available? List indications for use and advantages/disadvantages of each type of test. If possible pass around samples of the available HIV tests.		<p>D. Types of HIV tests</p> <ol style="list-style-type: none"> 1. Rapid test <ol style="list-style-type: none"> a. Screening test b. Inexpensive c. Results available quickly d. Easy to perform e. Over 99% accurate f. Blood, mouth fluids, or urine can be tested 2. ELIZA test <ol style="list-style-type: none"> a. Used for confirmation of positive result b. Must be sent out at most rural facilities c. Waiting period for results varies d. More expensive than rapid tests 3. Western Blot test <ol style="list-style-type: none"> a. "Gold Standard" of HIV tests b. Expensive c. Must be sent out d. Can be used on infants younger than 18 months
E. What does the HIV test tell us?		E. The test detects the presence of HIV or HIV antibodies in the blood. It tells us if a person is infected with HIV.
F. What does the HIV test <u>not</u> tell us?		<p>F. What the HIV test does not tell us.</p> <ol style="list-style-type: none"> 1. How long a person has had the virus 2. From whom a person got the virus 3. If a person has AIDS 4. If an infected person has infected anyone else 5. How long a person who is infected with HIV will live 6. If a person has been infected within the last 3 months, the "window period"
G. What is the "window period?" Show picture of seed planted in the ground and the time that it takes to be able to see the result.		<p>G. The first three months of being infected is called the "window period." It is the time from infection to development of enough antibodies to be detected by HIV test. An example is of a seed planted in the ground. After you plant it, you cannot see it, but it is there and growing, after some time you can see it. HIV may not be seen immediately, but it is multiplying and can be detected on an HIV test after this "window" period.</p>

HIV TESTING

METHOD	TIME	KNOWLEDGE
<p>H. How accurate is an HIV test? What if the HIV test is wrong? (Many people are concerned about the HIV test being incorrect and they don't really have HIV. It is important to address this.)</p>		<p>H. Accuracy of HIV test result:</p> <ol style="list-style-type: none"> 1. Most HIV tests are at least 99% accurate. 2. It takes approximately 3 months for the body to build up enough antibodies to be detected on an HIV test, so recent infection may not show up as a positive test. 3. A rapid test is first used to screen for the HIV antibody. 4. When a rapid test is positive, a second blood sample is collected and sent for a confirmation test. If that is not available a second rapid test from a different manufacturer and blood sample is considered adequate confirmation.
<p>II. Who should consider having an HIV test?</p>	10"	<p>II. <u>Who should Have an HIV Test</u></p> <ol style="list-style-type: none"> A. If sexual partner is known to be HIV-positive. B. If you or your partner are having sex with other partners. C. If you or your partners have had sex with other partners in the past. D. Anyone who has used injection drugs. E. Pregnant women or those considering becoming pregnant if they or their partner have ever had sex with someone else.
<p>IV. Story of Ana: Part 2 Divide into the same small groups. Read the story and discuss the following questions then report back as a large group.</p>	30"	<p>IV. <u>Story of Ana – Part 2</u></p>

Part 2

Ana knew she was HIV-positive because she went to the clinic for a blood test. It was difficult to know the truth, but it was better than worrying about it. Ana was determined to work hard while she was still strong and to save as much money as she could.

After her husband died, Ana joined a group that helped her start her own business. Her business is very important, because it is her family's only source of income.

HIV TESTING

METHOD**TIME****KNOWLEDGE**

Ana followed the instructions from the doctors and the advice from her CHE to help ease her symptoms.

While she was still able to work, Ana used her profits to build up her business. She also taught her children how to run the business. Her main concern was to make sure her children were well taken care of after she died.

Ana became very sick and knew that she would die soon. She took advice from a friend and wrote a letter to each of her children to read after her death.

In her final days, Ana was at peace—she had forgiven her husband Paul for giving her HIV. She had no bitterness in her heart, only sadness that she would not see her children grow up or hold her grandchildren.

When Ana died, many people attended her funeral and mentioned her kindness and dignity while living with HIV. It was a celebration of her life.

- A. How did having an HIV test help Ana?

- B. What were some of the things that Ana did to prepare for her death?

- C. What were the outcomes of her actions?

- A. How an HIV test helped Ana:
 1. It helped her face the truth.
 2. It connected her with a support group.
 3. It connected her with medical care.
 4. Now treatment for HIV is available in most areas.
 5. With treatment, people who are HIV-positive can lead normal lives and live for many years.

- B. How Ana prepared for her death:
 1. Started and built a business.
 2. She taught her children the business.
 3. She forgave her husband.
 4. She wrote letters to her children.

- C. Outcomes of Ana's actions:
 1. Ana's children were provided for.
 2. Ana was at peace.
 3. Ana's children knew that she loved them.
 4. Many people respected Ana and her dignity while living with HIV.
 5. She was an example to others.

HIV TESTING

METHOD
TIME
KNOWLEDGE

Reference: Credit to World Relief "Facing AIDS Together, HIV and AIDS Prevention and Care"

ATTITUDE: Facilitator understands there is often misunderstanding about HIV and fears about HIV testing. This lesson attempts to dispel these concerns and present the benefits of HIV testing.

SKILL: Participants will understand the HIV test and will discuss who should consider being tested. They will also be able to discuss the advantages and challenges of HIV testing.

EVALUATION: Facilitators will know participants have learned the content of this lesson when they display confidence in the HIV test and the benefits of testing. More people in community will be tested for HIV.

MATERIALS:

- Newsprint
- Markers
- Samples of HIV test kits (for clinic staff trainings)
- Picture of seed growth*
- Story of Ana, Part 1 and 2*

This lesson is used in: HIV – Education & Prevention, HIV - PMTCT

HIV Testing – Story of Ana

Part 1

Ana is a woman who lives in a community not too far from here. Last month, Paul, her husband died from AIDS-related complications. Paul had always provided the income for the family while Ana stayed home and cared for the children. Paul died after being sick for many months. During his illness they used all of the family money to pay for cures. Now Ana worries she has HIV and wonders how she will care for her family and pay for school fees and other expenses.

Part 2

Ana knew she was HIV-positive because she went to the clinic for a blood test. It was difficult to know the truth, but it was better than worrying about it. Ana was determined to work hard while she was still strong and to save as much money as she could.

After her husband died, Ana joined a group that helped her start her own business. Her business is very important, because it is her family's only source of income.

Ana followed the instructions from the doctors and the advice from her CHE to help ease her symptoms.

While she was still able to work, Ana used her profits to build up her business. She also taught her children how to run the business. Her main concern was to make sure her children were well taken care of after she died.

Ana became very sick and knew that she would die soon. She took advice from a friend and wrote a letter to each of her children to read after her death.

In her final days, Ana was at peace—she had forgiven her husband Paul for giving her HIV. She had no bitterness in her heart, only sadness that she would not see her children grow up or hold her grandchildren.

When Ana died, many people attended her funeral and mentioned her kindness and dignity while living with HIV. It was a celebration of her life.

8
SEED GROWTH



Source: Wikipedia. 2010.

NUTRITION FOR PREGNANT AND BREAST-FEEDING WOMEN

METHOD	TIME	KNOWLEDGE
<p>III. Small Group Discussion:</p> <p>A. Break into small groups and ask the groups to plan a one day menu to include one serving of iron foods three times a day. Be sure to plan the 3x3 food groups also. Share as a large group.</p>	15"	<p>III. <u>Small Group Discussion:</u></p> <p>A. Plan to have iron foods 3 times a day. Iron tablets can be used for extreme cases of low iron, especially in women far along in pregnancy. You should emphasize that pregnant women need more food (quantity-wise) – 1 ½ times the normal need. Also emphasize 3 food groups, 3 times a day – especially body building foods.</p>
<p>IV. Lack of Iron in the Body</p> <p>A. What are some symptoms of lack of iron in the body? Show how to check the tongue, eyelids, palms and nails.</p>	10"	<p>IV. <u>Lack of Iron in the Body</u></p> <p>A. Symptoms of lack of iron:</p> <ol style="list-style-type: none"> 1. Tired, weak 2. Can't walk far 3. Can't fetch water 4. Pale tongue, inner eyelids, palms of hands, nails
<p>B. Show picture of pregnant woman again and read the case study to the group: A pregnant woman is in her 5th pregnancy in 5 years. She complains of tiredness and weakness and can't walk far. She cannot fetch water. She is 7 months pregnant. Her nails, tongue, palms and inside of eyelids are pale. She doesn't have a fever or is bleeding. What is her problem?</p>	5"	<p>B. The woman's problem is weak blood. Not enough iron because of many pregnancies, overworking, not enough food, etc.</p>
<p>V. Breast Milk</p> <p>Discuss in a large group: Do women ever complain about not having enough breast milk? What are some reasons they may not have enough? Explain about foods that make good breast milk, and the need for drinking milk and other liquids.</p>	10"	<p>V. <u>Breast Milk</u></p> <p>Women, who are breast-feeding, should eat at least one of the above iron containing foods 3 times a day, as during pregnancy. In addition, she should drink 8-10 cups of liquid, which includes 3 cups of milk per day.</p>
<p>VI. Spiritual Analogy</p> <p>Read the following scriptures and discuss the questions.</p> <p>A. I Peter 2:2 – What is 'pure milk' for our spiritual 'bodies'?</p>	15"	<p>VI. <u>Spiritual Analogy:</u></p> <p>The Bible talks about nutrition to our spirits.</p> <p>A. I Peter 2:2 – Like a newborn craves pure milk, we are to crave the Word of God and our bodies will thrive on it.</p>

NUTRITION FOR PREGNANT AND BREAST-FEEDING WOMEN

METHOD	TIME	KNOWLEDGE
B. Galatians 5:19-24 – Compare the deeds of the flesh to the fruits of the Spirit.		B. Galatians 5:19-24 – Deeds of the flesh/fruits of the Spirit.
C. Romans 3:23, 5:8 – Do you have a spiritual need?		C. Romans 3:23 – “For all have sinned and fallen short of the glory of God.” Romans 5:8 – “...while we were yet sinners, Christ died for us.”
D. Acts 16:30, 31 – What must I do to be saved?		D. Acts 16:30, 31 – “...Believe in the Lord Jesus, and you will be saved- you and your household.”

Reference:

You may also use the following picture books:

- Food 3 x 3
- Christian Growth

ATTITUDE: Pregnancy and breast-feeding are special conditions needing special eating. Food can be like a medicine and an important prevention.

SKILL: To recognize lack of iron by one’s appearance and actions.

EVALUATION: They can identify the signs of anemia.

MATERIALS:

- Poor Nutrition Problems* handout
- Newsprint or yellow plastic
- Marking pens
- Masking tape
- Foods High in Iron Nutrition Cards*

This lesson is used in: HIV- PMTCT, Pregnancy

Poor Nutrition Problems

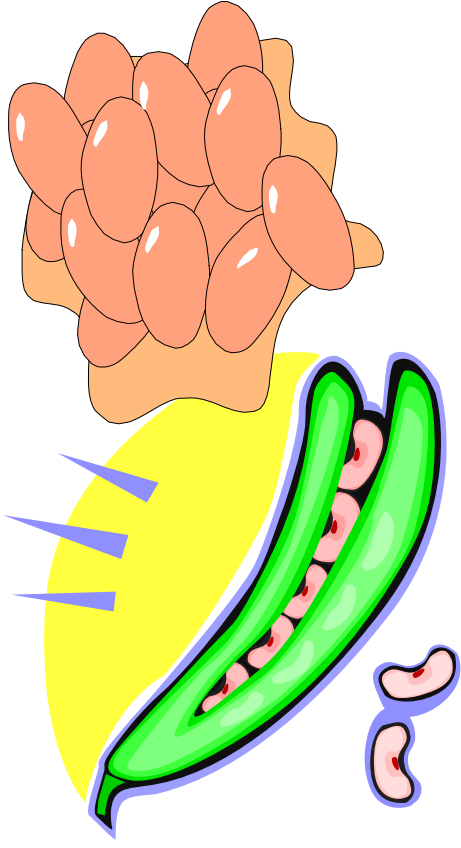


Nuts & Seeds



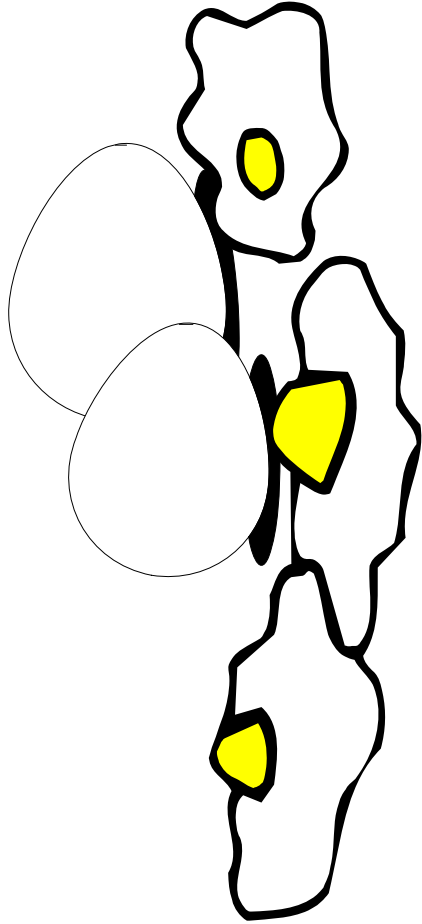
Foods high in iron

Beans



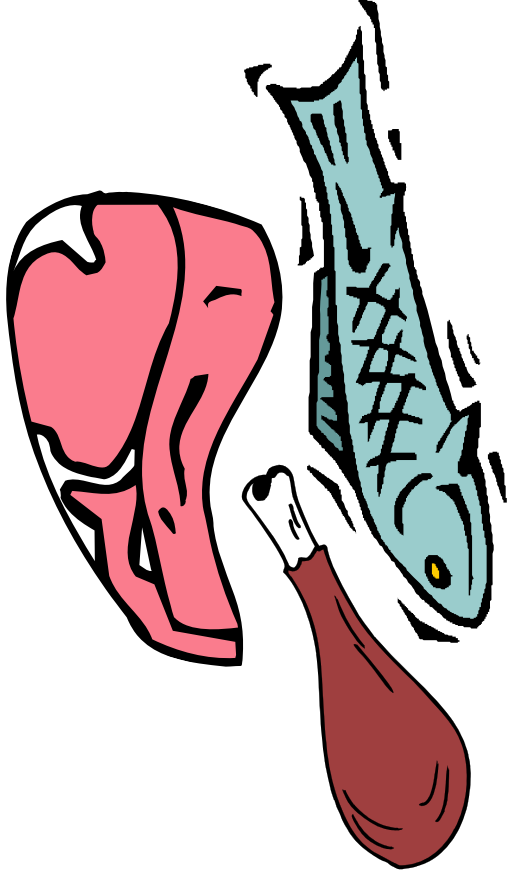
Foods high in iron

Eggs



Foods high in iron

Meat, Poultry & Fish



Foods high in iron

Beans & Peas

Meat, Poultry & Dry Bean Group
(2-3 Servings)

A source of protein for tissue growth and maintenance and dietary fiber which aids in digestion.

Serving size = $\frac{1}{2}$ cup

Nuts & Seeds

Meat, Poultry & Dry Bean Group
(2-3 Servings)

A source of Vitamin E which is an antioxidant and plays an important role in various body processes; also a source of protein.

Serving size = varies 4-7 nuts or
1 tablespoon seeds

Meat, Poultry & Fish

Meat, Poultry & Dry Bean Group
(2-3 Servings)

A major source of high quality protein for tissue growth and maintenance; red meat is a major source of iron.

Serving size = 2-3 oz

Eggs

Meat, Poultry & Dry Bean Group
(3-5 Servings)

A high quality protein source which promotes tissue growth and maintenance.

Serving size = 1 egg



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