

# HOW TO USE THE CHILD-TO-CHILD ACTIVITY SHEETS

## THE IDEA

Child-to-Child is a way of teaching about health which encourages children to participate actively in the process of learning and to put into practice what they learn.

The Activity Sheets in this package are designed to help you teach health education in a more exciting way using the Child-to-Child approach.

In the Child-to-Child approach we select topics:

- which are really **important** for the health of children and communities.
- which can be **well understood** and are of **interest** to children.
- which children can **act** on.

Children enjoy being involved and it helps them to learn better. This makes teaching more fun and more effective.

## What topics are most important?

Government health services and organisations such as WHO and UNICEF now know the main causes of most avoidable deaths and diseases. We now know how to prevent these, and how to care for people when they are sick so that they can be cured. Child-to-Child materials help to pass on this knowledge.

However, preventing people being sick is not enough. They must also live safe and happy lives. Child-to-Child ideas and activities also help children to **grow up happily and to develop their minds and bodies.**

## What action can children take?

Child-to-Child activities all over the world have proved that children can improve their own health and that of others through:

- caring for younger brothers and sisters and other young children in the community (**Child-to-Child**).
- influencing other children in their community, especially those with fewer opportunities and education than themselves (**Children-to-Children**).



- sharing information with their families (**Child-with-Family**).
- spreading health ideas and messages within their own communities (**Children-and-Community**).

BY SPREADING AND SHARING IDEAS  
CHILDREN ALSO  
IMPROVE THEIR OWN HEALTH.

Experience has proved that Child-to-Child activities fall into distinct categories which are best introduced in the following sequence:

- Understanding activities**, e.g.
- the main causes of diarrhoea and dehydration.
  - why dehydration kills.
  - how to recognise it.



### **Finding-out activities**, e.g.

- the number of children who have had diarrhoea.
- how people treat it.

### **Planning action activities**, e.g.

- What can 'I' do to prevent diarrhoea?
- What can 'we' do if another child is affected?

### **Doing activities**, e.g.

- making and mixing the special drink (oral rehydration solution).
- giving the special drink to others.
- persuading others to use it.

### **Discussing results of activities**, e.g.

- How many of 'us' can make the special drink?
- How many have passed on the ideas to others in our family and community?

## **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 Children with Disabilities
- Prevention and Cure of Disease
- Safe Life Styles
- Children in Difficult Circumstances.

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.

## 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.

### 1 Understanding the idea

Make sure you fully understand the idea at the beginning of the sheet.

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 teachers' ability 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.
- Using the 'Road to Health' chart.
- Mixing a rehydration drink.

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 of accidents were they?

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 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.

### **Discussing results of 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. Please let Child-to-Child London have a copy of any translation.

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.

**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.