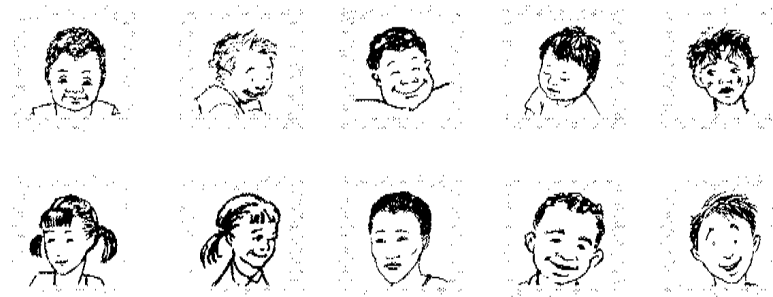
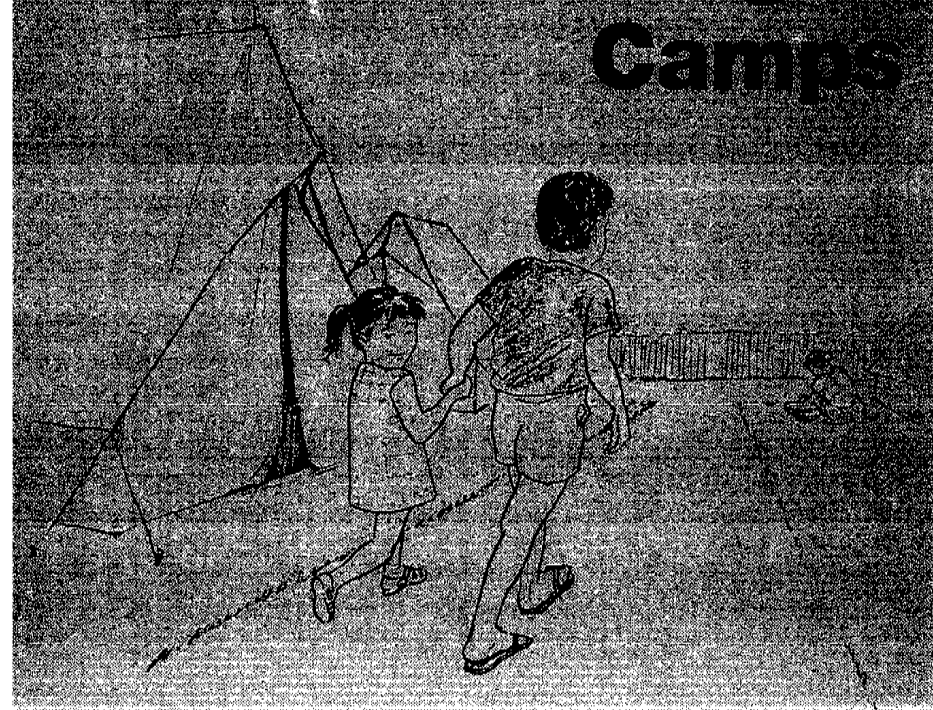


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Child-to-Child and Children Living in Camps



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A **Child-to-Child** Publication
Edited by Clare Hanbury



Child-to-Child and Children Living in Camps

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The Child-to-Child Trust

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CHILD-TO-CHILD AND CHILDREN IN CAMPS

This book is designed to introduce teachers, health workers, group leaders and others, to ways in which the Child-to-Child approach and activities can improve the health and well-being of children and their families who live in camps.

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Places where people settle for a temporary period may be called different things, for example, settlements, camps or villages. In this book, the place where people are living temporarily will be called camps. The shelter provided for groups or families may be described as huts, tents, shelters. In this book, shelter will be called 'the house' or 'houses'.

INTRODUCTION

1

THE SPECIAL NATURE OF CAMPS

There are many different kinds of refugee camps and camps for displaced people. Listed below are some of the factors which may affect the nature of assistance programmes in a camp:

- ⊗ the population of the camp may be stable or it may change every day
- ⊗ the population may have much in common or they may have many differences such as religion, language, and social/economic background
- ⊗ the camp may be safe from outside attack or people may feel threatened
- ⊗ the camp administration might be run largely by the people living in the camp community or it may be shared between the community and representatives of the host government. The administration may enforce strict control of the camp population or it may be more flexible
- ⊗ outside organisations may play an important part in camp life
- ⊗ there may or may not be adequate food, water, shelter
- ⊗ people may fear that their basic needs are not going to be met in the future; a pressure that might cause internal hostility among people in the camp population

Camps range from places where people live in extreme difficulties, barely managing to survive, to places which offer a relatively 'normal' existence with access to good educational resources such as school buildings, books and stationery.

Children living in camps

Bontu, a ten year old Oromo child lived in the Damazine children's camp in the Sudan. Here she tells us her story.

BONTU'S STORY

I have lived in this camp for three years. I had brothers and a sister who died in the camp. I came here with them and with my mother. My family were farmers. My family had connections with the leaders and fighters. Soldiers were attacking our village and shooting. My father ran away. We have not seen him for a long time. We left and came to live in a camp. It took us three months to reach the camp. First we lived in another camp and then we came here.

About the camp. Here we get all the necessary things, I have clothes, I like the food. I enjoy school best. I like playing volleyball and I have many friends here. I have not had much illness here. There are new buildings for us to live in. Last year our house broke in the rains. The mud and water flowed around our knees. It was not possible to play or go to the latrine.

Hiep, a Vietnamese boy lived in a closed camp for Vietnamese people in Hong Kong. He went to Hong Kong on a boat with his uncle. Hiep was ten years old and had lived in the camp for four years when he wrote the story on the next page. He left the camp two years later.

I WANT PEACE FOR MY HOMELAND

When I was a little boy, I used to play with paper boats at the river near my house. I remember one day when I asked my mother, 'If I float this paper boat down the river, where will it arrive?' She replied, 'Water flows as the time. It has gone by and never comes back again.' Her answer put me in deep thought for a long time. Up to now, several times, I wondered to myself whether the peace which has left my homeland will ever come back again.

As I grew up, I began to understand how meaningful the word 'Homeland' was and knew what the value of freedom was. In this camp we have no freedom. I cannot describe how much I love my country, I think it seems like everyone in the world loves his country.

I hope that some day soon, the peace will return to Vietnam, the oppression will leave and I will go for a walk back in my country with all my close friends. I will live a simple life with my whole family.

Many children throughout the world are forced to live away from their homes. Most leave their home with members of their family. If they go across a national border these children become refugees, otherwise they are described as 'displaced' within their own country. Displaced people often get less help than refugees.

Refugees or displaced people establish temporary communities:

- where they are allowed to settle
- where they feel safer
- where they can find assistance from others
- where there is food and water

Usually children make up over half the population of the camp community. In some parts of the world, unaccompanied children are making up the majority of camp populations.

Children's health

Children are not just small adults. They grow and develop rapidly and they are more likely to get ill. They can die easily from things such as malnutrition, diarrhoea, pneumonia, measles, malaria and accidents. Children also suffer the social and emotional consequences of things such as leaving home and school, being separated from friends or family members or seeing people doing acts of violence to those close to them.

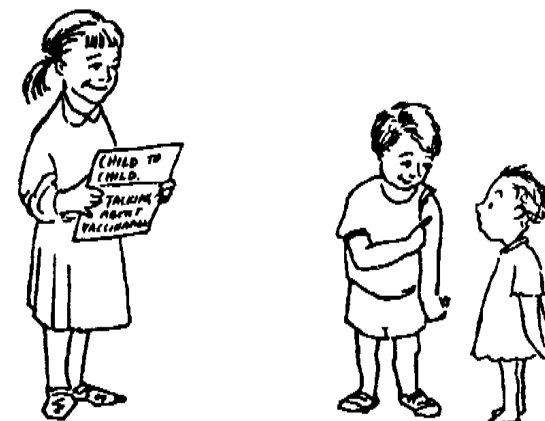
CHILD-TO-CHILD

Child-to-Child is a way of teaching about health which gets children to participate actively in the learning process, to put into practice what they have learnt and to help others do the same.

It is now known what causes most diseases and how they can be prevented. Children can be involved in helping to prevent disease; they are

good at passing on information to other children; they enjoy responsibilities which make them feel valued and important. It helps develop their confidence. Children find practical activities interesting and fun. Happy, busy children will help improve the morale of everyone living in the camp.

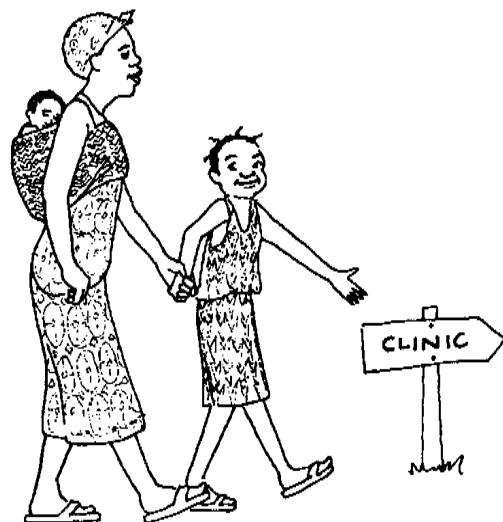
Child-to-Child activities all over the world have proved that children can:



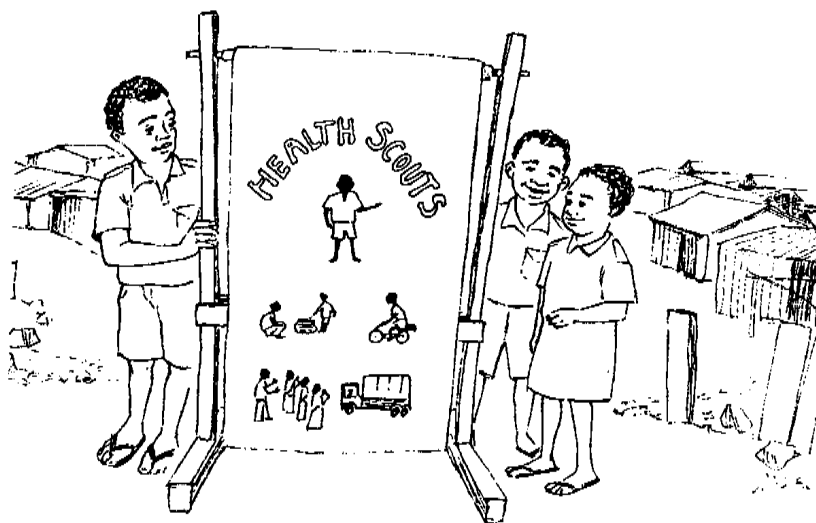
- Care for younger children (brothers and sisters and others)



- Care for children their own age



- Influence family members



- Spread health ideas and messages in the community

Child-to-Child activities for children living in camps

Child-to-Child activities promote a fun, informal approach to health education.

Child-to-Child activities help children take responsibility for each other. Children learn about decision-making and problem-solving. This is particularly important in a population where people's power to make everyday decisions has often been taken out of their hands.

REMEMBER – *that children need time to play too*

Child-to-Child activities help children to discuss their existing knowledge and experience about a topic. This helps to strengthen and value the children's knowledge and understanding of their own culture and traditions.

The organisation and content of health education activities for children will depend upon the set of specific circumstances affecting the camp population. In many cases, it may be easier to start up Child-to-Child activities in a camp than it would be in their home area. In a camp children usually have lots of spare time and places where they gather each day such as a feeding centre. A less formal approach to education may be more acceptable to parents when they live in unusual circumstances than if they were living at home.

New Child-to-Child projects can be set up in a camp, or Child-to-Child activities can become a part of existing educational projects for children who live in the camp.

Children in especially difficult circumstances

Many of the children in camps have had distressing experiences. These may be because of: drought, floods, famine, disease, violence, the

experience of flight, loss, kidnaps, family separation or disability.

These experiences will affect children in many different ways. They may be confused, unhappy, aggressive or withdrawn or they may behave in a normal way.

Children need:— lots of things to do; affection and security; positive and interesting new experiences and plenty of attention.

They need:

- ⊙ time (and energy) to play with friends
- ⊙ group activities such as games and discussions
- ⊙ a daily routine such as meals, lessons and tasks
- ⊙ something they can call their own such as a mat, a box, a task
- ⊙ opportunities to do important things for others
- ⊙ people they can trust

Child-to-Child activities can help children feel important and useful. This helps to meet children's social and emotional needs.

A health worker who was organising a food distribution programme found that Child-to-Child activities developed spontaneously:

CHILDREN PLAY A KEY ROLE IN AN EAST AFRICAN REFUGEE CAMP

When the dry rations had been collected, small groups of people gathered together to eat. 10-14 year old children helped the younger children by teaching them how to wash their hands and making sure each child had enough food and was eating from their own plate or bowl.

Once the food was very late to arrive and the little ones became restless. The older children played games with them and taught

them songs. Singing then became part of the everyday routine at meal times and was enjoyed by everyone.

The older children noticed those children who were not eating well. They encouraged them and told an adult who could help.

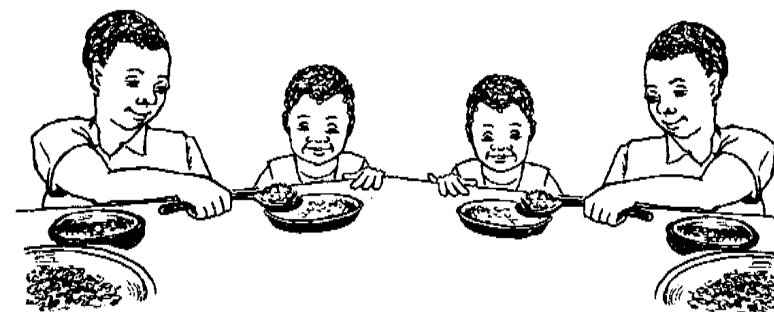
'Habiba does not want her food today. She is very hot.'

'Ahmed has diarrhoea and will not drink his milk.'

The health worker taught the children simple messages of hygiene and nutrition such as:

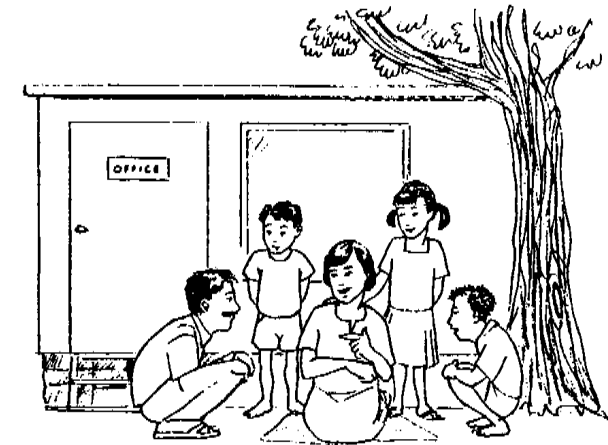
- ⊙ feed young children a little and often
- ⊙ wash the hands after passing a stool and before eating
- ⊙ breast is best
- ⊙ bury babies' stools

The children spread the health messages in a variety of ways: discussions, songs, poems, drama and 'health marches' in the camp. The children were also a source of comfort and support to each other and to younger children. The children enjoyed the activities and felt proud that they were doing something useful and important.



In some camps children have taken part in community health activities by:

- ❶ finding out which children were eating less than others
- ❷ doing a simple survey to find out the children who need to be immunised
- ❸ finding out if children need to return to the health clinic for further treatment
- ❹ making a safe and stimulating play area for young children
- ❺ organising games and storytelling for young children
- ❻ spreading the message about the need to give lots of liquid to someone with diarrhoea
- ❼ reporting to the health committee about families needing assistance



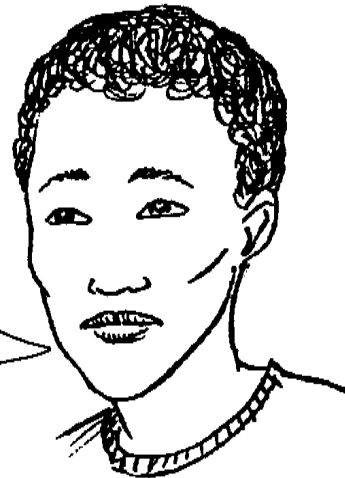
Please note that in this book the adult organisers of health activities are called teachers, health workers or group leaders.

Planning the project

The idea to start Child-to-Child activities in a camp may be brought by someone who does not live in the camp or who does not share the same culture and background as those living in the camp. These 'outside workers' have a useful role in bringing support to the project but it is important that they plan the project with community members such as parents, teachers, group leaders, social workers, health workers, religious leaders. These are the people who know the needs of the community best. If the community understand and approve of the project, it will be much easier for children to practise what they have learned and to help others.

One way to achieve this is to invite different people from the community to join a special children's health committee. **Remember to include children on the committee!** You may be surprised at how much children know and at how many good suggestions they make.

The Abbe Hassam family are all so weak that nobody in the family can bring the children to the feeding centre. Can you come with me to see them?



Introducing Child-to-Child activities in a camp

When starting Child-to-Child activities in a camp, great care must be taken to be sensitive to the needs of all concerned. It is important to ask the advice of the community leaders and parents. It is also necessary to get the approval of representatives of the camp authorities and plan how Child-to-Child activities can fit in with overall plans and arrangements.

Planning a specific project

The organiser and/or the children's health committee might begin the planning process by doing these things:

List health topics which adults and children feel:

- are important to them, their siblings, or their families
- that they can do something about
- are fun!

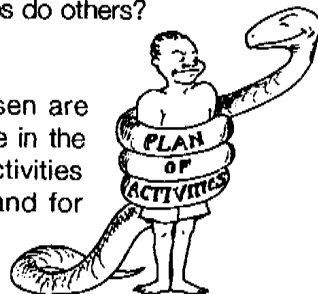
It is vital that children enjoy the activities. If there is a health problem which you want the children to help with but which they may not enjoy – think again. The task may not be suitable for children. Always ask the children what they would like to do and what they feel they can do. They will often know best.

Discuss the education and health projects that already exist in the camp. Are there already school-based clubs, religious groups or children's groups which organise health activities, such as scouts? Are there any school subjects which include health topics? How can Child-to-Child activities fit in to these?

Decide which topic(s) to offer groups of children. **It is much better if the children are involved in the decision making from the beginning.** Will all the children involved be doing the same thing? Or will some groups do some activities while other groups do others? How will the children help to decide?

Check if the topics and activities chosen are appropriate to the children and the people in the camp. Can the children do practical activities related to the topic? For themselves and for others?

The topics in chapters 2, 3 and 4 give suggestions for activities **but it is MUCH more important to consider the needs of the community living in the camp.**



**KEEP YOUR PLAN
FLEXIBLE
LEAVE YOURSELF
ROOM TO MOVE**

An activity which is seen to meet the needs of the community will be valued more by them and will have a greater chance of succeeding.

Starting the project

1. Gathering the children

Projects using the Child-to-Child approach can happen wherever children can get together easily and frequently. This may be a school, a health clinic or another kind of meeting place. Any special place agreed by the community would do – this might even be a feeding centre, at the water collecting point, or under a shady tree.

2. Choosing activities

Choosing health topics and activities might be done by the planning committee, the project organiser, the children or a combination of these. Remember that Child-to-Child activities should be:

- important for the health of children and their community
- easy enough for children to understand
- simple for children to do well
- interesting and fun!

'Caring for children with diarrhoea' is the topic given in the examples on pages 14 and 15. Please see pages 54–64 for further details on this topic.

3. Getting going

Experience has shown that the Child-to-Child activities work best if they are introduced in a series of steps, as shown on the following pages.

STEP

1

Introducing the health topic and helping children to understand it better:

- use practical activities to reinforce the ideas
- use role play, puppets, storytelling and games to understand how people feel and react

For example:

- the children describe their experiences of diarrhoea, the words used to describe it in their family and the treatment that has been used
- an explanation and discussion of: the main causes of diarrhoea and dehydration, why dehydration kills, why it should be prevented, how to recognise it early

STEP

2

Getting the children to find out more:

- the children can find out things among other children, among parents and among others in the camp

For example:

- the number of children (in the group, the family) who have had diarrhoea and how it affected them
- how people treat it

STEP

3

Discussing what the children found out and planning activities that will help:

- discuss possible action
- discuss who else can help the children with the practical action such as mothers, teachers, health workers, camp officials
- make a plan of action

For example:

- what can 'I' do to prevent diarrhoea?
- what can 'we' do if another child is affected?
- what can we do to teach others about the dangers of dehydration – a song, a play?

STEP

4

Taking action:

- do practical activities at home
- share new ideas and messages with members of the family and friends
- do activities in the camp community

For example:

- making, mixing and tasting a special rehydration drink
- giving the special drink to children who have diarrhoea
- checking that people know about dehydration from diarrhoea and teaching them to make a rehydration drink (use poems, songs and drama)

NOTE: When a child recognises the early signs of dehydration, they need to tell someone and get help.

STEP

5

Discussing the results of the activities and asking, 'how did we do?'

- test knowledge and skills (of children in the group, of others in the camp community)
- observe peoples attitudes and practices (adults and children)

For example:

- how many of us now know how to make the special drink?
- how many have passed on the ideas to others?
- how can we make sure that we carry on improving our own and others' knowledge about this health topic while we do other activities?
- how many of us enjoyed ourselves? feel that we have achieved something?

STEP

6

Doing the activities better next time!

A checklist for the organiser

It may help to make a checklist of the main points to consider before, during or after a new project. Here are some guidelines:

Organisation

- Have the camp authorities given approval for the project?
- Have members of the community had an opportunity to give their advice?
- Has a health committee been formed?
- Has a suitable gathering place for the children been located and agreed by the community?
- Has a suitable time been chosen to hold the activities?
- Are all the resources needed for the activities readily available?

Add other questions...

Content

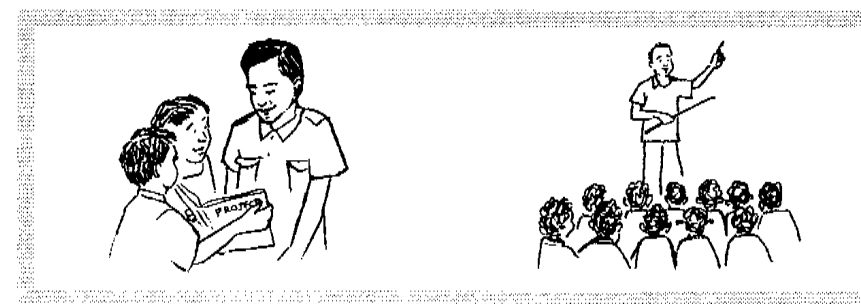
- How have the health topics been identified?
- Have the objectives been worked out?
- What knowledge, skills and attitudes are the children being expected to learn and pass onto others?
- Are the activities valuable and appropriate?
- Are all those working with the children familiar with the health messages?
- How do the activities build on what the children may already be doing? (in or out of school or in a special group)
- Are the activities fun to do?
- Will the children easily see the benefit of their action to others?

Add other questions...

Implementation

- Are there enough helpers to work with the children?
- What methods will be used to help children learn to ask questions, discuss and solve problems for themselves?
- Will the project be organised so that it can be changed if the children have ideas about follow up activities which they would like to do and which the organiser might not have thought of?
- How will the activities be organised?

Add other questions...



Be a guide on the side not an 'expert' on the stage

Evaluation

- What aspects of the project are important to consider? Such as: the confidence of the children involved; their understanding of the health topics chosen; the involvement of children in helping to improve life in the camp relationships among children and adults; the effect on the health of children, and many more
- What methods will be used to check that the project is going well by the organisers, children, parents and others involved?
- Will there be ways in which children will be helped to measure the effectiveness and value what they are doing?
- At which stage will the children and others affected by the project, discuss its successes and problems?
- How will the experience gained from one project help children do the activities better next time?

Add other questions...

Do not judge the success of a project only by its impact on health statistics. There will be many other benefits both to children and to others.

SUMMARY

Child-to-Child activities work best when they are chosen and adapted to meet the needs of the community. Children themselves can provide many good ideas. There are NO Child-to-Child EXPERTS.

YOU are the expert in the camp if you know the community, its problems and the great potential of its children.

Don't be afraid to adapt the ideas, not everything will be useful or relevant to you.

Let the Child-to-Child Trust know about activities you have tried – what worked best, what problems you had. Send us any new ideas you may have or translations/adaptations of the activity sheets. We can pass your ideas on to others.

Contact us at:

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HEALTH TOPICS

2

A list of the Child-to-Child activity sheets available from the Child-to-Child Trust 20

FIVE HEALTH TOPICS ADAPTED FROM CHILD-TO-CHILD ACTIVITY SHEETS

The development of babies and young children	21
Clean safe water	31
Children's stools and hygiene	40
Worms	47
Caring for children with diarrhoea	54

At the end of each section, the box called 'Making Connections' contains ideas to link activities children can do in the camp with activities they may have done at home.

ACTIVITY SHEETS AVAILABLE FROM THE CHILD-TO-CHILD TRUST

The Child-to-Child Trust have developed a set of 36 activity sheets which cover many health topics. Some of these have been adapted and included in chapters 2, 3 and 4 of this book. See the list below of all current activity sheets which are available from the Child-to-Child Trust or from Teaching aids At Low Cost (TALC).

1.0 CHILD GROWTH & DEVELOPMENT

- 1.1. Playing with younger children
- 1.2. Toys and games for young children
- 1.3. Understanding children's feelings
- 1.4. Helping children who do not go to school
- 1.5. A place to play
- 1.6. Playing with babies
- 1.7. See how they grow

2.0 NUTRITION

- 2.1. Feeding young children healthy food
- 2.2. Feeding young children: how do we know if they have enough to eat
- 2.3. Growing vegetables
- 2.4. Breast feeding

3.0 PERSONAL AND COMMUNITY HYGIENE

- 3.1. Our teeth
- 3.2. Looking after our eyes
- 3.3. Children's stools and hygiene
- 3.4. Clean, safe water
- 3.5. Our neighbourhood

4.0 SAFETY

- 4.1. Preventing accidents
- 4.2. Road safety
- 4.3. First aid

5.0 RECOGNISING AND HELPING THE DISABLED

- 5.1. Children with disabilities
- 5.2. Helping children who do not see or hear well

6.0 PREVENTION AND CURE OF DISEASE

- 6.1. Caring for children with diarrhoea
- 6.2. Caring for children who are sick
- 6.3. Worms
- 6.4. Immunisation
- 6.5. Polio
- 6.6. Cholera
- 6.7. Coughs, colds, pneumonia
- 6.8. Malaria

7.0 SAFE LIFE STYLES

- 7.1. Smoking – think for yourself
- 7.2. Medicines – when and how they can help us
- 7.3. AIDS

8.0 CHILDREN IN DIFFICULT CIRCUMSTANCES

- 8.1. Children who live or work on the streets
- 8.2. Children who live in institutions
- 8.3. Helping children whose friends or relatives die
- 8.4. Helping children who have experienced war, conflict or disaster

THE DEVELOPMENT OF BABIES AND YOUNG CHILDREN

The
idea

All over the world, families love and care for their children, but unless they play with them and stimulate them something will be missing in their development. Older children can play an important part in helping with this development. They need to know how babies and young children develop, how to help them and play with them in different ways at different ages. In camps, normal family relationships may have been disrupted. Caring for babies and young children help other children and adults to rebuild these relationships.



The first five years – healthy bodies, healthy minds

The first five years are vital to later development. Children learn more quickly than at any other time. They learn a whole language, how to understand the world around them and how to relate to other people.

Learning depends on the 'world' in which the child lives. In a 'small world' the learning will be limited. Learning depends on the help they get from the people closest to them such as parents or brothers and sisters. Learning also depends on the physical health of the child.

Children growing up in camps – what is special?

Camps are often restricted places where the health of the population is poor and where there is much sadness. Babies and young children are vulnerable both to disease and to neglect. But in camps, people often have lots of time and older children need plenty of fun, purposeful things to do. They need to be able to help their parents and other adults as they would in normal community life.

Older children can help in three ways:

- caring directly for the younger ones
- influencing parents
- working together as a group to promote awareness of the needs of babies and young children in the camp community.

A refugee camp for the Afghan people living in Pakistan has a 'children's centre' where older children help the staff. The children teach younger children about health. They make toys and play with them. Toy-making has become a major activity for the children in the camp. The toys range from elaborate metal trucks to cloth dolls. Through this they develop their design and craft skills. These

activities have made the older children aware of the developmental needs and appropriate care of young children.

The centre also enables the older children to have a special time for their own play – away from the responsibility of looking after the younger ones.

The centre is a place where all the children can play and express themselves freely and experience some of the normalities of childhood often missing in war and refugee environments.

Better play

Older children may ask, 'Don't all children play? Why do we need to learn about **better play**?'

Better play helps babies and young children to:

- use their bodies
- use sounds and develop language
- look at and explore things around them
- experiment
- use their imagination
- think and solve problems
- listen and talk

Children are often told what NOT to do when they are looking after the baby: 'Don't go near to the fire', 'Don't let her hurt herself'. They are seldom told what they CAN do to make play better.

At every stage older children have an important part to play, either one-to-one with the young child or with a group of friends.

Caring for babies

Babies' minds and bodies develop fast. They like to watch things moving. They like to move their bodies and to use their senses.

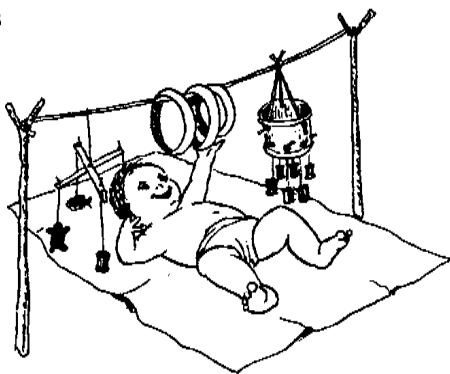
When they are very small, babies learn by being touched. They need to be cuddled and held by those who love them. Babies like to look at shiny, coloured things that move, like a mobile hung above them.

Observing babies

Older children can watch how babies and young children play. What can they do at different ages? What makes them smile or laugh? What makes them move their hands, their eyes, their legs? What do they do when they hear loud noises? When someone talks to them? When someone holds their hand?

Play from birth to 3 months

During this time the baby develops quickly. Watch the baby. Ask the mother if you can play with it. Hold the baby. Talk to it. Sing to it. Gently rub its cheek. It will turn its head towards you. Put your finger in its hand. The baby will hold it. After about 6 weeks it may begin to smile. If you move a bright object like a flower or a spoon it may turn its head to look at it.



Older children can have more and more contact with their younger brothers and sisters. Here are some useful ideas. There are many others.

REMEMBER – *Babies love to hear your voice. Talk and sing to the baby when it's awake.*

Play between 3 months and 6 months

- Hang a mobile made of circles cut out of cardboard on which are drawn faces and bright patterns near where it lies. If this is difficult to make, use any small, light moving objects.
- Tie or hang objects like spoons close to where it lies so that it can reach and hold on to them.
- Make a sound with a tin or clap your hands so that it will look to see where the sound comes from.
- Cut a smooth ring out of bamboo, let the baby reach for it and take it to its mouth; be sure it is clean.

WARNING – *All babies put things in their mouths.
Be careful what you give them.*

- Find or make a smooth object and give it to the baby to hold. You will see that the baby drops it when you offer it a second one.
- Find games that make it smile and coo. These baby sounds are the beginnings of speech. When you carry the baby about tell it the names of objects.

Play between 6 months and 9 months

- Help the baby to sit up for games. Support it if needed. Talk to it while you play. Call its name or sing a song from different places in the room and see if it can turn its head to find you.
- Begin to teach the baby to drink from a clean cup.
- Give the baby objects to bang together.
- Hang some of its toys on pieces of string near where it lies so that it can just reach them.
- Give the baby two, then three and four smooth objects. Encourage it to pass or give them to you or pass them from one hand to another.
- Give it a block or a tin and it will enjoy throwing it on the floor and then looking for it. It will do this again and again.

Play between 9 months and 12 months

- ❶ Play games to encourage the baby to crawl, stand and walk. For example, pretend you are a mother animal and it is a small one. Hold its hand. Take it for a walk. Show it things and talk about them.
- ❷ Get the baby to give you a hug, clap its hands, or wave 'Good-bye', and so practise all the skills it has learnt. Hand it objects that it can hold between its finger and thumb. Watch out! By now it loves throwing things, not just dropping them. Make a soft ball out of grass or cloth to throw.
- ❸ Give it two objects and you hold two more. Bang yours together. Can it copy you? Make clay or mud animals for it to hold. Get the baby to imitate their noises.
- ❹ Give it a box and things of different sizes to put in and take out of it.
- ❺ Hide something under a cup or piece of cloth as it watches. See if it can find it.
- ❻ Tell it stories and sing songs with actions. Sing songs you learnt when you were small.
- ❼ Make a doll and tell stories about it.

Caring for young children

Young children like to explore the world around them, discover shapes, learn to use their bodies, learn to talk and play games.

Observing young children

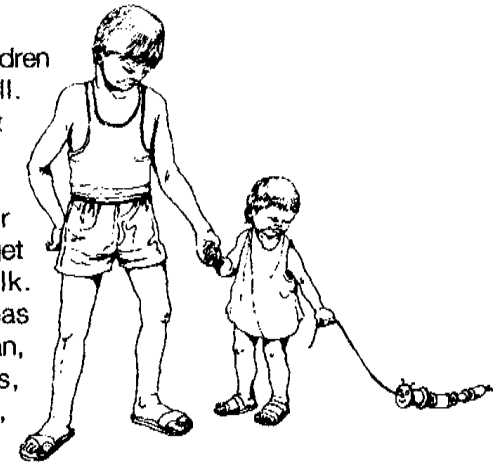
Older children can observe and discuss what young children like to do by themselves and with others. What games do they like to play? What new games can we teach them?

Everyday activities

Encourage children to feed themselves well. Talk to them as much as you can. Encourage them to name things.

Songs and stories

Songs and stories teach children how to use language well. Older children can collect traditional songs and stories from adults and they can teach these to the younger ones. Find opportunities to get the young children to talk. Make playing introduce ideas and phrases like – bigger than, smaller than, the same as, rougher than, smoother than, heavier and other phrases.



Toy making

There are usually scrap materials that children can collect to make toys. Make a toy on wheels that the child can push while it walks, like a box with a wheel and a handle.

Water, sand and mud

Children will play for hours in water, sand or mud. Give them a few materials like different sized tins, gourds and calabashes with holes in. Try making boats from tins, seed pods or pieces of wood (make sure that the tins do not have sharp points or edges). Thin bamboo, pawpaw or banana stems make good pipes which can be used for bubbles with soap and water. Clay models can be made from mud with leaves and sticks to make model houses and animals.

Building games

Put one object on top of another see if the young child will copy you. Let them build things with various objects. Wrap objects in paper or cloth. Let them unwrap it. Maize cobs, matchboxes, scraps of wood and cardboard can be used by children for making things or for building.

Pretend games

Children love to pretend that they are other people or animals. Help them in their make believe.

Adventure games

Young children will like to run and play chasing games. Simple swings can be made with rope and tyres which are good to roll and climb through. Stilts can be made with large tins and string. Large stones can be placed for children to jump from one to another.

Learning what adults do

Small children enjoy seeing work being done by the adults in their community. In the camp, there may be activities or workshops which young children can visit. Adults can also take time to talk to them about the work they did before they came to live in the camp.

Music

Young children can sing and dance to music. Music can be a strong connection to their home. Musical games can teach young children to listen well.

Other games

Children can learn from other games like flying kites, playing with tops and hoops, clapping, counting and singing games. Hop-scotch and other skipping and running games. Children can make drawing in the mud with stick and fingers.

Helping and comforting young children

When young children are frightened or angry, older children can help by holding them, comforting them, telling them stories and making them laugh. This will help the young child feel happy and secure.

Organising play

In the house – older children can help by talking to the adults about what the young child does and enjoys. A special place for a young child's play or playthings can be made in the house.

A special play area – older children can help look for suitable places which would be safe and suitable for children's play. Older children can help adults organise nursery group. They can help make toys and play with the young children.

In school or learning groups – older children can set up special play areas and help care for younger brothers and sisters.

School time can be made available for children to make play materials.

- **Arts and crafts** – toys like cars, dolls and models; games equipment like balls, hoops and ropes; paints and brushes for making pictures; puppets and building blocks.
- **The language lessons** – books with stories and pictures; reading cards with pictures and words; posters and charts.
- **The mathematics or science lesson** – puzzles, and playing cards.
- **The music lesson** – instruments like drums, rattles and flutes, collections of songs and singing games.

At the health clinic – often babies and young children need toys and games to play while they are waiting. Older children can help by making toys for the clinic and by organising play activities at the clinics.

Influencing the community – with the agreement and help of community members, children can construct and organise a safe play area for babies and young children in a camp. Adults can then help by being nearby while older children play games with the young children.

Older children can make up plays and songs about the younger child growing and developing.

Follow-up

Find out and test how far older children understand the development of babies and how they can help. Can children compare the development of babies and young children of the same age? of different ages?

What toys are available for babies in the camp? Can children help to make toys for babies or young children?

Making Connections

Ask the children to describe the toys and games which they enjoyed when they were little. Have they tried playing these games with other young children in the camp?

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

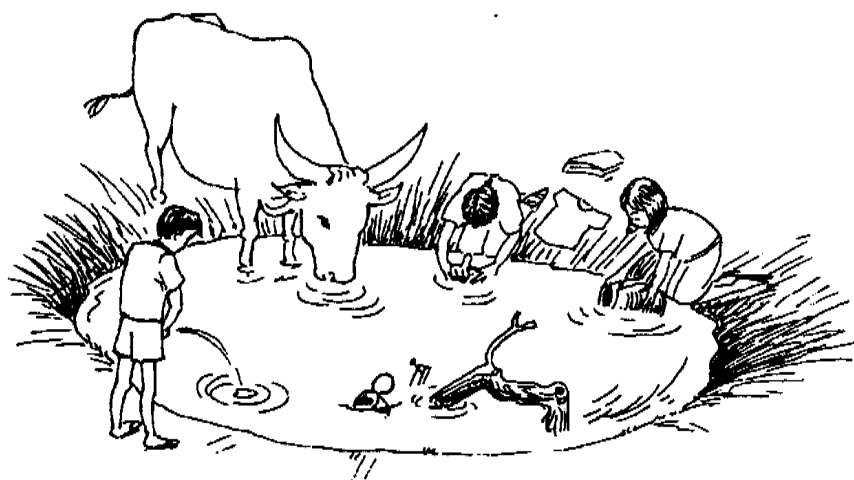
Water is our best friend. Without it, animals and humans become weak and die. In many countries where there is not enough rain, there is not enough water and people suffer. Water is always precious. We must use it carefully and keep it clean.

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 to the house
- when we store and use it in the house

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.



Keeping water clean and safe

We get water from many sources. Water comes from springs, rivers, ponds, wells and tanks. It is collected from these places as well as from tanks 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 to the house and when we store it.

Where water is found

Don't

- ❌ let people or animals bathe, urinate or pass stools in or near water
- ❌ let people wash clothes
- ❌ let people 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

Where water is stored

Don't

- ❌ let flies, dust, dirt and other objects fall in
- ❌ put dirty cups, hands or ladles into it
- ❌ let a sick person share the family drinking cup, or put left-over water back into the storage container

Do

- ✅ use a clean container for storing water – clean on the inside and on the outside – for drinking water
- ✅ keep the storage container covered so that nothing can fall in
- ✅ use a clean container (like a cup or gourd) for taking water out of the storage container, do not put your hand in the water
- ✅ keep a separate water storage container and cup or gourd for people who are ill

Storing water

If possible use a clean cloth 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 dirt, dust and insects. If the water is allowed to stand for a while, many impurities will sink to the bottom. Strong sunlight will also destroy many germs in water stored in a transparent container. Some earthenware jars help reduce germs when the water is left to stand by attracting the germs to the surface of the jar.



Drinking Water

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 made safe 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 use a filter which removes some of the dangerous substances from the water. Ask the health workers about using filters.

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

Activities

Children can discuss

Why is water important? List all the things you can do with water, in the house, in the camp, in the health clinic, in the 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 others who do? What about the babies? What do you think might have caused this illness?

How often are older children left in charge of the younger ones? Do they give them water to drink? Is the water they give clean and safe?

Children can find out

In the community – in small groups, go to see the sources of water in the camp. 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 back to the house. Is the water kept clean and safe? Discuss what you have seen with the other children.

Find out from the health worker if germs can get from the latrines to the water source in the camp.

At a meeting place or in a group – make a list of illnesses that can be spread through unsafe water, and find out about them. Find out more about water in the camp. Where does the water come from? How often is the water container cleaned? Are cups or gourds used to take the water from the container? Are drinking vessels washed before and after use? Is there somewhere to wash hands before eating and drinking?



At the house – make a list of all the containers used to store or carry water. Make a list of people you live with who had an illness which comes from dirty water. Who collects the water for the house? 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 camp.

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, and take them away.

Children can take younger ones to safe areas where they can pass their stools.

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** at the well 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 back to the house. Explain that the containers they use must be clean. If the water at the source is not clean, explain to people that there are ways to make the water safer such as storing the water for 24 hours; letting the water stand in the sunlight in a transparent container for several hours; filtering the water or boiling it.

In the house – 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 separate container such as a cup, gourd or 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:

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 tiny. Then all the dirt in or near the water becomes very frightening to him. 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?

THE WATER DIRTIER

Some powerful and selfish people in the camp make the 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?

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 or a series of pictures (a frieze)

All these stories are good subjects for pictures or friezes which 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. If there is no paper or paint, children will enjoy drawing in the sand or the mud.

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 back to the house'.

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 Dirtyers 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.

If suitable materials are available children can make posters and games. Here are some 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



Children can pass the message

Children can pass the message about clean safe water to other children in the camp, to their family and others. They can sing songs, tell stories, make plays, posters and games for playing with younger children.

Follow-up

After several months, children can be asked 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?

Making Connections

Children can discuss the water sources they used at home; the differences between those sources and the ones used at home – which are better? Why? Children can draw pictures to show how people collected water at home. They can tell stories or make up plays about someone at home who they remember became ill because of dirty water.

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 drinks, 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 human stools. Through the diarrhoea, the body tries to 'wash out' the bad germs.

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

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 our stools to hands and clothes, to the water we drink and the food we eat, making us ill.

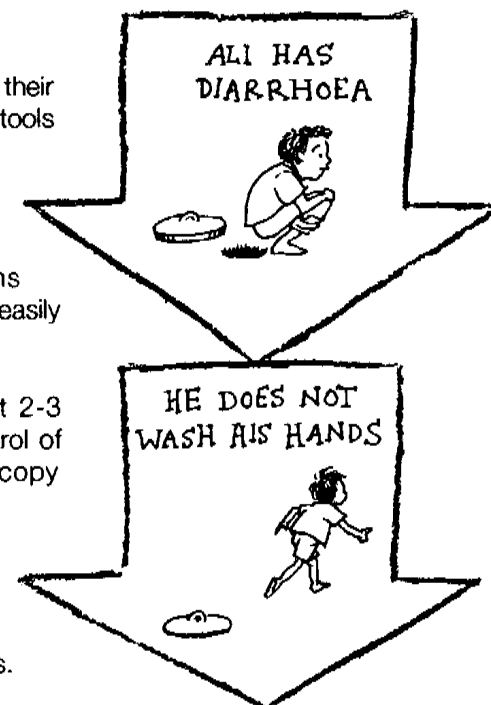
By being careful when we pass stools, by keeping our hands and bodies clean after a bowel movement, and by cleaning up any stools which are dropped in places where we live and play, we can help to prevent the germs that cause these diseases from spreading. Animal stools are also dangerous.

Why children's hygiene is important

Many people think that children's stools are harmless, but this 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 those who look after the young child.

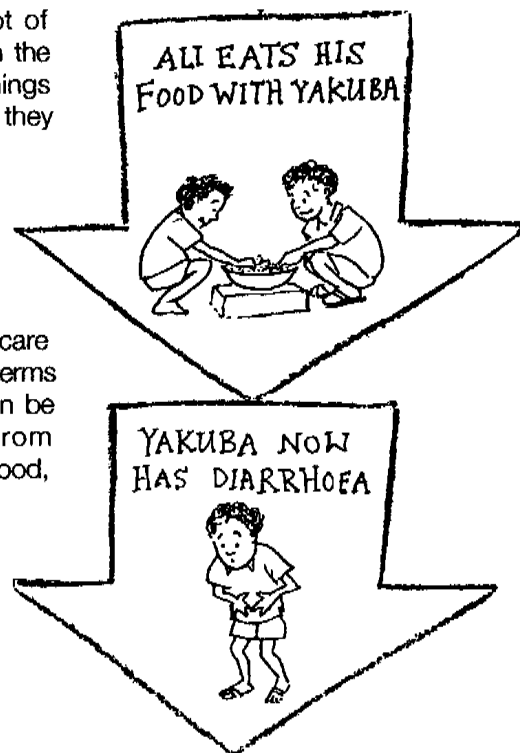
Babies have no control over their bowels and may pass their stools in many different places both inside and outside the house. This is not only dirty but dangerous because germs from these stools can spread easily to others.

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 defecate in the open 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 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, 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 defecating. Help younger children to use latrines properly. Keep latrines 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 after using the latrine. If 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 place agreed by people in the camp.

Encourage good hygiene habits such as:

- ⊙ cleaning the bottom
- ⊙ washing hands after using the latrine, using soap if possible
- ⊙ covering the latrine hole to keep flies away, if it is a VIP latrine the hole must not be covered.

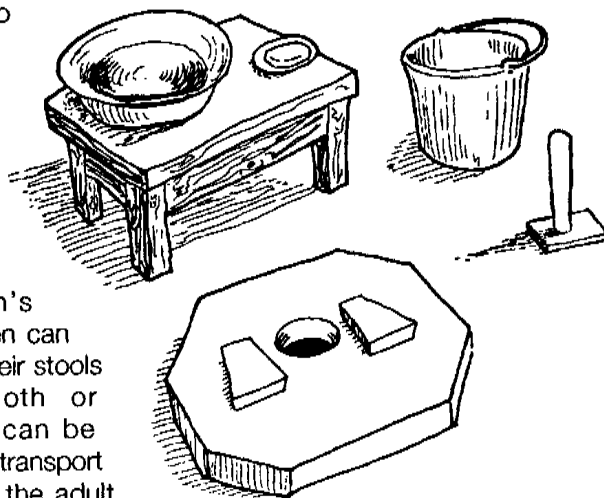
Provide a suitable latrine

When camps have latrines, they are often made for adults. They may be some distance from the houses; the foot plates may be far apart; the hole too large, too dark, and too deep for a small child. It may be a 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.

It is best for young children to have a latrine built specially for them. It should have a small foot plate, with a small hole, and be near the house. If this is not possible, a special cover can be provided.

If possible, a basin and soap should be used to clean the children after they use the latrine, or to show them how to wash their hands after cleaning themselves.

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 leaf, a cloth or something which can be used immediately to transport the child's stool to 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.

Practise good hygiene.

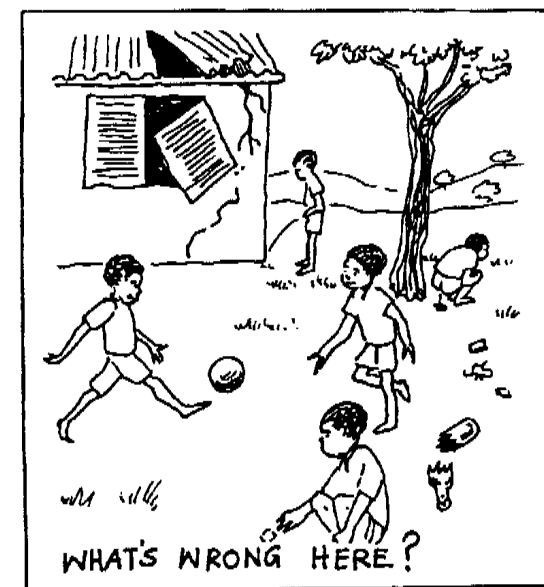
Practise good habits as a group: use the latrine, keep it clean, keep hands clean after using the latrine, wash hands before taking food.

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

Older children can help to build child-size latrines or special covers to put over the large hole in adult latrines so that young children are not so frightened to use it.

If there are no taps outside the latrines, children can make leaky tins and put them outside latrines. They can take it in turns to make sure the leaky tin contains water.

Children will enjoy inventing songs and poems about the importance of good hygiene.



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?
- What more can we do to improve our own hygiene habits and those of our friends and family?

Are there latrines in the camp which children can use easily? Is there a place to wash hands? What about in the house? How many families have a special latrine or a special place for little children to defecate? Have the children helped to make a special latrine? Have the children helped younger brothers or sisters to learn better hygiene? Ask them to describe what they did.

Making Connections

Children can describe the latrines they used at home. They can discuss how they kept (or did not keep!) the hygiene rules. They can exchange stories about how they helped their younger brothers and sisters keep clean. They can make up new songs about health and hygiene using tunes from traditional songs.

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 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. Worms can cause many problems for people living in unfamiliar places such as camps, where health and sanitary conditions are poor.

Worms and parasites

Millions of people have worms and other parasites in their body. They get into the 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 that we cannot see are worse than the bigger ones. Children get even more worms than adults.

How do they make us ill?

Some people think worms in the body are not dangerous. This is wrong. Worms are dangerous because they live by feeding from our bodies. They suck 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. 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.

Children who have worms may show the following signs: scratching the anus, sleeping badly, restless, bad-tempered, pale, stomach ache, not hungry, or the presence of worms in the stools.

How do we get worms?

Worms can multiply 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.

If the stools are left where we sit, walk and eat, the eggs in the stools can get onto things that 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 the 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.

How can we prevent worms?

Good hygiene is the best way to prevent worms. Enough water helps to improve hygiene. In a camp situation it is usually more important to increase the quantity of water available to people rather than to improve its quality.

Get rid of stools safely

- if there are latrines – use them
- wash hands and bottoms
- keep fingernails short
- keep clothes and bedclothes clean
- if possible, wear shoes

- if possible use plenty of water for cleaning
- think of ways to reduce flies such as building VIP latrines
- make a clean safe place where babies and young children can play and crawl

REMEMBER – the health clinic can give simple, cheap treatment for worms. It is often a 'once only' treatment.

Activities

Children and others in the camp can help to prevent worms from spreading by:

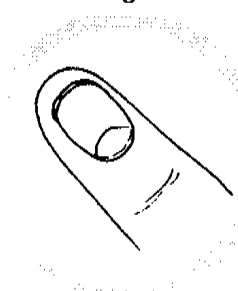


killing flies

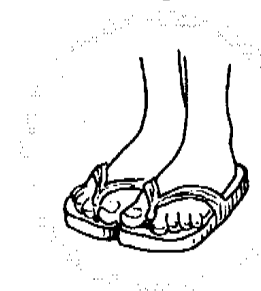


burying stools

cutting nails



wearing shoes



washing hands



REMEMBER – every person in the camp must help.
Only one person who does not have
good hygiene habits can spread worms
to **HUNDREDS** of other people.

Discuss

How can you tell if a small child has worms such as scratching anus, sleeping badly, restless, bad-tempered, pale, stomach ache, not hungry, or the presence of worms in the stools. Do you know people at home who have had worms? Have you seen worms? Where? Do your younger brothers and sisters get more worms than you? If so – why?

Latrines

Where are the latrines in the camp? Who looks after them and keeps them clean? Make a map to show the latrines you know. Are there any special children's latrines or child covers for the latrines? (See the section on children's stools and hygiene.) Do the children who are newly arrived in the camp know where the latrines are? Do they use them? Why/why not?

Water

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

How can children get rid of worms?

Make up stories and songs about worms. There is a song on the next page about the guinea worm. The song was made up in Nigeria.



The Guinea Worm Song

Chorus

Guinea worm, guinea worm

Guinea worm gonna make you burn

A young boy one day did wake

Looked at his foot, and it made him shake

There on his heel, big and sore

A mean blister that pained him sore

The young boy he went off one day

To fetch water in the same old way

In the pond his leg he put

And baby guinea worms came out of his foot

Chorus

Young girl one day did wake

To fetch water from the pond she'd take

She got the water and there inside

Little guinea worms were swimming fine

Little guinea worm now its so small

You can't see it with your eyes at all

If the family drinks the water they'll find

They take the guinea worm deep down inside

Chorus

Little guinea worm, there inside

Its very happy now, its growing fine

Time will pass but there's no doubt

That guinea worm is going to come out

This guinea worm its sure not fine

You can't go farm, can't go in time

You'll lie on the bed, it'll make you weep

Cause that guinea worm it will steal your sleep

Chorus

The children won't be able to go to school

Because the guinea worm is just too cruel

Listen to the song now and you will know

How you can make that guinea worm go

If you get guinea worm on your foot

Clean it everyday and bandage it up

Keep your foot out of the water source

Then it wont come again of course

Chorus

Don't step in the water when you go to fetch

Bring it home, but your not finished yet

Pour it through filter, into a drinking pot

Then the guinea worm is sure to be caught


Tell your neighbour now to do the same

So for guinea worm he can't be blamed

And if the village digs wells, when they're done

That guinea worm will do no more

Chorus (repeat chorus)



GUINEA WORM, GONNA
MAKE YOU BURN

THE GUINEA WORM SONG

Chorus

F C F C F C G C

Guinea Worm Guinea Worm Guinea Worm gonna make you burn

Verse

C F C G C

F C G C

Words and music by
Karen Kavenagh and Paul Wilson

Draw and discuss a map of the camp which shows dangerous places where the 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. Some good maps can be drawn in sand or clay. Children can explain these maps to others.

Make sure that the group's meeting place is clean and free from worms.

Make sure that adults and other children understand about worms. Teach younger children to use latrines or safe areas to pass stools. Make latrine covers. Keep a water-saving tin to wash the hands after using the latrine. Make fly swats. Keep flies away from the eyes, mouths and food of young children.

Give puppet shows, songs, dances to show the messages of good hygiene.

Follow-up

How many children have done something to prevent worms? What did they do? Are there more latrines, latrine covers or safe areas to pass stools? Are there more children wearing shoes? Who has gone to the health clinic for treatment?

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

Making Connections

Children can tell stories or act out plays about the life cycle of a worm. They can imagine that they are the worm. They can act one play where the worm lives in the camp and another where the worm lives in their home area. Are there any differences? Was the home area or is the camp a place where children are more likely to get worms? Why?

CARING FOR CHILDREN WITH DIARRHOEA

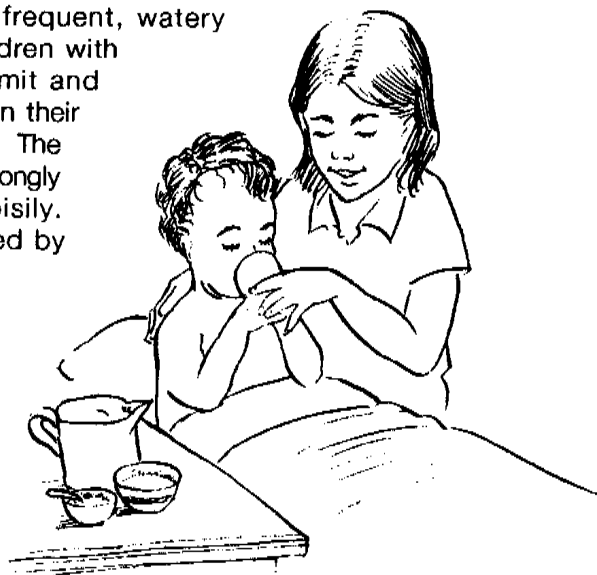
The
idea

*Diarrhoea is dangerous because it can 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, they lose too much liquid from their bodies. The liquid they lose must be put back into their bodies. Special drinks can be prepared by children to help replace the lost water when a child has diarrhoea and can prevent dehydration.

What is diarrhoea?

Diarrhoea means frequent, watery stools. Often children with diarrhoea also vomit and have severe pains in their abdomen or tummy. The stools may smell strongly and also pass noisily. Diarrhoea is caused by swallowing germs which can live in dirty food and water and human or animal stools. The body is trying to get rid of the bad germs through the diarrhoea.



Diarrhoea is dangerous

Children who have diarrhoea lose a lot of water, especially if they are vomiting and have a fever. Children may die of diarrhoea, usually because they have lost too much water and salts from their bodies and nobody helps them to drink. This loss of water and salts is called **dehydration**. The family should understand that the water lost in diarrhoea needs to be quickly replaced.

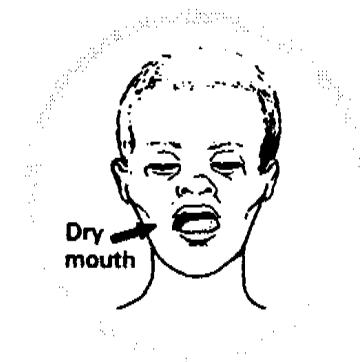
What to do when a child has diarrhoea

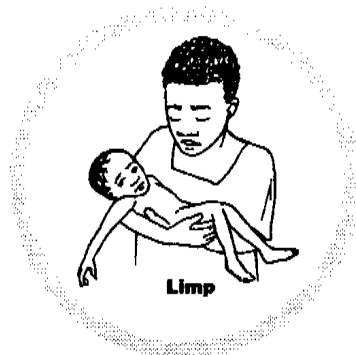
Act immediately! Do not wait for signs of dehydration. We can prevent serious dehydration occurring by:

- ① giving the child plenty to drink to replace the water that is lost, as soon as the diarrhoea starts
- ② giving the child enough food to keep him/her strong

What are the signs of dehydration?

The child is thirsty or may appear irritable, restless or half asleep. The mouth and tongue may become dry and there are few tears when the child cries. Eyes appear sunken and when the skin is pinched, it returns to normal slowly.





These signs appear if the child is very dehydrated from diarrhoea. A child with these signs is in danger.

Take the child to a health worker if any of these danger signs of dehydration begin or if the diarrhoea lasts for more than two days. Keep giving the child liquids (the special drinks are best) while going to the health clinic.

How can diarrhoea be prevented?

Diarrhoea can be prevented by:

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

By keeping clean diarrhoea can be prevented

Dirt, rubbish, stools and urine contain germs which can cause diarrhoea. These germs can be carried by flies as well as on dirty hands. Keep these

germs away from food and drinking water.

Wash your hands:

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

Remember to wash the children's hands too. The children can discuss why this is necessary.

Use a latrine, or where there is none, make sure that the place for passing stools is far from homes and far from water sources. Stools passed near houses should be taken away and buried.

REMEMBER – *small children's stools are more dangerous than adults.*

Healthy food

Breast milk is the best food for babies and helps to prevent infections, including diarrhoea. Babies need to be breast fed for as long as possible. Dirty feeding bottles cause diarrhoea.

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

The food we eat should be fresh and prepared in a clean place, using clean pots and utensils. Cooked food should be eaten while hot or within two hours. If it needs reheating, it should be well heated before eating.

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

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.

Treating diarrhoea

1. Plenty of fluids

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

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

2. Continue feeding

Sometimes mothers stop giving food to a child who has diarrhoea. This is a mistake. The sick child needs extra food so that he has enough strength to fight the illness. Breast milk is the best food for babies. Encourage older children to take their usual food several times each day. Be patient. Sick children need to be encouraged to eat.

3. Medicines

Medicines are not important for most cases of children with diarrhoea and in all cases they are less important than fluids and food. NEVER give medicine without the advice of a health worker. Anything that puts water back into the child helps to fight dehydration such as:

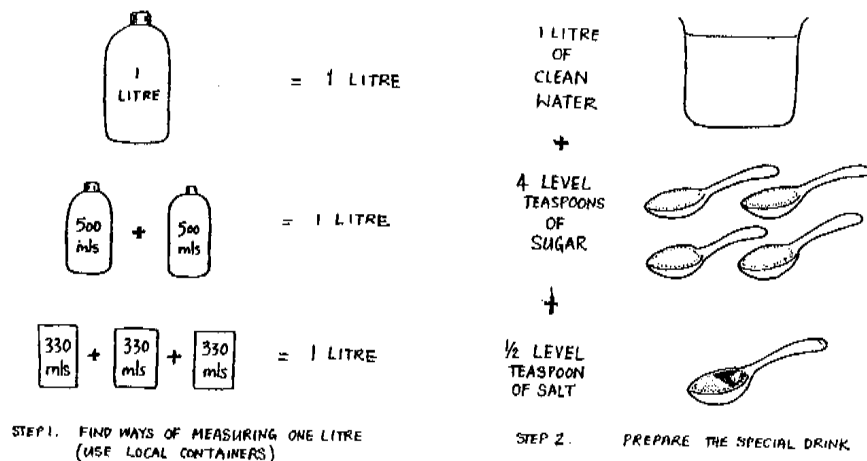
- ① many of the herbal teas and soups that mothers give to children
- ② mother's breast milk which gives the child not only water, but also food. It is important to keep breast-feeding a baby with diarrhoea (milk in a bottle is different, and it is never as good as breast milk)
- ③ rice water (the water in which rice has been boiled) or any other liquid in which food has been cooked, is a good liquid for preventing dehydration
- ④ any other liquid e.g. coconut water, lime or lemon water, diluted fruit juice, or weak tea

The *special drink*

The best liquid is a special drink, called Oral Rehydration Solution (ORS). This drink can be made from packets of oral rehydration salts (which may be available from the health clinic in the camp). However children can make the special drink themselves using salt, sugar and clean water. They can help to give liquids to children with diarrhoea.

Making the *special drink*

The special drink is quite simple to make. The first step is to find ways of measuring one litre (the camp authorities may be able to help). Step two is to mix **together SUGAR + SALT + WATER.**



330 mls, a third of a litre is approximately one large cup full

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

If it is too salty, 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 cup 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?

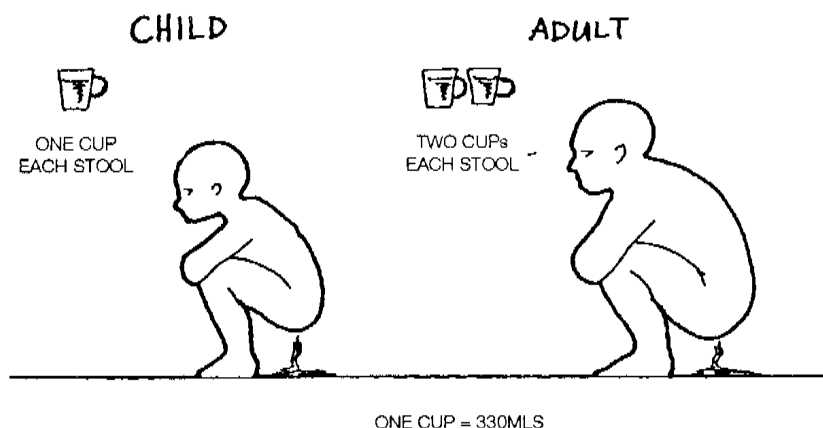
The drink should be given each time a stool is passed. A child under two should have half a cup each time. An older child requires a full cup each time. An adult needs two cups each time. Continue giving the special drink as long as the stools are even a bit watery, until both stools and urine are normal.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

Activities

Children can collect information about diarrhoea and how common and how dangerous diarrhoea is. How many times have their younger brothers and sisters had diarrhoea in the last year? Or during the last rainy season, or since they arrived at the camp? Find out at which ages it is most common, by counting how many times children of different ages had diarrhoea.

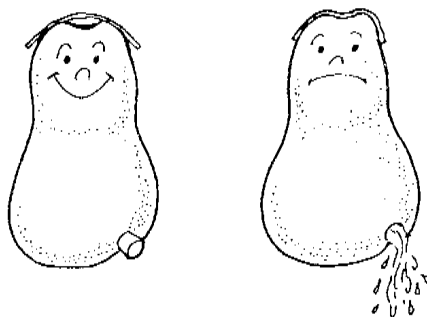
Count how many times breast fed babies get diarrhoea, and how many times bottle fed babies get diarrhoea. Which get diarrhoea the most? Why?

How many children in the camp have died from diarrhoea? This information can be used later to decide if different health activities have made a difference to children's health.

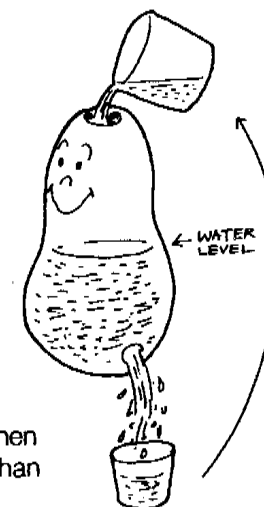


Children can experiment

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 make a gourd doll from 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. 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 into the hole. Discuss how this compares to the soft spot on the top of the head of a baby with diarrhoea.



3. Mark a line on the hollow gourd (or whatever was 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 one glass of liquid each time he has a loose stool.



Children can learn to make the *special drink*

The children can prepare the special drink and then drink some of it to check that it is no saltier than tears.

Children can help in the camp

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

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

Counts can be made each month, after a month, 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?
- have any children in the camp have died of diarrhoea?
- is there a difference between babies who are bottle fed and those who are breast fed?

Ask children who have helped another child with diarrhoea, to tell the story to their friends, explaining how they helped. If they made a drink how did they make and use it? How long did they give it? Did it seem to help? Did they have any difficulties? What were the results?

Making Connections

Children can discuss what different people in their community did about diarrhoea when they were living at home, such as members of their family, traditional healers, and health workers. Was it easier to prevent diarrhoea at home or in the camp? Why? How much did we do to help other children when we were living at home?

3

HEALTH TOPICS

FIVE HEALTH TOPICS ADAPTED FROM CHILD-TO-CHILD ACTIVITY SHEETS

Immunisation	66
Malaria	75
Coughs, colds, pneumonia	88
Preventing accidents	94
Caring for children who are sick	105

At the end of each section, the box called '*Making Connections*' contains ideas to link activities children can do in the camp with activities they may have done at home.

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 programmes for themselves, their friends and their families. In camps where diseases can be spread easily and where people's health is often poor, immunisation is even more important. Measles is the most important disease to prevent in camps.

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 some babies and young children die from diseases like measles and whooping cough. Others are disabled for life by diseases like polio. **These can all be avoided by immunisation.**

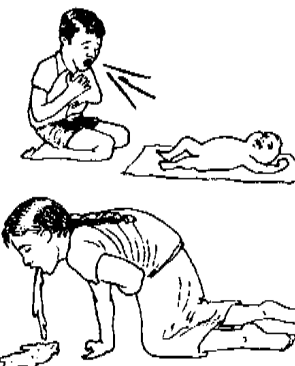
We can first look at the diseases which can be prevented by immunisation, and then we can look at how immunisation works.

Diseases that can be prevented by immunisation

MEASLES – Ahmed has had a high fever for six days, with red eyes, a runny nose, noisy breathing, a cough and a rash all over. He keeps his eyes shut because he finds it difficult to look at the light. He has measles and is very ill. If he gets better he will be weak for a long time and may catch other diseases.

THIS COULD HAVE BEEN PREVENTED BY IMMUNISATION

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.



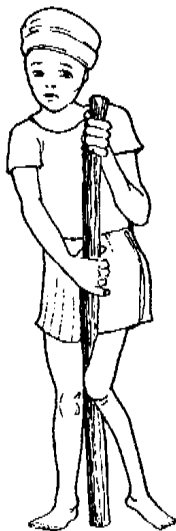
THIS COULD HAVE BEEN PREVENTED BY IMMUNISATION

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.

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



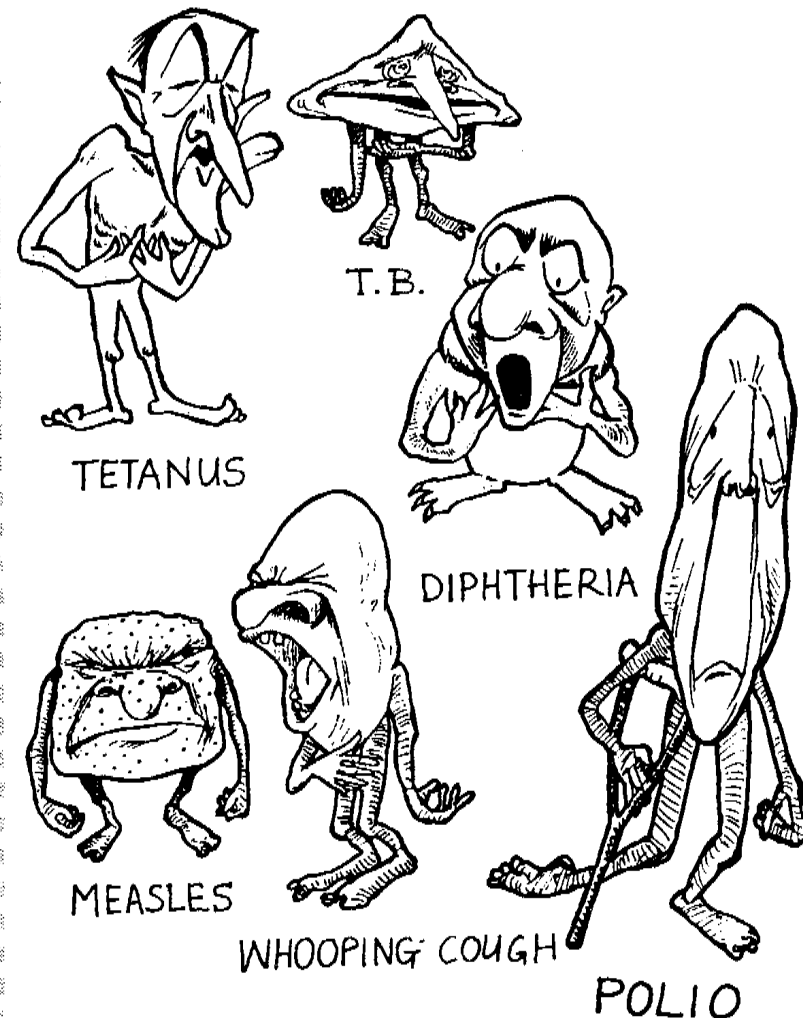
TETANUS – Joseph cut his foot in his field. Tetanus got in with the dirt. A week later all his muscles became tight so he could hardly breathe. He could not open his mouth to eat. They took him to hospital, but we do not know if they can save him.

When Vimia 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

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 with a weak limb and will always be disabled.

THIS COULD HAVE BEEN PREVENTED BY IMMUNISATION



Find out about the immunisation programme in the camp from the health workers. The programme may be different to the one carried out in the home area. It is important to carry out the full course of immunisations.

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, or the antibodies **are made too late** to prevent or fight the disease.

If the disease is serious, or if the child is weak – perhaps he 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 important for children to be taken back for their second and third injections (or doses) at the right times. For some diseases like polio and tetanus, 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 the disease and there is nothing to worry about.

The immunisation programme

Make sure that all families with children know about the programme. Immunisation should be given by qualified health workers who are part of the programme. If possible, talk to the health worker in the camp to learn about the immunisation programme.

What is the right time for immunisation? Programmes change with new and local knowledge.

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 the camp. Where is immunisation given? Are there certain days and hours for immunisation? What sort of injections are being given? Teachers or camp workers can help children find out this important information and make sure that others know.

If there is no immunisation programme, children can work with adults to get camp authorities to organise it. All children have a right to immunisations. Many governments and major international organisations have promised to help achieve this.

Three 17 year-old boys, Mohammed, Ali and Fale, lived in a refugee camp. They knew how frightening a disease like measles could be and how many children it can kill. They asked the camp leaders to help them persuade the local Ministry of Health to come to the camp (only 2 kilometres from the camp), and provide immunisation for the children, even if it was just against one disease – MEASLES! The government responded to the boys' plea and most children in the camp were immunised against measles and other diseases.

Children can find out who needs to be immunised

Which illnesses have they had or have members of their families had? Do they know other children who have been ill? What diseases did they have? How did it make them feel?

Children can help to identify the babies and young children 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. Children can help remind adults when to take the children to the clinic. Children can help keep immunisation cards safe, and always have them when they go to the health centre. Children can persuade others not to fear immunisation. They can comfort young children who have been immunised and tell them stories of how they are defeating the 'enemy diseases'.

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

Children can keep records

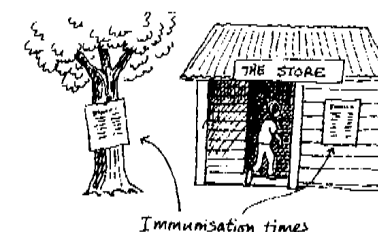
Children and their teachers can support the clinic by keeping records for all the families of the children in their group, and other families.

Children can help in the family

Older children can make a special card for a new baby in the family or camp. They can hang it on the wall of the house to remind families about the immunisation programme. Children can help to design a card which shows dates when immunisations are given.

When the time comes, children can help to take babies to the clinic. This is especially important if the mother has other children to feed or look after.

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



Children can help in the camp

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



Children can make up plays and puppet and mime shows, such as one about a family where the children are immunised and another where they

under 2	IMT III
over 2	IMT IMT
under 5	II
over 5	IMT II

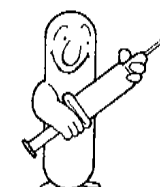
Record Card	
Name	Birth
MEASLES	I
BCG	II
DPT	III
POLIO	IIII

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.

Children can help with immunisation campaigns in the camp. They can show their posters and plays, and make sure that everyone in the camp knows about the immunisation programme.

New children may come into the camp. Children can adopt a new family or families so that each family in the



camp has a child health 'scout' who reminds them of immunisation times. Some camp populations may not know much about immunisations.

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, the group, the camp been properly immunised? What about their brothers and sisters? Their parents? That pregnant women know they should have anti-tetanus to protect their baby?

Children can count how many people disabled by polio there are in their age group; how many there are among people who are ten years older or twenty years older. Is there a difference? Why? Children can ask elderly people what happened before immunisation.

Making Connections

Children can find out about the immunisation programme in their home area. Is it different to the programme in the camp? How many people would take their children for immunisation at home? What did children do in their home area to spread the message of immunisation? How did the children care for children who were disabled as a result of not being immunised, such as children with polio? Children can discuss these questions, tell stories or make up plays and songs to share their experiences.



MALARIA

The
idea

Malaria is a killer disease. Millions of people die of it and many others are left 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. Children can help by preventing mosquitoes from breeding and biting people, and by knowing what to do when someone has malaria.

JOSEPH AND FLORA'S 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 important that Flora should finish all the medicine.

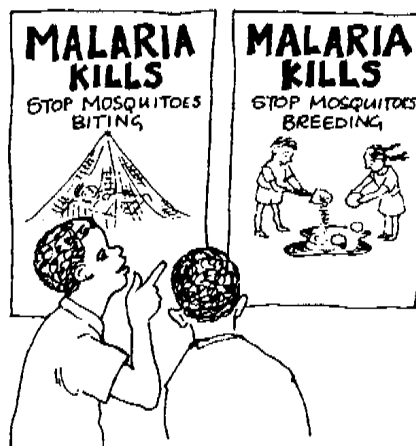
So Joseph and his mother gave Flora the medicine. They kept her cool. They gave her drinks. Flora was better. She did not like the medicine. But Joseph and his mother remembered what the nurse had said. Now Flora is well again, but she always sleeps under a net now to stop mosquitoes biting her at night.

Malaria: some important facts

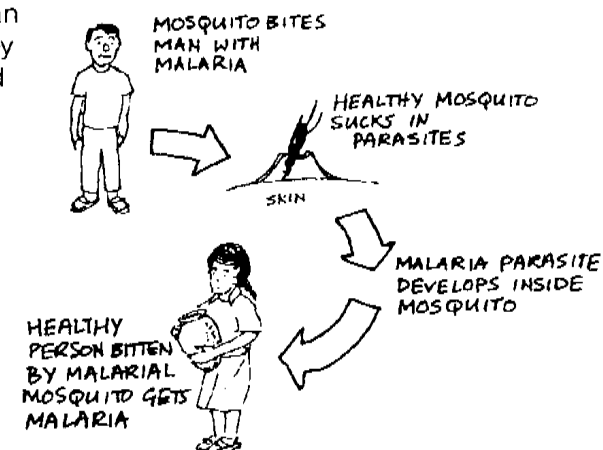
What causes us to become ill? The germ which causes malaria is called Plasmodium and it is carried by the female Anopheles mosquito. Other mosquitoes do not carry malaria, but they are a nuisance and may carry other diseases.

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 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.

Mosquito eggs are small and black and float on the water. They hatch into larvae which grow into mosquitos quickly.

The adult Anopheles mosquito hides in cool dark places during the day. The female bites during the night and sucks up blood to mature her 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 and 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
- tucked in well after you get into bed
- kept in good repair by sewing up any holes or tears

REMEMBER

- Mosquitoes 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 and can kill them.

In the evening, at night and until the first light of day, as long as the mosquitoes are active, clothes which cover the arms and legs will protect against 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 the skin or on clothes (especially around the ankles), by using mosquito coils or even smoke from grass or leaves.

Killing mosquitoes

Spraying programmes help kill mosquitoes. If 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.

We can try to stop *Anopheles* mosquitoes from breeding by:

- filling up puddles of still water around the house with earth and stones
- putting small fish which eat larvae into ditches and ponds
- putting oil on the surface of small ponds to stop the larvae from breathing
- 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 may get worse and the child could even die.

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.

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.

Activities

Finding out about malaria

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 host country

Ask teachers, health workers or camp administrators. Is malaria spreading or is it getting less common? Are fewer people getting ill, or more? Why?

Find out from other children in the group:

- how many children or others they know 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 age of those with malaria
- who went for treatment

Children can plan and keep records.

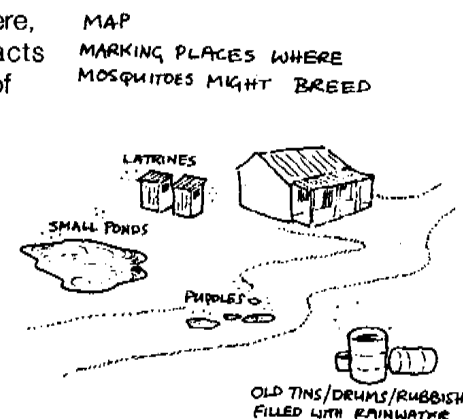
Discuss how such information could be useful to children, their families and the health workers.

Where do mosquitoes breed?

In the rainy season, make a map of the area of the camp (or a part of the camp), and mark on it the places where mosquitoes might breed. Then check those places, to see if there are larvae in them. Can you get rid of the water in which the mosquitoes are breeding? How?

What do people know about malaria?

Using the information given here, write down the important facts about malaria. With the help of teachers or group leaders, 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 group or class

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 food 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

Group leaders or 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.

It is 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 a policeman) comes in several times. The first time the medicine catches 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 more topics

Children can make posters showing:

- 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

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

Children can write and illustrate stories like 'Joseph and Flora' on page 75 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)

Children can 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.

In their group, they can keep records. Look at them 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 houses? What have the children done to help in the house? in their group? at school? in the camp? 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.

REMEMBER – MALARIA IS A KILLER DISEASE

**MOSQUITOES ARE QUICK AND
CLEVER**

DON'T GET BITTEN

AVOID MALARIA

Making Connections

Children can find about and discuss what the malaria was like in their home area. Did more people get malaria at home or in the camp? Is the rainy season the same or different in the camp as it is in the home area? Does this affect the numbers of people getting malaria?

COUGHS, COLDS, PNEUMONIA (ACUTE RESPIRATORY INFECTIONS ARI)

*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 house and immunisation against whooping cough and measles can help to prevent pneumonia. Coughs, colds and pneumonia are all Acute Respiratory Infections (A.R.I.)

Coughs and colds

Throughout the world people get coughs and colds. They are very common in overcrowded camps. Young children get more colds than older children, between three and eight 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. Antibiotic medicine does not help to cure colds. Babies and children will usually get better in a few days.

We can help babies and children 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 noses (especially babies before feeds)
- ⊗ keep the air round the child clean and smoke-free

Pneumonia

Pneumonia can:

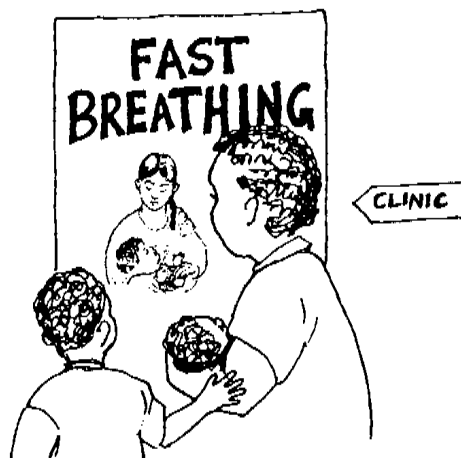
- ⊗ start on its own
- ⊗ follow from a cold
- ⊗ follow from measles or whooping cough

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, could mean 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 breaths when he has been restless, crying or struggling. Count the breaths of a child who is sleeping or resting quietly. Watch the child's chest without disturbing it. Count the number of breathing movements for one minute. Fifty breaths or more can mean 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.

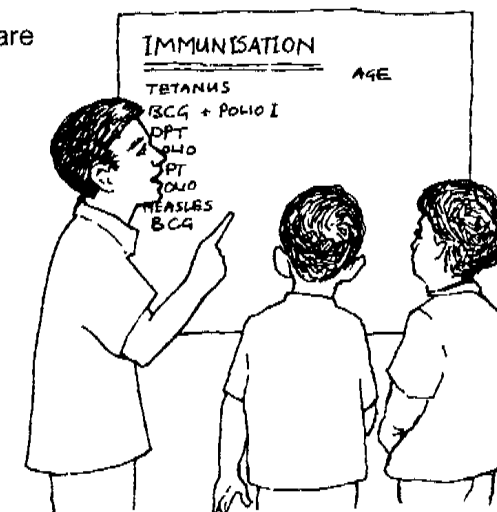
What to do

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 the health worker's instructions. Their instructions must be followed carefully and correctly.

Can pneumonia be prevented?

Children who are well fed are less likely to get pneumonia. Babies who are breastfed are less likely to get pneumonia.

Measles and whooping cough can cause pneumonia: both can be prevented by immunisation.

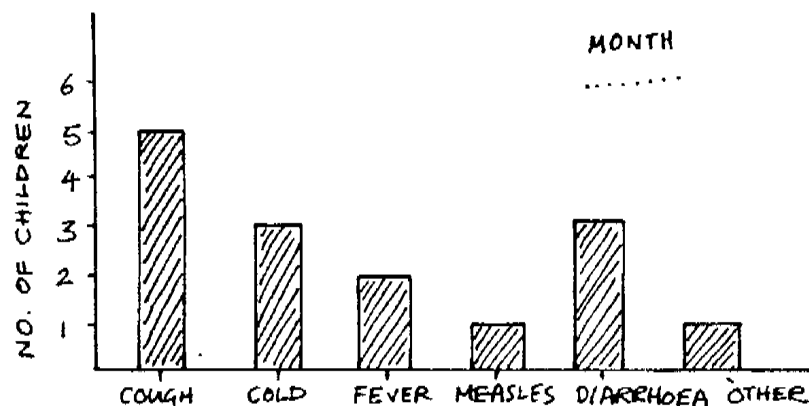


Activities

Finding out about ARI

The children can interview each other and find out:

- ① How many of them were ill in the last six months?
- ② How many had coughs and/or colds?
- ③ What were the symptoms?
- ④ What did they feel like?
- ⑤ Did the colds get better soon? Or did they get worse and lead to fever? How many children developed fever? How many did not?



Learning the signs

Children can test each other to make sure that they know the signs or symptoms of pneumonia. They can ask each other questions:

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: You could have. You should see a health worker as soon as possible.

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

Answer: No! Your breathing is normal so you do not have pneumonia.

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

But your breathing is
normal. You do not
have pneumonia

If the 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 breaths for one minute. Write down the number of breaths. Then one child does one of the activities in List A on page 90, the other an activity from List B. Let them count each other's breaths after each activity, then 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 accurately.



A

Sitting quietly

Reading

Standing still

Humming

Writing

Counting

B

Running on the spot very fast

Skiping 30 times

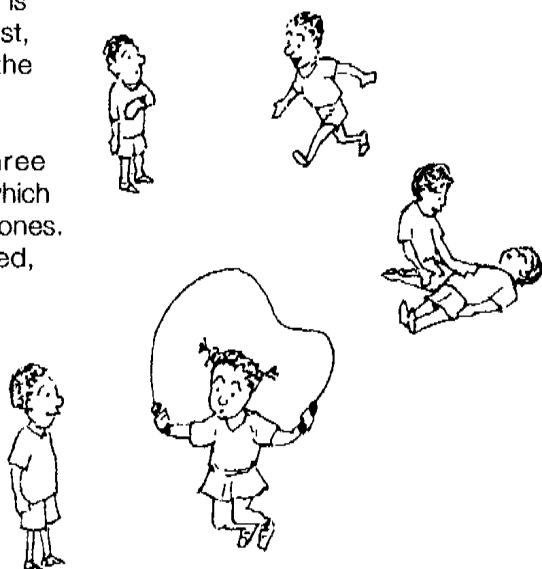
Jumping as high as possible – 30 times

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).

Children can make three pendulums from string which does not stretch and stones. With the stones attached, the strings should be two metres, one metre and 35 centimetres long. The size of the stone does not matter. They can then swing them to see how fast they go from side to side.



They should notice that the shortest pendulum takes the least time to swing from side to side and that the longest pendulum takes the most time to swing from side to side. In fact the longest pendulum swings from one side to the other and returns to its original position in the same length of time as a normal adult takes to breath in and out again. A normal baby breathes in and out again in the same time as the middle pendulum takes to swing from one side to the other and return to its original position.

If the baby is breathing at the same rate as the short pendulum, it is breathing very fast and should see a health worker straight away.

Preventing pneumonia

Children can find out how many children in the group:

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

Children can make cards to remind their family about immunisation

Children can make posters which show how pneumonia can be prevented. They can help each other or their families can help.

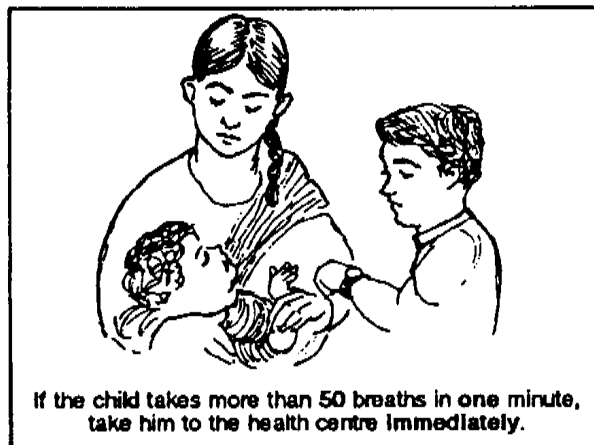
If families help, they may also learn. Display the posters outside the health clinic, in the houses, places where people gather, for example food and water distribution points.

They can identify smoky areas. Cooking areas? Fires? How can they make sure babies are kept away from smoke?

Passing the message

Children can:

- display their posters showing the signs of pneumonia and colds, in the house, or in public places like the clinic or the camp administration areas



- teach others the signs of pneumonia
- find two other people in the camp who they can teach the signs to make up a story or play 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 could ask the following questions:
 - what started it? e.g. 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, for example:
*Do not worry, do not fret
This is not pneumonia yet
Pneumonia is setting in
Ask the doctor for medicine*

Teach the song to families, other children, other people in the camp.

Follow-up

Ask the children:

- how many remember the signs of pneumonia
- how many remember what to do when a child gets pneumonia
- how many can tell how to prevent pneumonia
- how many have taken action on what they have learned

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

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?

Making Connections

The children can interview each other and find out:

- *how many of them were ill before they came to the camp?*
- *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?*

PREVENTING ACCIDENTS

The
idea

Many children die each year because of accidents. In overcrowded places such as camps accidents often occur and many children will be injured. These accidents need not happen. Children can help to reduce the number and seriousness of accidents by practising safety in the house, out-of-doors, and on the road. Children can learn to spot the most common dangers, and understand how these dangers can be avoided or prevented. They should always watch out for the safety of others, particularly smaller children. Children can also be prepared to help when an accident happens. Children can talk about accidents which they have seen most often in the camp.

Where accidents happen

In the house

- ☉ **burns** from cooking pots or lamps, electrical things, hot food, boiling water, steam, hot fat (scalds), strong acids or corrosives (like battery acid) which damage the skin
- ☉ **cuts** from broken glass, rusty pins, rough wood or sharp knives and axes
- ☉ **the blockage of breathing** from swallowing small objects like coins, buttons and nuts
- ☉ **poisoning** from eating or drinking harmful things
- ☉ **internal (inside) bleeding** from swallowing sharp objects like razor blades
- ☉ **electric shock** from touching a broken electrical appliance or electrical wire
- ☉ **injuries** from falling from platforms or bunk beds that are too high or falling from trees

On a track or road

- ☉ death, or injuries like heavy bleeding, broken bones and damage to main organs of the body (liver, lungs, brain).

Playing outside

- ☉ **burns, cuts and broken bones**
- ☉ **poisoning** from eating certain plants and berries
- ☉ **bites** from animals and snakes and stings from bees and other insects
- ☉ **drowning** in open water or wells.

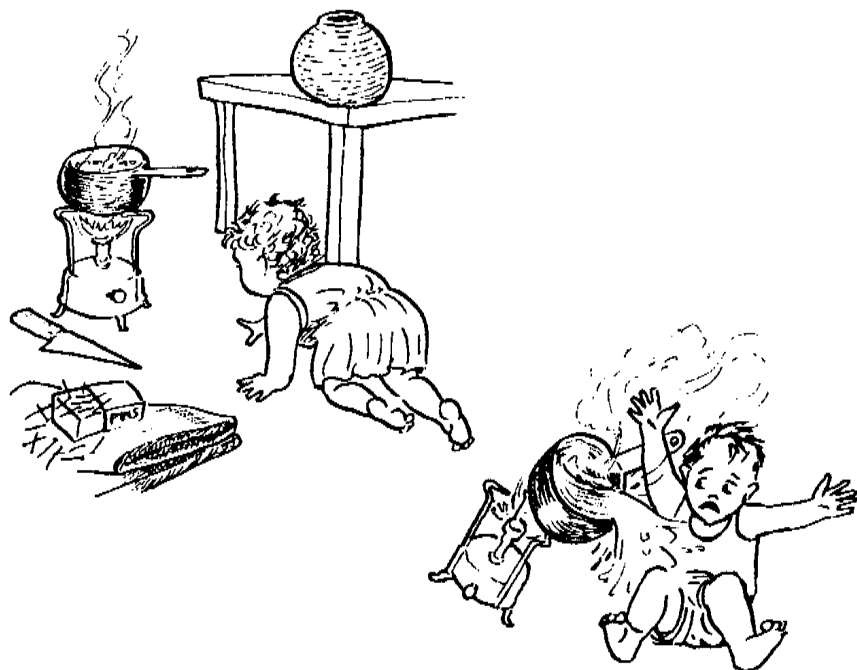
Preventing accidents from happening

In the house

Danger from burns

Accidents in the house often involve fire, and children can be badly burned. If their hands are burned they may never be able to hold a pencil or a tool; if their feet are burned they may not be able to walk properly. There are many ways to prevent burns in the house:

- ☉ watch babies and young children carefully. Do not let them go near the fire
- ☉ raise the cooking stove, or make an open cooking fire on a raised mound of clay instead of directly on the ground
- ☉ use a thick cloth when touching hot pots
- ☉ be careful that the handles of cooking pots are out of reach of babies, and turned so that they are not easily knocked over
- ☉ put petrol, petrol lamps and matches out of reach of small children



Danger from poison

Young children are also often injured or even killed when they eat or drink dangerous things.

Never put dangerous products (e.g. bleach, plant poison, paraffin or kerosene) in a coca-cola or other soft drink bottle. Children can drink them by mistake.

Keep all medicine and poisons out of reach of children (lock them in a cupboard or box, or put them on a high shelf).

Label all poisons and medicine carefully. Medicines are particularly dangerous because little children often eat tablets thinking they are sweets.

Teach young children not to drink out of strange bottles or eat strange fruits and plants which may not be safe.

Danger from sharp things.

Many cuts can be easily prevented. Keep the floor clear of broken glass and nails. Get rid of nails or splinters which stick out.

Keep sharp knives and razors out of the reach of young children.

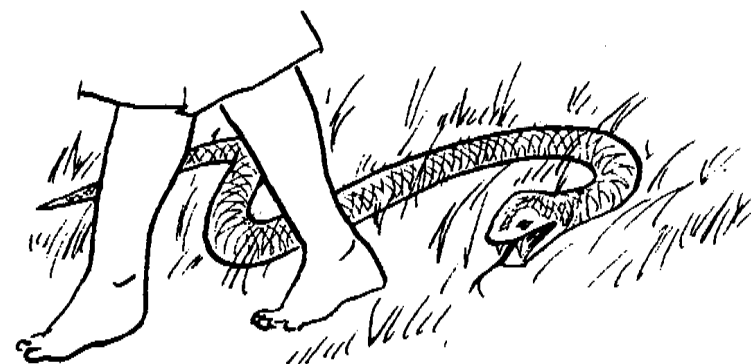
Older children can identify other common accidents which happen in the house. How can they be prevented?

In the camp

Danger from snakes

Children can protect themselves from snake bites:

- recognise which snakes are dangerous and where they live
- learn to remain very still if they are close to a snake



- wait for it to go away
- clear grass and weeds from the paths most commonly used by children

Danger when playing

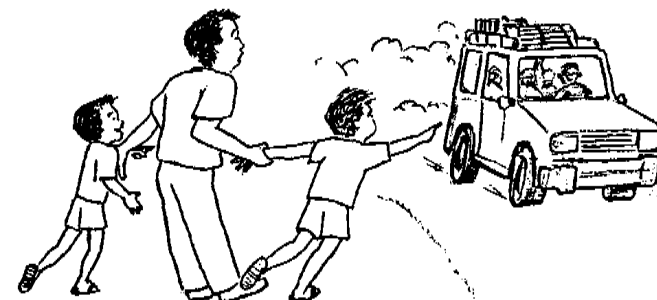
Children are active and need safe places to play.

Know the camp environment, and avoid dangerous places where there may be machinery, animals, snakes, glass or sharp metal.

Make wells safe so no one can fall in.

On the road

Many children in camps run towards vehicles. This causes many injuries and even deaths. Older children must help younger ones when walking along the road, or when they are trying to cross the road.

ActivitiesBe aware of danger

Children who are used to the camp environment can talk to children who are new about the danger spots in the camp. Together children can make three lists or graphs of accidents which happened in the house, on the road, out-of-doors. Decide which kind of accidents happen most often in the camp.

Children can discuss why they think these accidents happen. By discovering how they happen, children can also find out how to **prevent them from happening so often.**

Discuss which accidents are most common for children at different ages (and why) – under 2 years, from 2-6 years, to 6 years.

Contact the health clinic and ask if children can be given details of all accidents to children over the last 6 months. Make charts or graphs of the accidents that are reported.

Make pictures which show different dangers in the house, and outside. Put the good ones on a wall. Let the other children discuss them.

Make a series of drawings to show how an accident might happen in the camp.

First aid if an accident happens

Children can learn and practice first aid. Here are some simple measures to practise and remember.

Get help quickly

If someone has a bad fall from a tree, or gets badly hurt in a car accident, do not move them. Cover them with a blanket to keep warm and **get help quickly**.

If someone gets a poisonous bite, do not move the limb which has been bitten. That will only spread the poison around the body.

Carry the child and **get help quickly**. Do not try to treat the bite yourself. It must be done by a health worker.

Cuts and wounds

With clean hands, wash the wound with soap and boiled water, or hot salt water. Clean out all the dirt because wounds that are left dirty can become bad ulcers.

Most small wounds do not need bandages. It is better to leave them to dry in the air so they heal more quickly. If you do use a bandage make

**WHAT'S
WRONG IN
THIS
PICTURE**



sure it is clean. Keeping the wound clean is better than using things like mud or iodine.

If the wound is really deep, take the person to the health clinic for treatment.

Burns

Put the burned part **at once** into cool, clean water for at least ten minutes. If the burn is small probably no other treatment will be needed.

If the burn is deep or covers a large part of the body, loosely cover it using a clean cloth with a little Vaseline on it and get medical help as soon as possible.

- **Don't** break the blisters
- **Don't** remove any clothing sticking to the burned area
- **Don't** put grease, oil, herbs or faeces on the burn

REMEMBER – *if a person's clothes are on fire, you can put out the flames by rolling them in a mat or throwing a blanket over them. Then treat for burns.*

Preventing and avoiding accidents

Group activities

Look around the group's meeting place and play areas. Look for dangers which might cause accidents. Make a list of anything that is not safe, or which might cause an injury.

Have a safety competition or campaign. Organise a project to remove or correct the dangers on the list.

The children can help to:

- mend broken furniture
- clear the ground of nails, glass and other sharp objects
- cut down tall grass and weeds
- explain to younger children the rules of safe play
- special groups can be responsible for looking after parts of the camp where children play. Elect a 'Safety Scout' who will lead these groups
- make up safety rules.

In the house

- Watch over younger children to make sure they understand simple safety rules. Keep them away from fires. Prevent them from putting things in their mouths, ears or noses.
- Teach them not to touch medicines or poisons. What else should they know about?



In the camp

- Organise a campaign with the theme 'Play Safely'. Make posters. Talk to people. Make up plays and songs for people to see and listen to in places where people gather for example outside the health clinic.

- Identify places where it is dangerous to play and discuss how these can be made safer. Take action in a group
- Encourage the camp administration to put up warning signs in places which are obviously dangerous.

On the road

Children can draw a map. Make it simple. Show the main tracks and roads and the footpaths which children use most often. Children can discuss:

- where they cross roads
- why they cross the roads (is it really necessary?)
- where accidents have happened
- which places have most accidents and why
- which places need extra care.

General

- Organise safety campaigns at school, in the group, or in the camp. For example have a campaign for two weeks against burns, then later have a campaign about safety at play, or road safety
- Use a variety of different ways to pass the safety message to others, especially younger children
- Write and act plays, or make a puppet play about why accidents happen, and what can be done to reduce them
- Make posters which show hazards in different places, and warn of the accidents which might result
- Make up a song about road safety and teach the song to younger brothers and sisters.

Follow-up

Have the children carried out a safety campaign? Compare the number of accidents before and after the campaign.

Check to find out if the children remember and practise road safety rules.

Is the camp a safe place for children?

Making Connections

The children living in the camp may come from different parts of the country. Discuss the different sorts of accidents that happen to children who live in different places – in towns, in villages, in rural areas.

Discuss accidents which happened to the children before they come to the camp – at home, on the road, anywhere out-of-doors and discuss why they happened. Children can make up plays or tell stories about incidents that they remember.

Get the children to think about and discuss family rules or school rules which helped to prevent accidents or injury.

**CARING FOR CHILDREN WHO ARE SICK**

*The
Idea*

When young children are ill, they need someone with them most of the time, to comfort them, to care for them, to wash them, to give them food and drinks, and, as they get better, to play with them and to keep them occupied and happy. Other children can help.

There are a number of ways an older child can help a younger child who is ill:

- by sitting with the sick child and keeping him company
- by comforting and caring for him
- by keeping the sick child clean
- by playing with him

and by knowing what to do for particular symptoms, such as fever, difficult breathing, vomiting and diarrhoea.

Companionship

Young children who are sick need someone with them, all the time, if possible, to provide reassurance and to help every time they need anything.



Comfort

A sick child is unhappy, sometimes because he or she is in pain, or because she is frightened, often without really knowing why. A caring brother, sister or friend, will be able to find out what the sick child needs and comfort him or her. You may be able to make the child comfortable in bed, keep her warm, or cool, protect her from bright light, keep off flies or just keep quiet so she can sleep.

Drinks

A sick child needs to drink a lot, about two pints of liquid a day. This can be cold water, milk, weak tea, fruit juice or soup. If there is diarrhoea, the special drink is best (see the section, 'Caring for children with diarrhoea'). Small drinks offered often may be the best way to persuade a child to drink the amount she needs.

Food

Although sick children usually do not want to eat, they need food just as much as when they are well. Encourage them to eat by offering them things they like, and can easily swallow. It will be easier if you give them small amounts more often. Soft foods like mashed bananas, rice or porridge, which do not need to be chewed, are best. Patient, regular spoon-feeding will give the sick child strength through the illness.

Cleanliness

Sick children are more comfortable if you wash them regularly with soap and water, or just wipe them with a damp cloth, and put clean clothes on. Every



time they vomit or have diarrhoea they need to be thoroughly cleaned and comforted.

Play

As sick children begin to recover, they need to be kept interested and happy. An older brother or sister can read or tell stories, sing songs and play games with them.

Particular symptoms

Fever

A child with fever needs to be kept cool by being uncovered, fanned and wiped with a damp cloth. As she cools down, she needs to be lightly covered again.

Difficult breathing

Young children often get ill with colds and coughs which get better after a few days. If the breathing becomes difficult, noisy or quick, this is a sign of a more serious illness, and you must get help without delay from a doctor or health worker.

Vomiting

Children often vomit when they are ill. Sometimes coughing makes them vomit. When they vomit, clean them, and change their clothes if necessary. Then give a small drink. If a child goes on vomiting, put her to lie on her side to reduce the risk of her choking on the vomit. A child who vomits again and again should be taken to a health worker.

Asking for help

Whenever you are looking after a sick child, you must be sure to get help if the illness seems to get worse. Watch especially for fever, vomiting, bad

diarrhoea, quick breathing or increasing drowsiness. Find out where to go for help.

Diarrhoea

Any child who is ill may have some diarrhoea with loose stools. This needs no special diet, only the regular food and drinks already described. More serious diarrhoea with frequent watery stools must have immediate treatment with the special drink and the child should be taken to a doctor or health worker.

Activities

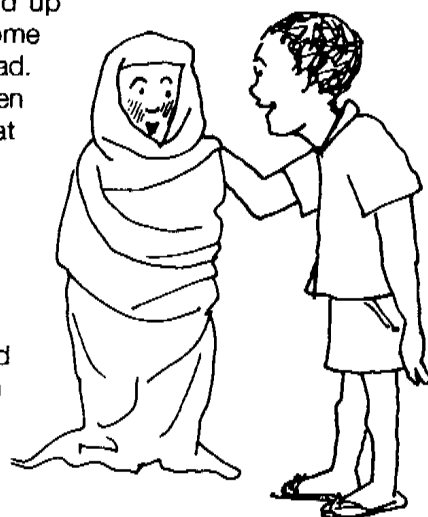
Ask children how it feels to be sick: When were you ill? How did you feel? What did others do for you? What did you want most of all when you were sick? What made you feel good when you were sick?

Children can experiment and observe

One of the children can run around until she is hot. Then she can be wrapped up tightly in a cloth or blanket for some time, including the back of her head. Ask the child how she feels now. Then uncover her so that the body heat can escape.

It is not good for a child with a fever to be wrapped up tightly in too many blankets or clothes.

Food can be mashed and passed down a tube of bamboo or through a narrow-necked bottle. Let the



children see how soft food goes down easily, whereas hard and lumpy food sticks.

A child who is sick can swallow soft food without working hard to chew it, the soft food goes down more readily.

Let them discuss the illnesses of younger brothers and sisters. Who looked after the sick child? Were the older children able to help in any way? What do you think they could have done to care for the younger child? Is the mother happy to have help from the older children?



If the children have already discussed the signs or symptoms of illness, they can ask each other questions to see how much they remember. They can discuss the various symptoms, and tell how they can help a young child who has those symptoms to feel more comfortable.

Children can practise

A child who is hot from running can be wiped with a damp cloth, to show how it cools the hot body. Children can be shown the correct way to wash a sick child, perhaps by the health worker. They can be encouraged to practise on a doll, or even each other.

Children can show how they would prepare food for a child who is ill, and how they would give it to the child. Would they just leave it beside the child in a bowl? How often would they offer food to a sick child? Let one child play the part of the sick child, and be given drinks and soft food on a spoon.

If the children have already learned how to make the special drink which must be given to children with diarrhoea, they can talk about how to do it, and make some in class.

Children can find out

- who takes care of sick people in the camp?
- how do they do it?
- what are the most important things they do for the sick person?

Children can make cartoons

Children can make strip cartoons (such as the one below), or posters, or cards to show the different stages of an illness and the care that must be given at each stage.



Children can make a play or tell a story

A group of children can make up a play to show how to care for a child who is ill. One child can pretend to be sick. Other children can act and mime how they can care for him and comfort him: wash his clothes, help him eat, give him many drinks, bathe his head and hands and mouth and so on. They can play the part of all the different people in the family, and show what they do when a little child is ill.



Or children can tell a story to show the others what they did when one of the younger children was ill at home.

Follow-up

Children can keep diaries or medical cards to record how they help.

Ask the children questions to see how much they remember about the importance of:

- proper food and drink
- comfort and care
- cleanliness

Making Connections

Find out how many of the children cared for a sick child when they were living at home. What did they do? What could they have done better?

Did any of them stay up in the night to help their mother give liquids to a child with diarrhoea or vomiting, or high fever?

Please tell us

Which ideas worked, why?
Which ideas did not work, why?
Have you developed any new ideas?

We need your help to
improve this and other
Child-to-Child
Publications.



SPECIAL NEEDS

4

FOUR TOPICS ADAPTED FROM CHILD-TO-CHILD ACTIVITY SHEETS

Understanding children's feelings	114
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UNDERSTANDING CHILDREN'S FEELINGS

The
idea

Children need healthy bodies. But they have other different needs. Their other needs are to do with their feelings. Often these are difficult to understand because we cannot see and hear them, and children sometimes do not talk about them. Children in camps are living under difficult circumstances, they will have suffered loss; perhaps a home, a friend or a member of their family. If children can begin to understand some of these feelings, they can grow up better and help others to do the same both within and outside their families.

A STORY ABOUT FEELINGS

Naagaasa was ten years old. He had lived in the camp for several months. He came there without anyone from his family. At night he shared a room with many other boys who like himself had come to the camp alone. His bed was always messy, his clothes were scruffy and his hair uncombed.

When the children were having lessons, Naagaasa would shout things out and laugh at other children. Nobody liked him, he was always on his own. One day the teacher becomes angry with Naagaasa and scolded him in front of the other children. His face crumpled and he began to cry.

After class, one of the boys in the class went to the teacher and said, 'I come from the same village as Naagaasa. You know every night he has dreams and cries out. We saw our village burning down and he saw his father and mother killed. His three brothers ran in another direction and he doesn't know where they are.'



The teacher was pleased to know more about Naagaasa. She talked with a social worker in the camp. The teacher and social worker asked some of the children to help. Many children wanted to help him. They encouraged and comforted him and told him stories to make him laugh. They helped him catch up with his school work. It was often difficult because he shouted at them and was easily upset.

After a while Naagaasa started to play more happily with the other children and work harder in school. He enjoyed doing well. Soon it was Naagaasa who was helping other children who were having difficulties.

This story helps to show:

- feelings themselves, like love, fear, happiness
- signs of feelings, like laughing (happiness), crying (fear), shouting (anger)
- causes of feelings, like cruelty, love
- how children can understand and help, and make other children forget their fear or unhappiness

Our feelings

Many different feelings

All children experience feelings. Even when they are very young, children have many different feelings. Of course these feelings grow as the child grows. At first, a child feels content and secure close to those who care for him. Sometimes he is happy, contented and trusting. Other times he is unhappy, afraid or angry. As he grows older, his feelings are shared with other people. He can learn to recognise and understand feelings that he and other children experience.

Different situations, different feelings

Sometimes children experience feelings when they are alone. For example, when a child is alone in a strange place, he could be afraid, or he might just be curious. At other times, children experience feelings when they are with other people. For example, when an adult is annoyed with children for fighting or shouting, children can be afraid or unhappy, guilty or resentful.



Different children, different feelings

Different children can have different feelings. The same event or the same thing can make each child show different feelings or emotions. For



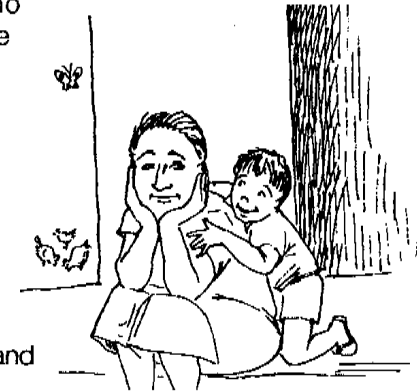
example, when they see animals some children want to play with them because they feel love and affection. Other children, may run away and scream, because they are afraid, or don't like animals. Other children will take no notice of the animals.

Signs of feelings

Often children cannot tell us what they feel. But we must try to understand the feelings by the signs that children show. The way a child behaves can show us what he is feeling. For example, a child who seems selfish, angry and unfriendly, may be unhappy because he does not get enough attention or because he needs affection.

Sometimes one sign can mean many things. For example, a child who laughs may be happy. Or he can be embarrassed or nervous or surprised. A child who cries may be angry. Or he may be afraid, or even frustrated.

Children can be helped to notice signs of feelings in themselves and other children and begin to understand feelings so that they can help and comfort their brothers and sisters, or their friends.



What causes these feelings?

Everything in everyday life causes some feeling. Sometimes children can tell what causes their feelings. For example, a child can say he is happy because he has been given something nice to eat.



But often, children do not know what makes them have their feelings. For example, if you ask children why they are crying, sometimes they will tell you that it is because something they like has been taken by another child or because their mother has scolded them. Children can be destructive, for example, breaking plants, throwing stones, killing small animals. If you ask them why, they will not be able to tell you. Perhaps it is because they are unhappy because their mother has sent them out of the house. Perhaps they are hurting something because someone has hurt them. Perhaps they are afraid. Perhaps they are remembering some sad or disturbing event.

Understanding and helping

If children begin to notice feelings and take an interest in them, they may learn about them in themselves and in other people. This will help them to develop as individuals and as members of a community. Children learn to understand themselves and others through living with families. They imitate and copy people around them before they even know what they are doing. For example, children are more likely to shout at her brother if they see adults often shouting at each other.

Giving comfort

In some situations, children can help one another even better than grown-ups. If a child understands that another child who seems 'naughty' or 'bad' may have feelings like fear and pain, or may need affection or company, he can sympathise or understand his feelings. He can give the child comfort and friendship.



Children often pick up their brother or sister, or come near to



them, and put their arms around them to carry and talk to them. These are different ways of comforting, of showing understanding and of helping. Comfort can also be given with words of kindness, praise and affection.

Another way to comfort is to make younger children forget their anxiety (unhappiness, worry) by showing them something different.

In this way the younger child will think of something else. If a child is crying, the older child can say, 'Look at that bird over there' or 'Come with me and I'll show you a new game'.

It can be helpful if a grown up tries to explain to older children what some of the possible causes of different feelings are. In this way, children may begin to understand feelings in themselves and in other people and help by giving attention and comfort.

Understanding differences

Children can also try to understand differences in people's feelings. People and children are not all the same and all do not have the same feelings. Each person, each child, is different.

If a child has a different feeling, it does not mean that he or she is wrong or bad, but only that they are different. Children should be encouraged to understand and accept differences. For example, if a little girl is afraid of the dark, an older child who is not must not laugh at her, or tease her, or make her more frightened. He must try to understand, and help her to understand why she does not need to be afraid.

Activities

Make up stories

Make a story like the one at the beginning of this sheet, to explain feelings, possible causes and the signs of the different feelings. What help can be given in each case? Ask the children to find other feelings within their own experience when they lived at home, at school, or in the camp.

Talk about feelings

Ask questions like 'What makes you laugh?' 'Why do you cry?' 'What makes you most angry?' Compare the responses of the children, they have different feelings about different situations.

Follow-up

Have the children understood that it is important to be aware of their own feelings and the feelings of others? Discuss an event which has taken place in the group or in the camp when people have shown different feelings. What were those feelings? How did different children react? Did any of them try to help?

Ask the children to describe what they would do if they saw another child who was:

- ⊗ angry and destructive
- ⊗ crying and afraid
- ⊗ quiet and alone, apparently unhappy

Can the children think of ways of helping others to feel better:

- ⊗ in their house
- ⊗ in the group or at school
- ⊗ in the camp?

Guessing the feelings

Children could use a sentence like 'What are you doing?' Each child, or the teacher or group leader, could say the sentence in different ways. The others have to guess what different feelings are shown in the way the sentence is said such as anger, fear or surprise.

Or children can make pictures of situations where different feelings are shown, and the others can try to guess. Pictures could show, for example, a dog running away from a stone (fear); a child with a puppet

laughing (fun, joy); a chicken running and flapping its wings with a child chasing it. Can the children talk about the difference between the feelings themselves, and the causes of those feelings?



Children can be asked to mime a simple situation and show feelings. For example, a boy is lost. How does he feel? Or a little girl has torn her dress. What does she do? Or a child snatches something from another. How does the loser react? The other children can watch and try to guess and talk about the feelings. Then they can also say how they can help.

CHILDREN WITH DISABILITIES

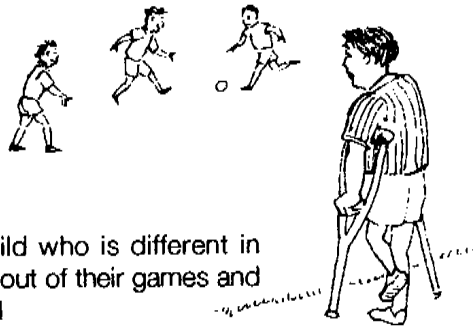
The
idea

Some children cannot walk, or run, or see, or hear, or talk as well as other children. There are always children with disabilities in a camp. Even if these children cannot do some things well, they may be able to do other things just as well or better than other children. By learning more about disabilities, children who are not disabled can understand some of the problems which disabled children face. They can help children with disabilities by being friendly and playing with them.

Disabled children like to laugh, play, have friends, and learn just like other children.

Although children usually behave well with a child with a disability, they will sometimes tease or bully a child who is different in some way. They may leave him out of their games and other activities, making him feel lonely and miserable. They may be cruel because they are afraid of something they don't understand.

Instead children can make the life of a disabled child better by becoming friends and sharing play activities.



Different kinds of disability

For some children the disability is slight. For others it is severe and gives them difficulty with doing the same things as children their age. They can often do other things just as well or better.

Children can be disabled in several ways

Physically disabled children often have difficulty moving about. If their legs are weak, they may have trouble walking or sitting, and may need to lie down. Others whose arms and hands are weak may find it difficult to hold things like a cup or a pencil.

Some disabled children may be deaf or blind or have difficulty in seeing clearly or hearing well. Because deaf children cannot hear well they may also have difficulty in learning to speak. If they are encouraged to do so they will learn to communicate with hearing children in many ways. Signs are a good way.

Some children may find it difficult to learn and understand things. It may take longer for them to learn.





Children who are disabled cannot do everything like other children. But often there are certain things that they can do better or at least as well as the others. For example, a child who uses crutches or a wheelchair may have strong arms and hands. A child who is blind may be good at hearing and identifying different sounds. A child who learns slowly may be kind, helpful and a good friend.

Some children may have fits, perhaps staring into space without seeing anything. Others may fall to the ground and shake. It can be frightening to see someone with a fit, but the fit will end soon. The child is not in pain and will not die. Keep calm, and make sure that the person having the fit is safe and does not harm himself. Fits cannot spread from one person to another.

Disabilities need not prevent people living a full life and accomplishing great things. There are many people – teachers, politicians, religious leaders, scientists, writers and many others – who have disabilities. Some artists cannot paint with their hands but use their feet or their mouths instead. Disabled people can lead happy family lives and can make good parents.

Did you know?

- There are Olympic Games for people with disabilities
- An Irish boy who cannot speak has won international prizes for writing books and poetry
- Franklin Roosevelt, who was President of the USA, had polio and could not stand without help
- Stevie Wonder, a famous singer, is blind

Causes of disability

Some people are superstitious about disabilities and think that they are caused by some kind of magic. This is not true. They are not caused by witchcraft nor are they a punishment for the child or parents for wrongdoing.

There are several main causes of disability

- Children can be born deaf, blind or physically or mentally disabled because they did not develop properly at birth.
- Sometimes the birth of a baby is difficult and an injury may occur during the birth.
- A child can be disabled by disease, e.g. polio, measles, leprosy, whooping cough. Polio can cause paralysis, and measles can make

children blind, deaf, and mentally disabled. Most of the diseases which cause disability can be prevented.

- ❶ Children are sometimes disabled by accidents. Children may fall out of trees, burn themselves, or injure their eyes. Accidents can happen on the roads and damage a child's body forever.
- ❷ Young children may become disabled if they have a poor diet so that they do not get enough food or the right kind of food. In severe cases, they may become blind, or their brain may not develop properly, so they become mentally disabled.
- ❸ Some children may be caught in a conflict and become injured by gunfire, mines or bombs.

Helping the disabled

If we understand the different kinds of disability, and know how they are caused, it may be easier to work with children who have a disability and learn how to work and play with them.

Some important things to remember about children with disabilities:

- ❶ **Give them equal chances.** Treat them the same as other children. Help them to have the same chances in the camp, in the group, at school and in play. Children together can discover that life is exciting and fun.
- ❷ **Help them gain confidence.** Let them take risks like other children. If they are too protected, they will always be afraid.
- ❸ **Make them feel wanted.** Concentrate on what the child **can do**, not on what he cannot. For example, a blind child may be good at singing and a physically disabled child may be good at maths.



- ❹ **When help is needed let the disabled child help too** with things that they can do and feel proud to achieve. Disabled children should have responsibilities just like other children.
- ❺ **Help them to help themselves.** Don't help them with a certain job unless help is really needed. Let them do the things they can do, even if they do them slowly or not well.
- ❻ **Include them in play activities:** children always learn faster if they are helped by the group and if the exercises are made into games. All children learn and develop through play.

Activities

If there is a disabled child in the group, explain to this child what you are doing and why. This child has a lot of practical experience of disability. Involve the disabled child in sharing information and experience with the group. By respecting the child's knowledge and opinion, the group can do much to build the child's confidence and self esteem.

Understanding disabilities

Experiencing disability

Organise a game of football or tag. Before starting, tie sticks to some of the children's legs so that their legs cannot be bent. Some children can try using one leg only (hopping).

Get children to work in pairs. One child ties a cloth over the other child's eyes. The other guides the blindfolded child around. Ask these questions:

- ❶ can the blindfolded children recognise voices?
- ❷ can they recognise people by feeling their faces?
- ❸ what does it feel like to be blindfolded?

While these games are being played, other children can behave in different ways towards those who are 'disabled'. Some help, others laugh; some are friendly, but others ignore them.

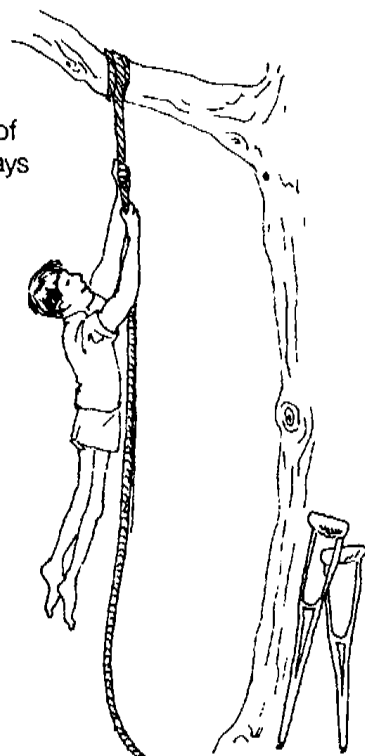
The children can think of other ways to behave. They can take it in turns to 'be disabled'. How do they feel about 'the disability and about the way in which other children treat them?

Can they think of other ways of finding out what it feels like to be disabled?

Discussing disability

Talk about disabled children, or older people, in the camp. Here are some ideas for discussions.

- Who runs the fastest in the group? Who jumps furthest? Why can the others jump as far or run as fast? Everyone has limitations. Children can think about some of the limitations they have and ways they can try to overcome them. Children will find out that everyone in the group is good at some things and not at others.
- Do you know someone who cannot run or walk like you? Why can't he run or walk properly? Maybe you know someone else with another kind of disability. What kind?
- Do other children play with this child? If not, why not? Do you? Is the child able to play some of the games, or not? Why not?
- Do other children laugh at this child? Why? What is it like when other children laugh at you?



LOOK FIRST AT MY STRENGTHS
NOT AT MY WEAKNESSES

- Do you like having friends? Do you like playing with other children? How would you feel if you were disabled and had no friends? Or if you were alone in the house all day by yourself?
- What can disabled children do better than you can? Can you think of a disabled person with strong arms, or good hearing, or a good memory, or who can write, read or draw well?
- How can you make life better for children with disabilities? Make a list of things you can do.
- Do you know of any disabled people who have done important things in the camp?
- What does it feel like to have a disability?

Taking action

Making a plan

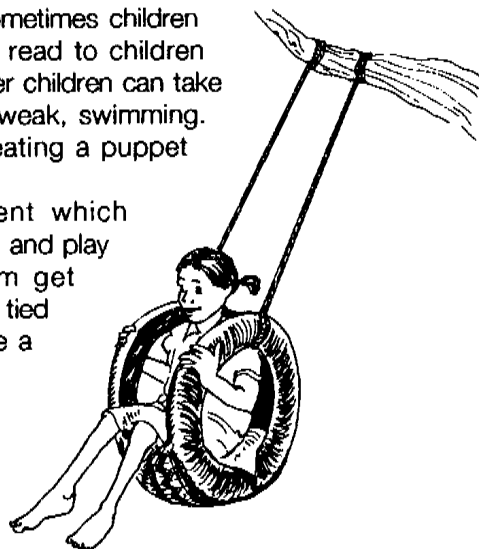
Sometimes there is a health worker or a social worker in the camp who has a disability or who has looked after people with disabilities. Invite him or her to speak with the children.

Children can discuss ways to help a disabled child to be happier and more independent. They can list the disabled children they know, and think of ways in which they could help each one of those children. Perhaps they knew disabled children when they lived at home. They can discuss the kind of life that child had and how other children helped. They can make a plan and then form action groups. Whenever possible, disabled children should be members and parents and teachers can help to guide these groups.

REMEMBER – *It is important not to forget the disabled child after a little time, or he will be even more unhappy. If a friend becomes disabled your friendship is even more important.*

Here are some ideas for helping:

- If there are disabled children in the camp, other children can visit the child and the family regularly in the house, to talk and play with him or her. They can get to know the family and find out ways of helping.
- Find a way of getting disabled children around the camp.
- Disabled children need play and adventure like all children. Think of games they can play. Children who cannot walk can still play guessing games, cards, or singing and clapping games. Children who can see can read to children who are blind (sometimes children can read braille and can read to children who are sighted). Stronger children can take children whose legs are weak, swimming. They may also enjoy creating a puppet theatre together.
- Make toys or equipment which disabled children can use, and play with them to help them get stronger. A tyre and rope, tied to a strong branch, make a good swing.
- Find ways of making exercises to strengthen muscles, to improve hearing, to improve learning and memory into games. Play is the best way of learning and disabled children will learn faster if the exercises they must do are made into games or useful tasks which can be done in the house.
- Give disabled children plenty of encouragement. Listen to them. Give them time to do their tasks. They must learn to help themselves.

*Helping children with severe disabilities*

Some children have severe disabilities. They cannot move around or take part in games. But they can sometimes learn simple guessing games, cards, or singing games. They may like to hear stories, or just have

someone touch them and hold their hands. Remember that when children cannot speak or think well, it may be difficult to know what they are feeling. They may be lonely and unhappy and need friends who will visit, laugh with them, talk and play. Severely disabled children may be intelligent but this will not develop unless they are stimulated and given the opportunity from an early age. Try and find out what they want by looking at them and taking notice of them. Find ways of helping them go to lessons. This could completely change their lives.

Young children with problems

A young child may have a weak back or legs and find it difficult to sit, walk or crawl. Older children can help the child to learn through play. For example, if a child cannot crawl, two children can help support the child's weight while he crawls by putting a cloth under him.

Another child can encourage the young child to crawl by holding out a toy or fruit. Play the game each day, so that the child's arm and leg muscles get stronger and perhaps one day the child will crawl without any help.

Follow-up

If children have started a project to help disabled children, plenty of time is needed. Once each month, or every two months, the children can discuss:

- what they are trying to do to help a disabled child
- what things have worked well
- what difficulties they have found
- how they are trying to solve those difficulties

If they are not doing a special project, they can discuss how they are trying to change the way they think and act towards children with disabilities in the camp. Disabled children should join in the group discussions.

*If you want more information on any disability write to:
CBR Resource Unit, Institute of Child Health,
30, Guilford Street, London WC1 N 1EH, UK.*

HELPING CHILDREN WHOSE FRIENDS OR RELATIVES DIE

The
Idea

At some time, we all have a close friend or relative who dies. Losing someone dear to us is a sad thing and we feel unhappy. In a camp there may be many children who are separated from their friends or relatives or whose friends or relatives have died.

The loss of a loved one is just as painful to children as it is to adults. Children may also be distressed by the grief of their parents or other adults close to them. Adults should try to listen to children's thoughts and fears. This may sometimes be difficult because adults will have to face their own feelings and memories.

Children may not always show signs that they are grieving but they will always need affection and security. Adults and other children can help to give them this, to listen to them and take account of their feelings.

Talking about death

If a child loses someone they love other children and adults close to them need to give them opportunities to talk about their feelings.

Death means different things in different cultures and religions. It may be frightening. We may think that it is a



natural part of a political struggle, we may believe it is God's will, or destiny. We will explain death to children in different ways, depending on our own beliefs, culture and situation.

What happens in our community when someone dies?

Adults can help children to share what they already know about local customs when someone dies, and understand better why these take place.

Start off with children's own experience

- What do our families do when someone dies? Does it depend on the age of the person or whether they are a woman or man? Is there a feast or a ceremony? Who takes part in it? Are children included? Do people wear special clothing? For how long? How do these customs help? Are there some customs followed in the camp?

Encourage the children to find out more

- Children may be able to ask older members of their family to tell them about customs following the death of someone in the family, community and camp. Old people have many memories of death. Children can ask others what the different death ceremonies following death mean. Is it difficult to carry out these ceremonies in the camp? If so – why?

Tell others

- Children can tell others what they have found out. They can create plays, songs and stories based on what they have discovered, and perform them in their group. In this way children share what they have learnt about death within their own culture.

Learning from stories about death

- Children can find out if there are stories about death in their culture. In small groups children can tell these stories to each other, and their friends can draw a picture about the story.



This story from the Winnebago people of North America tells of helplessness in the face of death:

HARE'S STORY

Hare for the first time hears of death. He starts to cry and runs towards his home. As he runs he is attacked by the thought that everything will die. He casts his thoughts everywhere, upon the rocks, the mountains, under the earth, towards the skies. Wherever he casts his thoughts all becomes shattered and stiffened up in death. When he reaches home, he wraps a blanket around him and lies down crying. There he lies in his corner, silent.

In this story Hare is overcome by his sadness and helplessness. Recognising and sharing feelings like these can help children (and adults) feel stronger in the face of death. Traditional stories in many cultures help people in this way.

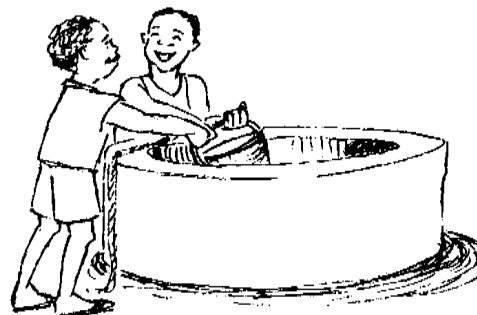
- Stories from children's and teachers' own lives, from newspapers or from radio broadcasts can provide starting points for discussion, and for children to think about ways of helping others.

After the story, the teacher can ask the children, 'If that person was in our group, how could we help him?'.

Children helping each other

A friend is someone who stands by us in good times and bad. The children can tell each other about a time when they:

- needed a friend and had one
- were a good friend to somebody else
- needed a good friend and did not have one

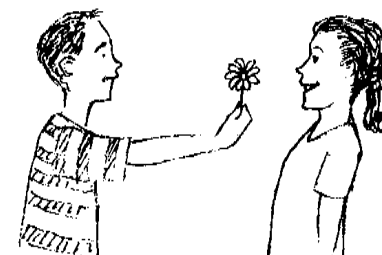


Sharing everyday activities



Playing together

When a child is unhappy after a death, their friends need to be very gentle, good listeners and patient. The child must be allowed to show sadness by tears and other ways.



Giving a gift of flowers

Children should not be surprised if their friend takes a long time to get over this sadness. Other children can help by just being with them, hugging or holding hands, playing a game with them or doing something simple to show they care for them such as giving them a small gift like a sweet or a favourite toy.

- Children have different feelings after a death, not only sadness. Children can often feel guilty about the death of a family member. They can also feel angry, frightened, confused, and unable to accept that someone they love has died. They may feel that they have been abandoned. Children may have some of these feelings for a long time after the death, even for many years. The feelings will be strong and difficult to cope with. When children show these feelings, people may think that they are behaving badly.



Other adults and children can help by understanding these feelings. There may be one person that the child likes and trusts more than others. It can help the child to talk to that person, as long as they really listen and accept what the child says.

Later on, children are likely to experience other losses, for instance if a good friend leaves the camp. At that time, all the feelings connected with the death of their loved one can return, with great force.

Showing feelings through creative activities

- It may be too difficult for children to talk about their feelings when someone they love has died. Teachers can encourage children to express feelings in other ways, such as drawings and poems. Here are extracts from poems by primary school children in Uganda who live in a community where there have been many deaths of friends and family members:

AIDS! AIDS!

Who created you?
You are finishing us all
You kill the young and the old
You are finishing our lives
What is your mission?
AIDS! You are a threat to the population
Why do you rob man of his good life?
Last week you killed our father
The other month you killed our mother
Now you are killing our brother
Leaving us orphans

We wish we knew where you live
Where are you **AIDS?**

'Who of you wouldn't want to see God?
To sit with the Creator?
But who of us wants to die?

The young and the old have died
The poor and the rich have vanished
The handsome, the beautiful, the ugly
Have disappeared
Because of Aids, the killer!

When children have lost someone they love, remember to:

Talk to children and be friendly. When we ignore them or the death this adds to their sadness and painful feelings.

Listen to them. It does not help to say we know how they feel – it is difficult to know how someone else feels.

Be patient – we should not make them think they should get over their feelings quickly.

Encourage children to join in play and other activities but do not force them to do so.

REMEMBER – *Don't say things like, 'You'll soon get over it', 'Just think of all the good things you have', or 'Everything will be all right'. This suggests that the child should deny their feelings.*

HELPING CHILDREN WHO EXPERIENCE WAR, DISASTER OR CONFLICT

The
idea

Children in camps will have experienced war, disaster or conflict. This may cause them to have learning problems or difficulties in their relationships with others. A secure environment, caring families or understanding adults and friends, help these children to develop better.

Understanding children's needs

Besides the basic needs for survival, children also need

AFFECTION – SECURITY – ATTENTION – PLAY

Children need help to recognise their own value and their rights.



**WAR, DISASTER AND CONFLICT BREAK UP AND
DISRUPT A NORMAL HEALTHY PATTERN OF LIFE**

Basic needs: when children are cold, hungry and without shelter they do not develop well and become ill quickly.

Affection: when parents are frightened and trying to survive, they cannot give their children the affection and security they need for proper physical, mental and emotional development.

Security: when violence and catastrophe happen daily, children lose their knowledge of normal, good behaviour. Children lose their trust in adults who act violently.

Attention: when people, places and other things that matter to children are threatened or destroyed, and when adults are too worried or unhappy to notice them, children may feel unimportant or useless.

Play: when children have to care for themselves they have little time for play and fun.

The effects of war, disaster or conflict can leave children:

- burdened with knowledge of hardship and violence
- worried and insecure
- unwilling to trust people, even those who want to help them
- in poor health and with low spirits. This can make children uninterested and slow to learn
- angry, restless, over-excited or behaving in surprising ways. Children may appear to be coping well on the surface but still have fears and problems which they will need to sort out.

DAN'S STORY

Twelve year old, Dan, lives in a refugee camp. He has seen many people killed and wounded, including his uncle whom he loved very much. Although in the daytime, he is polite, helpful and caring towards his family, during the night he cries, screams out and talks in his sleep as he remembers the frightening things he has seen. His older brother tries to help him by talking to him and reading to him each night before he goes to sleep.

How to help

**REMEMBER – CHILDREN NEED HELP FROM
ADULTS AND OTHER
CHILDREN**
**CHILDREN NEED A SECURE
ENVIRONMENT**

In the family, parents (or other adults caring for the children) need to understand the importance of listening to the children, discussing and explaining things to them, being honest and truthful to them, planning things together, and giving children a second chance when they make mistakes.

To provide a caring environment, adults will also need help and support from others in the community.

Teachers or organisers can encourage discussion with children about things which worry or frighten them.



It is important for parents and other adults such as community leaders to understand and discuss children's fears and worries. Teachers or organisers can encourage them to do so.

Children may find it difficult to talk directly about their problems. We must listen carefully to what children are saying and watch what they do; this often explains how children feel.

Activities such as meetings, clubs, campaigns, can help develop a child's sense of belonging. Sports, making toys and games, drawing or play acting can help restore children's interest in things around them and build up their self respect.

ADULTS

LISTEN TO CHILDREN

WATCH HOW THEY BEHAVE

OBSERVE WHAT THEY DO NOT OR CANNOT SAY

CHILDREN

NOTICE WHEN FRIENDS ARE SAD OR WORRIED

TALK AND PLAY TOGETHER

HELP SOLVE OTHER CHILDREN'S PROBLEMS

Activities

There are many activities that are fun and at the same time help children gain confidence, give them power to express themselves and enable them to make a contribution and help others.

Activities such as meetings, clubs and campaigns can help to develop a child's sense of belonging. Sports, making toys and games, drawing or play-acting can help restore children's interest in things around them and build up their self respect.

Working with children who have difficulties is not easy. The children can often be uncooperative, destructive or aggressive. Try to find out what is behind it and give them interesting things to do. Children often respond well if they have responsibility. This helps them earn the respect of others.

Working together as a group

Talking and working things out in small groups can be a good way to develop children's self confidence and help them to express their problems and fears. Many children will not find it easy.

When children work together in groups they will need plenty of encouragement. At first, they may find working together frustrating but as the activities progress children will become more open with their feelings and opinions. In the end children should be participating and cooperating well.

Children enjoy making up and keeping to rules which help the group work well. For example:

- raise your hand if you want to speak
- only one person speaks at a time
- only criticise in a nice way
- limit the number of times one person can speak
- in some cases, choose a chair person or someone to take notes

Helping children feel more secure

Children who have had bad experiences are sometimes easily frightened and suspicious of others. These activities (among many others) may help.

● **The trust circle**

A small group stands in a close circle with one in the centre who closes his eyes. He lets himself fall towards the circle of children. Those closest to him catch him and push him gently towards another part of the circle – and so on until the one in the centre wants to stop.

● **The blind walk**

Do this in pairs. One is blindfolded (or keeps her eyes shut). The other one guides her around the room, or outside, explaining the obstacles. Try this with and without talking.

● **Cat and Mouse**

The group forms a circle. One person stands in the centre of a circle. This is 'the mouse'. One person stands outside the circle. This person is 'the cat'. The cat has to try to catch the mouse. The group tries to stop the cat reaching the mouse.

● **Relaxation**

With their eyes shut children can:

- listen to music or sounds outside
- squeeze and relax each part of their body in turn
- listen to the rhythm of their breathing
- listen to a story or a 'picture' being painted in their minds by the organiser or by another child such as a beach scene, a mountain scene, or somewhere peaceful and beautiful

Helping children to listen and express themselves

A role play about listening

Divide into small groups. One person is the speaker and talks about any subject they like for about three minutes. Another person is the listener and must show the speaker that they are listening carefully. The third person is an observer to observe how 'well' the listener was listening and to report on this to the rest of the group. After a 'feedback' session, speakers, listeners and observers can exchange roles.

A listening activity

Decide on a place in the group where a 'speaker' can be seen by everyone. Call this the 'speaking' place, it might be on a chair in front of a group, sitting on a desk, or under a tree. The leader announces a 'speaking topic' such as 'Accidents'. Children come out in turn and tell a story related to the topic, e.g. 'when I was very small, I climbed this tree and...'

Other ideas for topics:

- If I was a rich person, I would...
- What makes me feel good
- What makes me angry

The children will have many more ideas. When they get more confident, this time can be used more freely, to share experiences and problems.

Story telling

There will be many story tellers in the camp. Invite them to tell stories to the group. They can teach and encourage children to tell stories of their own. Children can act out stories. They can make up new stories or tell traditional stories.

Older people can read or tell stories to children.



Problem solving

Children in groups can work together to solve problems. Here are two examples:

1. An older child wants to get some extra food for his younger sister who is ill. The health centre staff have told him to get some extra food from the storekeeper. The storekeeper does not believe the boy and refuses to give him the extra food.
2. One family has obtained a large number of water containers. Others get angry when they see the members of this family at the water standpipe collecting more water than they are supposed to.

These problems are just examples. Children can make up others or discuss problems which are relevant to their lives in the camp.

Drawing

Drawing can be used to help children express their feelings and individuality. Children can illustrate stories people tell them or their own stories; children can draw on the ground, on paper, on walls, with paints, with pencils, chalks, sand etc; they can draw while listening to music. Drawing can be used as a starting point for story telling, drama or music.



Plays, puppets and masks

Plays are fun and a good way to start discussions, story telling and other drama activities. Puppets can help children explore sensitive subjects such as missing family or friends, or violent events that children have seen or participated in.

Writing

Writing can help children to express their feelings. This poem was written in a part of Uganda which was affected by war. The guns of destruction have been transformed into the weapons of knowledge which free people from disease.

Ah, Mother, Father
death and terrible tears
tears were everywhere in our village

Oh those six great killers
whooping cough, measles, TB
tetanus, polio, diphtheria

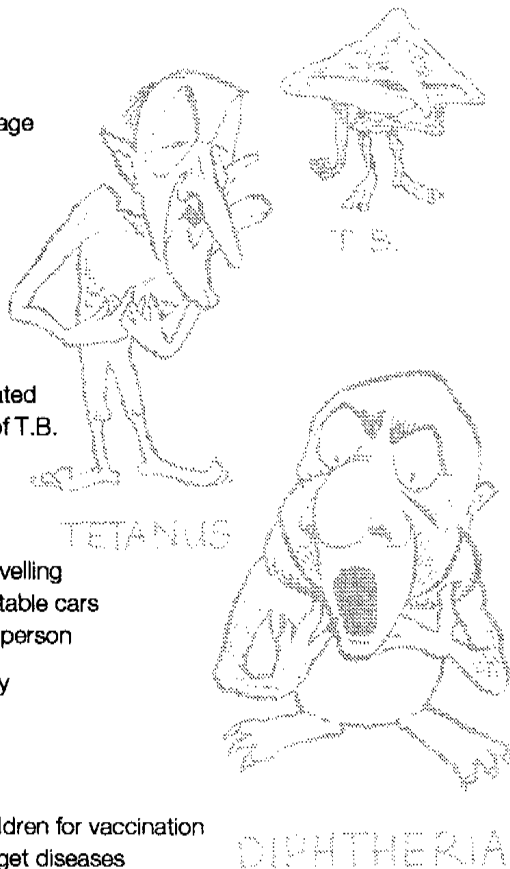
They are very close friends
they are powerful fighters
and their only desire is to kill

Those six great diseases are related
whooping cough is the brother of T.B.
tetanus, the cousin of diphtheria
measles, grandfather of polio

These six relatives move easily
they have special vehicles for travelling
they have germs as their comfortable cars
these cars travel from person to person

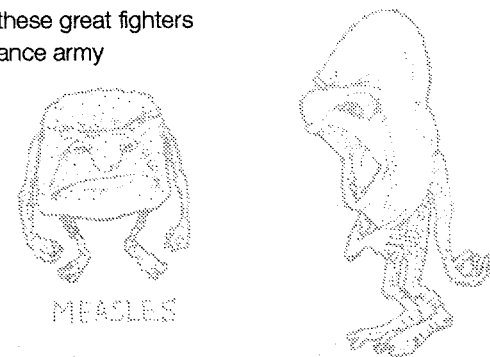
When they enter a person's body
they organise guerilla warfare
a person who is not immunised
will be killed in this war

But clever mothers take their children for vaccination
they become strong, they don't get diseases



Vaccines are the enemies of these great fighters
they organise a special resistance army
and fight the killers

Immunise your children
and fight the great killers
whooping cough and TB
diphtheria and tetanus
measles and polio
and be free



Children enjoy writing poems and stories for their friends.

Dancing

Older children can teach traditional dances to younger ones. Children can invent and perform dances.

Helping children to make a difference

The older child as a helper

If a child has problems, other children can help. Often children are better at finding the right way to help. Older children can comfort younger ones; make toys for them; tell or read them stories; teach them songs and dances and help them with school work.

Children as health messengers

Children involved with Child-to-Child health activities feel that they are doing something useful and important. Children spread health messages and teach others about good health.



In a camp, children face one of life's most difficult circumstances, but children living in camps have other children around them.

Recognise and build on children's natural ability to share, to learn, to experience and have fun together.

SELECTED CHILD-TO-CHILD PUBLICATIONS

The Child-to-Child Trust produces many different activity-based health education materials. These include:

● **Activity sheets** – 36 health education sheets in 8 categories:

1. Child growth and development
2. Nutrition
3. Personal and community hygiene
4. Safety
5. Recognising and helping the disabled
6. Prevention and cure of disease
7. Safe life styles
8. Helping children in difficult circumstances

(A full list of activity sheets can be found on page 20).

● **Story books** – 10 books at three reading levels

Level 1

Dirty Water
Accidents
Not Just a Cold

Level 3

Deadly Habits

Level 2

A Simple Cure
Teaching Thomas
Down With Fever
Diseases Defeated
Flies
I Can Do it Too

● The Child-to-Child Resource Book

The resource book contains all the most important Child-to-Child publications to date, collected in a single volume for easy reference. It includes examples of Child-to-Child around the world and all the activity sheets. Other sections are:

- Approaches to learning and teaching
- Doing it better – a simple guide to evaluation
- How to run a workshop – and similar occasions

For a list of Child-to-Child and TALC publications and an order form please contact:



TALC,
P.O. Box 49, St Albans, Herts, AL1 4AX, UK
Tel: 0727-853869 Fax: 0727-846852

Some Child-to-Child materials are available in other languages. There is a sister office in Paris which can be contacted at the following address:



L'Enfant pour L'Enfant,
Institut Santé et Développement,
15 Rue de L'école de Médecine, 75270 Paris – Cedex 06, France.

Arabic materials are available from:

The Arab Resource Collective, P.O. Box 7380, Nicosia, Cyprus.