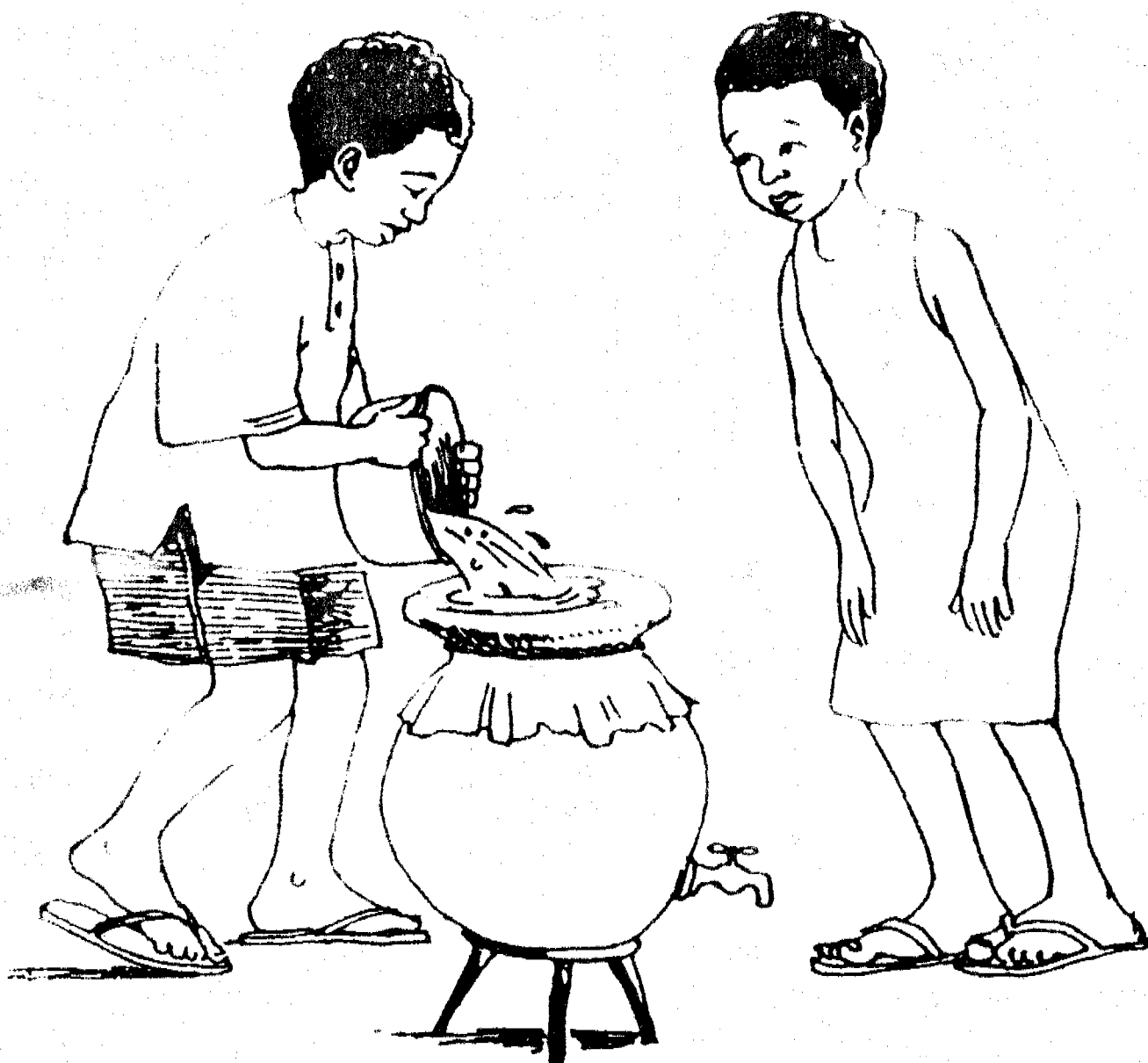


# CHILD-TO-CHILD APPROACH FOR HEALTH EDUCATION ACTION



## ACTIVITY SHEETS



## PREFACE

*The following collection of child to child activity sheets are put together because interpersonal communication in the form of peer groups, in this case, child-to-child approach, has been proven to be one of the most effective medium not only for disseminating information, but also to influence behavioral changes.*

*The guidelines are simple, practical, and economical for implementation of health activities at the grass root level. They focus particularly on Immunization, Control of Diarrhoeal Diseases, and Acute Respiratory Infections, Control of Malaria, Eradication of Guinea Worm, and general Health Education for Water and Sanitation.*

*Special acknowledgement to Mrs. Karen Kavanagh and Sidney Woollcombe from CUSO - Calabar, Who developed the Guinea Worm portion, to Mr. Ben Aripko (CUSO), to Prof. Eka Braide (NIGEP) and to Child-to-Child staff members for their extensive efforts in the pre-testing and dissemination of the first set of these guidelines.*

*Each module has been reviewed in detail by Dr. I.J. Inyang, Dr. KamSuan Mung, from the Health Section and Dr. Alba Lucia Diaz for the Health Education, Water and Environmental Sanitation section UNICEF - Lagos, who would appreciate your comments on utilization of the guidelines.*

*Lagos, December 15, 1993*



## CHILD-TO-CHILD

### The Child-to-Child approach

The Child-to-Child approach to health education was introduced in 1978, following the Alma Alta Declaration on Primary Health Care and prior to the International Year of the Child. It helps us to realise the potential of children to spread health ideas and practices to other children, families and communities.

The first Child-to-Child programme started at the University of London. Here teachers

and doctors from the Institutes of Child Health and Education, working with colleagues from all over the world, developed many of the ideas and activities included in this book.

The Child-to-Child approach has now spread all over the world and wherever it is found we will also find the same partnership of health and education workers developing the same central ideas.

#### These are the ideas:

- Health is a very important part of every child's education. Unless we learn to be healthy we cannot live happily or study well.
- Health is everyone's concern - not just that of doctors and other health workers. Children have just as much responsibility as adults to keep themselves healthy and to help others become healthy and stay healthy.
- The most important way of remaining healthy is to prevent illness from taking place. But even when children and adults are ill there are simple things which all of us can do to help them get better.

There are also important **signs** of illness which we can learn to recognise. In this way we may be able to get help quickly so that it is easier to treat sickness.

- Health does not only mean being well in body. It also means having a bright and active mind and a happy, healthy life. Children can also help themselves and others towards this kind of health.
- Good health is based upon sound knowledge about health. Unless we know and understand the really important facts, ideas and skills necessary for good health we cannot spread our ideas properly.

## How can children spread health ideas and practices?

There are many different ways in which children can spread health ideas and teach others good health practices:

### Older children can help younger ones

They can: care for them;  
teach them;  
show them a good example.



### Children can help others of the same age

- Children learn from each other by doing things together.
- Children who have been to school can help others who have not had the chance to do so.

### Children can pass on health messages and take health action in their families and communities

- Sometimes they can spread knowledge they have learned in school. (e.g. Mary learns about the importance of immunisation. Mother takes baby to be immunised.)
- Sometimes they teach by example. (e.g. John makes a new toy for baby. Grandmother helps baby play with it.)
- Sometimes they can work together to spread ideas and take action in the community. (e.g. The health scouts make a fence round the well ... and hold a party afterwards.)





## What Are Activity Sheets?

Topics for the activity sheets have been grouped under separate headings:

- Child Growth and Development
- Nutrition
- Personal and Community Hygiene
- Safety
- Recognising and Helping the Disabled
- Prevention and Cure of Disease

Every year new sheets are added to these groups.

Each sheet is divided into several sections:

- A clear statement of the main idea.
- More information about the subject, as a resource for those using the sheet.
- A wide selection of suggested activities to choose from, e.g.:
  - **finding-out** activities;
  - **discussion** and other classroom activities;
  - **doing** activities.
- A separate section of follow-up activities (evaluation). This section contains ideas and suggestions to find out
  - if children have understood the new ideas properly;
  - what action they have taken;
  - whether people in the community now know more, understand better and have changed their actions.

## Using The Sheets

- Sheets are resource material and can be used in a variety of ways.
- Each sheet can be used separately though some are closely related.

- There is no special order to the way in which sheets are grouped. Different countries and localities have different needs and schemes for health education. Sheets can be selected to fit these needs.
- Although the sheets can help teachers and others prepare for their teaching, they are not lesson plans:
  - Each contains far too much information and activity for a single lesson.
  - Many of the activities suggested are designed to be used outside a classroom setting, at home and in the community.

The following guidelines may be useful in helping you to use a sheet as a basis for introducing and spreading a health idea.

### 1. Understanding the idea

Make sure you fully understand the idea at the beginning of the sheet, e.g.:

#### THE IDEA

Diarrhoea is dangerous because it can both kill and cause malnutrition. It can be prevented by keeping clean, using clean water and by eating properly. Children who get diarrhoea may die because they become dehydrated, that is, their bodies lose too much water. The liquid they lose must be put back in their bodies. A Special Drink can be made by children to help replace the lost water when a child has diarrhoea and prevent dehydration.

#### THE IDEA

Everything living needs water to live, but dirty water can make us ill. We must be careful to keep water clean and safe - where it is found, when we carry it home, and when we store and use it.

The next part of the sheet is also very important because it gives more detailed information related to this idea.

It is essential that the health message you teach and children spread is correct.

**A WRONG MESSAGE WELL TAUGHT  
CAN DO MORE HARM THAN GOOD.**

## 2. Selecting the right material for your learners and their communities

Make sure that the content you select is helpful for those who will use it and that examples given are familiar and fit in with the life and experience of the learners.

## 3. Selecting and using activities

### Communicating Information

Effective learning depends on the ability of teachers to:

- pass on their own knowledge and enthusiasm,
- communicate through words and pictures.

**BUT ACTIVE PARTICIPATION OF THE CHILDREN IS EQUALLY VITAL AT ALL STAGES IN THE LEARNING PROCESS**

### Understanding Activities

Ways of developing better understanding include:

- Practical activities to reinforce the ideas, e.g.:
  - measuring arm circumference (Sheet No. 2.2);
  - using the 'Road to Health' chart (Sheet No. 1.7);
  - mixing a rehydration drink (Sheet No. 6.1).
- Role play, drama and games to understand how people feel and react, e.g.:
  - plays to illustrate people's attitudes to immunisation;
  - games to understand what it is like to be blind;
  - role playing to explore how to say 'No' to people who offer cigarettes or drugs.



- Making up and telling stories to relate health problems to real life, e.g.:

- imaginative stories: 'my life as a fly';
- problem-posing stories: 'preventing accidents';
- 'what happened next?' stories.

- Making and using pictures to develop understanding, e.g.:

- discussion based on a picture of malnutrition;
- creating a comic strip on washing hands;
- role play based on a picture of bottle-feeding.

### Finding-out Activities

- Finding-out among ourselves, e.g.:
  - how many babies and young children in our families had accidents in the last three months?
  - what kinds?
- Finding-out at home, e.g.:
  - what do we do to prevent accidents?
  - what dangers are still present to young children?
- Finding-out in the community, e.g.:
  - where do flies breed?
  - how many people recognise the 'danger signs' of pneumonia?

### Planning Activities

- In groups, discussing possible action. (Role-play can help.)
- Who can help us? Children's action is most useful if others can be asked to help, e.g. families, teachers, health workers.
- Making a plan of action:

WHAT can we do?

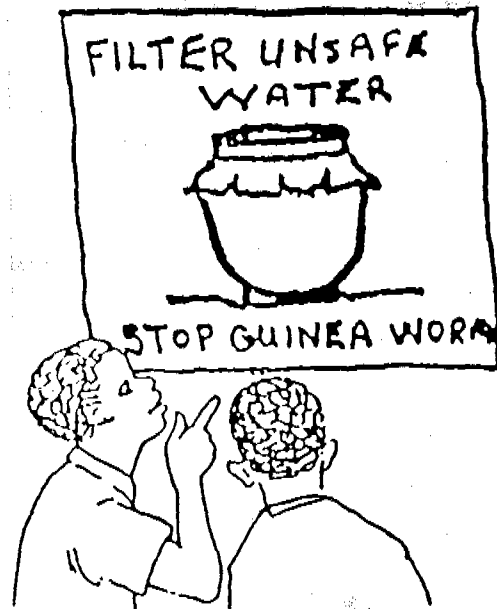
WHEN can we do it?

WHO can do what?

HOW can we start?

### Doing Activities

- Practical activities at home, e.g. covering food; new games to play with the baby.
- Sharing new ideas and messages with the family, e.g. what I learnt about immunisation.
- Activities in the community including 'helping activities' such as protecting water supplies and spreading messages through campaigns, drama, health songs, etc.
- Myself, my home, my school as a good example for others.



But often it means changing the content and approaches in the sheets and sometimes it involves writing new ones. Nearly always the sheets that are changed or newly written are more useful than the original sheets because they are closer to the needs of local teachers, children and communities.

### Discussing Results Activities

- Testing knowledge and skills, e.g. how many of us ... how many at home ... know why the 'Road to Health' chart is important and how to fill it in?
- Observing attitudes and practices, e.g. are we more careful about home safety? Have we changed our approach to feeding babies at home?
- Doing it better next time. As a result of what we have found out, how can we find out more, take new action, change our habits?

### Adapting The Sheets For Local Conditions and Writing New Ones

The sheets are written for use all over the world, but people and places are different. Often groups of teachers and health workers have met to adapt sheets to local needs. This usually takes place in a workshop.

Often sheets need to be translated into other languages. (Before translating you should check with Child-to-Child London to see whether this has already been done.) After translation be sure that the sheets are read through by qualified health professionals.

CHILD-TO-CHILD WELCOMES YOU TO TRANSLATE AND ADAPT THESE SHEETS. THERE IS NO COPYRIGHT ON CHILD-TO-CHILD MATERIALS.

### Some Suggestions for Adapting The Sheets

When adapting the sheets remember to:

- relate the content to local conditions and resources. Urban and rural areas differ; richer and poorer communities differ. Sometimes a sheet will need to cover more than one set of needs.
- be sensitive to local culture, beliefs and customs. In particular the sheets should avoid any statements and pictures which could offend people.
- take into account real-life difficulties, e.g. shortage of fuel may make it impossible to boil water, shortage of money or food may make some nutrition messages impossible to carry out.
- develop an understanding and sympathetic attitude to local beliefs about health and diseases and to encourage beneficial practices.

# Child to Child

This Activity Sheet is a resource for community health workers and teachers, especially those involved in Guinea Worm Eradication in Nigeria. It is designed to help children understand how Guinea Worm is caused and spread, and what children can do to help stop Guinea Worm. The ideas and suggested activities suit the general age, interest, and experience of children, but may be freely adapted to suit local conditions.



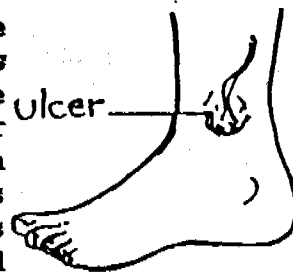
## GUINEA WORM

### THE IDEA

Guinea Worm is a disease caused by a thread-like worm that grows in a person's body and later comes out through the skin. Guinea Worm is caused by drinking infected water containing tiny water fleas that have swallowed Guinea Worm eggs. In Nigeria several thousand people suffer from Guinea Worm each year, including many children. The disease is very painful and people suffering from Guinea Worm may not be able to go school or farm for many weeks.

Guinea Worm can be prevented by provision of safe drinking water, by ensuring that no one suffering from Guinea Worm enters the water source, and by community education and mobilization against Guinea Worm disease. The Nigerian Worm Eradication Programme (NIGEP) has set 1995 as the target to eradicate Guinea Worm. Children can help to achieve this goal by knowing and telling others how the disease is caused and spread, by helping to make the family's drinking water safe, and by working with others to protect their community's water source.

*What is Guinea Worm Disease?* It is a water-borne disease caused by a thread-like worm (*Dracunculus medinensis*) that can come out from any part of the body through an ulcer or sore, often on the leg or foot. When an infected person with an open Guinea Worm ulcer wades into a stagnant water source such as a pond, the worm discharges tiny Guinea Worm eggs into the water. The Guinea Worm eggs are swallowed by tiny water fleas called cyclops.

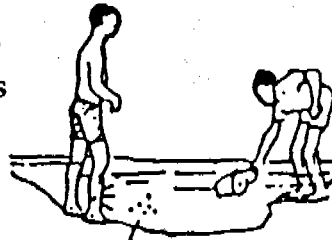


A person gets Guinea Worm by drinking water containing water fleas that have swallowed Guinea Worm eggs. It takes about one year for the Guinea Worm to mature and move to where it comes out from the person's body through a sore or skin ulcer.

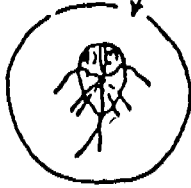


## GUINEA WORM IS SPREAD THIS WAY

1. Infected person with open ulcer wades into water hole. Worm eggs are washed off ulcer.

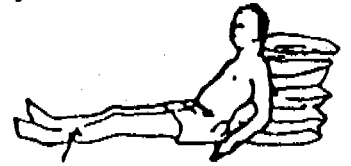


2. Tiny white water-fleas pick up the worm eggs.



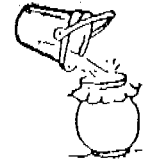
3. Another person takes water for drinking. The fleas, with the worm eggs, are swallowed

4. Some of the eggs develop slowly into worms under the skin, but at first the person feels nothing. About one year later, ulcers form when the full size worms burst through the skin to release eggs.

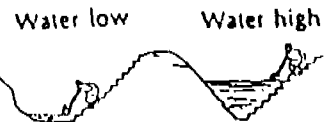


## HOW WE CAN PREVENT GUINEA WORM

1. Drink pipe-borne water, boiled water, or clean rain water, if available. If a pond or water-hole is the only source of water, then do not drink from it directly. Pour the water through a clean cloth tied over the top of the pot. The cloth will filter out the infected water fleas.



2. If possible, the community can protect their water hole by building stone steps into the pond and teaching people to draw water from the last dry step.



3. Another way is to turn the water hole into a well so that people can draw water with a rope and bucket.

Always use the last dry step.  
Never step into the water.



**REMEMBER: IF NO ONE WADES INTO THE WATER, GUINEA WORM INFECTION CANNOT BE PASSED ON AND WILL EVENTUALLY DISAPPEAR.**

## A sample lesson on GUINEA WORM

### OBJECTIVES:

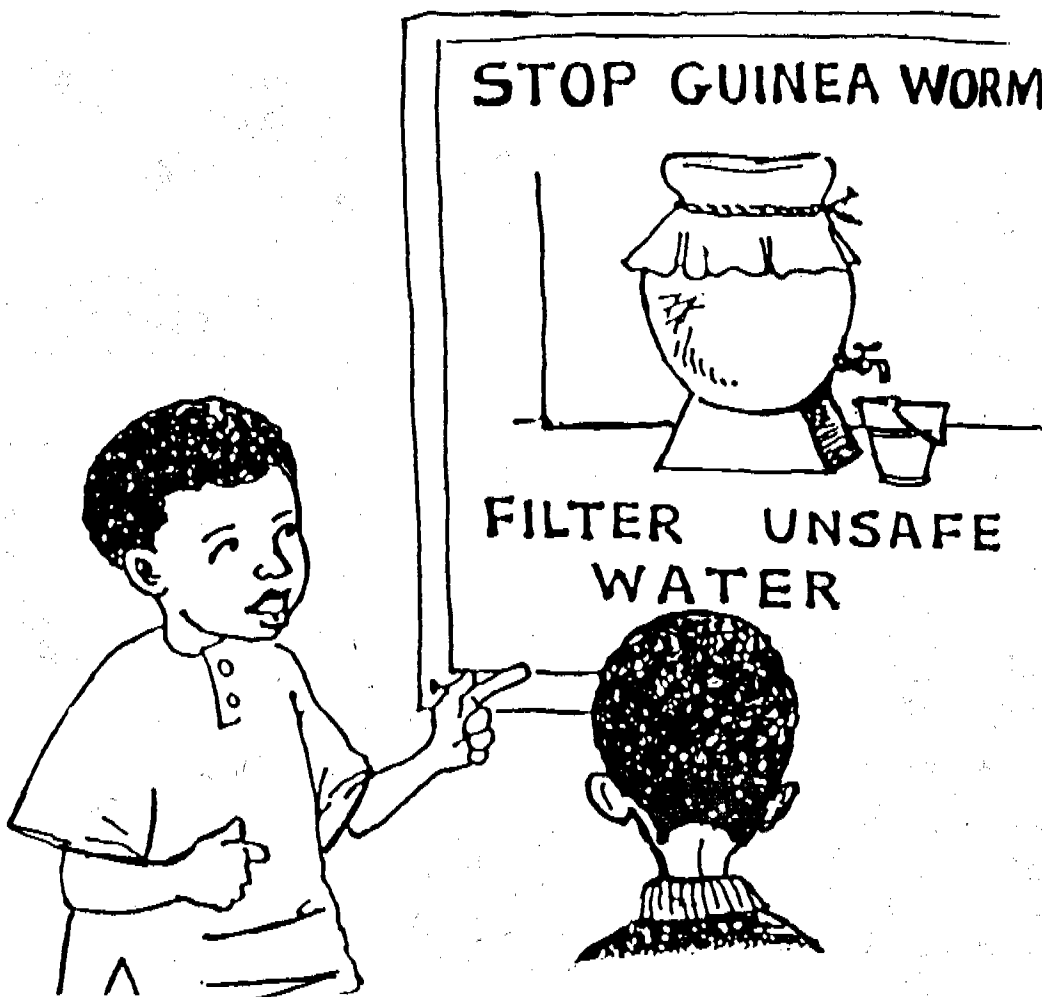
By the end of the lesson, children will be able to:

1. explain how Guinea Worm is caused/spread
2. identify 3 ways to prevent Guinea Worm,
3. demonstrate how to filter drinking water using a cloth filter.

### LESSON PLAN:

1. Begin by finding out what the children know about Guinea Worm. Then build your lesson on their experience: what they already know or believe. Ask them, for example:

- Have you ever seen a Guinea Worm?
- How do you know when someone has Guinea Worm?
- What happens when you get Guinea Worm? Do you go to farm or school?
- Do you know what causes Guinea Worm? (how it gets into your body?)
- How can you prevent Guinea Worm?



2. Tell a story about Guinea Worm. Use a flannelgraph or draw pictures to catch the children's interest. Ask the children to listen carefully so that they can answer your questions after the story is finished.

### A STORY

Once upon a time in a village not far from Ugep, there lived a very nice family. There was Papa, Mama, the baby Isu, the small boy Otu, and the senior brother Okoi.

One day Mama asked Okoi to fetch water as usual. Okoi took up his head pan and set off for the pond. On his way he met his best friend, Iwara. **Iwara was not well!** He walked like this (*pretend to limp, dragging the left foot with a pained expression.*) His right foot was quite all right, but his left foot! It was swollen up, with a big red sore near the heel. A thin white worm was coming out of that sore. (What do you think he had?)



Even though Iwara could not walk well, he went with his friend to fetch water anyway. Okoi and Iwara both walked **right into** the pond to get the water. When Iwara put that Guinea Worm into the water, **many** tiny Guinea Worms eggs came from the big one. The boys could not see the eggs, but many came out into the pond. (*Depending on the age of the children you might add that these Guinea Worm eggs were eaten by tiny white water fleas (cyclops) that the boys did not see.*)

Okoi filled his basin with water, and the boys walked home. Okoi filled up the family's water pot; then he took up his hoe and went to help his family on the farm.

When Okoi and his small brother Otu came home from farm, they were **very** hungry. (What do you think they ate? What do **you** eat when you come home from farm?) The boys ate a big pot of fufu (garri, etc.), and Otu drank a mighty glass of water from the family's water pot.

Everything went well with the family for some time. They worked hard on the farm; and everything grew well. The harvest was too good! However, just before the next planting season something terrible happened. Little Otu's foot swelled up, and he got a bad sore (ulcer) on his heel. His foot pained him greatly. He could hardly walk. (What do you think he had?) He could not go to farm or to school for several weeks. He could only remain on his mat at home to suffer. The family farm did not do so well without Otu's help. The whole family worried for poor Otu. His grandmother and brother used to sit by his bedside. His mother tried to care for Otu, but she didn't know how to kill that worm!

One day she took Otu to the traditional healer in the village. She thought maybe he would have some small "juju" to take away the Guinea Worm. She gave her last kobo to the healer. The traditional doctor said that the boy's blood was not strong, so he gave him blood tonic. (Do you think that tonic took away the Guinea Worm?)

The Guinea Worm sore continued to pain Otu. His mother did all she could. She washed the sore every day with soap and clean water. Then she put a clean plaster gently on the wound. (Do you think that plaster stopped the worm from coming out?) It did not; and Otu's mother gently wound the worm around a small stick as it came out, a little more each day. She also took Otu to the health centre, where he was given medicine for the pain and swelling, and a Tetanus vaccination to prevent the deadly disease Tetanus. After four weeks the worm finally came all the way out of Otu's foot. The foot healed quickly after that.



3. Ask the children questions such as the following to be sure they understood the story and can explain how Guinea Worm is caused and spread. Encourage as many as possible to answer, and allow them to help each other.

Q. Why did the boy Otu get Guinea Worm? (A. He drank water that had been infected with Guinea Worm. He swallowed the water fleas that contained Guinea Worm eggs.)

Q. How did the Guinea Worm get inside the water? (A. Iwara walked into the pond when he had Guinea Worm and the baby eggs came out of the sore on his leg into the water. Okoi fetched that infected water from the pond and put it into the family's water pot.)

Q. Can you see the Guinea Worm? [A. eggs (larvae) NO; adult worms, YES]

Q. What can we do to stop this Guinea Worm? (First discuss how to keep Guinea Worm out of the pond or water source; then discuss how to kill or eliminate the Guinea Worm if it gets into the water.)

- Build steps into the pond so that people don't have to walk right into the pond when they go to fetch water.
- If there are no steps, don't go to fetch water if you are suffering from Guinea Worm. Ask someone else to fetch it for you.
- Dig a well or sink a bore hole to ensure a safe water source.
- Filter and/or boil the pond water to get rid of the Guinea Worm.

4. Demonstrate how to use a cloth filter to remove water fleas and dirt from infected water. Explain why it is important to mark the up-side of the filter in some way so that the dirt and water fleas stay on the top and the clean side is always on the bottom. (The filter can be made of 2 layers of cloth, one a light colour, the other white; or a special mark can be put on the up side of a single layer). Have the children practise using a filter.

5. Discuss with the children what they can do at home or in the community to help stop Guinea Worm. Encourage and help the children to do some of the activities listed on the next page.

## **ACTIVITIES**

### **Finding Out**

Children can find out how many people in their compound, neighbourhood or school suffered from Guinea Worm in the last year and when the Guinea Worms came out. They can make charts to show who gets Guinea Worm (children, women, men) and which times of the year Guinea Worm is most common.

They can visit the local water source and observe if people wade into the water as they fetch it.

They can ask local health workers or Guinea Worm Eradication officials if the disease is spreading or getting less. Why?

They can find out what people believe about Guinea Worm: about how it is caused and how it can be treated. They can discuss their findings with teachers and health workers and then help to correct misinformation about Guinea Worm.

### **Preventing Guinea Worm**

Children can help prevent Guinea Worm in several ways:

- By showing their parents and brothers and sisters how to filter drinking water with a clean cloth filter. They can make sure the filter is always right side up.
- By helping to fetch water for those suffering with Guinea Worm so that they will not go to the water and infect it.
- If the community decides to build stone steps or to make the pond into a well, the children can help to carry sand or to clear the surrounding area.



## Passing the Message

Children can help spread the important messages about preventing Guinea Worm to parents and other adults as well as to other children. They can do many things:

- Make up a song about Guinea Worm - how it is caused or spread; how it can be prevented. They can sing it at a PTA meeting, at the health clinic, or at a village meeting.
- Make up a play about how Guinea Worm is caused (based on the story), and perform it at school or in the village square.
- Tell other children at school or at home a story about Guinea Worm. Or make a puppet show about a family who gets Guinea Worm.
- Make posters about stopping Guinea Worm by filtering drinking water, or showing how to use steps to fetch water from the pond.

## **FOLLOW UP**

Children can test themselves and others on the facts about Guinea Worm.

They can keep records and help the school to do so. Look at the charts after one year. Have the cases of Guinea Worm increased or decreased? Are more people filtering their water? Are children helping to fetch water for those still infected with Guinea Worm?

### **REMEMBER: 1995 IS OUR TARGET TO ERADICATE GUINEA WORM**

This Activity Sheet was prepared for NIGEP by Karen Kavanagh and Sydney Woollcombe, CUSO Calabar CHILD-to-Child Coordinators, 1998-89 and 1990-91 respectively.

For further information on Child-to-Child activities in Cross River contact Nigeria Organization for Solidarity and Development (NOSAD), 127 Ndiden Usang Iso Road, P.O. Box 3448, Calabar. Cross River State.

For further information on Child-to-Child worldwide contact:  
Child-to-Child, University of London Institute of Education, 20 Bedford Way, London WC1H 0AL, United Kingdom.



# Child to Child

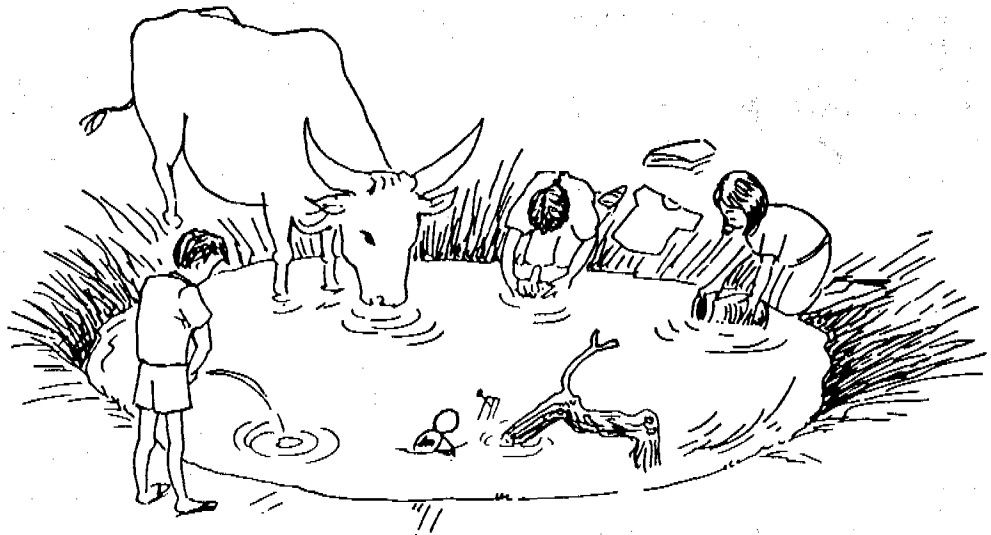
Child-to-Child Activity Sheets are a resource for teachers, and health and community workers. They are designed to help children understand how to improve health in other children, their families, and their communities. Topics chosen are important for community health and suit the age, interests and experience of children. The text, ideas and activities may be freely adapted to suit local conditions.



## CLEAN, SAFE WATER

### THE IDEA

Every living thing needs water to live, but dirty water can make us ill. We must be careful to keep water clean and safe – where it is found, when we carry it home, and when we store and use it.



#### Water is Our Friend

Water is our best friend. Without it, animals and humans become weak and die. In many countries where there is not enough rain, there is not enough water and people suffer. **Water is always precious.** We must use it carefully and keep it clean.

#### Dirty Water Can be an Enemy

Even where there is enough water, if it is not clean and safe, it can be our worst enemy. Babies and young children especially need clean drinking water because dirty water which has germs in it makes them ill. Some of the illnesses caused by dirty water are diarrhoea, dysentery, cholera, typhoid, jaundice, worms, and in some countries, bilharzia.

Germs and dirt which cause disease can get into the water

- at the source
- when we collect it and carry it home
- when we store and use it at home.

Sometimes water looks clean, but it is not good to drink, because it has germs in it. **IF THE GERMS ARE IN THE WATER, THE WATER IS NOT SAFE.**

This sheet should be used together with **Caring for Children with Diarrhoea** (Sheet No 6.1).

## Keeping Water Clean and Safe

We get water from many sources. Water comes from springs, rivers, ponds, and wells. It is collected from these places as well as from rain or taps. There are many things that we can do to keep water clean and safe **where we find it**. It is also important to keep it clean **when we carry it home**, and **when we store it**. Here are some ways of keeping water clean.



## WHERE WATER IS FOUND

### DON'T

- Let people or animals bathe, urinate or pass stools in or near the water.
- Let people bathe or wash clothes, or throw rubbish into the water.
- Let people use a dirty container to draw water.

### DO

- Where there is more than one place to get water, try and keep the cleanest one for drinking water.
- Where there are taps and wells with safe water, try to use these.
- Always use a clean container – clean on the inside **and** on the outside – for drinking water.

## WHEN WATER IS COLLECTED AND CARRIED HOME

### DON'T

- Use a dirty container.
- Let things fall into the water, or put branches of trees or other things into the water.
- Touch the water with dirty hands.

### DO

- Always use a clean container for water.
- Cover the container.
- Be careful not to spill water so that it carries dirt back into the well.

## WHERE WATER IS STORED

### DON'T

- Let things, flies, dust and dirt fall in.
- Put dirty hands, or dirty cups and ladles into it.
- Let a sick person share the family drinking cup, or put left-over water back into the storage container.

### DO

- Always use a clean container for storing water.
- Keep the storage container covered so that nothing can fall in.
- Always use a clean ladle for taking water.
- Keep a separate water storage container and ladle for one who is sick.

## Storing Water

Use a clean cloth (keep it well washed and dried) and place it over the empty storage container. Tie it in place if necessary. Pour water carried from the well or stream through the cloth to remove dust, dirt and insects. If the water is allowed to stand for a while, many impurities will sink to the bottom.

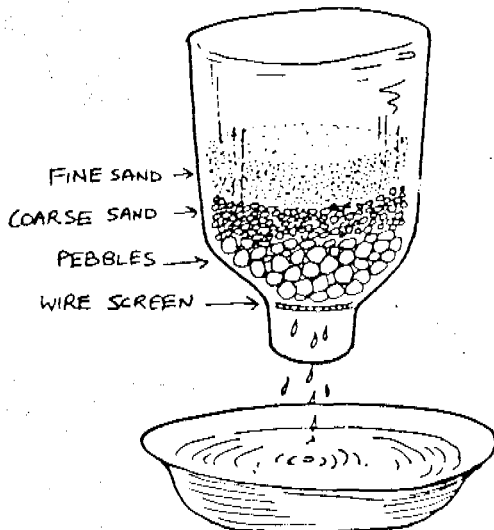
## When You Use Water for Drinking

If the water has been kept clean, it is probably safe for drinking. If you know that the water has been made safe by chemicals, you can certainly drink it safely.

If you are not sure that it is safe, the water can be cleaned by boiling. It is especially important to use boiled water for babies, very young children and sick people. Remember to put it in a clean container and to keep it covered. You can also make or buy a special filter which helps the water become safer. Ask your health worker about filters.

Always use a clean glass, cup or gourd for taking drinking water.

## SAND FILTER



# ACTIVITIES

**Children can discuss.** Why is water important? List all the things you can do with water, at home, in the community, in hospitals, on farms, in the whole country. For which of these do we like to have clean water?

Is water which is clear or which has a good taste always safe, clean drinking water? (The answer is no. Why?) How do germs get into water?

In what ways can water help us? In what ways can water harm us? Do some of the children often have an upset stomach or diarrhoea? Are there other people in the family who do? What about the babies? What do you think might have caused this illness?



## Children can find out.

### *In the community*

In small groups, go to see the sources of water in the village and make a map to show where they are. Find out which sources are clean and well looked after, and which are dirty. If the source is dirty, what is making it dirty? Watch how people draw water and how they carry it home. Is the water kept clean and safe? Discuss what you have seen with the other children.

### *At school*

Make a list of illnesses that can be spread through unsafe water, and find out about them. Find out more about water at the school. Where does the water come from? Are the toilets near the water source? How often is the water container cleaned? Are cups used? Are ladles used? Are cups and ladles washed before and after use? Is there somewhere to wash hands before eating and drinking?

### *At home*

Make a list of all the containers used for water. Make a list of people in the family who had an illness which comes from dirty water. Who collects the water for the home? Can you help them? Who keeps the water clean and protected? Is the water container covered? Is there a ladle?

Find out from the health worker what is the best way to get clean drinking water in the community.

**Children can help.** Children can help to keep water clean and to take care of it. They can discover activities which are suitable for their age, and can do them alone or in teams or pairs. Here are some examples of the kinds of things they can do.

**At the source of the water.** Help to keep the water supply clean. Explain to little children that they must not urinate in the water, or pass stools around the edge of the water. Collect up rubbish and other objects from around the edge of the water, and take them away.

Where there is a tap help people to use it. This may mean helping old people to fetch and carry water.

Where there is a well, the surroundings must always be kept clean. If there are stones, help to build a small wall around the well.

Check to see if the rope and the container are clean. Help to make a support to hang them up so that they do not lie on the ground. If there is no cover for the well help to make one if possible.

**When people collect water and take it home.** Explain that the containers they use must be clean. If the water at the source is not clean, explain to people that they should filter or boil the water.

**At home.** Explain to younger children that they should not put their hands or dirty objects into the water. Help to keep the container where the water is stored clean and covered. Help younger ones to use a ladle to get water out of the storage container and teach them to put the cover back on the water when they have finished.

**Children can make up stories.** Here are some ideas for stories.

### (1) The Child Who Grew Small

A child goes down to the river to fetch water and falls asleep on the river bank. While he is asleep he dreams he has become very thin. Then all the dirt in or near the river becomes, to him, very frightening. He battles his way through it and at last wakes up ... and decides to try and stop the pollution of his water supply.

The children can be asked to think what would happen if they were very small and the dirty things were very big. What would become big? How would they feel?

### (2) The Water Dirtiers

Some powerful and selfish people in the community make the village water source dirty with their animals, or by throwing rubbish into it. What can children do? How can they get help from older people in the village?

### (3) The End of a Happy Life

This is the story told by the germ family about their very happy life in and around the water source. Life becomes less and less comfortable when children begin to keep their water clean. In the end, the germ family is forced to move to a new and dirtier place.

Children can show what they can do to make the germ family's life more difficult.

Children can make pictures and friezes. All these stories are very good subjects for pictures the children can make in groups. Some children can paint the background and others can add different things onto the pictures by sticking them on. Use cloth or leaves or stones or any other kind of material to make the pictures more interesting.

A frieze is a series of pictures which tell a story. Different children can draw the pictures and others can write the story underneath. A group picture or frieze can tell a story, or it could be about a topic or sequence like 'safe water', or 'collecting clean safe water and bringing it home'.

Children can make up plays, mimes, dances, or puppet plays. These stories and others can also be dramatised. Children can be animals, insects, even things, as well as people. In the 'Water Dirtiers' story, for instance, children can be Grown Up People, Cows, Flies, Children, Germs, a Fence the villagers put up around the water supply, and even the Water Supply itself. The other two stories are both excellent for turning into mime or dances or puppet plays.

Children can make posters, games and puzzles. Here are some very simple ideas that can be used for posters, but there are many others. These pictures and others like them can be used to make

- cards for matching (picture with text)
- dominoes
- fit-together puzzles.



**DON'T MAKE OUR WATER DIRTY**

Children can pass the message. Children can pass the message to other children at school, or to children who do not go to school, to parents and family members, and to the community. They can sing songs, tell stories, make plays, posters and games for playing with younger children.

<p>DON'T DRINK WHERE COWS DRINK</p>	<p>DON'T URINATE IN RIVERS</p>	<p>DON'T PUT HANDS IN CONTAINER</p>
<p>DO COVER THE CONTAINER</p>	<p>DO USE SAFE WATER</p>	<p>DO USE A LADLE</p>

## FOLLOW-UP

Children can be asked, after several months, to discuss with the other children what they have remembered, what they have done to make water cleaner and safer, what more they can do.

Is the place where water is collected cleaner? Has all the rubbish been taken away? Are water containers always clean, especially on the outside? Do more children wash their hands after defecating and before eating? How many people are still getting illnesses from unsafe water?

For more information contact: Child-to-Child, University of London Institute of Education, 20 Bedford Way, London WC1H 0AL

## USING THIS SHEET

Health and community workers can tell people the best way of getting clean drinking water in their area, and explain how clean water is important in first aid.

Women and children who collect and use water can understand the importance of keeping water clean and how we can do this.

Teachers, in many lessons – geography, maths, language, science – can use the idea of clean water as a source for discussion, and for projects on map making, disease prevention, filtration, and pollution for example.

Children at school, in Scouts and Guides and other youth groups can help keep the environment, and especially our water, clean.

# Child to Child

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## CHILDREN'S STOOLS AND HYGIENE

### THE IDEA

Diarrhoea, typhoid, cholera, polio and some other diseases are caused by germs present in stools. These germs can pass from one person to another on the hands, in dust, in food and water, and on flies. Getting rid of stools in a safe way, and washing after defecation and before eating can help prevent the spread of these diseases.



#### Diarrhoea is Dangerous

Children have diarrhoea when they pass frequent watery stools. They may also vomit and have a swollen belly with cramps. Diarrhoea is caused by germs which live in dust, stale food, dirty water, and people's stools. Through the diarrhoea the child's body tries to 'wash out' the bad germs.

Diarrhoea is a frequent reason for death in young children. They die from **dehydration** when they lose large amounts of fluid (water and salt) from their bodies because of the diarrhoea, and this is not replaced.

How to tell when a child is dehydrated and how to prepare a Special Drink to replace fluids lost is described in Sheet No 6.1, **Caring for Children with Diarrhoea**. Diarrhoea can often be prevented by proper feeding (see Sheet No 2.1, **Feeding Young Children: Healthy Food**). But the most important way we can help to prevent diarrhoea and other dangerous diseases is by keeping ourselves, and the places where we live and play, clean.

#### Stools are Dangerous

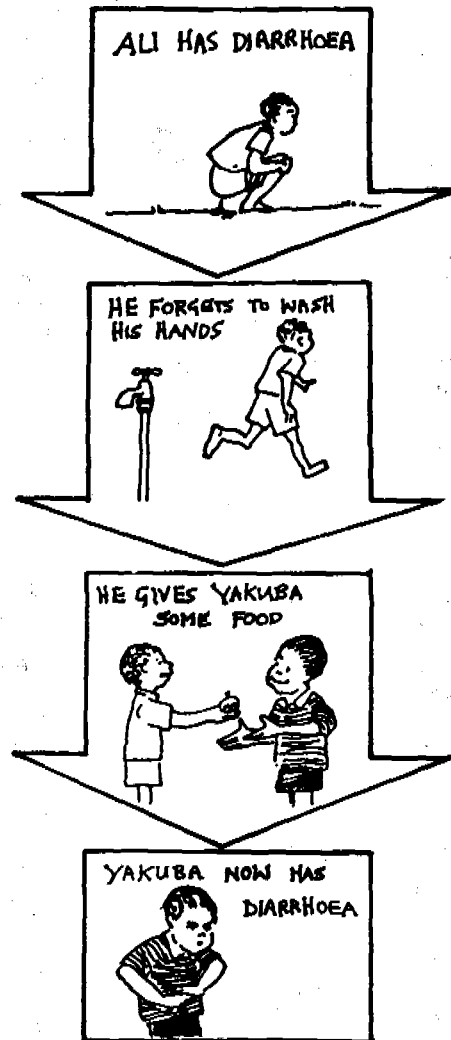
Many people know that stools are dirty, but they may not know that the germs in stools can cause diseases. Diarrhoea, worms, cholera, typhoid and polio are spread when germs are passed from stools to our hands and clothes, to the water we drink and the food we eat, and then we become ill.

By being careful where we pass stools, by keeping our hands and bodies clean after a bowel movement, and by cleaning up any stools which are dropped in places where we live and play, we can help to prevent the germs that cause these diseases from spreading. Animal stools are also dangerous.

This sheet should be used together with **Caring for Children with Diarrhoea** (Sheet No 6.1).

### Why Children's Hygiene Is Important

- Many people think that children's stools are harmless, but this information is wrong. A child's stool has perhaps five or six times as many germs as the stool of an adult. When the small child has diarrhoea, the stool is especially dangerous for all members of the family.
- Babies have no control over their bowels and may pass their stools in many different places both inside and outside the house. This is not only dirty but very dangerous because germs from these stools can spread easily to the rest of the family and neighbours.
- When they are older (about 2-3 years) and have learned control of their bowels, children will copy what they see others doing. If they see others in the family defecate in the field or in the garden, or squat in an alley or by the side of the road, they will copy them because all children want to grow up and be like the others.
- Young children spend a lot of time crawling and sitting on the ground. They often put things into their mouths. And so they pick up germs in the dust from any stools that are lying on the ground around them.
- It is very easy for anyone taking care of a young child to spread germs from the stools. Germs can be spread on our hands from wiping a child's bottom, to food, cooking dishes, the furniture, clothing or the hands of other people. These germs can end up by getting into the mouth of another child or adult, and making them ill.



### What Can We Do to Stop the Spread of Germs?

Children can learn good hygiene habits which prevent the spread of germs causing diarrhoea and other illnesses. Older children can discuss effective preventive measures :

#### Use a Latrine

Whenever possible, use a latrine for bowel movements, and not the field or compound. Help younger children to use the latrine properly. Cover the latrine hole, keep the latrine clean. When a latrine is not available, stools should be buried to keep off flies.

#### Keep Hands and Bodies Clean

Use water and ashes or soap, if available, to wash hands, bottom and soiled cloth. If the soiled cloth cannot be washed, or leaves have been used for wiping the bottom, bury them or throw them in the latrine. Clean a child's bottom and hands if they are dirty.

#### Keep the Place Clean

Clean up and bury stools dropped on the floor or in the yard. As often as possible (even four times a day) check to see that the places where young children play, crawl and sit are clean. Wash spoons, dishes and things that young children have played with.

**Remember: KEEP CLEAN AND USE A LATRINE**

## How Can We Improve Small Children's Hygiene?

Older children can help small children to learn good, clean bowel habits.

### *Teach Younger Ones to Use a Latrine*

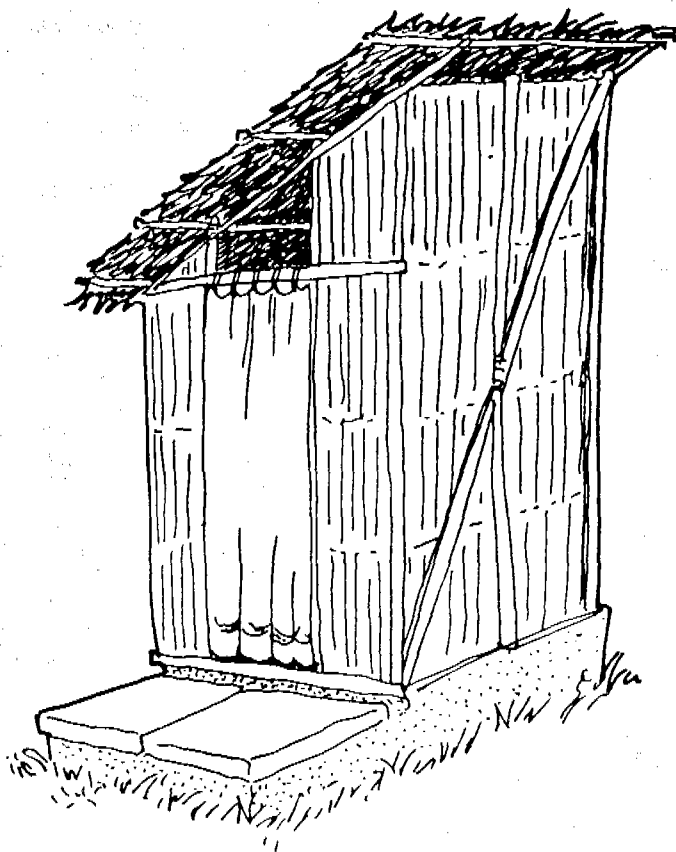
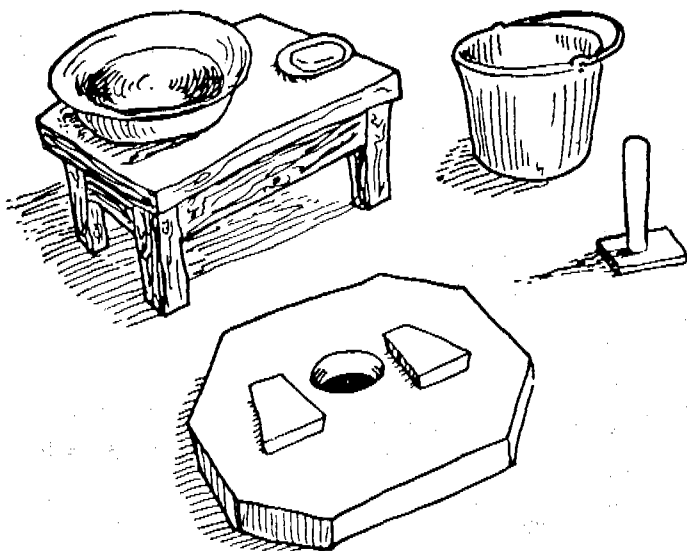
Where there is a latrine, the older child can encourage the small one to say when he needs to go. The older child can then take the younger one to the latrine.

If there is no latrine, older children can help young ones learn to pass their stools in the right places by taking them with them to the woods, the fields or elsewhere to relieve themselves.

### Encourage good hygiene habits such as

- cleaning the bottom
- washing hands after using the latrine
- covering the latrine hole to keep flies away
- closing the door of the latrine after use

For girls it is particularly important that they wipe themselves properly after passing stools. If a little girl wipes her bottom with a forward movement, there is a risk that a part of the stool will be taken to where it can enter the body and even reach the bladder. This is an important cause of bladder infection in little girls. If she wipes backward, some of the stool may be left on the little girl's bottom, from where her clothes may become soiled. It is best to wipe only very gently, and neither too far forward, nor too far backward.



### *Provide a Suitable Latrine*

When a household has one latrine, it is often made for adults. It is some distance from the house; the foot plates are far apart; and the hole is too large, too dark, and too deep for a small child. It is a dark and frightening place for small children even if an older child goes with them. They would rather pass their stools in a corner of the house or just outside the door, where there is light and the security of having someone older nearby.

Small children need a latrine built specially for them. It should have a small foot plate, with a small hole, and be near the house.

A child's latrine can easily be built. Here is a picture of the kind of latrine that is suited to young children.

The hole is about 1.5m deep. The plate is about 200cm wide, about a meter long, and about 4cm thick. The hole is no more than 10cm in diameter. The latrine can be located in the courtyard beyond the back door of the house. A wooden cover is kept over the hole. After each use a small amount of water is used to wash off the plate so as to avoid attracting flies.

A basin and soap, if possible, are nearby so that someone can clean the children after they use the latrine, or show them how to wash their hands after cleaning their bottom. The latrine will last for two to three years before the pit fills up. When it does, a new pit can be dug, if there is still a small child in the house.

But even if a child's latrine is not built there are ways of helping to keep children's stools safe. Children can be taught to pass their stools on a banana leaf which can be immediately dropped into the adult latrine.

# ACTIVITIES

**Discuss.** Talk about the way to teach younger children to keep clean and use the latrine, and why this is important.

Older children can discuss some things which help the germs to spread. Examples would be

- taking a piece of cloth, wiping the bottom and leaving the cloth lying around
- simply holding the child out bare-bottomed over the floor or the ground.

**Practice good hygiene.** Practice good habits at school: use the latrine, keep it clean, keep hands clean after using the latrine, wash hands before taking food.

Why do some children not use a latrine? Ask them to explain. Discuss these reasons and agree on ways of encouraging use of the latrine.



## FOLLOW-UP

Ask the children questions:

- What causes diarrhoea?
- How can diarrhoea be prevented?
- Why is it important to be especially careful about younger children's stools?
- What are some of the good hygiene habits which can help to stop the spread of germs?

Does the school now have a latrine? and a place to wash hands? What about at home? How many families have a special latrine or a special place for little children to defecate? Have the children helped to make the special latrine? Have the children helped younger brothers or sisters to learn better hygiene? Ask them to describe what they did.

HOME	DATE LATRINE COMPLETED	IN USE
L	17.8.83	✓
S	20.4.83	
RA	2.5.8	
A	7.83	
	6.83	
	10.4.83	

**Build a child-size latrine.** Older children can build a child-size latrine in the school compound as an example, measure the pit and make a mould for the plate.

A teacher or other adult needs to supervise the children who do the construction themselves. Parents can help by providing the materials – sand, cement, wood, etc.

The children can be grouped according to the places from which they come. In class, they can develop plans for helping each other build child-size latrines at their homes. A progress chart in class can show each home with a small child. Put a tick when a latrine is built at that home and another when the little child has learned to use it. This may be done for boys and girls separately.

## USING THIS SHEET

Teachers and health workers can emphasise the importance of keeping clean and using latrines, to prevent the spread of diarrhoea. Science lessons can be used for learning more about germs – what they are and how they spread sickness.

Teachers and parents can work with older children to plan and build the child-size latrine.

Children at school, and through Scout, Guide, and religious groups can spread the ideas of good hygiene – good food, clean water, and keeping clean – especially by their own good example. They can teach younger ones how to use a latrine and how to keep themselves clean, and help to build suitable child-size latrines where they are needed.

For further information contact: Child-to-Child, University of London Institute of Education, 20 Bedford Way, London WC1H 0AL



# Child to Child

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## WORMS

### THE IDEA

A parasite is something which gets its food from our body. Worms are parasites. They get into our body in many ways. They can make us very ill, stop children from growing well and even kill them. Worms can be prevented by simple hygiene and sanitation practices and can be cured by medicine.

### How Do They Make Us Ill?

Some people think worms in the body are not dangerous. This is wrong. Worms are very dangerous because they live off us, by sucking the food or the blood inside us. They make us weak because they eat our food. Children with worms can be bad tempered and tired, and do not do well at school. Worms stop children from growing properly. They make it easy for other diseases to attack children. Children with worms do not get better from other illnesses quickly. Sometimes worms even kill children.

This sheet should be used together with Children's Stools and Hygiene (Sheet No 3.3), and Clean, Safe Water (Sheet No 3.4).

### How Do We Get Worms?

Worms can multiply very rapidly: one worm can lay thousands of tiny eggs which we cannot see. When a worm is inside the body it lays thousands of eggs which pass out of the body in the stools.

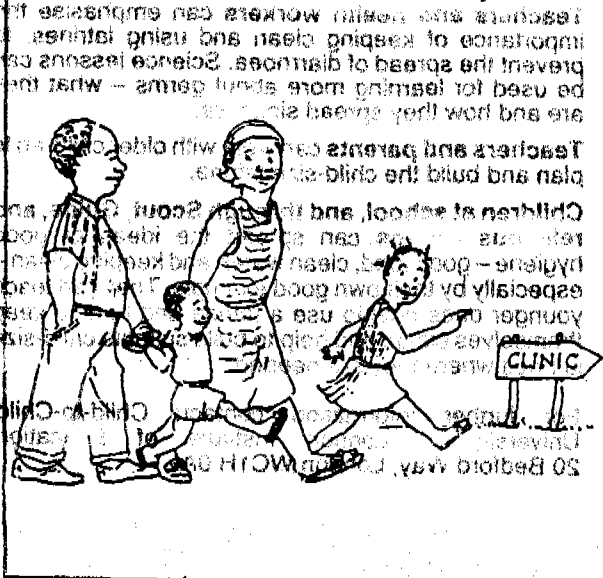
### Worms and Parasites

Millions of people have worms and other parasites in their body. They get into our body in different ways. There are many different kinds of worms, some large and some so small that we cannot see them. Sometimes the ones we cannot see are worse than the bigger ones. Children get even more worms than adults.

If the stools are left where we walk and sit and eat, the eggs in the stools get onto things we touch: furniture, water, soil, dust, etc. Flies can move from the stools and carry the eggs onto our plates and cups, or onto the food we eat.

We swallow these eggs without knowing, and they grow into worms inside us. Then they travel through the different parts of our body until they find a good place to grow, usually in our intestines where they eat our food.

### Treat all the family for worms

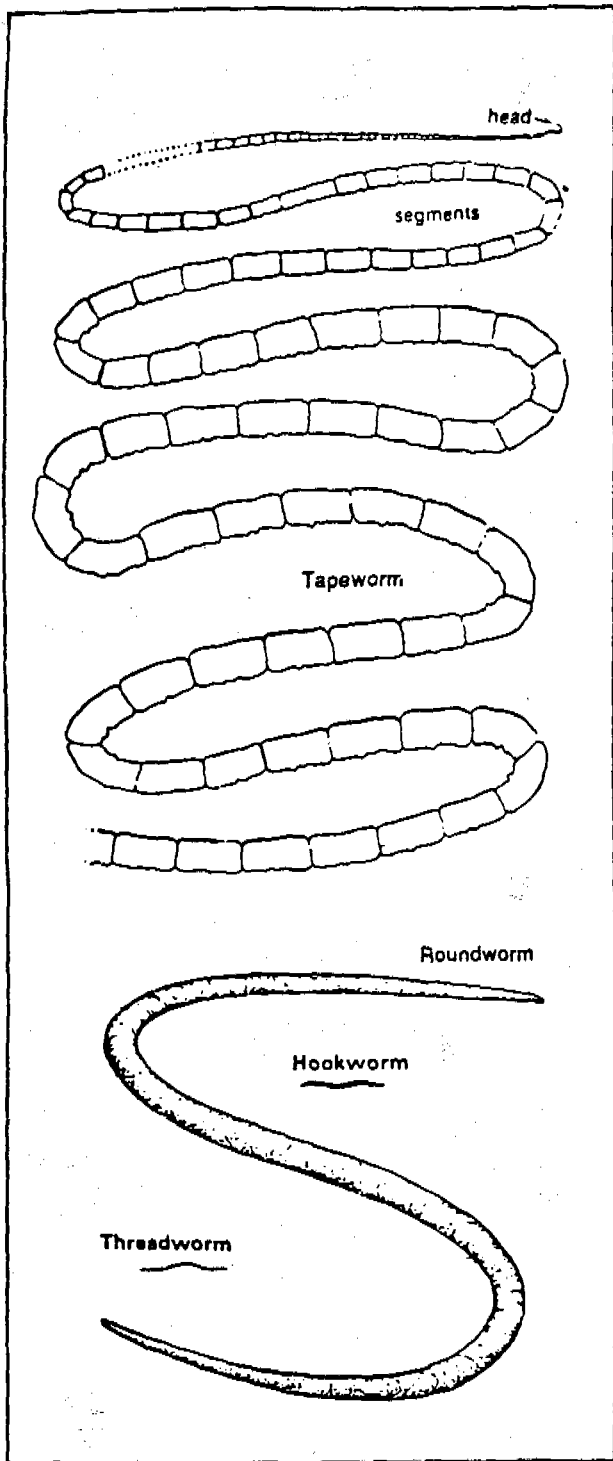


### Some Common Harmful Worms

There are many different kinds of worms and parasites. These are some of the most common.

**Threadworm.** These are very common especially in young children. They are tiny white worms like bits of thread. Threadworm can be seen on a child's anus especially at night, because that is the time when the female comes out to lay her sticky eggs which are too tiny to see but make the child's anus very itchy. This makes the small child scratch and collect eggs under his nails. Then he leaves the eggs on whatever he touches, e.g. his own mouth, food, the bedding and his clothes. In this way, he can swallow more eggs, and the whole family can easily get threadworm.

Children with threadworm are tired because they sleep badly, and uncomfortable because they itch. They may be bad-tempered and not very strong.



## What can we do?

### To cure threadworm:

Threadworm can be easily cured if the whole family takes worm medicine.

### To prevent threadworm:

- wash hands and bottoms
- keep clothes and bedclothes clean
- cut fingernails short
- dispose of children's stools away from living and play places.

**Roundworm.** These worms are pink and long, with pointed ends. They can easily be seen in the stools and sometimes children cough and spit them out. But most of them swim

about in the intestines and live there for a long time, laying thousands of eggs. These invisible eggs have hard shells. When the eggs come out of the body in the stools, their hard shell allows them to live in the ground for a long time, especially in damp, shady places. These eggs get into water, flies carry them on their legs, they can be found on fruit and vegetables that are not washed well, and even on our hands. When we swallow them we cannot see them.

Children with roundworm have stomach pains and do not feel hungry. Sometimes they are thin but have a big stomach and they become weak and thin. Too many roundworms can block the intestines by multiplying and forming a big ball. Sometimes roundworm gets into other parts of the body and can cause death.



## What can we do?

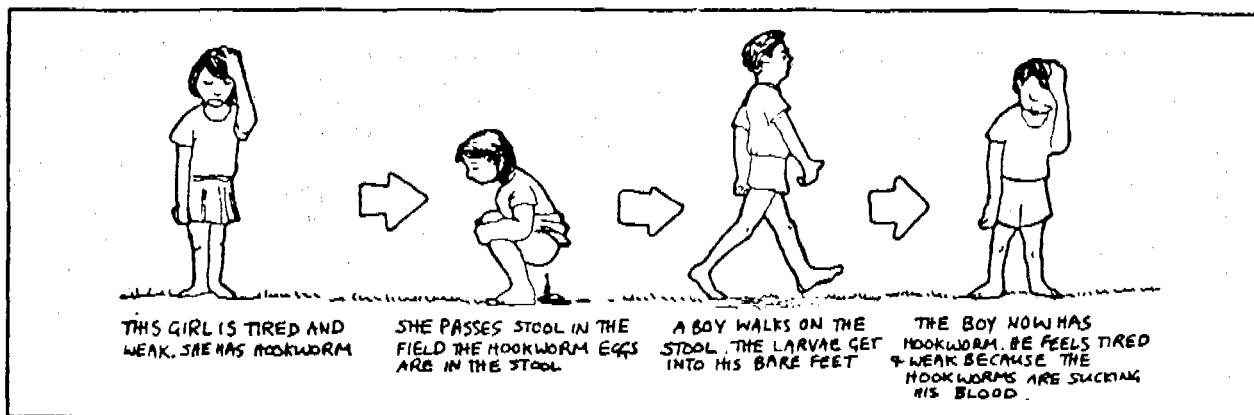
### To prevent roundworm, we can:

- wash our hands
- get rid of stools safely
- use the latrine
- kill flies
- use clean water
- observe the rules of good hygiene.

To cure roundworm, the whole family takes medicine.

**Hookworm.** Hookworm is very dangerous because it cannot be seen or felt when it goes into the body through our skin (feet, hands, bottoms). Once the worms are in our body, they hook onto the intestine and suck blood. Their millions of eggs pass out in the stools. Then they hatch into larvae (young worms) which get into bare feet when we walk on them, or into children's bare bottoms when they sit on the ground.

Hookworms suck children's blood. Children get anaemia (too thin blood), they become weak, tired, ill and can even die. They get other illnesses more easily and do not get well quickly. Sometimes they cannot learn and think well at school and they do badly in their studies. If someone has anaemia, their skin, gums, fingernails and the insides of their eyelids become pale and they are weak and tired.



## What can we do?

*To prevent hookworm, we can:*

- wear shoes
- dispose of stools cleanly and always use a latrine
- make a clean place for small children to play and crawl.

*To cure hookworm:* If we think children have hookworm they must go the clinic. Ordinary worm medicine is not enough. A doctor or health worker can give other medicine, which is more effective.

**Tapeworm.** There are many kinds of long, flat tapeworms. The largest come from beef or pork that is not well cooked. Tapeworms have a head and a body which is made up of many short pieces (or segments).

As the tapeworm grows, its end segments become heavy with eggs and break off. These pieces pass out of the body in the stools where they can be seen. When cows and pigs eat, they swallow some of these eggs which then get into their flesh. Then people eat this meat, and the tapeworm eggs with it.

Tapeworm can make us tired and weak, and can be very dangerous, especially for young children.

## What can we do?

*To prevent tapeworm:*

- If meat is well cooked the tapeworm is killed before we eat it.
- Always use a latrine

*To cure tapeworm:* Special medicines can cure tapeworms.

**REMEMBER: THE HEALTH CENTRE CAN GIVE SIMPLE TREATMENT FOR WORMS. IT IS IMPORTANT TO GET THIS SO THAT CHILDREN AND OTHERS CAN GET WELL AND STOP WORMS FROM SPREADING TO OTHERS.**

**REMEMBER: ALL INTESTINAL WORMS ARE SPREAD BY BAD SANITATION AND POOR HYGIENE**

Community action can help to prevent worms from spreading if everyone cooperates by observing the rules of good hygiene and especially:

- building and using latrines
- getting rid of little children's stools safely and quickly, away from places we sit and eat

- keeping the places where people live and eat clean and free from flies, stools and other dirt
- washing hands before eating and after using the latrine
- keeping food and water safe from flies and dirt
- cooking food well, and storing it safely.

**REMEMBER: EVERY PERSON IN THE COMMUNITY MUST HELP.** Only ONE person who does not follow the rules SPREADS WORMS to HUNDREDS of other people.

## ACTIVITIES

What we learn about worms is no use if we only observe the rules of hygiene at school and forget them at home. If we use the latrine at school and do not help our younger brothers and sisters to use it at home we cannot get rid of worms.

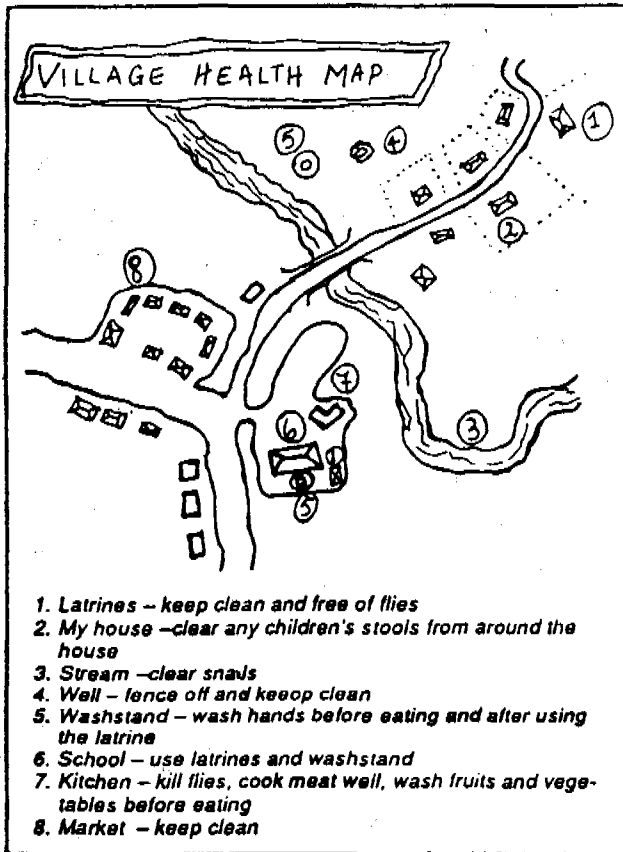
## Finding Out

**Worms.** Who in the group has worms? How can you tell if a small child has worms? (scratching anus, sleeping badly, restless, tired, bad-tempered, pale, stomach ache, not hungry, presence of worms in the stools) Do people at home have them? Have you seen worms? Where? Do you know people who have worms you can't see? Do your younger brothers and sisters get more than you? Why?

**Latrines.** Where are there latrines? At home? How many at school? How many for teachers? How many for children? Do you know any public ones? Who looks after them? Make a guide or map to the latrines you know. Which of them have a cover and are kept clean?



**Water.** Where do people get their drinking water? Is the source of drinking water clean? Where can they wash their hands before they eat and after they have been to the latrine?



## Discuss

How can children get rid of worms?

Draw a worm cycle, for a tapeworm, a roundworm or a hookworm. Write a story called 'My Life as a Fly' or 'My Life as a Worm'. Write songs about worms and flies.

Draw and discuss a health map which shows dangerous places where worms are spread. Show how flies spread germs and worms. Watch the flies and see where they go. Then draw a plan of their journey on the map.

In maths, work out how many eggs one female roundworm can produce in three months if she lays 200,000 eggs every day.

## Taking Action

Begin by observing the rules of hygiene (Activity Sheet 3.3 - Children's Stools and Hygiene). Keep clean, and use a latrine. Keep water supplies, and water for drinking and cooking clean and safe (Activity Sheet 3.4 - Clean, Safe Water). Protect cooked food from flies, and wash raw fruit and vegetables before eating.

Start at school. How can you keep it clean, and make it free of worms? You can kill flies, improve and cover latrines, provide water for washing hands, keep the compound clear of dirt.

Make sure the family at home understands about worms. Teach younger children to use latrines (Activity Sheet 3.3 - Children's Stools and Hygiene), make latrine covers, keep a water-saving tin to wash hands (with soap if possible) after using the latrine. Learn to make this tin. Make fly swats, and keep flies away from food and latrines.

Keep a clean, safe place where small babies can play (Activity Sheet 1.5, A Place to Play).

Make posters and picture stories about:

- \* taking children to the clinic for treatment,
- \* keeping the places we sit, walk and eat clean and free from stools and flies
- \* how worms get into our bodies
- \* the different kinds of worms.

Hang these posters up at school, at the market, at home.

Give puppet shows, mimes, songs, dances, at home and on open days at school.

Report to teachers, parents, health workers when there are flies, worms, dirt, or problems with latrines.

## FOLLOW UP

How many children can remember the main idea three months later? How many have been able to use the information, at school, at home? What did they do?

Are there more latrines, latrine covers, children wearing shoes? Who has gone to the health centre for worm treatment?

Have the older children helped the younger ones by getting rid of stools, showing them how to use the latrine, talking about worms with their parents? How else did they help?

Did anything else happen at home or the community after the children started passing the message?

## USING THIS SHEET

Health workers can help mothers and older children at the clinic where children are taken for treatment. Youth workers can use youth groups to make surveys and carry out the activities for preventing and treating worms in children.

Teachers can work to make sure that latrines are built at school, and help to spread the knowledge about worms in their daily teaching, at open days, using these activities with children and their families.

Children can do all these things. They can tell people at home and children who do not go to school about them. They can tell older people when they think they or their younger brothers or sisters have worms.

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## CARING FOR CHILDREN WITH DIARRHOEA

### THE IDEA

Diarrhoea is dangerous because it can kill. It can be prevented by eating properly, using clean water, and by keeping clean. Children who get diarrhoea may die because they become dehydrated, that is, their body loses too much water. The liquid they lose must be put back in their bodies. A Special Drink can be made by children, which can prevent dehydration.



THIS SHEET

Children can help mothers and older children at the home. The children are taken for treatment. Youth work- groups make surveys and carry out the work for preventing and treating worms in children.

#### What is Diarrhoea?

Diarrhoea means frequent, watery stools. Often children with diarrhoea also vomit and have cramps. The stools smell strongly and also pass noisily. Diarrhoea is caused by germs which live in dust, dirty water and people's stools. The body is trying to get rid of the bad germs through the diarrhoea.

#### Diarrhoea is Dangerous

Diarrhoea can make young children die, especially when the family does not understand that the water lost in diarrhoea needs to be quickly replaced.

#### Diarrhoea Can be Prevented

Diarrhoea can be prevented by

- eating properly, so the child grows well.
- using clean water.
- keeping ourselves and our surroundings clean.

How can you keep it clean, and make it free of worms? You can kill flies, improve and cover latines, provide water for washing hands, keep the compound clean.

### Healthy Food (see also Activity Sheet 2.1)

Breast-milk is the best food for babies and helps to prevent infections, including diarrhoea. Breast-feed babies for as long as possible. Dirty feeding bottles cause diarrhoea.

When they are about six months old, all babies should begin to take other foods, as well as milk. Soft mashed foods given frequently are best, like porridge and fruits.

The food we eat should be fresh and prepared in a clean place, using clean pots. Cooked food should be eaten while hot, or well heated again before the child eats it.

Keep flies away from foods, and always wash hands carefully before handling and eating food. Wash uncooked food in clean water before eating it.

### Clean Water (see also Activity Sheet 3.4)

Make sure water for drinking is clean. Take it from the cleanest possible source, keep it in a clean, covered container, and use this water for drinking and cooking only.

Keep the source of water clean. Keep animals away. People should not wash themselves or their clothes, or spit or throw rubbish into the place where people get their drinking water. Never urinate or defecate in or near water.

### Keeping Clean (See also Activity Sheet 3.3)

Dirt, rubbish, stools and urine contain germs which can cause diarrhoea. These germs can be carried by flies. Keep these germs away from food and water.

Wash your hands

- after passing stools
- after cleaning children who have defecated before cooking or eating
- before feeding children

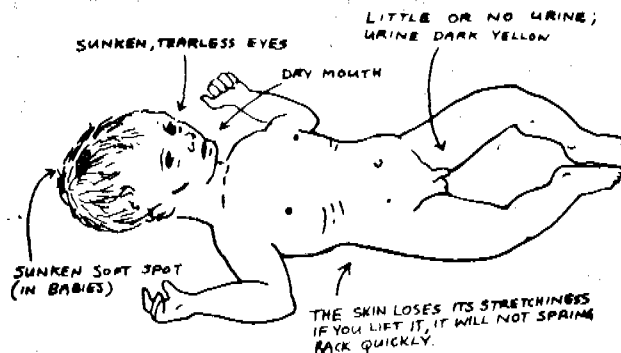
Remember to wash the children's hands too.

Use a latrine, or where there is none, make sure that the whole family passes stools far from the house and far from any water. Stools passed near the house should be taken away and buried. Remember: small children's stools are more dangerous than adults.

**BY KEEPING CLEAN, WE CAN PREVENT DIARRHOEA**

### Why Do Children Die from Diarrhoea?

Children who have diarrhoea lose a lot of water, especially if they are vomiting and have a fever. Children who die of diarrhoea usually die because they lose too much water and salt from their bodies and no one helps them to drink. This loss of water and salt is called **dehydration**.



### The Danger Signs

#### Take Action

These symptoms only appear if the child becomes **very dehydrated** from diarrhoea. A child with these symptoms is in great danger and must receive treatment **before** this happens. Here are three rules:

- (1) Give the child **plenty to drink** to replace the water that is lost as soon as the diarrhoea starts.
- (2) Give the child **enough food** to keep him strong.
- (3) Take the child to the **health worker** if any of these danger signs of dehydration begin, or the diarrhoea lasts more than two days. Keep giving the child liquid (the Special Drink is best) while you are going to the health centre.

### Treating Diarrhoea: Plenty of Fluids

The most important thing is to **be sure that the child drinks as much liquid as he loses**, from the time the diarrhoea starts. **Rehydration** is putting back into the child's body the water that it has lost because of the diarrhoea and vomiting.

Giving lots of liquid to a child with diarrhoea may at first increase the amount of diarrhoea. This is all right. The dirty water must come out of the child. **A child with diarrhoea needs one glass of liquid for each time he has a loose stool.**

Medicines are not often effective. Anything that puts water back into the child helps to fight the dehydration. For example

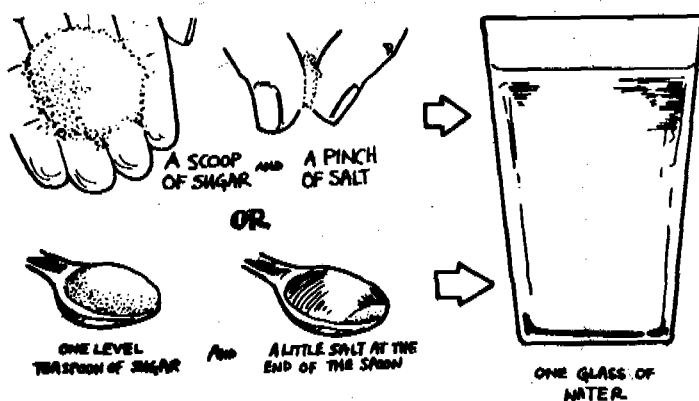
- many of the **herbal teas and soups** that mothers give to children.
- **mother's breast-milk** which gives the child not only water, but also food. It is important to keep breast-feeding a baby with diarrhoea. (Milk in a bottle is different, and it is never as good as breast-milk.)
- any other **liquid drink**: give rice water with salt, coconut water, lime or lemon water, fruit juice, weak tea or soups.
- in homes where rice is the staple food, **rice water** (the water in which rice has been boiled) is an excellent liquid for rehydration.

The best liquid is a Special Drink, called Oral Rehydration Solution. This drink can be made from packets of oral rehydration salts available from health centres and sometimes shops. But children can easily make the Special Drink themselves using salt, sugar and clean water, and so help to treat diarrhoea in younger children and babies.

### The Special Drink

**Making the Special Drink.** The Special Drink is very easy to make. For one glass at a time:

MIX: SUGAR + SALT + WATER



For larger quantities, mix EIGHT level teaspoonfuls of sugar, plus ONE level teaspoonful of salt, with ONE LITRE of clean water.

**REMEMBER: BEFORE GIVING THE DRINK TASTE IT. IT SHOULD BE NO MORE SALTY THAN TEARS**

If it is too salty, then throw it away, and make the drink again, using less salt. Make just enough for 24 hours. Next day, throw away any that is left over and make some more if necessary.

Ways of measuring the Special Drink may be a bit different from place to place. Find out from the health worker how mothers are taught to make the Special Drink. How do they measure the water, sugar and salt?

**How to Give the Special Drink.** The Special Drink must be given as soon as the diarrhoea begins, that is as soon as the stools are watery and smell bad. Give a little at a time in sips from the glass or from a spoon. Even if the child doesn't want it, or spits or vomits, gently insist, and persuade him to drink it all a little at a time. The amount he vomits will be less than you have given him. Let the child rest after every five sips if he wants to. This may take some time, day and night, and older children can help their mother by taking turns during the night.

**How Much?** The drink should be given each time a stool is passed. A child under two should have half a cup each time. An older child requires a full cup each time. An adult needs two glasses each time. Continue giving the Special Drink as long as the stools are even a bit watery, until both stools and urine are normal. This may take 12 to 24 hours or even longer.

### Treating Diarrhoea: Continue Feeding

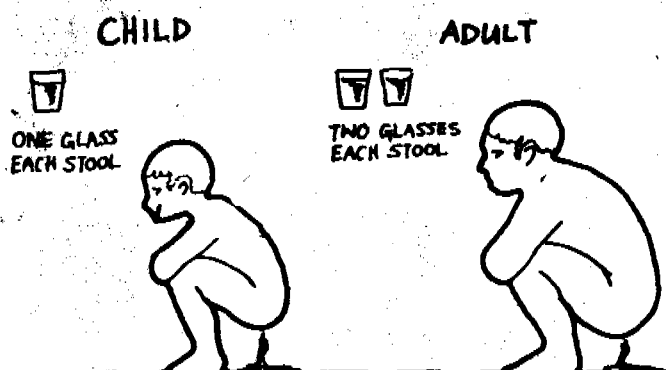
Sometimes mothers stop giving food to a child who has diarrhoea. This is a mistake. The sick child needs food so that he has enough strength to fight the illness. Breast-milk is the safest and best food for babies. Encourage older children to take their usual food, several times each day

## ACTIVITIES

Children can gather information about diarrhoea. Collect information about how common and how dangerous diarrhoea is. Find out how many times younger brothers and sisters had diarrhoea in the last year (or during the last rainy season, or since some big festival). Find out at which ages it is most common, by counting how many times children of different ages had diarrhoea.

Count how many times breast-fed babies get diarrhoea, and how many times bottle-fed babies get diarrhoea. Why do breast-fed babies get less diarrhoea?

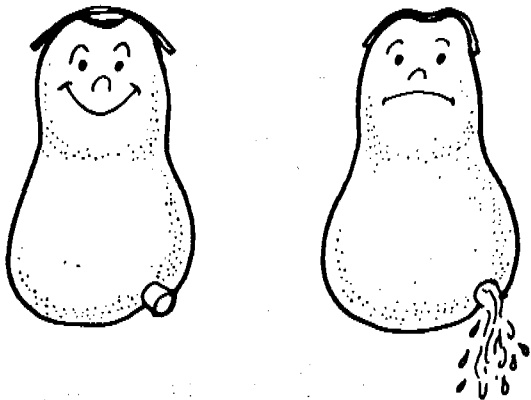
Try to find out how many children in the community have died from diarrhoea. Use this information later to help decide if different health activities have made a difference to children's health.



### Children can Experiment

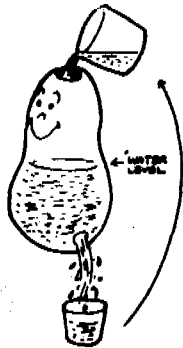
(1) Carry out an experiment with two cut flowers or plants. Put one in a container of water, and leave the other without water. Ask the children why the plant without water has died: water is necessary for life, and plants – and people – cannot live without it.

(2) Children can bring to school a small hollow gourd. (If no gourd is available, an old ball or anything similar can be used.) Draw on the gourd a mouth and some eyes (see illustration).



Make a hole in the top of the gourd, and a small hole with a plug in the bottom of the gourd. Fill it with water, and cover the opening at the top with a small, thin, damp cloth. Then pull the plug out and let the children notice how the cloth sags in. Discuss how it compares to the front of the head of a baby which has diarrhoea.

(3) Mark a line on the hollow gourd (or any other object used).



Water should never fall below the line, or else the gourd will be empty. For a person that means dehydration and death. As long as just as much water is put back as that which is lost, the water level will not go down (so the child will not get dehydrated). A child with diarrhoea needs 1 glass of liquid for each time he has a loose stool.

**Children can learn to make the Special Drink.** Children can prepare the Special Drink, and then drink some of it. Remember that it should be about as salty as tears.

**Children can work in the community.** Children can demonstrate their 'diarrhoea dolls'. They can make up plays or puppet dramas about the theme of diarrhoea, and how to care for a child with diarrhoea. They can also invent songs and stories, and make posters showing how to prepare the Special Drink. They can discuss where to show them to help others learn how to make and use the Special Drink.

## FOLLOW-UP

Discuss with the children how much they have learned. Do they think they have been able to help the community?

- Have other people in the community learned some of the same information?
- Have many of the children used what they know in the home and in the community?
- Do fewer babies and children suffer and die from diarrhoea as a result of this activity?

Counts can be made each month (or after six months or a year) to see, for example

- how many children – or their mothers – have made the Special Drink for those with diarrhoea
- how many cases of diarrhoea there have been in the children's families
- whether any children in the community have died of diarrhoea.

Is there a difference between babies who are bottle-fed and those who are breast-fed?

NUMBER OF CHILDREN WITH DIARRHOEA THIS TERM					
AGE	0-1 YEAR	1	2	3	4 5
BOTTLE FED					
BREAST FED					
DEATHS FROM DIARRHOEA					

Ask children who have used the Special Drink for another child with diarrhoea to tell the story to their friends, explaining how and when they (or their parents) made and used it. How long did they give it? Did it seem to help? Did they have any difficulties? What were the results?

## USING THIS SHEET

**Health workers** can demonstrate the use of the Special Drink, and talk about it to mothers at clinics. It is best if they themselves have rehydrated a child, so they can explain the process very clearly.

**Teachers** can teach about the Special Drink in science or health lessons.

**Scouts, Guides and youth groups** can spread the knowledge about preventing dehydration, and if it does occur, how to treat it quickly.

**Children** can make the Special Drink and help feed it to sick brothers and sisters.

For further information contact: Child-to-Child, University of London Institute of Education, 20 Bedford Way, London WC1H 0AL



# Child to Child

ACTIVITY SHEET 6.7

Child-to-Child Activity Sheets are a resource for teachers, and health and community workers. They are designed to help children understand how to improve health in other children, their families, and their communities. Topics chosen are important for community health and suit the age, interests and experience of children. The text, ideas and activities may be freely adapted to suit local conditions.



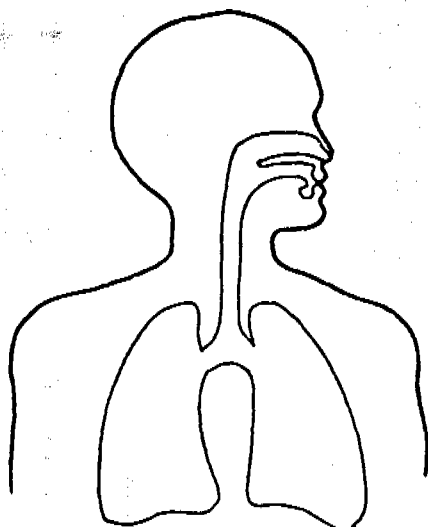
## COUGHS, COLDS, PNEUMONIA (A.R.I.)

### THE IDEA

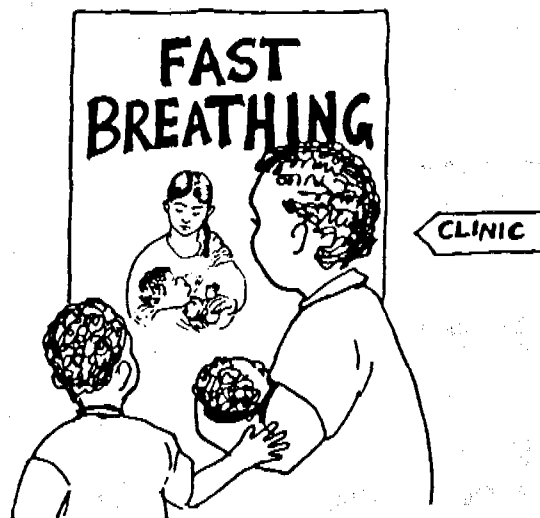
Everyone gets coughs and colds. Most coughs and colds get better without special medicine. But sometimes colds turn to pneumonia. Four million children die of pneumonia every year. The clearest sign of pneumonia that everyone can learn to recognise is QUICK BREATHING. Pneumonia needs immediate treatment with special medicine given only by a doctor or health worker. Breast-feeding, good food, a smoke-free home and immunisation against whooping cough and measles can help to prevent pneumonia.

#### What is A.R.I.?

*Coughs, colds and pneumonia are all Acute Respiratory Infections (A.R.I.)*



RESPIRATORY TRACT



The respiratory tract is that part of the body which the air we breathe gets to. The air reaches the nose and throat, and goes through the windpipe to the lungs.

Infections are illnesses caused by germs (viruses and bacteria). Acute infections happen suddenly and last a short time.

#### Everyone Gets Coughs And Colds

Throughout the world people get coughs and colds. Young children get more than older children, between three and eight colds every year. In colds the infection is only in the nose and throat. The signs and symptoms of a cold are:

- a runny nose
- a blocked nose
- a cough
- sometimes a sore throat
- sometimes children feel ill and tired and do not want to eat.

Coughs and colds are caused by viruses. They are made worse by smoke. Tobacco smoke and cooking smoke make a cold more likely to turn to pneumonia.

### Most Coughs and Colds Do Not Need Special Medicine

Special antibiotic medicine does not help to cure colds. Babies and children will usually get better in a few days. We can help them if we:

- keep them comfortable – keep them warm if they are cold, or cool if they are hot
- give them plenty of soothing drinks
- encourage them to eat, by giving small quantities of food often
- clean their nose (especially babies before feeds)
- keep the air around the child clean, free from smoke.

### Pneumonia

Pneumonia can

- start on its own
- follow from a cold
- follow from measles or whooping cough

All children can get pneumonia but babies under one year are more likely to get it than older children.

In developing countries pneumonia is usually caused by bacteria. Therefore special antibiotic medicine can help save lives.

### Recognising Pneumonia

The clearest and surest sign of pneumonia is quick breathing. A healthy baby, lying still and not crying, takes about 30 breaths a minute. But a baby with pneumonia, lying quietly, takes more than 50, sometimes 70 or 80 breaths a minute. Quick breathing, more than 50 breaths a minute, usually means pneumonia.

#### How to Count Breaths

We all breathe quickly sometimes, especially when we run, cry or move about a lot. This quick breathing is not pneumonia.

We must not count a child's breathing when he has been restless, crying or struggling. Count the breaths of a child who is sleeping or quietly resting. Watch the child's chest without disturbing it.

Count the number of breathing movements for one minute. Fifty breaths or more means pneumonia.

Mothers usually know when their babies are breathing too fast even without a watch. If you have no watch look carefully and decide whether the breathing is too quick.

### What to Do

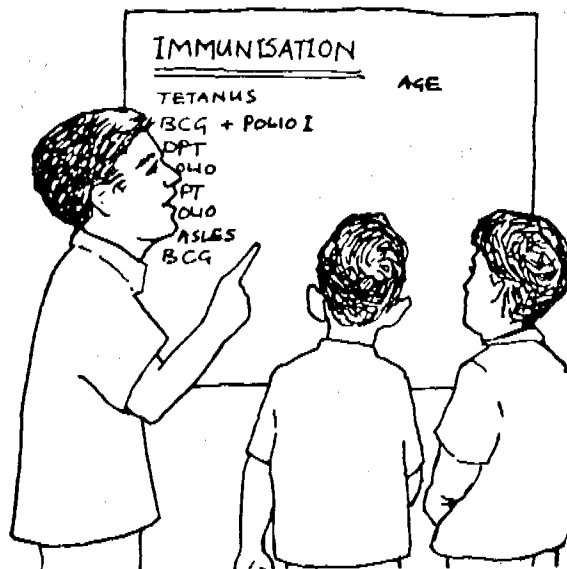
If you are sure the breathing is too quick (50 or more) or if you think it may be, the child must be seen immediately by a doctor or health worker. Special antibiotic medicine can cure pneumonia if started early and given by a doctor or health worker. Their instructions must be followed carefully and correctly.

### Can Pneumonia Be Prevented?

Children who are well fed (see Activity Sheet No 2.1, Feeding Young Children – Healthy Food) are less likely to get pneumonia. Babies who are breast fed are less likely to get pneumonia.

Measles and whooping cough cause pneumonia; both can be prevented by immunisation (see Activity Sheet No 6.4, Immunisation).

Children in homes where people smoke are more likely to get pneumonia.



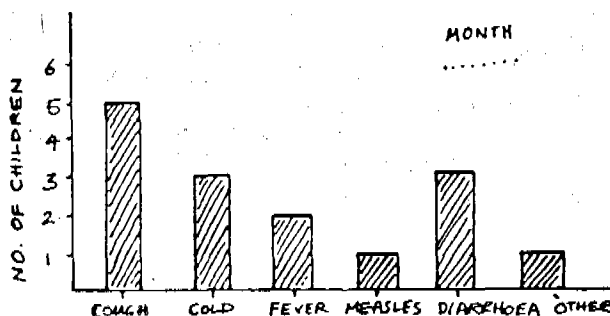
## ACTIVITIES

### Finding Out

The children can interview each other and find out:

- How many of them were ill in the last six months?
- How many had coughs and/or colds?
- What were the symptoms? What did they feel like?
- Did the colds get better soon? Or did they get worse and lead to fever? How many children developed fever? how many did not?
- What did they do to make themselves better?
- What helped to make them better?

Share the information and write a survey report. Make charts showing the information and display it.



Extend the survey to the children's families, to other families in the area. This time, also find out:

- How many people (if any) had pneumonia?
- For how long?
- Did it get better?
- What helped?

Compare this information with that on coughs and colds. Did the children notice anything interesting about their information, for example

- Who had most coughs and colds in the community: babies? old people?
- Who had pneumonia? During which months?
- Was the medicine made at home or did it come from the doctor or health worker?
- Anything else they noticed?

If a child or an adult remembers having pneumonia, they can talk to the children about it (how did it start? how did they feel? what did they do to get better?)

### Learning the Signs

(1) Children can test each other to make sure they know the signs or symptoms of pneumonia.



I have a cough.  
I have a runny nose.  
I have fever.

But your breathing  
is normal. You do  
not have pneumonia.

They can ask each other questions:

**Question:** I have a runny nose; I have a cough; I have fever. Do I have pneumonia?

**Answer:** No.

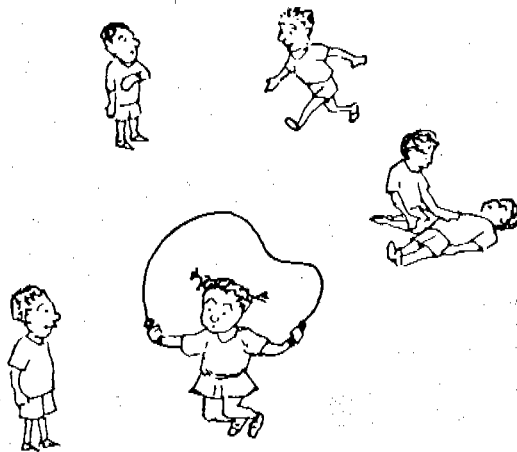
**Question:** I am breathing 30 breaths a minute. Do I have pneumonia?

**Answer:** No.

**Question:** I am lying quietly. I have a runny nose. I am breathing very quickly, about 50 breaths a minute. Do I have pneumonia?

**Answer:** Yes.

(2) If children have a watch or clock, they can learn to recognise the quick breathing (50 breaths each minute) which is a sign of pneumonia. Working in pairs, start by counting each other's breathing for one minute. Write down the number of breaths. Then one child does one of the activities in List A below, the other an activity in List B. Count each other's breathing after each activity. Change over and continue. Each time, write down the result.



If they do not have a watch, a third child can act as timekeeper, counting up to 100 at a steady speed, or walking up and down at the same pace. Children can compare the rate of breathing for different activities even if they cannot measure time accurately.

#### A

Reading  
Sitting quietly  
Standing still  
Humming  
Writing  
Counting

#### B

Skipping 30 times  
Running on the spot very fast  
Jumping as high as possible 30 times  
Digging  
Lifting something heavy

By comparing different rates of breathing children will soon begin to understand what is normal, what is a little fast, and what is **very fast** (the danger sign).

### Preventing Pneumonia

Children can *find out* how many children in the school or community

- have been immunised
- need immunisation
- need to complete the immunisation process.

**Remember:** Children can make cards to remind parents about immunisation (see Sheet No 6.4, **Immunisation**).

Children can make posters which show how pneumonia can be prevented. They can help each other or their families can help. If families help, they may also learn. Display the posters in class, the children's homes, other public places.

They can *discuss* what foods will help prevent pneumonia. Can they make up a menu for the week which contains such food? Is it expensive to get the right kind of food?

They can *keep a list of all they eat* at home and see if the right food is included and how frequently (see Sheet No 2.1, **Healthy Food**, and Sheet No 2.2, **How Do We Know if They Are Getting Enough to Eat?**). They can help their parents to plan the meals well.

They can *draw a plan of their houses*. With the help of their parents, can they identify the smokiest areas? (cooking area, fire corner) Can they identify the least smoky area? (near a door, a window, in a cross-current) How can they make sure that babies are kept away from smoke?

How can they clear the house of smoke quickly?

### Passing the Message

Children can

- display their posters showing the signs of pneumonia and colds at parent days, at home, or at public places like the market and clinic.



IF THE CHILD TAKES MORE THAN  
**50 BREATHS IN ONE MINUTE.**  
TAKE HIM TO THE HEALTH CENTRE  
**IMMEDIATELY**

- teach their families the signs of pneumonia.
- find two other people in the neighbourhood to whom they can teach the signs.
- make up a story about someone who knew the signs of pneumonia and helped to save a life.
- make up a play using the following characters:
  - the patient (a child with a cold which becomes pneumonia)
  - an anxious family
  - someone who knows the signs
  - a health worker.

- make a puppet show to tell the story of someone who had pneumonia, and share it with other children and families. The play should ask the following questions:

- What started it? (cough, cold, no immunisation, measles)
- What were the signs?
- What did the patient feel?
- How was the pneumonia cured?
- How could it have been prevented?

- make up a song with the chorus:

Do not worry, do not fret,  
This is not pneumonia yet.

The final chorus might be:

Pneumonia is setting in,  
Ask the doctor for medicine.

- teach the song to families, other children, other people in the community.

## FOLLOW-UP

Find out

- how many children and families remember the signs of pneumonia
- if they remember what to do when a child gets pneumonia
- if they can tell how to prevent pneumonia
- how many have taken action as a result of what they learned.

## USING THIS SHEET

Teachers can include these activities in science and health lessons, and can later follow-up to make sure children have been properly immunised. They may be able to get advice and help from **health workers** and **community leaders**, so that children really know the signs of pneumonia, what treatment is best, and the importance of immunisation.

Children can help by passing the message to friends and families. They can carry out projects with the help of adults which will help to reduce the danger of pneumonia to their families and the community.

For further information contact: Child-to-Child, University of London Institute of Education, 20 Bedford Way, London WC1H 0AL.

# Child to Child



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## IMMUNISATION

### THE IDEA

Every year, five million children die and five million are disabled from diseases which can be prevented by immunisation against the germs which cause them. Children can understand the diseases which can be prevented by immunisation, how immunisation works, and the correct immunisation programme for themselves, their friends and their families.

People say, **OUR CHILDREN ARE NOT SICK. SO WHY SHOULD WE TAKE THEM TO THE CLINIC?**

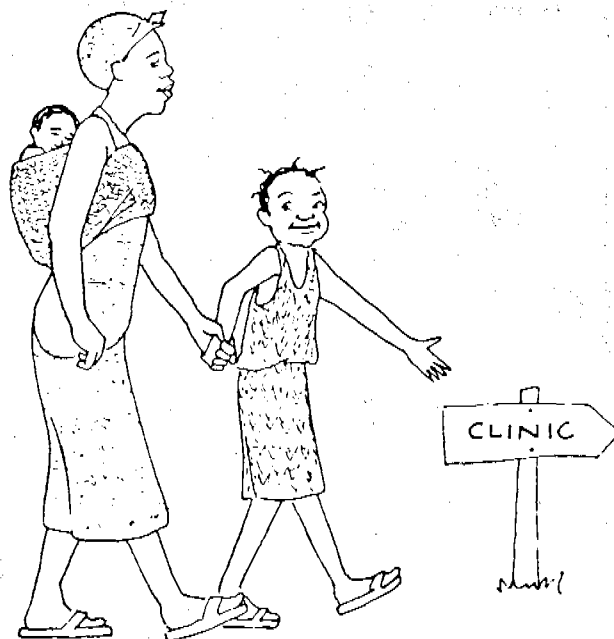
The answer is, **BECAUSE WE WANT TO HAVE THEM IMMUNISED TO PROTECT THEM AGAINST SOME SERIOUS DISEASES.**

**IMMUNISATION MEANS MAKING THE BODY STRONG AND WELL PREPARED TO FIGHT PARTICULAR DISEASES.**

Each year, in every village and community, some babies and young children die from diseases like measles and tetanus. Others are disabled for life by diseases like polio. **This can all be avoided by immunisation.**

We can first look at the diseases which can be prevented by immunisation, and then we can look at how immunisation works.

This sheet should be used together with **Caring for Children Who are Sick** (Sheet No 6.2) and **Polio** (Sheet No 6.5)



### Diseases That Can be Prevented by Immunisation

**Measles.** Pradeep has had a high fever for six days, with red eyes, a runny nose, noisy breathing and a cough, and a rash all over. He has measles and is very ill. If he gets better he will be weak for a long time and may catch other diseases.

**Diphtheria.** Rosa breathed in some diphtheria germs which settled in her throat and made it sore; her neck swelled. Her breathing became noisy and difficult. Then her breathing stopped and she died.

**Tuberculosis (TB).** Musa's uncle had a cough for a long time with blood in his spit. He coughed up the TB germs which Musa and his baby sister breathed. The germs settled in Musa's lungs. He began to cough, lost weight, and became very weak. His baby sister died.

**THIS COULD HAVE BEEN PREVENTED BY IMMUNISATION**

**Tetanus.** Joseph cut his foot in his field. Tetanus got in with the dirt. A week later all his muscles became tight so he could hardly breathe. They took him to hospital, but we do not know if they can save him.

When Vimla had her baby, they cut the cord with a dirty knife, and germs got in. A week later the baby became stiff and stopped sucking; he later had convulsions and died.

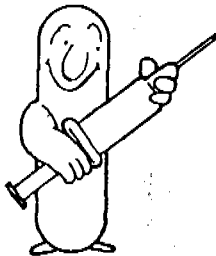
**THIS COULD HAVE BEEN PREVENTED BY IMMUNISATION**



**Whooping Cough.** Four year old Amin caught whooping cough from his friends and gave it to his sister Fatima and baby Myriam. They have all been coughing, vomiting, losing weight and becoming weak. The baby goes blue with the cough and may die.

**THIS COULD HAVE BEEN PREVENTED BY IMMUNISATION**

**How does Immunisation Work?**



Immunisation builds protection in the body against the germs which cause these diseases. How does it do this?

When we are ill, it is because a tiny germ that can only be seen under a microscope has entered the body. The body protects and defends itself by making special 'soldiers' for killing those particular germs. These soldiers, which are specially armed to fight a certain kind of germ, are called antibodies.

Sometimes, when a disease enters the body

- the body has not made enough soldiers or antibodies in advance
- the antibodies are made too late to prevent or fight the disease.

If the disease is very serious, or if the child is very weak - perhaps has been ill before, or is malnourished - there is a risk that he will die before the body can make enough antibodies to fight the disease

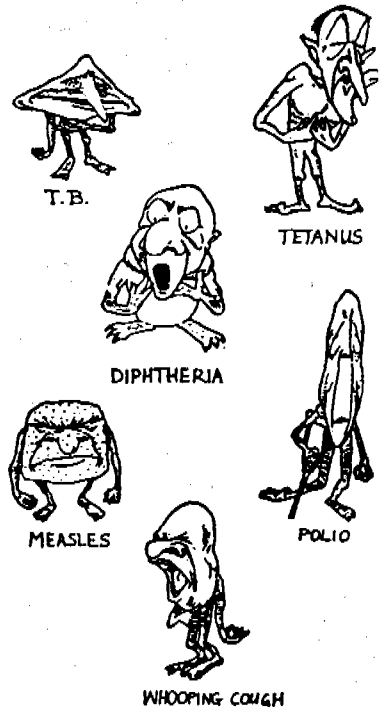
Immunisation is a way of encouraging the body to make enough of the right kind of antibodies in advance of the disease. Then, when the disease comes, the body is ready to fight it. For diphtheria, tetanus, whooping cough and polio, immunisation must be given at least three times before enough antibodies are produced and protection is complete. For these diseases, it is very important for children to be taken back for their second and third injections at the right times. For some diseases like polio and tetanus,

**Polio.** Odongo, Opio and Akello caught polio when there was an epidemic some years ago. They and a lot of other children were ill with it. They were left paralysed and will always be disabled.



**THIS COULD HAVE BEEN PREVENTED BY IMMUNISATION**

In some countries, immunisation is given against other diseases too, such as meningitis, yellow fever and cholera. Find out from a health worker if your country does, and if so, teach about these as well.



the antibodies made in the body by the immunisation will not last for an entire lifetime, and so we need a second immunisation five or ten years after the first, to remind our body to make more antibodies.

When a child is immunised, the immunisation will sometimes make a small swelling, or make the child feel unwell. This is the body's way of learning to fight disease.

## The Immunisation Programme

Your country has an immunisation programme against these diseases. Make sure that all families with children know about this programme. Immunisation should be given by qualified health workers who are part of this programme. If possible, talk to your health worker to learn about this programme.

*What is the right time? Programmes change with new and local knowledge. Know your own country's programme.*

The World Health Organisation recommends (as of 1985)

Before birth (to be given to the mother)	Tetanus
As soon as possible after birth	BCG (against TB) and first Polio
Age 6 weeks	DPT (one injection against Diphtheria, Whooping Cough and Tetanus) Polio (second)
Age 10 weeks	DPT (second) Polio (third)
Age 14 weeks	DPT (third) Polio (fourth)
As soon as possible after 9 months	Measles
Age 5 years	BCG (second)

**Remember: Immunisation still helps to prevent disease even if the spaces between the immunisations are longer than they should be. Also remember that even some immunisation is better than none.**

**IN ORDER TO STAY HEALTHY, WE MUST ALL BE IMMUNISED**

## ACTIVITIES

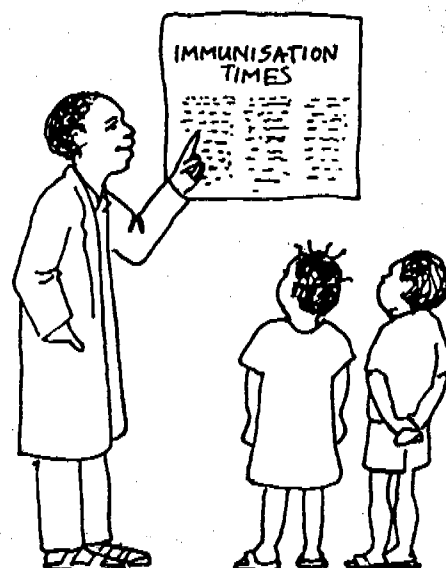
**Children can find out about the immunisation programme in their community.** Where is immunisation given? Are there certain days and hours for immunisation? What sort of injections are being given? (Teachers, youth workers and health workers can help children to find out this important information.)

**Children can find out who needs to be immunised.** Children can find out what diseases members of their family had and discuss them in class. Which illnesses have they had? How did it make them feel?

In school, identify any children in the class and in the children's families who have not been immunised. Get children to check with their mothers and report back. If growth charts or other records are used, show the children where immunisation comes on the growth chart. Remind them of the dates for immunisation. Children must keep immunisation cards safe, and always have them when they go to the health centre.

If any young child in the class or group, or any child in their families, has not been immunised, check with health workers to see how it can be done.

**Children can keep records.** Children and their teachers can support the clinic by keeping records for all the families of the children in the class, or even if possible for all the families in the village.





**Children can help in the family.** Older children can make a birthday card to take home for a new baby in the family or neighbourhood. They can hang it on the wall as a reminder. The class can help to design the card, so that it shows the right times for the local immunisation programme.

Keep reminding the mother and father to look at the baby's clinic card and the birthday card, to remind them when immunisations are due.

When the time comes, help the family to take the baby to the clinic.

During the day after the immunisation, help to look after babies and comfort them if they feel unwell and cry.

YOUR IMMUNISATION CARD	
<b>HAPPY BIRTHDAY</b> (WRITE THE BABY'S NAME HERE) 	
TICK OR COLOUR THE SPACE FOR EACH IMMUNISATION WHEN 	
WE HOPE YOU HAVE ALREADY HAD YOUR FIRST TB + POLIO VACCINE	
AT SIX WEEKS OLD YOU NEED DPT + POLIO	
AT 2 1/2 MONTHS OLD YOU NEED DPT + POLIO	
AT 3-4 MONTHS OLD YOU NEED DPT + POLIO	
BEFORE YOU ARE 1 YEAR OLD YOU NEED MEASLES	
WHEN YOU ARE 5 YEARS OLD YOU WILL NEED BCG AGAIN	

### Children can help in the community

*They can pass the message.* Children can make birthday cards for babies, make posters, and make up songs and dances.

Children can make up plays and puppets and mime shows, such as one about a family where the children are immunised and another where they are not. Or about what happens when someone in the family who is not immunised gets one of the diseases which can be prevented.

Another play might show the unpleasant and crafty Germs who wait around for those who have not been immunised. They include Measles Germ (with red spots), Polio Germ (who limps), Whooping Cough Germ and TB Germ (who cough). Some children can take the part of the Germs; others can be the Antibodies.

*They can help in immunisation campaigns.* Children can help others to know about immunisation programmes and to prepare, with adults, for the visit of the immunisation team or health worker to the community. They can show their posters and plays, and make sure that everyone in the community knows about the immunisation programme.



## FOLLOW-UP

Children can discuss among themselves to make sure that they all remember about the immunisation message. Have they understood it properly? Have all the children in the class been properly immunised? What about their brothers and sisters? Their parents?

Children can count how many polio damaged people there are in their age group; how many there are among people who are ten years older; twenty years older. Is there a difference? Why?

Children can try and ask their grandparents what happened before immunisation.

## USING THIS SHEET

Teachers, including religious teachers, youth group leaders and community development workers must introduce these ideas to groups of children, if possible with help from health workers. It is important for children really to understand about immunisation if they are to pass on the message and help their families and communities. It is important for teachers and youth leaders to give the message regularly and not just once.

For further information contact: Child-to-Child, University of London Institute of Education, 20 Bedford Way, London WC1H 0AL



# Child to Child

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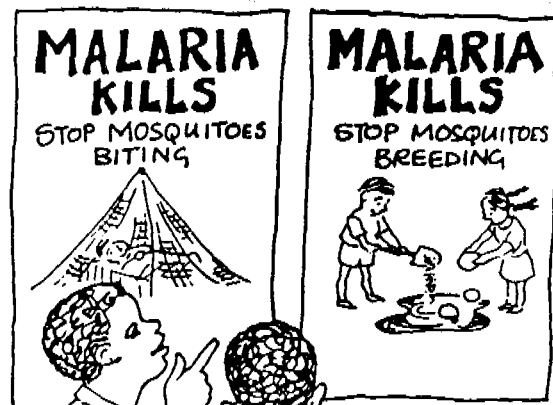


## MALARIA

### THE IDEA

Malaria is a killer disease. One million children die of it every year. The disease leaves many others weak and unable to work or study properly. Malaria is spread by Anopheles mosquitoes and affects people in many countries. It is even coming back into countries where it had been driven out before. There are important government programmes to control malaria and we all need to work together to support these and prevent malaria from spreading.

Children can also help by preventing mosquitoes from breeding and biting people, and by knowing what to do when someone has malaria.



### A Story

Joseph had a sister called Flora. She was ten months old. One day she had a very high fever. She was shivering. She was very ill. Joseph and his mother took Flora to see the nurse. The nurse said Flora had malaria. She had been bitten by mosquitoes.

Joseph did not understand. He had been bitten but he had not caught malaria. The nurse said that only some mosquitoes gave children malaria.

The nurse gave Flora's mother medicine and told her exactly how much to give and when. The medicine was bitter so it was not easy to get Flora to take it. But the nurse said it was very important that Flora should finish all the medicine.

So Joseph and his mother gave Flora the medicine. They kept her cool. They gave her drinks. Flora was better. She did not like the medicine. But Joseph and his mother remembered what the nurse had said, and so they gave Flora the medicine for two more days. Now Flora is well again, but she always sleeps under a net now to stop mosquitoes biting her at night.

### Malaria: Some Important Facts

What causes us to become ill? The germ which causes malaria is called Plasmodium and it is carried by the female Anopheles mosquito. Other mosquitoes do not carry malaria, but they are a nuisance and may carry other diseases.



Female Anopheles  
(head down)



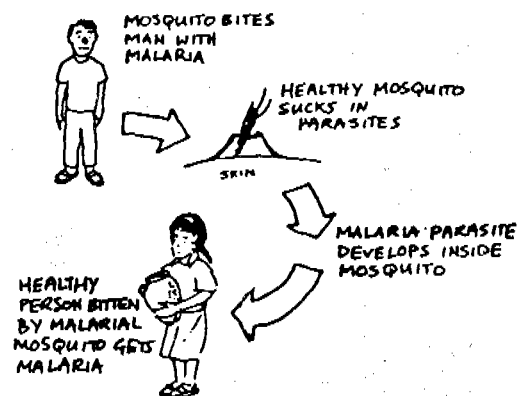
Other Mosquito  
(parallel to surface)

Anopheles mosquitoes can pick up the Plasmodium germ by biting people who have malaria. The germ develops inside the mosquitoes and then they can pass it on to another person.

When the female *Anopheles* mosquito bites a person, the malaria germ enters the person's blood. It travels to the liver and then back into the blood. This takes about 12 days. Then the person begins to feel unwell and gets fever, often with sweating, shivering, headache and diarrhoea. This fever passes but keeps coming back and may get worse unless it is treated with the correct medicine. It is very dangerous for young children.

Health workers can test for malaria. They take some blood from the sick person, spread it on a glass slide, and look at it through a microscope. If there are *Plasmodium* germs in the blood, the health worker will be able to see them.

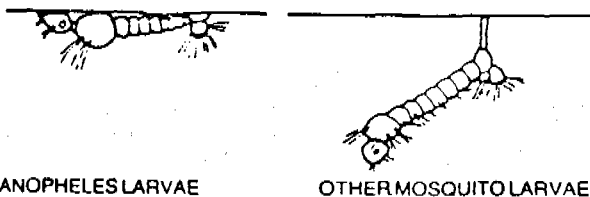
The more bites you have, the more chance there is that one of them will be by a female *Anopheles* mosquito which is carrying the *Plasmodium* germ.



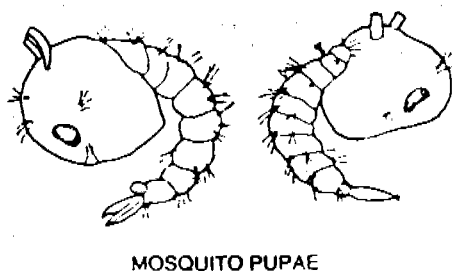
### The Life of the *Anopheles* Mosquito.

Female *Anopheles* mosquitoes lay their eggs in still water, such as puddles, ditches and ponds. After the rainy season, there are many more mosquito breeding places and therefore more malaria. Other mosquitoes breed in places like latrines, cesspits and even water pots. The *Anopheles* mosquitoes don't usually breed in these places.

The mosquito eggs are small and black and float on the water. They hatch into larvae which grow quickly. The larvae of the *Anopheles* mosquito float parallel to the surface of the water. (The larvae of other mosquitoes hang at an angle from the surface of the water).



After about a week the larvae of both kinds of mosquitoes turn into pupae which look like this:



After another day or two the pupa becomes mosquito which is ready to fly away.

The adult *Anopheles* mosquito hides in cool dark places during the day. The female *Anopheles* bites during the night, and sucks up blood to produce its eggs.

### How We Can Prevent Malaria

To prevent malaria we must stop *Anopheles* mosquitoes from biting people.

**Keeping Mosquitoes Away.** If possible, the windows, doors or other openings in a house should be screened, so that mosquitoes can't get into the house.

The best way to prevent mosquitoes from biting at night is by sleeping under nets. These nets must

- be put over the bed before dark
- be tucked in well after you get into bed and
- be kept in good repair by sewing up any holes or tears.

### Remember:

- Mosquitoes can bite through the net if you sleep close to it.
- Mosquitoes go on biting until it is light. Stay under the net until it gets light.

In some countries nets are now being treated with a chemical called permethrin. This helps to keep the mosquitoes away.

In the evening, at night and until the first light of day, as long as the mosquitoes are active, we can wear clothes which cover the arms and legs to protect them from mosquito bites. In places where there are no nets or screens, a blanket or thick cloth can help protect the body.

Mosquitoes can also be driven away by putting a repellent on skin or clothes (especially around the ankles), by using mosquito coils or even smoke from grass or leaves.

**Killing Mosquitoes.** We can also kill mosquitoes when they get into the house. Regular government spraying programmes are very helpful and everyone should cooperate with these. When the walls of the house are sprayed, the insecticide should be allowed to remain on the walls. Mosquitoes resting on the walls will then die.

**Preventing Mosquitoes from Breeding.** We can also try to stop *Anopheles* mosquitoes from breeding

- by filling up puddles of still water around the house with earth and stones
- by putting small fish which eat larvae into ditches and ponds
- by putting oil on the surface of small ponds to stop the larvae from breathing.

Other mosquitoes can be prevented from breeding by carefully covering water pots and containers with cloth or by putting oil or special chemicals into latrines.

## If a Child has Malaria

A child with malaria needs to be treated or the disease will come back and may get worse.

The usual medicine for treating malaria is called chloroquine. (The medicine may have different names like Malariaquin, Nivaquine or Resoquin). There are other medicines which may be available and which may work better than chloroquine in some places.

It is important to take the full recommended course of the medicine to make sure that all the Plasmodium germs are killed. Since the medicine tastes bitter, children sometimes want to stop taking it once they begin to feel better, but before they have finished the course. They must be helped to take the full course.

With chloroquine, the course recommended is as follows:

NORMAL DOSES OF CHLOROQUINE  
TO TREAT MALARIA  
(NUMBER OF TABLETS CONTAINING  
300 MILLIGRAMS CHLOROQUINE BASE)

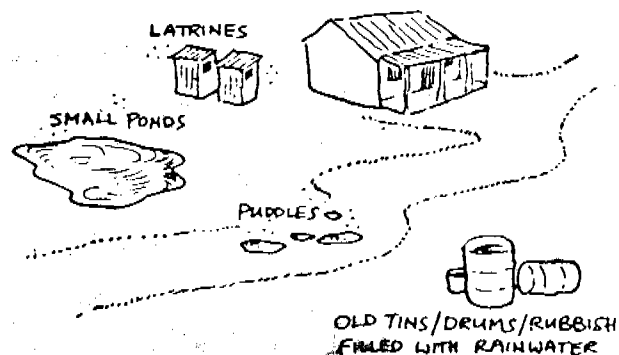
AGES	FIRST DAY FIRST DOSE	FIRST DAY ABOUT 6 HOURS LATER	SECOND DAY	THIRD DAY
LESS THAN 1 YEAR OLD	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{4}$	$\frac{1}{4}$
1-3 YEARS OLD	1	$\frac{3}{4}$	$\frac{1}{2}$	$\frac{1}{2}$
4-6 YEARS OLD	2	1	$\frac{1}{2}$	$\frac{1}{2}$
7-11 YEARS OLD	2	1	1	1
SMALL 12-15 YEARS OLD	3	$1\frac{1}{2}$	1	1
LARGE 12-15 YEARS OLD AND ADULTS	4	2	2	2

A child with fever caused by malaria needs to be kept cool but not cold. Sponge the child's body with cool water.

Sometimes the child will be shivering. But putting too many clothes or blankets on a child with a high fever or at the shivering stage of an attack of malaria is dangerous. Medicines like paracetamol can reduce the temperature.

When children sweat, they lose liquid. They should be given plenty to drink. As soon as they can eat again, they should be given food to build up their strength (see Sheet No 6.2, Caring for Children Who Are Sick).

MAP OF SCHOOL SURROUND  
MARKING PLACES WHERE  
MOSQUITOES MIGHT BREED



# ACTIVITIES

## Finding Out

### Where is Malaria Common?

Some government programmes have managed to control malaria in some places, but in others malaria is spreading. Find out where malaria is most common

- in the world
- in your country
- in your district.

Ask teachers, health workers or local malaria control officers. Is it spreading or is it getting less? Are fewer people getting ill, or more? Why? Draw maps to show where people are getting sick because of malaria.

At school, find out from other children in the group

- how many children or others in their family have had malaria in the last year
- how often did they have it
- in which months did they fall ill?

Use this information to keep records, or make simple graphs to show

- the months of the year in which people get malaria (mostly in the rainy season)
- the months in the year when it rained and there were many puddles
- the ages of those with malaria
- who went for treatment.

Children can plan and keep such records throughout the school year.

Discuss how such information could be useful to children, their families and the health workers.

### Where do Mosquitoes Breed?

In the rainy season, make a map of the area of the school, and mark on it all the places where mosquitoes might breed. Then check all those places, to see if there are larvae in them. Are they Anopheles larvae? How do you know? Can you get rid of the water in which the mosquitoes are breeding? How?

### What Do People Know About Malaria?

Using the information in this activity sheet, write down the important facts about malaria. With the help of their teachers children can then make up a simple questionnaire to find out what families believe about malaria, and what they do about it. What can children do once they have collected this information?

## Observing the Mosquitoes

*In the Environment.* Find out where mosquitoes are most plentiful. Which kind of mosquitoes are they? Where are larvae found? What kind of larvae are they?

*In the Classroom.* Collect larvae. Put them in a covered-jar or other container with water, grass and some mud in it. Observe them. You should put a little bread or flour on the water for them to feed on.

Children can draw and write about what they see.

## Preventing Malaria

Children can help prevent malaria in many different ways:

- Make sure that nets are properly used. It is most important to cover sleeping places of very young children. Older children can make sure that younger ones stay under the nets until first light and that nets are well tucked in.
- Check for holes and tears in nets regularly and sew them up.
- Kill mosquitoes in the house.
- When the spray teams come, help carry food and other things out of the house.
- Destroy breeding places. Fill puddles with earth and stones. Put oil on shallow ponds (old engine oil from cars and lorries works well).
- Make and fit covers for water pots and containers. This helps to prevent other mosquitoes from breeding there.

Teachers, children, parents and health workers need to work together to prevent malaria. Find out what others are doing.

## Helping Children Who Are Sick

- When young children get malaria they need help quickly, or they may die. Older children can watch for the signs of malaria and tell adults when the young ones need treatment.
- Children with malaria feel very ill. Older children can help to comfort them, keep them cool, and give them drinks (see Sheet No 6.2 **Caring for Children Who Are Sick**).
- It is very important that children take the right course of medicine at the right time. (Children's doses vary according to the age and size of the child.) After the first dose they may feel better, but all the germs are not yet killed. Older children must help others to understand how important it is to finish the medicine.

## Passing the Message

Children can help spread the important messages about preventing and treating malaria to parents and other adults, as well as to other children. They can do this in many ways:

*Make up a play or dance.* The children can mime the Plasmodium germs and the medicine. The medicine (like policemen) come in several times. The first time they catch most of the malaria germs but some germs hide. It takes three more times before all the germs are caught.

Children can act, mime or dance

- the life cycle of a mosquito
  - careless and careful families and villages (some can act the part of clever mosquitoes)
  - germs and medicine
- and many other topics.

*Make posters.* Posters by the children can show

- how malaria is spread
- how it can be controlled (particularly in 'danger periods' like after it rains)
- that pregnant women need to visit the health clinic
- why children need to take the full dose of medicine.

Make sure to put the posters where they can be seen by many people.

*Write stories.* Children can write and illustrate stories like 'Joseph and Flora' and share them with others. Some titles might be:

- Mrs Mosquito and her Friends
- The Day the Spray Team Came to Our Village
- Careless Moses (who didn't take the full course of medicine).

*Sing Songs.* Children can make up 'Prevent Malaria' songs and teach them to families, friends and to other children.

## FOLLOW UP

Children can test themselves and others on the facts about malaria.

They can keep records and help the school to do so. Look at the charts after some months. Have cases of malaria increased or fallen? Are some months worse than others? Why? Are more people using nets and protecting their neighbourhood? What have the children done to help at home? at school? in the neighbourhood? Let them describe their experiences.

Children can and must continue to be aware of the dangers from mosquitoes and continue to take action such as filling puddles. This is especially important after the rains.

## USING THIS SHEET

This sheet can be used by **health workers** and **youth group leaders**. There are also many ways it can be used in **schools**. It can help teachers to plan activities in nearly every subject in school. For example:

- in maths, make graphs of malaria spread
- in social studies, make maps and do surveys (where is malaria found? where do mosquitoes breed?)
- in science, observe the life cycle of the mosquito
- in language, write stories and plays about malaria
- in cultural subjects, make up songs and dances, draw pictures.

**REMEMBER: MALARIA IS A KILLER DISEASE  
MOSQUITOES ARE QUICK AND CLEVER  
DON'T GET BITTEN  
AVOID MALARIA**

For further information contact: Child-to-Child,  
University of London Institute of Education, 20  
Bedford Way, London WC1H 0AI

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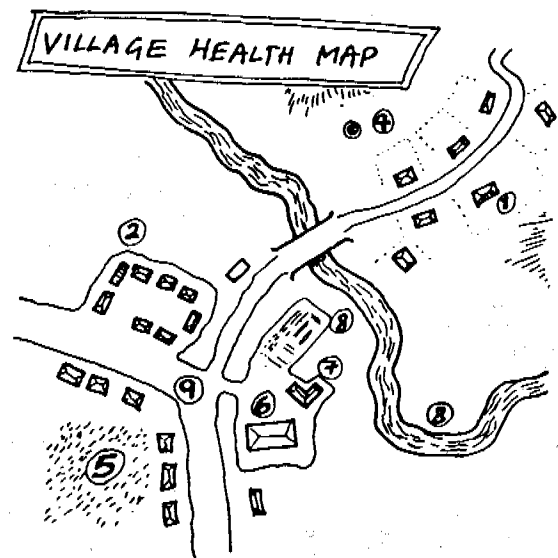


## OUR NEIGHBOURHOOD

### THE IDEA

The health and safety of everyone in the community can get better when

- people in the community *understand* better what the community health and safety problems are, and how they are caused
- people *communicate* with one another, and discuss what they can do to make their lives better
- people *take action* to improve community health and safety



Children are important members of the community, and there are many things they can do to make their neighbourhood a healthier and safer place. They can

- find out what helps or prevents children from growing up safe and healthy
- find out about health care resources and services in the community
- think of ways of helping families in the community to improve the health and safety of their children
- take direct action to improve community health and safety
- pass on ideas about good health and safety to their own families, and to younger children.

Children can join together in groups such as 'Health Scouts' to make the community healthier.

- |                                |                                     |
|--------------------------------|-------------------------------------|
| ① MY HOUSE - PREVENT ACCIDENTS | ⑥ SCHOOL - SWEEP CLASSROOMS         |
| ② MARKET - KEEP CLEAN          | ⑦ KITCHEN - KILL FLIES              |
| ③ STREAM - CLEAR SNAILS        | ⑧ SCHOOL GARDEN - GROW VEGETABLES   |
| ④ WELL - FENCE OFF             | ⑨ MAIN ROAD - REMEMBER SAFETY DRILL |
| ⑤ HIGH GRASS - CUT DOWN        |                                     |

# ACTIVITIES

## Mapping the Community

In order to show ways to help make the community a healthier and safer place, the children can make a map of their neighbourhood, using copies of maps or making their own. They can identify places where accidents might happen, or which might be a source of disease. They can mark on the map things like

- places where animals and insects live that spread diseases
- places where accidents can easily happen to young children
- places where water is collected, and where food is bought and sold, which need to be kept clean and clear of animals
- places where rubbish is dumped.

They can also show on the map where there is a clinic and/or a health worker.

Younger children may find it difficult to make a map. They can draw a picture of the school, or their home, or the way to school, and show where there might be danger.

WHO HAS BEEN IMMUNISED				
Names	BCG	DPT <sup>3</sup>	POLIO <sup>3</sup>	MEASLES
1. ANDERSON	✓	✓✓✓	✓✓✓	✓
2. KAMALA	✓	✓	✓	
3. ZOOM	✓			✓
4. JAMES	✓			✓
5. PADMA	✓	✓✓	✓	

BCG - PROTECTS AGAINST TUBERCULOSIS  
 DPT<sup>3</sup> - PROTECTS AGAINST DYPHTHERIA, WHOOPING COUGH AND TETANUS  
 POLIO<sup>3</sup> - PROTECTS AGAINST POLIO  
 MEASLES - PROTECTS AGAINST MEASLES

## Identify Health and Safety Needs

Find out more about the health of babies and young children in the community.

- How many of the children, how many of their brothers and sisters, have been fully immunised? Talk about immunisation: what does it mean? why is it needed? who does it? where? Make an immunisation record chart for children in the group (see Sheet No 6.4, Immunisation).
- How many children, or others in their families, have been sick with measles, diarrhoea, or pneumonia during the past year? (See Sheet No 6.4, as well as Sheet No 6.1, Caring for Children with Diarrhoea, and Sheet No 6.7, Coughs, Colds, Pneumonia.)
- What are the other most common illnesses among children in the neighbourhood?
- What are the most common accidents among children? Where do they happen - at home? at school? on the road? (See Sheet No 4.1, Preventing Accidents, and Sheet No 4.2, Road Safety.)

## Identify Health Services and Other Resources

On their map, the children have marked the health clinic, if there is one. They can visit the nearest clinic or hospital and find out, for example

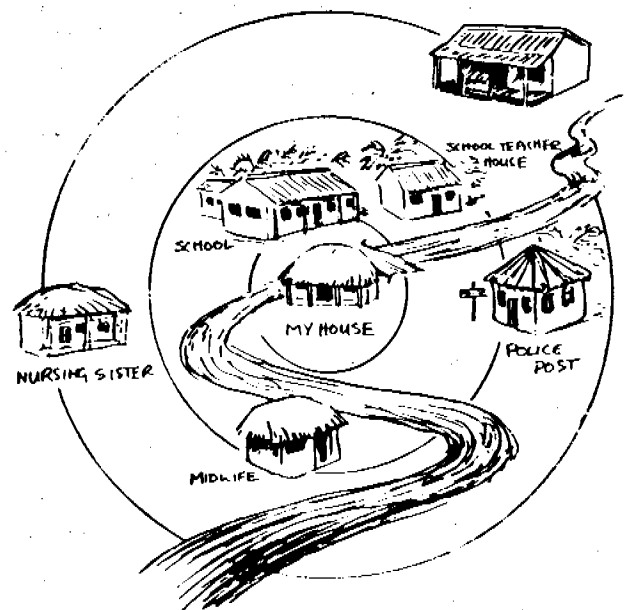
- the times it is open,
- if there are special times for children under five years old,
- if there are special times for immunisation.

Look at one of the health record cards, and ask the health worker to talk about the most difficult health problems in the community. Ask them to explain more about immunisation. Find out what accidents happen most often in the neighbourhood.

In any community there are often other people with different kinds of health knowledge. For example, some people know how to make herb teas, some women help at childbirth, someone may have been trained in first aid for accidents, several people may be trained health workers, some may be clinic or hospital sisters, medical assistants and so forth.

Children can:

- Find out and make a list of all the people in the neighbourhood who may have special health knowledge: where they can be found, what their special health knowledge is, and who to go to with a particular health problem.
- Find out about local medicines: what plants are used? who knows how to make up the medicine; when is it used? Grandparents and older people in the community may know about traditional medicines.
- Discuss what to do in case of an accident or bad illness, especially at night. Who is the best person to go to? Is there an ambulance service? Where is the nearest police post? What is the best thing to do in case of an emergency?
- Make a health service map of the community, or add this additional information to the 'health needs' map. Mark where to go for help, and when and where special clinics are held.



**HEALTH MAP FOR VILLAGE.**

THE CIRCLES REPRESENT EACH HOUR'S WALK FROM SCHOOL OR HOME.

## What Can Children Do?

Children can take action themselves to help their families to improve their general health and safety. Many ideas for ways in which children can help have been suggested in other activity sheets (Sheet No 6.4, **Immunisation**, Sheet No 3.3, **Children's Stools and Hygiene** and Sheet No 3.4, **Clean, Safe Water**, Sheet No 4.1, **Preventing Accidents**, for example).

### Passing the Message

At school, children can tell other children about health problems and resources. They can try to make their school a healthier and safer place by passing the message about things like

- using latrines and practising good hygiene
- playing safely and preventing accidents
- keeping the school and playground free of places where mosquitoes can breed.

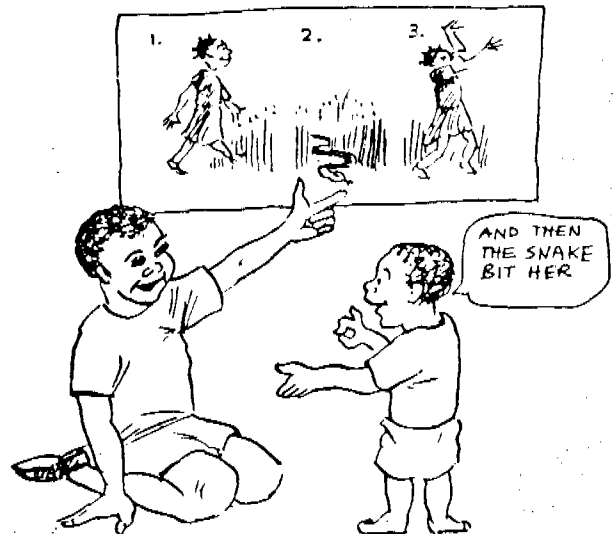
There are many different ways children can pass the health and safety message to other children in the school:

- Write books or reading cards for younger children
- Draw posters and help younger ones to talk about them
- Make up health games to play with smaller children
- Make plays and puppet shows, songs and dances
- Organise the children into teams to compete in cleaning-up activities.



In the community, children can pass the message to families and neighbours.

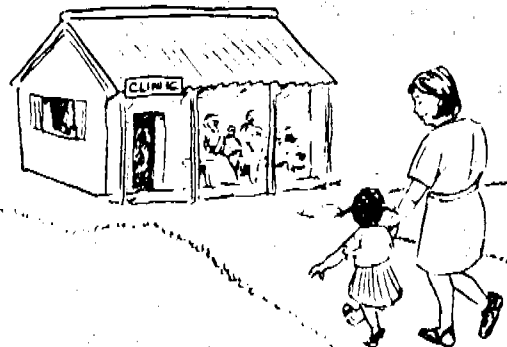
- Hold an open day at the school, with posters on the wall about immunisation, maps of health needs and resources, and plays about road safety and accident prevention, for example.
- Make posters about immunisation - why it should be done, where it can be done and the times - to put up around the market or community centre.
- A group of children can 'adopt' a newborn baby in the neighbourhood, and make a vaccination card to remind the mother when the baby is to be immunised. Check to see that it is done.
- Another way to pass the message about immunisation is for the children to visit families to tell them the correct time and place for the immunisation clinic. Each child can be responsible for several families.



### Taking Action

Children can talk with their teachers about what action they can take together to improve health and safety in the community. Direct action might include

- helping to clean up the source of community drinking water (Sheet No 3.4)
- working to make sure that each family in the neighbourhood has a latrine (Sheet No 3.3)
- setting up a plan to help a disabled child (Sheet No 5.1)
- setting aside time for a road safety campaign at school, and around the neighbourhood (Sheet No 4.2)
- helping all children in the school to make sure that their families have all been properly immunised (Sheet No 6.4), starting with any children in the group, or in their families, who have not been immunised
- learning some simple first aid to be used in case of an accident (Sheet No 4.1).



## Health Scouts

In some areas, children can form special groups of *Health Scouts*. Health Scouts can have special uniforms, songs or flags. Health Workers can work with Health Scouts and devise special tests and badges to show that they have acquired special skills. Health Scouts can work closely with health workers finding out information and spreading ideas. In some countries, special groups of 'Accident' or 'Safety Scouts' may be set up.

Each older child can be a health leader for a few households, and tell the health worker where help is needed, or pass on information from the health worker to the household.

**Remember:** Children as a group can help the community even if there are no Health Scouts.

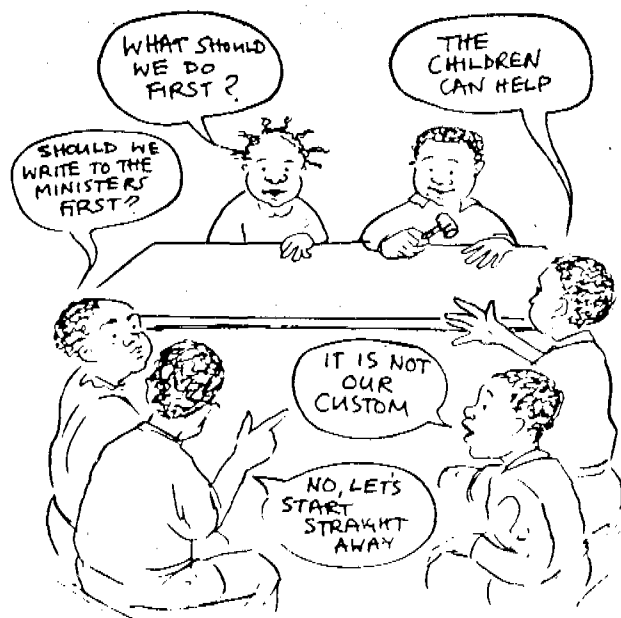
## What Can Other People Do?

Find out which people in the community might be able to help, including

- teachers and headmasters, parent/teacher associations
- health workers
- council members, local government officials
- farmers and agricultural officers.

## Who else might help?

The children can hold a council meeting to discuss community health and safety problems. They can play the parts of different people in the community, including policemen, older people, community workers, students and youth group members, as well as those mentioned above. They can discuss and make a list of community health and safety problems. Then they can make suggestions for ways of solving these problems. At the same meeting they can discuss who they should pass their ideas on to.



# FOLLOW-UP

Look at the neighbourhood and health needs maps a few months later to see if there have been any changes for the better or for the worse. Have the children themselves been responsible for any of the changes, for any of the improvements? Who else has been working to make things better?

Have the children used any of the skills they have learned in any of their other lessons: using maps in geography, for example, or their knowledge of water borne diseases in science lessons?

Make another immunisation survey of the children and their families. Have they all been correctly immunised? Is anything being done to help those who have not yet been immunised?

Review what to do and where to go for help in case of an emergency, especially at night.

If Health Scouts have been organised, ask the group to keep a record of what has been done. Examine the record regularly.

# USING THIS SHEET

**Teachers** can introduce these activities during health, science or other suitable lessons on the timetable, or during after-school activities like Young Farmers' Clubs.

**Headmasters** can support the teachers by setting aside time for surveys and direct action campaigns, so that children and the community understand how important these activities are.

**Youth leaders and community workers** can use these activities as part of a larger programme of working in the community, assisted by community **health workers** who can provide the necessary professional advice and support.

**Children** have the most important role in passing the message and taking direct action, through friends and families, and through organised groups like Scouts, Guides and youth brigades. By mounting health and safety campaigns - like 'Find the Mosquito Larvae', 'Fly catching', 'A Clean School and Playground' and 'Roads Aren't Playgrounds' - they can do a great deal to improve the health and safety of everyone in the school and community.

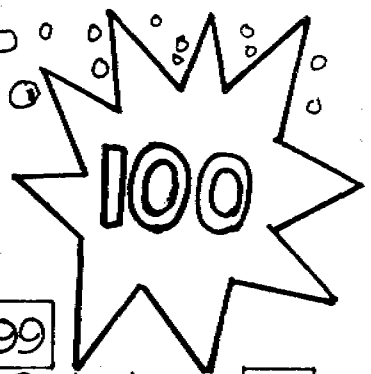
For further information contact: Child-to-Child, University of London Institute of Education, 20, Bedford Way, London WC1H 0AL.



# PLAY THIS GAME AND LEARN HOW TO STAY HEALTHY

## RULES: 1) 2-4 Players can play at one time. 4) Follow the instructions on each square

- 2) Take it in turns to throw a dice.  
 3) Use a counter for each player.  
 5) The winner is the player who avoids becoming sick and reaches 100 first.



84	85	86 Visit your clinic. Have another GO	87	88	89	90	91	92	93	94	95 Mosquitoes breed in puddles. Go back to 72	96	97	98	99	
83											68	67 Use the toilet. GO		bush as a back to 16		66
82							75 Stop diarrhoea with ORS. Have another GO.				69					65
81 Remember to cover well. GO on to 92		80		79	78	77	76	74		73	72	71	70	63		64
		50 You forget to wash your self. Miss a GO		51	52	53	54	55	56	57	58 Wash hands after toilet. Move on 8 spaces		59	60	61	62
				29 Use a latrine. Have another GO.								24 Flies land on dirty pots. Go back to 10.		23		22
41		42	43	44	45	46	47	40 Animals drink from stream. Go back to 28		35	34	33	32	31	30	25
		36 Boil your water. Move on 5 spaces.		39		38	37			16 Drink dirty water. Miss a GO				21		20
START HERE		1	2	3	4	5	6	7	8	10		11	12	13	14	15