



Street Children and HIV & AIDS

Methodological Guide
for Facilitators



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P.A.U. Education

Muntaner 262, 3º - 08021 Barcelona (Spain)

Tel.: (+34) 933 670 400

Fax: (+34) 934 146 238

E-mail: tatiana.mora@paueducation.com

www.paueducation.com

UNESCO

Division of Basic Education

7, place de Fontenoy, 75352 Paris 07 SP (France)

Tel.: (+33) 1 45 68 11 73

Fax: (+33) 1 45 68 56 26

E-mail: f.migeon@unesco.org

www.unesco.org

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P.A.U. Education creates and develops projects to assist institutions, associations and companies to respond innovatively and effectively to the social and educational challenges upon which they wish to act. Its participatory projects respond to the need for change of our societies through the direct involvement of different actors, both institutional and on the field (children, adults, associations, etc.).

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Acronyms and abbreviations used in the guide

AIDS: Acquired immunodeficiency syndrome

ANERSER: Association nationale pour l'éducation et la réinsertion sociale des enfants à risque
[National association for the education and social reinsertion of children at risk] (Burkina Faso)

ASMAE: Association sociale et médicale d'action et d'éducation [Social and medical action and education association] (Senegal)

CBC: Communication for behavioural change

EMA: Équipe mobile d'aide [Mobile aids teams]

FRESH: Focusing Resources on Effective School Health

HIV: Human immunodeficiency virus

IEC: Information, Education, Communication

ISESCO: Islamic Educational, Scientific and Cultural Organization

MESAD: Mouvement pour l'éducation, la santé et le développement [Movement for education, health and development] (Côte d'Ivoire)

MVS: Mieux vivre avec le sida [Live better with AIDS] (Niger)

NGO: Non-governmental organisation

OAU: Organization of African Unity

SAMU: Service d'aide médicale d'urgence [Emergency medical assistance service]

STD: Sexually transmitted disease

UNAIDS: Joint United Nations Programme on HIV/AIDS

UNESCO: United Nations Educational, Scientific and Cultural Organization

UNICEF: United Nations International Children's Emergency Fund

WHO: World Health Organization

YDF: Youth Development Foundation (Cameroon)

Reader information: The international community increasingly recommends the use of expressions such as "homeless children" or "children living on the street". Nevertheless, for greater clarity, this guide uses the term "street children", an expression used frequently by those working in the field.

Introduction

Street children survive, rather than live, on the street: on a daily basis, they are faced with constant violence, which goes hand in hand with the risks linked to drug taking and infection by sexually transmitted diseases (STDs). They are particularly exposed to the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS).

Dealing with the issue of HIV & AIDS is a major challenge for the institutions and associations that work with these children.

The lack of information and training with regard to listening techniques and tools hampers the effectiveness of the action of facilitators working to prevent HIV & AIDS. Furthermore, they may share numerous preconceived ideas concerning the virus, how it is transmitted, how to treat it or how to protect against any risk of infection. This methodological guide aims to offer a flexible and adaptable training tool, able to effectively assist facilitators when they need to deal with the issue of HIV & AIDS with the street children. In addition, it offers tools in order to measure the effectiveness of the facilitators' interventions.

The methodological guide focuses on preventing risk behaviours. It is enhanced by the work carried out before, during and after the sub-regional seminar for the training of facilitators "Protecting the Rights of Street Children: Combating HIV & AIDS and Discrimination", held in Niamey (Niger) from 30 May to 3 June 2005, which brought together participants from Burkina Faso, Cameroon, Côte d'Ivoire, Mali, Niger and Senegal, as well as experts from the programme on Guidance, Counselling and Youth Development for Africa*.

Their knowledge of the realities on the field encouraged the participants to favour a guide format that would be useable, practical and light, so that the user could take it along with him or her wherever he or she went. The structure, comprising five autonomous dossiers, arranged following a logical sequence, ensures coherence as a whole. These five dossiers are preceded by a general presentation about the work that led to the creation of this guide.

* This programme, supported by, among others, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Islamic Educational, Scientific and Cultural Organization (ISESCO), was launched in April 1994 in 28 African states and concerns the non-academic aspects of teaching, which include the emotional and social dimensions of the child's school life.

The user is therefore provided with tools and techniques on the following five themes:

- 1 Street children: who are they?
- 2 HIV & AIDS and STDs: messages to be conveyed and intervention tools
- 3 The facilitator: profile
- 4 Intervention techniques
- 5 Indicators; assessing intervention

The guide aims to adapt to the diversity of realities that institutions, associations and facilitators may come up against, an objective set by the initial validation of the contents during the seminar in Niamey. This validation process should continue by means of the intermediaries on the field in the various countries in which the guide is disseminated. This consideration of the diversity of the situations constitutes one of the major concerns for those who drew up this guide.

The Convention on the Rights of the Child

The guide falls within the spirit of the Convention on the Rights of the Child (1989).

Through their ratification of the Convention, the 192 signatory states undertake to ensure children's rights, be they cultural, social, economic or political. It is based on four principles: non-discrimination; the primary consideration of the best interests of children; the survival and full development of children; the participation of children and the consideration of their views in the matters that affect them.

In the field of HIV & AIDS prevention and street children, a number of articles in the Convention particularly concern the effective strategies carried out in accordance with human rights. The provisions were reinforced by the African Charter on the Rights and Welfare of the Child, adopted at the 26th Organization of African Unity (OAU) conference in July 1990 and focusing on:

- **Article 2**
Non-discrimination
- **Article 6**
Right to life and maximum survival and development
- **Article 8**
Preservation of identity
- **Article 12**
Respect for the views of the child
- **Article 13**
Freedom of expression and information
- **Article 15**
Freedom of association and peaceful assembly
- **Article 19**
Protection from all forms of violence
- **Article 20**
Protection of children deprived of their family environment
- **Article 24**
Health and health services
- **Article 27**
Adequate standard of living
- **Article 28**
Education
- **Article 34**
Sexual exploitation of children

PART 1

An Experimental Project

UNESCO and UNAIDS work on the development of action frameworks for those associations and institutions dealing with the twofold problem of street children and HIV & AIDS on a daily basis.

In order to encourage reflection by the actors on the field, UNESCO and P.A.U. Education headed a working group on the key theme of the training of facilitators to work with street children on the issue of HIV & AIDS.

Objective: this reflection aims to create the conditions of a sharing of experiences among all those working on a daily basis in an associative or institutional framework with street children.

I. Street Children and HIV & AIDS

Who are they?

UNESCO defines them as follows: "Street children are girls and boys for whom the street has become their home and/or source of livelihood and who are inadequately protected or supervised by responsible adults. They are temporarily, partially or totally estranged from their families and society".

The three categories

Three categories of children can be found living on the streets:

- "Street" children, who are totally estranged from their families.
- Children "on the street", who spend the majority of their day there before returning to the family home at night-time.
- Children living on the street with their families, constituting a third emerging category.

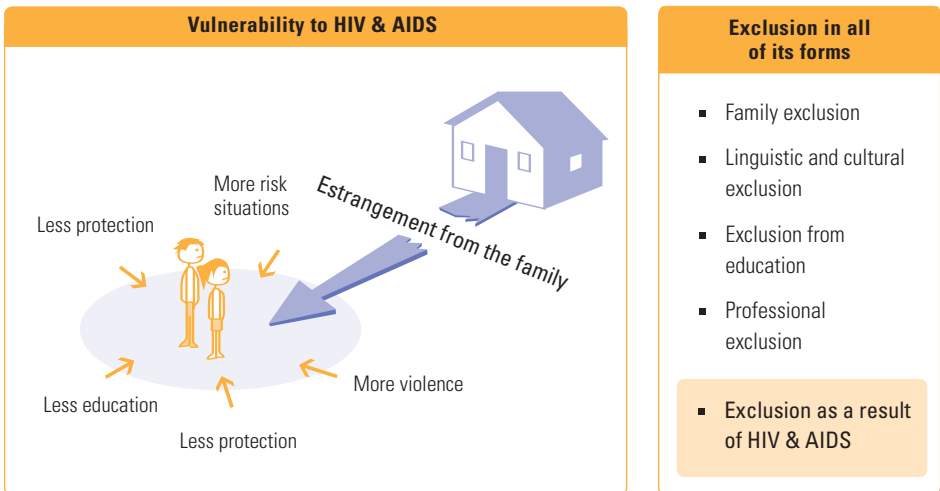
Marginalisation and HIV & AIDS

Low parental income, failure at school, family conflicts and parental negligence are a number of reasons that lead to children living partially or permanently on the street. Rather than living on the street, these children survive. On a daily basis, they are faced with drugs, violence, gang rivalries and, in particular, the risks of HIV infection, linked in particular to the fact that they are sexually precocious, exchange non-sterilised syringes, lack information, etc.

“Being a street child means going hungry, sleeping in insalubrious places, facing up to violence and sometimes becoming an expiatory victim; it means growing up without companionship, love and protection; it means not having access to education or medical services; it means losing all dignity and becoming an adult before even having been a child.”

“Are there any alternatives to this fate? Is it possible to avoid them being exposed to the dangers represented by drugs and HIV & AIDS?”

Street children, drugs, HIV & AIDS: preventive education responses,
UNESCO, Paris, 2003, p. 3.



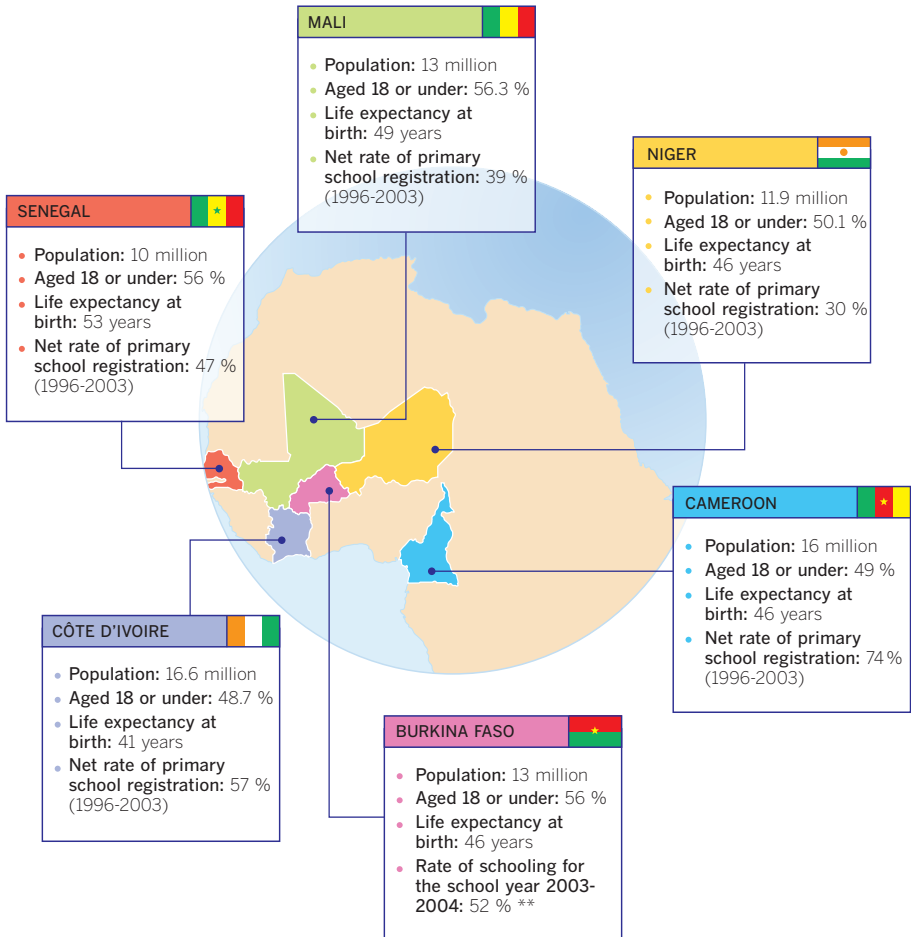
Facilitators on the field express their opinions...

- SAMU [Emergency medical assistance service] social, Mali: “The SAMU social-Mali Mobile aids teams (EMA) have not benefited from specific training in the prevention of HIV & AIDS among street children, hence the importance for them to be able to receive such training”.
- MESAD [Movement for education, health and development], Côte d’Ivoire: “The motivation of our facilitators is based on voluntary commitment and it is linked to their concern for the situation of children, given the society’s lack of reaction”.
- ANERSER [National association for the education and social reinsertion of children at risk], Burkina Faso: “Working with street children requires particular awareness. It is not in order to find employment that we carry out social work; rather, it is a vocation, love and conviction that, somewhere, ‘a life lived for the good of others has always been a better life’”.

II. Initial experimentation

A. The territory

Six countries in West Africa and Central Africa, representing 80.5 million inhabitants, of whom 51 % are less than 18 years of age (41 million) *.



* Unless otherwise indicated, the data was taken from UNICEF (www.unicef.org) and refers to information published in 2003.

** Source: Direction des Études et de la Planification du ministère de l'Enseignement de base et de l'Alphabétisation [Department of Studies and Planning, Ministry of Basic Education and Literacy] (Burkina Faso).

B. A three-phase process

PHASE 1. Placing the experiences in a network

The placing of the experiences in a network took place from February to May 2005. It enabled the definition of a first version of the guide, thus creating a discussion basis for the work and debates of the seminar.

The participants were able to communicate their knowledge by following a three-way procedure:

- Developing the participants' knowledge and intervention techniques through the development of exchanges among themselves;
- Providing the participants with tools and techniques to strengthen their capacity to listen and intervene with the street children;
- Reaching an initial consensus as to the form and content to give to the methodological guide in the perspective of the sub-regional seminar.

www.paueducation.com/aids

PHASE 2. Exchanges during the seminar

The seminar enabled the participants to go into greater depth regarding the following five topics:

- Street children
- HIV & AIDS and STDs
- The facilitator
- Intervention techniques
- Evaluation

Each of these five topics corresponds to a chapter of the methodological guide.

www.paueducation.com/aids

PHASE 3. Creation of a framework

Creation of a framework to train the facilitators, offering a basis for reflection and action for all those associations and institutions working particularly with street children in the field of HIV & AIDS prevention.

- How can I apply this training framework to my situation?
- How can I enrich this framework with my own experiences?
- How can I exchange views with facilitators faced with the same concerns?

B. The sub-regional seminar in Niamey for the training of facilitators (30 May to 3 June 2005)

UNESCO and P.A.U. Education have paid particular attention to networking and the exchange of experiences. Thus, the creation of the contents of the methodological guide, in its preparatory phase and during the seminar, mobilised numerous experts from Burkina Faso, Cameroon, Côte d'Ivoire, Mali, Niger and Senegal. (See *annexed list of participants*, p. 50-52.)

The participants expressed their opinions:

"It is not a question of simply showing the facilitators how HIV acts on the human body, but also of raising awareness and making them understand so that they are convinced".

René Sibomana
ASMAE *, Senegal

"For parents, the capital offers financial opportunities, and they also encourage their children to go to the cities. Once they are there, these children, placed with a boss who mistreats them, end up escaping and find themselves on the street".

Kouassi Konan
MESAD, Côte d'Ivoire

"The issue of impact should be linked to the risk situations: street children are vulnerable to the risk of infection and the psychological, social and economic impact of HIV infection".

SAMU social-Mali

"The facilitators called to deal with the issue of HIV with street children should observe the fundamental attitudes, which are: empathy, respect and authenticity".

Dr Kadidiatou Gouro
MVS **, Niger

"The facilitator on the street (and I am one), [...], organises educational talks four times a month, in keeping with [the] reality [of the children]. The facilitator should know that street children are willing to experiment with the virile parts of their bodies, even though this is neither of use nor necessary".

Ludovic Savadogo
ANERSER, Burkina Faso

* Association sociale et médicale d'action et d'éducation [Social and medical action and education association].

** Mieux vivre avec le sida [Live better with AIDS].

UNESCO, street children and HIV & AIDS: making the action possible

UNESCO seeks to protect vulnerable children, who are particularly exposed to risks of HIV infection. The organisation thus offers its support to the creation of preventive education strategies, particularly by constituting civil society and decision-makers' organisation networks.

PART 2

A Training Proposal

A. The overall objective

Associations and institutions working with street children find themselves up against the major challenge of dealing with the issue of HIV & AIDS.

Whether they live partially or entirely on the street, children see their mental and physical integrity threatened: their survival on the street confronts them with violence on a daily basis, along with the risks linked to drugs and those of infection with STDs, particularly HIV. The considerable number of children infected with STDs is an indication of unprotected sex.

On all continents, there are many preconceived ideas about HIV & AIDS and how it is transmitted, how to take care of oneself and prevent infection, and the possibility or impossibility of being cured. Facilitators themselves may share such ideas, which hampers the effectiveness of their action of information and prevention with their young public. They may also lack the arguments and tools in order to carry out their mission of intervention and prevention effectively, particularly in the field of listening techniques.

The methodological guide aims to constitute a training tool that is sufficiently flexible and adaptable for the facilitators in order to guide them when they deal with the issue of HIV & AIDS with the street children.

An initial validation of the contents of the guide took place in Niamey, during the seminar.

The participants favoured a light and easy format in order to enable facilitators to carry and use it during trips, and a written form with accessible language and attractive design to make consultation more enjoyable.

B. Acting on risk behaviours *

The objective set is to reduce the vulnerability of the street children regarding drugs and HIV & AIDS: preventive education aims to prevent or modify risk behaviours for the health, or the life, of the person concerned.

The two possible and complementary strategies proposed are as follows:

- **Strategy 1:** increase the level of knowledge of the children regarding the risks of drugs and HIV & AIDS (by conveying knowledge about drugs and HIV & AIDS and encouraging awareness of the risks).
- **Strategy 2:** develop the children's capacities to apply their knowledge (by putting knowledge into practice, particularly knowledge about behavioural change).

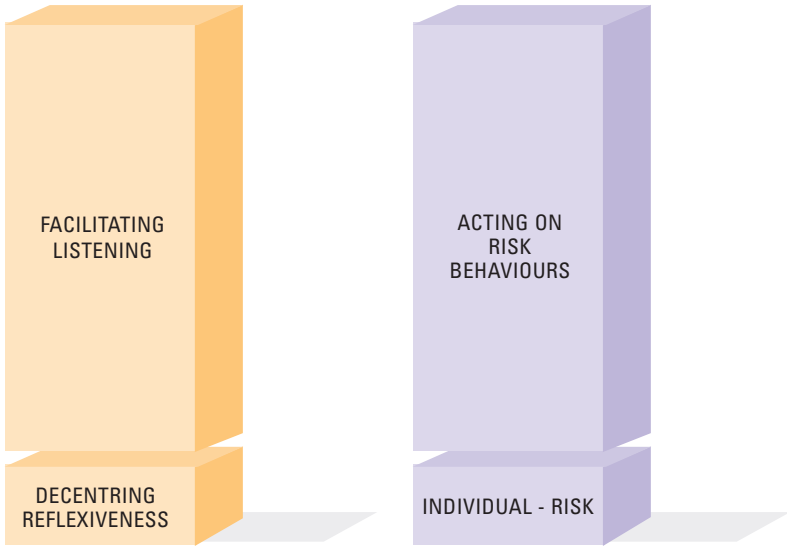
The first strategy deals with the transmission of knowledge about drugs and HIV & AIDS and awareness about the risks. Children should go from being recipients of information to becoming the actors of a reflection that helps them to understand the risks to which they expose themselves, individually or as a group. The second strategy is based on the implementation of knowledge and the change in behaviours. So that the latter evolve, the child must realise that he or she also has a future and that he or she can preserve it. Reinsertion programmes often help the child to make this progression.

All involvement in the action requires, from the start, having precise information on the target population, its characteristics and the specific risks to which it is exposed. This is why an analysis of the situation is recommended.

It may also be useful to have more general information on the profile of the group to which the child belongs, such as its composition (sex, age, etc.), survival activities, the main problems that its members face (police violence, conflicts, personal history, etc.), the participation of certain children in possible reinsertion programmes, etc.

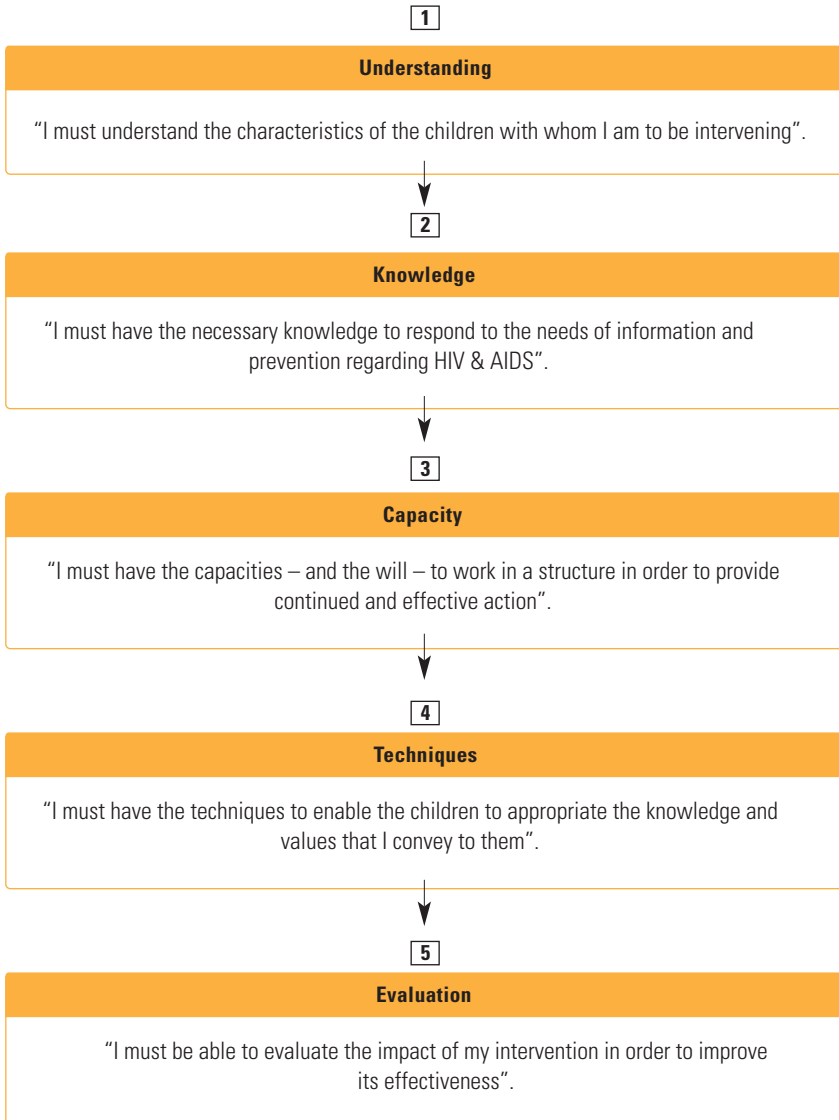
* The contents of this section on risk behaviours are excerpted from *Street children, drugs, HIV & AIDS: preventive education responses*, UNESCO, Paris, 2003, p. 23-24.

The two training pillars for the facilitators



- **DECENTRING:** means accepting that the street children with whom the facilitator is confronted may think differently, in order to try to understand them and make the intervention more effective.
- **REFLEXIVENESS:** means doing something whilst reflecting on the whys and wherefores of the action and intervention.

C. Facilitating learning



D. The training: a five steps approach

Five steps for this training:

- 1 Street children: who are they?
- 2 HIV & AIDS and STDs: messages to be conveyed and intervention tools
- 3 The facilitator: profile
- 4 Intervention techniques
- 5 Indicators: assessing intervention

The contents will follow a process of validation by the intermediaries, which will enable an exchange of experiences about the actual use of the guide in the different countries in which this is disseminated (whether these concern successes or difficulties encountered, or recommendations by the users). The guide therefore aims to adapt to the various realities that the organisations and facilitators find themselves up against on the field.

PART 3

In Practice: Five Steps

1 Street children: who are they?

In order to define an effective strategy for intervention with street children, the facilitator should acquire precise knowledge as to the population with which he or she is working. This entails having precise information about the street children, their characteristics and the specific risks to which this population is exposed.

Elements to be taken into account

- **The situation of street children:**
 - What should be known about them (e.g.: Where do they come from? How do they ensure their survival? What are the relations within their groups? Who is their leader?).
 - Specific characteristics (zone where the intervention takes place, the other decisive factors related to this, etc.).
- **Intervention objectives:**
 - What is the set objective?
 - What issues are dealt with?
 - What are the priorities upon direct intervention with the child?
 - Are the set objectives short, medium or long-term objectives?
 - What resources can the facilitator be assured of?
- **Intervention:** the place, duration, time (open or closed environment, day or night, by doing rounds or in a workshop, etc.).
- **Intervention characteristics:** (emergency intervention, initial raising of awareness or in-depth work).
- **Other ways of gaining access to the children:** (through peer facilitators, the family or community leaders).
- **The definition of flexible and lasting intervention.**

Analysis of situations

Information on street children and HIV & AIDS

- What do they know about HIV & AIDS?
- What are the myths and rumours about HIV & AIDS?
- What do they know about using condoms? If they do not use condoms, what are their reasons?
- What are the characteristics of sexual practices?
- What are the possible results of consultation in a medical centre (STD or HIV screening)?

Information on street children and drugs

- What kinds of drugs are taken?
- By what means are they taken (snorted, smoked)?
- How are they taken (in a group or individually, place and time of day)?
- How often are they taken?
- How much do the drugs taken cost?
- What is the level of addiction, according to criteria such as: time of first intake of the day, irritability and anxiety outside periods of drug taking, the need to take drugs to feel good, etc.?
- What reasons do the children give to justify drug taking?
- What role does drug taking play within a peer group?
- What knowledge do the children have as to the risks?
- What are the problems/difficulties experienced as a result of taking drugs?

Information about protection factors for street children

- What values are shared within the gang?
- What are the religious beliefs or others?
- What are the positive emotional attachments or relationships?
- Who are the trustworthy people, the leader, the models that are esteemed and positive?
- What are the qualities, competencies and personal skills of the children?
- What are their aspirations, their dreams?
- What experiences have they had in terms of reception within associations or centres, etc.?

Synoptic Table
Situation and characteristics of street children

Situation of the children	Characteristics	Intervention objective	Strategic intervention approach	Intervention tools
The new arrivals	<ul style="list-style-type: none"> • Less than one month living on the street • Fragility 	Emergency protection against risks	Street actions during the day and night	<ul style="list-style-type: none"> • Individual interview • Listening • Information on the reality of the street • Rights and responsibilities
The youngest	<ul style="list-style-type: none"> • Up to 10 years of age • Vulnerability 	Emergency protection	Street actions during the day and night/centre	<ul style="list-style-type: none"> • Means of support: games, speeches adapted to their age, respect of the body
Children who have been on the street for a long time	<ul style="list-style-type: none"> • More than five years living on the street • Development of strategies and aptitudes for survival on the street (drug addictions) 	Protection against HIV, adoption of reduced risk behaviour	Street actions during the day: outings, recreational activities and excursions	<ul style="list-style-type: none"> • Means of support: role-play games, sporting activities, theatre, forums, educational chats, demonstrations, follow-up use forms
Children who are alone	<ul style="list-style-type: none"> • Vulnerability • Solitude 	Protection against HIV, adoption of reduced risk behaviour	<ul style="list-style-type: none"> • Psychosocial approach • Progressive approach with a referent • Clinical and psychopathological approach 	<ul style="list-style-type: none"> • Individual interviews, specific tools adapted to the characteristics of children who are alone, follow-up use forms
Children in gangs	<ul style="list-style-type: none"> • Territories and intervention zones • Age, sex • Stability 	Protection against HIV, adoption of reduced risk behaviour	<ul style="list-style-type: none"> • Identify their leader and his or her role • Analyse the group structure 	<ul style="list-style-type: none"> • Means of support: role-play games, theatre, forums, sporting activities, educational chats, demonstrations • Make the tools more participative

2 HIV & AIDS and STDs: messages to be conveyed and intervention tools

The effectiveness of intervention with street children entails the definition of precise messages to be conveyed, as well as the definition of specially adapted tools in order to convey these messages to the children. This approach goes hand in hand with the exchange of these messages and tools with the other organisations offering aid to street children.

HIV & AIDS and STDs intervention and content tools

- **Contents:**
 - What is the knowledge to be conveyed?
 - What are the elements of the facilitators to be reinforced?
- **Messages:**
 - What are the messages to be conveyed?
 - How should these messages be constructed?
 - How can these messages be adapted to the “public” (girls, boys, etc.)?
- **The necessary tools (check-lists, material, etc.):**
 - Tools to reinforce the intervention (e.g.: check-list to organize the issues dealt with during the intervention, etc.).
 - Specific tools to develop specific means of intervention to prevent HIV & AIDS with the children (pictures, drawings, puzzles, games, etc.).
- **Create material that is sufficiently flexible and adaptable.**
- **Share resources:**
 - How can contents and tools be shared with other organisations?
 - Can a “tool bank” be envisaged?

Many other tools, including check-lists, questionnaires, group activities, games, etc., are available on the Focusing Resources on Effective School Health (FRESH) framework website, a partnership originally created by the following agencies: World Health Organization (WHO), UNESCO, UNICEF (United Nations International Children’s Emergency Fund) and the World Bank. Created for schools, some of this material can be adapted for activities carried out with street children.

Training contents and tools

Topic: HIV & AIDS

Facilitators concerned *:

- Heads of non-governmental organisations (NGOs), institutions and associations;
- Qualified personnel (social workers, specialised educators, doctors, nurses, psychologists, etc.);
- Person in charge of recruitment within the structure;
- Leaders among the street children.

Content	Message	Tool
Definition of the virus	AIDS cannot be cured	Posters, personal accounts, films, etc.
Symptoms	Evolution of the virus in the body	Living metaphor, films, posters, etc.
Means of transmission	Four means of transmission: <ul style="list-style-type: none"> • Sexual intercourse; • Subcutaneous injections (syringes); • Blood or blood product transfusion; • From mother to child. 	Pictures and brainstorming
Means of prevention	Do not exchange injection material; use a condom; delay the moment of initial sexual relations **	Brainstorming, posters and sketches
Screening	Advantages and where screening takes place	Educational chats, demonstrations, improvised matches
Treatment	Types of treatment	Interviews and presentations
Vulnerability factors	STDs, drugs, prostitution, rape, sexual relationships between men, etc.	Interviews, posters, the bushfire game
Extent of the disease	Rate of prevalence and mortality	Educational chats, theatre, videos, sketches
Impact of the infection	Prejudices in the environment, personal level, in social and economic terms	Metaphor, picture representations, personal accounts, films and pictures

* A facilitator is understood as anybody acting directly with street children.

** Abstinence and faithfulness should also be raised.

Training contents and tools

Topic: STDs

Facilitators concerned*:

- Heads of NGOs, institutions and associations;
- Qualified personnel (social workers, specialised educators, doctors, nurses, psychologists, etc.);
- Person in charge of recruitment within the structure;
- Leaders among the street children.

Content	Message	Tool
Definition of STDs	Serious diseases, although they can be treated	Posters, personal accounts, films, etc.
Symptoms	Description of the symptoms	
Links between STDs and HIV & AIDS	STDs facilitate HIV infection	Personal accounts
Means of transmission	Usually during sexual intercourse	Sketches, pictures, posters, brainstorming, personal accounts, etc.
Consequences	Description of the infection	
Means of prevention	Do not exchange injection material; use a condom; delay the moment of initial sexual relations **	

Topic: drugs

Facilitators concerned:

- Heads of NGOs, institutions and associations;
- Qualified personnel (social workers, specialised educators, doctors, nurses, psychologists, etc.);
- Person in charge of recruitment within the structure;
- Leaders among the street children.

Content	Message	Tool
Definition	Stimulant, harm	Posters, pictures, etc.
Effects on the body	Social, health and psychological risks	Personal accounts, sketches, etc.
Types of drugs	Soft, hard	Posters, pictures, etc.
Means of consumption	Orally, nasally, by injection	Films, pictures, etc.
Links between drugs and HIV & AIDS	The effect of drugs: the risk of forgetting to protect oneself	Personal accounts, sketches, etc.

* A facilitator is understood as anybody acting directly with street children.

** Abstinence and faithfulness should also be raised.

3 The facilitator: profile

Which facilitators for which training needs?

Elements to be taken into account

- **The desired profile:** the desired profile of the facilitator in order to deal with the issue of HIV prevention with street children.
 - What is a “good facilitator”?
 - Desired or desirable experience.
 - Previous training.
 - Is this profile hard to find? If so, why?
- **The actual profile:**
 - Who is the facilitator?
 - What are his or her individual characteristics?
 - What are his or her motivations (the reasons for which he or she wishes to work with street children)?
 - What problems does he or she face on a daily basis?
- **Evaluation of the facilitator’s capacities and definition of his or her training needs:**
 - Importance of finding out his or her preconceived ideas, knowledge and shortcomings.
 - How should these last points be evaluated and what evaluation criteria may be used?
 - How should the necessary training be determined?
 - Does specific training on HIV & AIDS exist?
 - What partners may be found to give the training?
- **The organisation of work among the facilitators within the institution or association:**
 - For facilitators forming part of a team, how can this be reinforced and taken advantage of so that all of the individual assets become collective assets?
 - How can the responsibilities of the facilitators within the team be shared out (who does what and according to which criteria are the tasks distributed)?
 - Is internal reporting a means of reinforcing the collective work and the capacities of the institution or association? What type of reporting is desirable? What should it reflect?
 - Group work: what tools may reinforce team work?

Who is the facilitator? A facilitator is a companion and a guide.

What does the facilitator do? He or she creates a horizontal relationship with the street children, a partnership. As a **guide**, he or she shows the various possible options: he or she **does not show only one possibility**. He or she lets the children make their own choices and respects their decision. He or she provides the tools through which the street children can choose and then measure the consequences of their actions. He or she should exercise **self-control**. He or she should never forget that he or she often comes **without the children having called him or her**. He or she should make **sense of his or her companionship** by constantly explaining the reasons for his or her presence with the children.

He or she maintains a **bilateral relationship** with the street children: he or she **gives**, teaches the children to **know themselves better**, should be **assiduous** (an interrupted relationship should always be rebuilt from the beginning).

The facilitator should have several competencies and skills:

- He or she should be able to **be genuine**, know how to establish a relationship of openness with the children, which means **never lying**. He or she should be able to find his or her place with regard to the children: neither too close nor too far. He or she should be able to include **games** in his or her intervention framework.
- The facilitator should keep his or her **sense of observation** alert, remain **attentive** to the children by being able to **put him or herself in the children's place**, communicating and talking to the children in a **language that they understand**.
- The facilitator should remain **patient, with the children** – with the results that he or she expects from the children – **and with him or herself** (being in control of him or herself, measuring his or her words; giving, losing, recognising his or her failures; knowing what to do faced with a lack of respect; modulating his or her reactions: faced with violence, never react violently, leaving the reaction for later, when the contract may be redefined).
- **The facilitator should know and set his or her limits** (e.g.: the facilitator cannot know everything, may not be prepared to work with children and should know when to withdraw concerning the reality of the children, whilst being aware of what he or she is not).
- **The facilitator should maintain self-confidence to inspire confidence** (importance of attitudes, the way of speaking, clothing, the way of looking, etc.).
- The facilitator should know **where to find help**. At the same time, he or she should be able to **exchange** and **communicate** with the **other facilitators, the heads of his or her institution, association or NGO**, at the same time being **able** to do the same thing with the members of **other organisations**.

Recruitment and training

The recruitment of a facilitator will be assisted if the organisation has questionnaires for the interview and a guide in order to make the employment contract. The procedure entails the definition of the training of the person employed and the organisation of the work (team management tool).

The candidate should be aware of the qualities required of him or her.

Tool 1

- **Definition:** advertisement for the recruitment of the facilitator.
- **Objective:** to assist the association* to choose the right person for the position of facilitator with street children in the framework of HIV prevention.
- **Examples of tasks to be performed:**
 - Identify and mobilise street children;
 - Meet with street children;
 - Lead and conduct educational talks;
 - Conduct games sessions;
 - Identify the leaders and train them to be educator peers in the field of HIV & AIDS;
 - Work in connection with the other adults in contact with street children;
 - Guide the children towards protection organisations (in order to be able to return to their families, among other things);
 - Work in connection with the other partners taking care of street children;
 - Participate in periodical internal meetings;
 - Make periodical activity reports, etc.
- **Facilitator profile:**
 - Competencies in the field of social sciences: educator, sociologist, social worker, nurse, psychologist;
 - Has already had some experience of working with street children;
 - Has a suitable level of training.
- **Time of recruitment:** Once the need for the association to employ the facilitator has been identified, and once the funding has been made available, the advertisement will be drafted and sent out.
- **Resources:**
 - *Human:* time for the person in charge of recruitment to draft and define the advertisement.
 - *Financial:* remuneration of the facilitator ensured.
- **Person in charge of recruitment:** the director or person in charge of recruitment in the association. If possible, this person will be assisted with regard to recruitment by professionals.

* The association, institution or organisation.

Tool 2

- **Definition:** a maintenance guide (specific knowledge) and an observation guide (attitudes, descriptions of the street children and HIV & AIDS), each in the form of a questionnaire.
- **Objectives:** to assess the knowledge of the candidate regarding HIV & AIDS and street children; to note attitudes and descriptions (positive and/or negative) of street children and HIV & AIDS.

Content

Objective 1

1. Specific questions on knowledge: HIV & AIDS (*cf. chapter 2, "HIV & AIDS and STDs: messages to be conveyed and intervention tools"*)

a. On means of transmission	1	2	3	4	5 *
b. On means of prevention	1	2	3	4	5
c. On symptoms and the evolution of the disease	1	2	3	4	5
d. On screening and treatment	1	2	3	4	5
e. Other	1	2	3	4	5

2. Specific questions on knowledge: street children (*cf. chapter 1, "Street children: who are they?"*)

a. Who is a street child?	1	2	3	4	5
b. What leads children to live on the street?	1	2	3	4	5
c. What are the survival mechanisms of street children?	1	2	3	4	5
d. Who intervenes with the street children?	1	2	3	4	5



* Points from 1 to 5 are given, depending on the quality of the responses given by the candidate, 1 being the least satisfactory response.

>>> **Tool 2 (continued)**

Tool 2					
Objective 2					
Specific questions on representations and attitudes regarding HIV & AIDS and street children:					
a. What do you think about street children?	1	2	3	4	5
b. What are the prevalent ideas, in your opinion, on street children? What is your own view?	1	2	3	4	5
c. Is it possible for a street child to leave the street (does the child have, in your opinion, the capacity to learn or acquire other capacities, etc.)?	1	2	3	4	5
d. What link do you make between street children and drugs? And between street children and sexual exploitation?	1	2	3	4	5
e. What is your opinion of HIV & AIDS?	1	2	3	4	5
f. Do you think that there is a risk of HIV infection through simple contact with infected people?	1	2	3	4	5
g. Do you believe that AIDS can be cured?	1	2	3	4	5
h. Is this a disease that only prostitutes have?	1	2	3	4	5
i. Do you know somebody who has the disease? If so, what is your relationship with this person?	1	2	3	4	5
j. Other	1	2	3	4	5
<ul style="list-style-type: none"> ▪ When: during the interview with the candidate. ▪ User: the person who will use these questionnaires will be in charge of recruitment within the organisation. This person may also be assisted by experts where knowledge of HIV & AIDS and street children is concerned. ▪ Human resources: <ul style="list-style-type: none"> • Time devoted by the person in charge of recruitment to redo the test depending on the important elements to be evaluated. • Time to carry out the interview. 					
<p>It is possible to integrate previous training and experience. The motivations will also be taken into account.</p> <p>The candidate will be recruited depending on the result of this questionnaire and test meeting. His or her training will be defined taking into account the limitations and shortcomings identified during this meeting.</p>					

Tool 3

- **Definition:** contract between the facilitator and the employer.
- **Objectives:** to clearly define the respective rights and responsibilities of the facilitator and the employer. The contract provides a guarantee to both parties by stating the specific responsibilities of each. The contract becomes the reference document for negotiations should any problems arise, if one or other of the parties has not fulfilled his or her obligations.

Contents

- **Post *:**
 - Duration: _____
 - Position: _____
 - Remuneration: _____
 - Responsibilities: _____
 - *Facilitator*: see description of post.
 - *Employer*: see legislation in force in the country concerned.

Tasks

- **When:** signature of the contract upon recruitment. The contract remains the reference document to define the relationship between the employer and the facilitator, particularly in the event of conflict.
- **Resources:**
 - *Human*: internal.
 - *Financial*: remuneration of the facilitator is ensured by the employer.
- **User:** the organisation employing the facilitator.

*To be filled in by the employer.

Tool 4

- **Topic:** ongoing training.
- **Definition:** reinforcement of capacities.
- **Objective:** to assist the organisation in the creation of a guide for its facilitators.
- **Contents:**
Reinforcement of the facilitator's capacities in the following areas:
 - Understanding the child;
 - Knowledge about HIV & AIDS and reproduction health;
 - Knowledge of the communication tools (Information, Education, Communication – IEC – and Communication for behavioural change – CBC) in order to lead to a change in behaviour;
 - Use of educational tools;
 - Knowledge of the intervention ground (geography, demographics, culture, etc.);
 - Advocacy.
- **Time:** creation of an annual training plan.
- **Resources:**
 - *Human:* internal and external.
 - *Logistical:* multimedia material, audiovisual material, specially adapted premises.
 - *Financial:* internal resources, development support from partners.
- **User:** the person in charge of training within the organisation.

Tool 5

- **Topic:** team management technique.
- **Definition:** coordination and personnel management tool.
- **Objective:** to accompany and supervise the facilitator during his or her service within the organisation.
- **Contents:**
 - Weekly meetings, follow-up on planned activities;
 - Monthly meetings, assessment of planned activities;
 - Periodical meetings directly between the facilitator and the management on issues related to the programme and regarding the facilitator's integration within the group.
- **Time:** after recruitment and after period of employment of the facilitator.
- **Resources:**
 - *Human:* the facilitator's superior, the person in charge of human resources.
 - *Logistical:* a discreet place or location.
 - *Financial:* internal.
- **User:** the facilitator's immediate superior.

4 Intervention techniques

Listening, observing and questioning

- How can a relationship of confidence be established with street children? Street children like risk. They adore challenges. They are willing to commit completely. They know how to fulfil themselves in games.
- What are the appropriate activities and activity techniques in order to lead the children to become aware of their environment, health and the risks that threaten them? How can one help to change their behaviours?

The activity techniques proposed should be adapted to the characteristics of the intervention:

Emergency intervention

Initial awareness

In-depth work

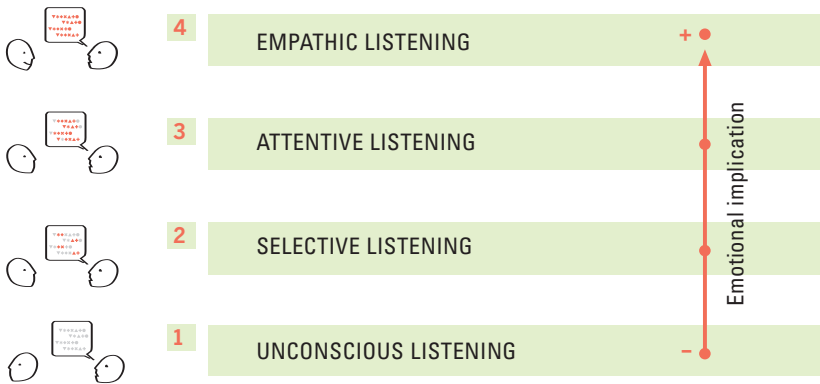
- **Listening** is an interpersonal communication technique, based on the notions of respect, empathy, trust, reformulation, authenticity, etc.

The improvement of group communication techniques (activities, games, etc.) used to intervene with street children makes it possible to better understand their daily life, the reasons for their presence on the street, and their hopes and plans to leave the street. These techniques make it possible to create, with them, the contents and prevention messages.

- **Counselling** is a process that enables the child to question him or herself and ask questions in order to take decisions concerning his or her life. Counselling takes place when there is an exchange and discussion between the child and the facilitator, resulting in assistance to resolve the problem or conditions so that the child may understand his or her character, attitude, values or circumstances of life.

Listening

The 4 levels of listening



How to get the child from level 1 to level 4?

Elements of a communication strategy: create the link

- Greet the child
- Show interest in the child's life by talking about personal issues
- Share common features
- Start with the child's strengths
- Ask questions
- Non-verbal communication: a look, touch the child's shoulder, etc.
- Use a forceful word
- Know how to create interest
- Do not stick to the immediate objective of giving information
- Ensure a good atmosphere
- "If I listen, he or she should listen to me"
- "Insist"
- Commitment to the message to be passed on


Talking about HIV & AIDS: some intervention techniques

A. Activities

1. **“SOLIDARITY AND MUTUAL ASSISTANCE”** – The children should be convinced of the need to help each other in the event of disease.
2. **“HEALTH ACTORS”** – The children should be aware of the risks surrounding them and the active role that they should take in prevention.

1

SOLIDARITY AND MUTUAL ASSISTANCE

The trust fall	
Facility	<ul style="list-style-type: none"> • An area outside in the shade • Group of two children
Proposal	<ul style="list-style-type: none"> • “Let’s test the degree of trust between us”
Agreement/negotiation	<ul style="list-style-type: none"> • Free choice of the partner
Implementation 	<ul style="list-style-type: none"> • One is the “risk-taker”, the other is the “partner”. The risk-taker places his or her hands on his or her shoulders, standing straight, and allows him or herself to fall backwards onto his or her partner, who will place him or her back in the initial position. Prior to the fall: both make a verbal contract. “- Partner, are you ready?” “- I’m ready.” “- I’m falling!” “- Fall!”
Elements of reflection	<ul style="list-style-type: none"> • Understand the mechanisms of trust and taking risks • Importance of the relationship of assistance • Joint responsibility
Lessons to be learnt	<ul style="list-style-type: none"> • Development of trust • Not to forget those who are weaker
Convention on the Rights of the Child	<ul style="list-style-type: none"> • Art. 12: right to freedom of expression • Art. 13: freedom of expression and information • Art. 15: freedom of association

2

HEALTH ACTORS


Visit to a medical centre

Preparation	<ul style="list-style-type: none"> • Ability to get there easily • Two facilitators per group of ten children
Proposal	<ul style="list-style-type: none"> • Visit to the medical centre to identify medical resources (or another place that offers such resources) N.B.: suggest eating there (to encourage the child)
Agreement/negotiation	<ul style="list-style-type: none"> • Negotiate the agreement regarding the outing
Implementation	<ul style="list-style-type: none"> • Where to gather (agree on a place) • Collect information to identify medical problems in the neighbourhood • Request the intervention of a medical agent
Role	<ul style="list-style-type: none"> • Child: main actor • Facilitator: is there to facilitate
Ideas to think about	<ul style="list-style-type: none"> • Is it possible to make a medical summary of the neighbourhood? • What is the role of the medical centre and its agents in assisting the children of the neighbourhood?
Lessons to be learnt	<ul style="list-style-type: none"> • Health is a problem that involves the entire community • Children have an active role to play
Convention on the Rights of the Child	<ul style="list-style-type: none"> • Art. 12: respect for the views of the child • Art. 13: right to freedom of expression and information • Art. 15: right to freedom of association • Art. 24: right to health and health services


Another means of encouraging debate: the tea debate

Facility	<ul style="list-style-type: none"> • Water • Tea • Sugar • Glasses • Two facilitators • Ten children
Objectives	<ul style="list-style-type: none"> • Enable the child to develop a sense of responsibility • Reinforce the role of the facilitator as a mediator • Encourage listening
Agreement/negotiation	<ul style="list-style-type: none"> • Set: <ul style="list-style-type: none"> - Place - Time - Duration (between two and three hours)
Implementation	<ul style="list-style-type: none"> • Gathering (time, place) • Preparation of the tea • Define the roles for preparation • Set up chairs and benches • One of the facilitators introduces the subject • Each child prepares questions
Role	<ul style="list-style-type: none"> • Child: active participant • Facilitator: orientation
Ideas to think about	<ul style="list-style-type: none"> • Better understand HIV, AIDS, STDs and other diseases
Convention on the Rights of the Child	<ul style="list-style-type: none"> • Art. 12: respect for the views of the child • Art. 13: right to freedom of expression and information • Art. 15: right to freedom of association • Art. 24: right to health and health services

B. Tools validated on the field

<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> The bushfire game	
Specific objectives	<ul style="list-style-type: none"> • Show the speed of the spread of HIV. • Speak about screening: <ul style="list-style-type: none"> - People at risk: how should the situation be dealt with? - Others: people are not protected.
Rules of the game	<ul style="list-style-type: none"> • Presence and participation from start to finish. • Scrupulous respect of the rules established.
Facilities	<ul style="list-style-type: none"> • The game should be preceded by an informative session on HIV & AIDS, given by the facilitator. • Unencumbered space, which is peaceful and adapted so as not to distract the participants. • Choose a moment when the children are receptive. • Number of participants: 15-20.
Facilitator's role	<ul style="list-style-type: none"> • The facilitator should explain: <ul style="list-style-type: none"> - The symbol of transmission of risk from facilitator to a player; - The instruction of how to transmit the risk between players; - The rules; - How the exercise takes place.
Group set-up	<ul style="list-style-type: none"> • Place the group in a circle; everybody holds hands; everybody closes their eyes. • The facilitator goes around the circle at least twice.
Designate a person "at risk" 	<ul style="list-style-type: none"> • The facilitator touches the shoulder of a participant, who becomes a person who has been in contact with the virus.

>>> 1. The bushfire game (continued)

<p>“Contagion”</p> 	<ul style="list-style-type: none"> • An instruction (simple and adapted to the children) is given so that the person “at risk” “spreads” the disease discreetly to the others: <i>rubbing hands, or any other way of touching and making contact with another person.</i> • The facilitator gives the signal and the participants can open their eyes and mingle. • During the mingling, the person “at risk” will “transmit” the risk to a maximum of three people. Not all of the players should be touched. • In turn, each person touched will repeat the procedure with a maximum of three people. • Once the three contacts have been made by each person, the players take their seats.
<p>“Separation”</p>	<ul style="list-style-type: none"> • The facilitator asks those who have been touched by at least one “at risk” person to separate from the others. • All of these people are now “at risk”.
<p>Discussion</p>	<ul style="list-style-type: none"> • Phase 1: feelings present. A discussion guided by the facilitator aims to discover the feelings present (anger, fear, sadness, discouragement, etc.). The objective is to demonstrate the diversity of possible reactions. • Phase 2: screening possibility. Who, of the “at risk” people, would like to be screened? Why? Why not? The facilitator should provide information about the screening and what it involves.
<p>Screening</p>	<ul style="list-style-type: none"> • Results are given to each person screened (in the form of a letter that will be opened by the participants). Some will be seropositive, others will not.
<p>After the screening</p>	<ul style="list-style-type: none"> • A discussion guided by the facilitator: <ul style="list-style-type: none"> - On the feelings of the children; - On the actions to follow: once I am seropositive, what am I going to do? The same question should be asked of those who are not seropositive. <p>The facilitator should discuss the issue of care: once again, who can help me? Where should I go? Who can help me with the medicines?</p> <p><i>N.B.: The facilitator should be informed about the options that exist in each country.</i></p>

>>> 1. The bushfire game (continued)

Analysis: changing our behaviour



Reflection should deal with the change in behaviour once the HIV relationship has been found out (and understood):

- The facilitator proposes screening for those who are not people “at risk”. The discussion deals with the fact that “it is not possible to know, without undergoing screening, if somebody is at risk or not”. Therefore, one should speak about the absence of “external signs” of HIV.
- Those who wish to undergo screening should explain why (repetition of the previous activity).
- The facilitator gives “letters” to each person with the result. He or she asks each child to share his or her results and reactions.
- It will be seen that, of those who “were not in contact with the virus at the start of the activity”, many are seropositive. The discussion will therefore deal with the various ways of coming into contact with the virus.
- At the end, of all of the participants, many will be seropositive and others will not have wished to know. The facilitator should therefore emphasise the speed of contagion. A quick percentage calculation can give an idea of the extent.

Lessons to be learnt

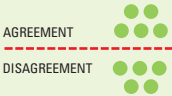
- The game enabled each person:
 - To see that he or she is affected by HIV;
 - To perceive the behaviour to adopt;
 - To see the need for screening;
 - To see each person’s reaction;
 - To make responsible commitments;
 - To reveal the true behaviour of people;
 - Not to leave anybody indifferent;
 - To correct all misguided information;
 - To reinforce information acquired on HIV.

Convention on the Rights of the Child

- **Art. 12:** respect for the views of the child
- **Art. 13:** right to freedom of expression and information
- **Art. 15:** right to freedom of association
- **Art. 24:** right to health and health services


2

The imaginary line

Objectives	<ul style="list-style-type: none"> Children are able to choose and support (defend) an opinion/position with regard to information on HIV & AIDS (risks, prevention, spread, etc.).
Means/Facility	<ul style="list-style-type: none"> Cards describing risk situations, gathered from the children. E.g.: "Agda had his willy cut by his friend Okocha. He wanted to be circumcised, and they did it to him with a razor blade".
Agreement/negotiation	<ul style="list-style-type: none"> Agreement between the group of children and the facilitator on the development of the activity (place, time, duration).
Implementation	<ul style="list-style-type: none"> The facilitator asks the children to draw a line that marks the border between agreement and disagreement. The children stand on the line at the start of the game.
<p>Rules of the game/ how it takes place</p> 	<ul style="list-style-type: none"> Nobody will remain on the line. The facilitator reads a situation described on the card. He or she asks the children to think quickly and place themselves on one or other side of the line. The facilitator asks the children to justify their positions (on one or other side of the line).
Lessons to be learnt	<ul style="list-style-type: none"> Child: <ul style="list-style-type: none"> - Development of listening to oneself, one's environment and the other; - Reading the environment by the child; - Capacity to make choices; - Becomes aware of danger; - Responsibility. Facilitator: <ul style="list-style-type: none"> - Neutrality regarding the opinions given; - Listening and questioning.
Convention on the Rights of the Child	<ul style="list-style-type: none"> Art. 12: respect for the views of the child Art. 13: right to freedom of expression and information Art. 15: right to freedom of association Art. 24: right to health and health services

3

Improvised match

Objectives	<ul style="list-style-type: none"> The child should be able to develop an argument, whatever his or her role in the game. Development of the creative spirit of the child.
Means	<ul style="list-style-type: none"> Two chairs, the topic (existence or not of HIV & AIDS, protection or not).
Agreement/negotiation	<ul style="list-style-type: none"> Agreement between the group of children and the facilitator on the development of the activity (time, place, duration and topic).
<p>Implementation</p> 	<ul style="list-style-type: none"> The facilitator asks the children to divide into two groups. Each group chooses its captain. The two captains sit down facing each other in the middle. Each captain has to defend a position: with regard to AIDS, protection, screening, etc. The topic to be discussed will be chosen by the facilitator. Each group should support the point of view of its captain by encouraging him or her through applause. Applause of relevant arguments. Match duration: five minutes.
Rules and how the game takes place	<ul style="list-style-type: none"> Designation of the winner by all of the participants. Plenary discussion to illustrate the strength of arguments.
Lessons to be learnt	<ul style="list-style-type: none"> Spirit of solidarity. Child-child, child-facilitator and facilitator-child support. Possibility of working with peer educators.
Convention on the Rights of the Child	<ul style="list-style-type: none"> Art. 12: respect for the views of the child Art. 13: right to freedom of expression and information Art. 15: right to freedom of association Art. 24: right to health and health services

C. Other activities

Numerous other activities making it possible to deal with the issue of HIV & AIDS, such as the Organization of football tournaments or the production of plays.

Activity forms can be created based on the following model:

1 Football tournament	
Objective	
Facilities	
How the tournament takes place	
Interests	
Difficulties	

2 Theatre show	
Objective	
Facilities	
How it takes place	
Interests	
Difficulties	

5 Indicators: assessing intervention

Intervention with street children on the issue of HIV & AIDS is based on an activity structured for the development of activities in order to achieve objectives.

Evaluation of the intervention is essential and should make it possible to measure whether:

- The functioning of the activity structure is adequate;
- The activities respond to the expectations of the children and the objectives of the facilitators;
- The objectives set for the intervention have been achieved.

Assessment of the Organisation structure	
Quantitative assessment	
Quantitative	Means
<ul style="list-style-type: none"> • Number of facilitators who took part in the project compared to the total number of facilitators 	<ul style="list-style-type: none"> • Activity sheet
<ul style="list-style-type: none"> • Number of children benefiting from the project compared to the number of children cared for by the organisation 	<ul style="list-style-type: none"> • Participation and attendance sheet
Qualitative assessment	
Qualitative	Means
<ul style="list-style-type: none"> • Functioning of the network 	<ul style="list-style-type: none"> • Exchanges • Meetings
<ul style="list-style-type: none"> • Partnership • Teamwork for choices and the carrying out of activities 	<ul style="list-style-type: none"> • Exchanges: <ul style="list-style-type: none"> - Meetings - Resources mobilised
<ul style="list-style-type: none"> • Division of tasks in accordance with competencies 	<ul style="list-style-type: none"> • Report
<ul style="list-style-type: none"> • Degree of satisfaction of the facilitators and heads of the organisation 	<ul style="list-style-type: none"> • Individual and group debriefing • Assessment sheet

Assessment of the facilitator

Quantitative	Means	Qualitative	Means
<ul style="list-style-type: none"> Number of children benefiting from the activity 	<ul style="list-style-type: none"> Attendance sheet 	<ul style="list-style-type: none"> Reaction of the children: <ul style="list-style-type: none"> - Attentive - Participative - Doubtful Interest expressed 	<ul style="list-style-type: none"> Observations
<ul style="list-style-type: none"> Time management Duration of intervention 	<ul style="list-style-type: none"> Planning (was this respected?) Report 	<ul style="list-style-type: none"> Degree of understanding Question from child to facilitator Question from facilitator to child 	<ul style="list-style-type: none"> Activity report
<ul style="list-style-type: none"> Cost per intervention Cost per child 	-	<ul style="list-style-type: none"> Suitability of the aids 	<ul style="list-style-type: none"> Opinion of the participants/ comprehension
-	-	<ul style="list-style-type: none"> Suitability of the location 	<ul style="list-style-type: none"> Observation
<ul style="list-style-type: none"> Ratio of children benefiting to total number of children 	-	<ul style="list-style-type: none"> Suitability of period chosen 	<ul style="list-style-type: none"> Opinion of the participants/ assiduity
-	-	<ul style="list-style-type: none"> Intervention requiring follow-up 	<ul style="list-style-type: none"> See if there are other possible activities
-	-	<ul style="list-style-type: none"> Subsequent feedback 	-
-	-	<ul style="list-style-type: none"> Degree of satisfaction of beneficiaries 	-

Assessment of the action

To what extent the action:

1. Considers the child/young person learning as already having the capacity to know, feel and act;
2. Ensures that the child is placed in an appropriate learning context;
3. Focuses on the risks that are the most frequent in the learning group and ensure that the responses are appropriate and adapted to the age bracket;
4. Entails not only the knowledge, but also the attitudes and competencies necessary for prevention;
5. Takes into account the impact of personal relationships on the change in behaviour and reinforce positive social values;
6. Is based on the analysis of the needs of the learners and an evaluation of the general situation;
7. Uses multiple learning activities and strategies; these strategies and activities should be participative;
8. Involves the participation of the community as a whole;
9. Ensures the follow-up, progression and continuity of the messages;
10. Lasts long enough in order to achieve the objectives;
11. Links up to a general health promotion programme in an informal environment;
12. Communicates messages that include correct and coherent information;
13. Is based itself on intense advocacy to reinforce support to action at the heart of the society;
14. Deals with sexuality as a normal element of life, without creating discrimination with regard to sex, race, ethnic group or sexual orientation of the person;
15. Involves follow-up and evaluation.
16. Etc.

Conclusion

This methodological guide, the result of a rich partnership between experts of several countries, aims to put forward ideas and propose action to the facilitators working with and for street children. It does not aim to cover all of the aspects and fields related to the prevention of HIV & AIDS among street children, but aims to be a useful tool for facilitators, a tool that naturally needs to be adapted and enriched in order to better respond to the realities of the different countries.

The guide offers the facilitator practical information on the **understanding** of the characteristics of street children, the **knowledge** to acquire in order to give the most correct and specific information about HIV & AIDS and the means of preventing infection or obtaining treatment. It also helps the facilitator to **evaluate** his or her own **capacities**, motivations and the **impact of his or her intervention**, as well as the **techniques** that will be of use to the child, the **ultimate objective** being that the child accepts, understands and appropriates the messages and finally adopts, behaviours that no longer expose him or her to the risk of HIV infection.

However, without any hope for the future, the child will find it very difficult to “imagine” a hypothetical and sometimes far-off disease. The various societies therefore have a crucial role to play: that of giving back hope to these children and no longer accepting that their rights are constantly scorned.

ANNEXES

Participants

BURKINA FASO

- **Ludovic SAVADOGO**
ANERSER
(Education in the open)
08 BP 11377 Ouagadougou
Tel.: (+226) 50 43 10 61
Mobile: (+226) 70 27 61 89
E-mail address:
anerser@yahoo.fr
ludovicsavadogo@yahoo.fr
- **Jean-Baptiste ZOUNGRANA**
Director of Protection for Children and
Adolescents
Ministry of Social Affairs and National
Solidarity
01 BP 515 Ouagadougou
Tel.: (+226) 31 69 03
E-mail address:
jbzougrana@yahoo.fr

CAMEROON

- **Achille N'TAMAG**
Youth Development Foundation (YDF)
Adviser and Coordinator
(Education by Peers)
BP 8433 Yaoundé
Tel.: (+237) 222 17 05
(+237) 767 43 97
E-mail address:
youthdf@yahoo.com
ntamag@hotmail.com
- **Richard OKENE**
Chief adviser, non-structural class
orientation
Ministry of Education
Tel.: (+237) 775 96 87
(+237) 223 28 59
E-mail address: Okeri_99@yahoo.fr

Mireille YOGA

Centre social Edimar
(Reinsertion of street children and educational
activities)
Tel.: (+237) 772 58 68
E-mail address: miladevicky@yahoo.fr

CÔTE D'IVOIRE

- **Kouassi KONAN**
President of MESAD
(Recreational-educational activities, medical care)
18 BP 3065
Abidjan 18
Tel.: (+225) 213 51661
Fax: (+225) 212 46161
E-mail address: mesad_ci@yahoo.fr

MALI

- **Bernadette CAMARA**
(Director of the Kanuya Association
Insertion of young girls who have been
prostituted)
Bamako
Tel.: (+223) 223 67 10
E-mail address: bmj@datatech.net.ml
- **Delphine LAISNEY**
General Director of SAMU social-Mali
Hippodrome
BPE 3400 Bamako
Tel.: (+223) 221 97 10
E-mail address: samu-social@cefib.com
- **Adama DAO**
SAMU social
(Night bus, medical assistance for street
children)
Hippodrome
BP E 3400 Bamako
Tel.: (+223) 221 97 10
E-mail address: samu-social@cefib.com

NIGER

- **Ousmane Abdoulaziz DIOP**
NGO SONGES
(Street children)
BP 330 Niamey
Tel.: (+227) 75 42 87
E-mail address: songes@intnet.ne
- **Boureima DOULAYE**
Ministry of National Education
BP 557 Niamey
Tel.: (+227) 28 46 19
(+227) 20 35 06
E-mail address: boureimadoulaye60@yahoo.fr
- **Sani GONDA**
NGO MVS
(Screening and accompaniment for children
and families affected by AIDS)
BP 2217 Niamey
Tel.: (+227) 55 62 58
E-mail address: gondasani@yahoo.fr
- **Laouali LAMINE**
NGO Lafia Matassa
Stade GSK
Porte 1026-1027
BP 12066 Niamey
Tel.: (+227) 72 22 65
E-mail address: matassa_niger@yahoo.fr
- **Mohamidou MAHAMADOU**
Ministry of the Promotion of Women
and the Protection of Children
11286 Niamey

Tel.: (+227) 73 71 99/
(+227) 93 76 83

E-mail address: mzaneidou@yahoo.fr

- **Mahamadou NABIRNI**
NGO MVS
(Screening and accompaniment
for children and families affected
by AIDS)
BP 2217 Niamey
Tel.: (+227) 75 48 66
E-mail address: mvs@intnet.ne
- **Balkissa Amadou SOULEY**
NGO Caritas
(Street children)
Banizoumbou
BP 2381 Niamey
Tel.: (+227) 73 53 00
E-mail address: caritas@intnet.ne
kiss1be@caramail.com

SENEGAL

- **René SIMOBANA**
Trainer, ASMAE
(Methodology for activities and the
participation of street children)
126, cité Sodiba Pikine
BP 28121 Médina
Tel./Fax: (+221) 834 45 18
E-mail address: aje@arc.sn
ajerenesibomana@arc.sn

ISESCO

- **Mariama N'DIAYE NIANG**
Programme Specialist, Education
Department
Av. Attine
Hay Ryad
Rabat (Maroc)
Tel.: (+212 37) 77 24 33
Fax: (+212 37) 77 20 58/
(+212 37) 71 53 21
E-mail address: mariamalat@yahoo.fr

UNESCO/BAMAKO

- **Vincent SECK**
UNESCO/Bamako Programme
Coordinator
BP 1763 Bamako
Tel.: (+223) 2233492
Mobile: (+223) 678 75 54
E-mail address: v.seck@unesco.org

ORGANISERS AND HUMAN RESOURCES

- **Florence MIGEON**
UNESCO
Programme Specialist
Programme for the Education of Children
in Difficult Circumstances
7, place de Fontenoy
75352 Paris 07 SP (France)
Tel.: (+33) 1 45 68 11 73
Fax: (+33) 1 45 68 56 26
E-mail address: f.migeon@unesco.org

- **Kadidiatou GOURO**
President of the NGO MVS
(Screening and accompaniment for children
and families affected by AIDS)
BP 2217 Niamey
Tel.: (+227) 75 48 66
Mobile: (+227) 98 01 76
Fax: (+227) 73 49 82
E-mail address: cedav@intnet.ne
- **Alexandra MARINÉ**
P.A.U. Education
Education Expert
Muntaner, 262
08021 Barcelona (Spain)
Tel.: (+34) 933 670 400
Fax: (+34) 934 146 238
E-mail address:
alexandra.marine@paueducation.com
- **Tatiana MORA**
P.A.U. Education
Education Expert
Muntaner, 262
08021 Barcelona (Spain)
Tel.: (+34) 933 670 400
Fax: (+34) 934 146 238
E-mail address:
tatiana.mora@paueducation.com
- **Sébastien PETIOT**
Consultant (Youth Forum trainer)
Informal Education Expert
26, rue Hoche
94200 Ivry-sur-Seine (France)
Tel.: (+34) 6 86 80 50 67
E-mail address: s.petiot@orange.fr

A case study

- Through a situation that has been experienced, the facilitator can detail the entire process to be carried out, from the meeting with the child to the introduction of the HIV & AIDS prevention message:
 - Attitudes;
 - Role;
 - Tools available;
 - Activity techniques to be implemented.

The story of *S'en fout la mort* ("I don't give a damn about dying")

Yaoundé station, situated at the heart of the capital city of Cameroon, is a gate of entry and exit towards the other provinces of the country.

This is where *S'en fout la mort* and his group took refuge. They were boys between 12 and 18 years of age, thin, dirty, nimble and as wary as dogs. They wandered between the cars and travellers all day long.

For some time, the children, or *bocos* as they are called, had been observing a group of people, known as *mapan*, who had penetrated their sector and were offering them soap with which to wash and treatment for those with injuries, and were distributing leaflets with pictures about STDs, HIV & AIDS and drugs.

"Don't listen to them, they're spies, liars", said *S'en fout la mort*, ripping up the leaflets. The leader had spoken, the others followed. Time is passing. "Those people are still there", thought *S'en fout la mort*. "They are bothering us with all that they are saying about AIDS and drugs. They want to put us off the girls. Why don't they just keep everything they're saying to themselves?"

Nevertheless, thanks to the soap and the treatments, *S'en fout la mort* noted that his friends were increasingly clean and were no longer worried about small cuts, as these people treated them in spite of the injuries that they had. There was always a tablet to relieve a headache. They played football with them. They had even organised a tournament that pitted his sector against other sectors in the city...

Perplexed, *S'en fout la mort* went up to Mila, one of the facilitators he had spent a long time observing, and wanted responses to all the questions that were troubling him. "Why do you do that? Do you want to justify the money that is being sent for us? I'm called *S'en fout la mort*: either I kill, or somebody kills me! I don't give a damn". And Mila just let him talk. Her gaze, her attention, her entire body were turned towards the child who, threatening at first, began to calm down. But he could not bear the gaze for very long, as he felt weakened.

He had never experienced that kind of look full of affection before. He felt weak, confused, torn between anger and revolt, the desire to abandon himself and know more about this person. Nobody had ever looked at him with such respect; he had never been esteemed like this before. Increasingly calm, he spoke as though talking to himself, as though he wished to tell himself his own story in order to see clearly, for he had pushed this moment away for a long time. "I hate my father! I want to kill him! I am nothing! He abandoned my mother and me when I was a little boy. I know he's a schoolteacher, but I don't know where. My mother lives in Edea. She works in the fields and can't look after my brothers and me. I wanted to fight, earn money. The capital is tough. I hate it! I can't stand it! I am nothing at all. My life is meaningless..."

"That's not true", replied Mila. "You can sort yourself out. You can give meaning back to your life. If you cry about your luck and feed your hatred, you expose yourself, you let yourself go, and you risk facing an evil as terrible as the abandonment by your father. Your friends and you are exposed to AIDS. Do you even know what it is?"

Time goes by, and the two friends always find an opportunity to meet and chat, because *S'en fout la mort*, who is now known only as Reneld, his real name, thinks that he can confide in this friend. He and his friends are increasingly attentive and happy to see people who are concerned about their lives and who encourage them to carry out small tasks, to look at the positive side of their lives, to ensure that they are clean. The hardest thing is explaining AIDS, how it develops and why these children are the most vulnerable...

"We can be struck twice by destiny, abandoned by a father and infected with HIV", thought Reneld. "No! We have to react". With Mila, they organise awareness activities, etc.

"Mothers protect; the mother street does not. Mothers forgive; the mother street does not".

Mireille YOGA, Facilitator
CAMEROON

Initial results...

Reaction of Balkissa Amadou, Caritas-Niger (Niamey):

"I wanted to tell you that your training has been extremely useful. I have just been working with my street children today (8 June 2005) at the centre, using a small book to help me entitled *Koffi... La rue ... Le sida ...* (Work published by UNESCO in 2003, also available at www.paueducation.com/aids/niamey/ressources.htm).

I have to say that, at first, I was scared to talk to them about HIV prevention, but I based myself on this booklet; it all went well, since the children said that they had already heard about HIV but never in such a detailed and well-structured manner. They will now do what they can to avoid infection by the virus.

We then played the bushfire game to show them how the virus can develop and spread throughout the world. It is a means among many to enable them to gain awareness of this scourge. As for me, as an educator, I felt fine talking to them about HIV & AIDS.

I plan to let the children themselves talk about the case of Koffi among themselves, to see if they have indeed assimilated the lessons of the book".

Remarks by Jean-Baptiste Zoungrana (Burkina Faso) on the bushfire game, following the organisation of a results-based workshop in Ouagadougou:

1. Add supervisors if possible.
2. Carry out an initial introduction of the participants to better show afterwards, when analysing the results, that AIDS spares nobody.
3. Constantly remind the children that it is a game.

To provide your own account, give information or receive information:**Florence Migeon**

UNESCO

Division of Basic Education

7, place de Fontenoy, 75352 Paris 07 SP (France)

Tel.: (+33) 1 45 68 11 73

Fax: (+33) 1 45 68 56 26

E-mail address: f.migeon@unesco.orgwww.unesco.org**Tatiana Mora**

P.A.U. Education

Muntaner, 262, 3^º - 08021 Barcelona (Spain)

Tel.: (+34) 933 670 400

Fax: (+34) 934 146 238

E-mail address: tatiana.mora@paueducation.comwww.paueducation.com

