



# Child-to-Child

## Training Manual

prepared by

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## Introduction

Despite the many efforts to improve child health and the progress made so far, child health is still a subject of grave concern, particularly in poorer countries. However, a series of developments in health and education have made the involvement of children in the protection and promotion of their own health an obvious step forward in the improvement of child health throughout the world and indeed a powerful factor in community mobilisation.

The **Alma Ata Conference** in 1978, declared "*Health for All by 2000*" a general aim for all governments and recognised primary health care as the basic means of achieving this. This declaration took the responsibility for health care out of the hands of health professionals alone and placed it in the hands of communities.

The **Convention on the Rights of the Child** (1989) states, among many other things, that every child has a right to be involved in decisions affecting his or her well-being, which obviously includes his or her health. This means children should be informed and allowed to participate in community activities and decisions which affect them. Their views need to be sought and listened to.

The **Jomtien Conference**, in 1990, declared "*Education for All by 2000*" another international target and redefined basic education in terms of basic life skills. Thus health education was included among the basic skills that each person had the right to acquire.

Together these declarations give children the right to be informed on health matters and to take part in decisions concerning their own health. Some of the goals of the Alma Ata and Jomtien Conferences and of the Convention on the Rights of the Child have not yet been achieved, but have now been subsumed into the Millennium **Development Goals**, which we continue to strive towards.

It is, therefore, very important that good health information is made available to all children from an early age and in a manner which allows them to apply it in their everyday lives. This means that it should not be just book knowledge but knowledge, skills, attitudes and values which encourage children to acquire good health practices for the rest of their lives. Health education should be taught in a way which ensures that what is learnt is applied at home, at school, in the community and wherever else it is needed.

School-aged children form a large section of the population and good health habits and practices are far more easily acquired in childhood than later on. Moreover, good health habits acquired in childhood are likely to last for the rest of one's life. Thus investing in school-aged children is both necessary and worthwhile.

In many cases, the necessary health information is given in some form in primary schools but it remains book knowledge and produces no change in the children's awareness of health problems, their health habits, or ultimately in their health and the health of their families and communities. We must now ask how this can be changed. How can we teach children about health in a way that will encourage them to use that knowledge to improve their own health and well-being, and that of their families and communities?

This is the central question we are trying to address in this manual and the workshops training people to use the Child-to-Child approach which form the basis for the manual. An introduction to and examination of the Child-to-Child approach, which aims to encourage children to be active in the

promotion of their own health and that of their families and communities, form an integral part of the workshops designed to train people to use the Child-to-Child approach.

In addition, more recent developments integrating children into community development within their own community and with the support of that community have produced exciting results (see the following example from Sudan), taking Child-to-Child far beyond issues of health to more general issues of child and community well-being and development. Even in such contexts, children have proved themselves to be invaluable partners in improving their living conditions and preparing themselves as citizens of tomorrow.

This training manual was originally produced at the suggestion and with the support of the British Council in Swaziland. It was designed to help train teachers, health workers and others wishing to impart better health education to primary school-aged children. It is based on experience gained in the running of Child-to-Child workshops in several countries, but should only be considered as a collection of suggestions for possible ways of conducting this type of workshop. Similar results can be achieved in many other ways so you are invited to adapt these activities to suit your audience, circumstances and your own particular ideas.

This revised version of the manual aims to incorporate developments within the Child-to-Child Approach, other areas of interest for children's well-being, as well as issues of health, and to look at children's potential for community mobilisation and development, which is the most exciting development that child participation can lead to, as shown in the following example from Sudan.

### **Child-Led Community Development – Sudanese Style**

In a small, primary school in Dirra Village, Guli Province, White Nile State, a three-hour drive South of Khartoum, children are becoming community leaders – they feel powerful and respected, and are improving their own lives, both materially and emotionally. They now have electricity and drinking water in the school, and beautiful new desks and benches, in every classroom. But it was quite different a few months ago.

It all began in September, 2005, with a short training, during which Plan-Sudan staff learnt how to guide and support children through their own projects, by helping them identify and prioritize their problems, plan action, implement their own solutions and monitor their achievements.

This first training was held in Guli Province, White Nile State. Tremendous rains made it impossible to work in the school designated for the practice sessions, so another school was chosen at the last moment. The school was very responsive to our request, despite its suddenness, and we quickly began working with the children.

After some time building relations with the children, each group of children selected one problem on which they would like to work. Two of the five groups chose the same problem (i.e. the broken generator). Thus the problems chosen were:

- ❖ The school generator was broken (this meant that the children could not study at night as they had no electric lighting);
- ❖ The children in the school had no drinking water;

- ❖ Desks and benches were in a poor state of repair and insufficient for the number of children in the school;
- ❖ The presence of large numbers of cattle in the village was causing the children to have some health problems (diarrhoea and asthma).

Each group of children suggested solutions for their particular problem and drew up a plan of action. One action was taken immediately so that the participants on the course could monitor the results with the children. The results were quite impressive, and several problems were well on the way to being solved. The parental support obtained by the children for these activities was extremely high, with parents offering support in terms of both money and labour/time. The children were very excited by their own results. They did not realise that they could do anything before, and were beginning to feel stronger and more confident. Many commented on this, including one extremely perceptive child who remarked that they had learnt to solve their problems and could use the same method for all their problems now.

1. To **repair the school generator**, the children raised awareness within the community of the need for electricity in the school, so that they could study in the evenings. Two children and one teacher contacted a mechanic, to find out the cost of repairing the generator, and learnt that it would cost 90,000 Sudanese Dinars (approx. US\$375). The children then collected subscriptions from all the children in the school and organised the repair of the generator. In effect, these subscriptions came from the parents. The children are now able to study in the evening and prepare for their exams. The state of the generator is now being checked regularly by the School Generator Committee made up of 10 children. We are waiting for the school results to evaluate the outcome of this activity.

2. To **provide drinking water** for the children in school, the children in one class decided to raise the money needed to buy two large water containers and a water stand for their classroom. The Water Committee consisting of 20 children raised awareness in the community of the importance of water in the school, and a group of 8 children were selected to collect the money for the water containers and stands from community leaders and their families. They then formed teams to fill them with fresh water daily. The idea quickly spread throughout the school, and it has now been decided to build a special enclosure for drinking water for the whole school.

3. The **new desk and seating** project was a much more ambitious but a very necessary one, given the conditions in the class-rooms, where very few of the seats or desks were suitable for the children. Many were broken and there were not enough for all the children in each class. The seat and desk committee, made up of 20 children, raised awareness within the community of the importance of adequate seating for the children in school. Enquiries showed that new seats and desks for the whole school would cost 1,400,000 Sudanese Dinars (approx. US\$5833). With the help of the surplus money from the generator fund, the children managed to collect 200,000 Sudanese Dinars (approx. US\$833), from the children and their parents. They then asked for Plan's support to reach the sum needed. Plan was happy to support them in this project. The children now have lovely new desks and seats in their classrooms and are very happy with these results.

It should be remembered that the children were working on these various projects simultaneously so that the community and the parents were being asked for several contributions at the same time, but despite this the children managed to obtain enormous parental and community support for these tasks: a support that Plan staff had not been able to obtain before then.

The children still have to deal with the issue of the cows, but thrilled with their new-found leadership and problem-solving skills are identifying new problems to deal with once the above-mentioned issues have been dealt with (e.g. school books, health unit, rubbish collection, etc.).

Given the obvious success in Dirra, Plan, staff from the Guli office have started to repeat the experience in a new area, Dabat Hamra, again using the primary school as a base. After initial talks with the school staff, community and families of the school-children, 54 children aged between 10 and 14 years were selected to work with Plan community development co-ordinators, on this project.

They were divided into four groups and after the usual activities to build relations and facilitate communication, the children prepared village maps on which they could indicate the problems that they had to deal with. The children discussed these problems to identify their own priorities and then planned their action. In this case, the priority chosen was classroom construction. Some time was spent on planning and preparing their activities carefully and Plan staff found them equally committed to this activity when they returned a few days later. They had learnt how to manage meetings and write reports. We look forward to seeing the results of their efforts.

Plan staff has now begun work with two more groups of children (from Shawafa and Wasaa communities, in Guli Province). The children were extremely responsive and have begun work on several projects, including a school garden, rubbish collection, mosquito control, school classroom construction, electricity and a new school for girls.

**Lessons learnt:**

1. Working with children takes time, so we need to plan for this.
2. Full involvement of the children throughout the project cycle leads to a much better outcome.
3. Families are very happy to respond to children's initiatives, both in terms of money and work, and this support speeds up the process. They in fact provided all that was needed to repair the generator and provide drinking water in the school, and provided at least one quarter of the larger sum needed for the new desks and chairs. The children only asked for Plan's help when they could not find a solution themselves.
4. It is better to work in twos for such initiatives – two can do much more than one person.
5. The work in Dirra has made other communities more responsive to this work as they have clearly heard about the results obtained there.

Plan-Sudan did not really encounter any serious problems in the implementation of this work with the children and is keen to spread this effort to more communities as soon as possible. It should soon be applied in all the Programme Units in Sudan.

## Chapter 1: What is Child-to-Child?

Child-to-Child was originally an approach to health education which encouraged and enabled children to actively promote their own health and that of other children, their families and communities.

However, as people recognised the potential of the approach it has been extended to cover many other areas affecting the well-being of children and their communities (e.g. civic education, child rights, the environment, etc.) and the role played by the children in these activities has also been extended. The aim is now for children to participate as fully as possible at every stage of the process, becoming active agents of change rather than passive recipients of benefits or simple followers of instructions.

Child-to-Child was always based upon co-operation between the health and education sectors, and can be used in schools, health centres, churches or youth groups, pre-school and non-formal settings, e.g. scouts, guides, etc., but it does not seek to establish itself as a separate programme in competition with other programmes. It prefers to be integrated into already existing programmes, which it can enrich and complement.

### The beginnings

Child-to-Child began in 1978, when Professor David Morley and some like-minded colleagues met together to discuss what contribution they could make to child health in honour of the *International Year of the Child*, in 1979. Infant mortality and other child health statistics show how much needs to be done in this area.

In fact, the origins of Child-to-Child are to be found in a very common situation, seen all over the world: an older child looking after a younger one, while the mother is busy elsewhere. In many cases, the older child does a wonderful job, but sometimes there is a problem, e.g. malnutrition or diarrhoea, which the older child does not know how to deal with.

If only we could put the older child in a better position to deal with such problems ... But we have some help at hand, the children themselves with their wonderful energy, natural curiosity, ability and desire to communicate.

Professor David Morley, Hugh Hawes and their colleagues, some of whom worked in the area of health and some in education, decided to start a health education movement, now known as Child-to-Child, which would aim to teach important health messages and skills to those children. The method would be activity-based and child-centred, in line with current theories about good education, and the activities to be acceptable would:

- be related to **important health messages**;
- concern skills which **could be acquired by children**; and
- **be fun for children to do**.

Child-to-Child has now spread to over 70 countries world-wide and in each case the activities are based on a commitment to certain common principles:

1. Preventive health care is the basis of good health care;
2. That individuals and communities, even in poor conditions, can be enabled to assume

responsibility for and make decisions concerning their own health – this clearly includes children;

3. Good health care relates to the whole person, and therefore relates to mental and emotional as well as physical health

as well as a belief in the power of children and their ability to spread good health messages and practices to their families and communities.

### **The concept widens**

Not only has Child-to-Child spread to more and more countries (over 70 now), but the concept has also widened. It started with individual children providing care for and promoting the health of their younger brothers and sisters and other children in the community (**Child-to-Child**), but the children have taken over and have shown themselves to be effective in three other ways:

- **Children-to-Children:** through their ability as a group to influence other children in the community, especially those with less education and opportunities than they have had, e.g. a group of boys in India put on a puppet show for their friends to teach them about oral hygiene, or a group of children in Zambia put on a play about AIDS;
- **Child-with-Family:** through their ability to take important health messages and skills home to their families, e.g. a young girl gives her sister the oral rehydration drink and, at the same time, shows her mother how to prepare it and give it to a small child;

There are two points to be made here. Firstly, only certain messages are appropriate for children to carry home and parents do not always accept messages from them. Culture clearly plays an important role here and it is necessary to consider cultural practices in all this type of work. In such cases, it is far easier for the children as a group to produce a drama or puppet-show for the entire community. It is easier for the community to accept such messages without any conflict with the child arising. This is a very important point. Secondly, the messages are much more effective if they enter the family in several ways at the same time, i.e. if the child is repeating what the mother has already heard at the clinic and the whole family has heard on the radio.

- **Children-to-Community:** through their ability to impart good health messages and practices to other people in their own communities, e.g. a group of children walk through their community in procession to inform everyone of the forthcoming visit of the vaccination clinic. They then help with the younger children at the clinic.

In fact, many people now see children as partners in the promotion of their own health and well-being, and that of their families and communities. Children's involvement has increased from that of simple executors of health-promoting activities to their taking part in the entire process, at each and every stage: from analysing the situation, inventing appropriate solutions, carrying them out and evaluating the results obtained. Their status and confidence has increased accordingly and communities are uniting around them in a common search for solutions to their problems (both those of the children and those of the community in general). In this way, the children are acting as agents of change, stimulating community mobilisation and development, and in most cases, the communities are proud and happy to support them.

### **Child-to-Child methodology**

Over time, a distinct Child-to-Child methodology has developed. It is a methodology which

encourages children to work together to find solutions to real-life problems and to apply what they have learnt in their everyday lives. The children are also encouraged to care about other children and other members of the community.

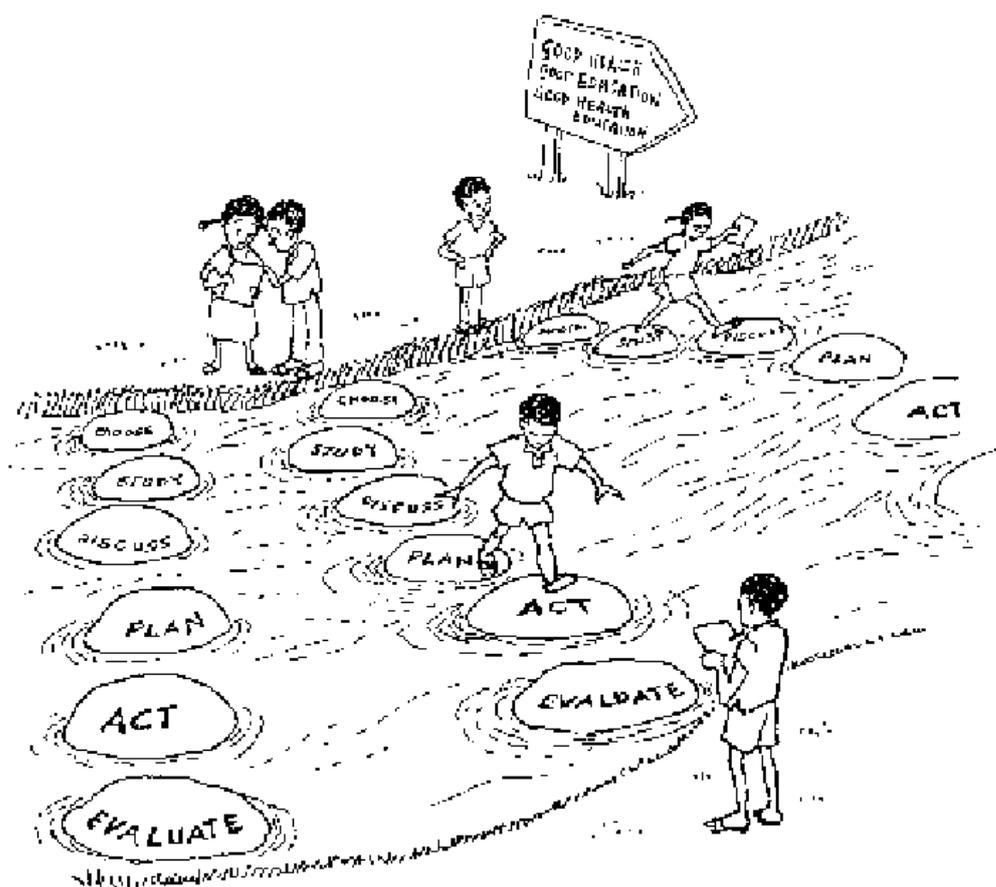
Thus it links **learning with life** and **school (or learning) with the community**

**Child-to-Child is not just health education but education for life**

### *Six-step problem-solving methodology*

Many Child-to-Child activities follow a series of steps, known as *the six-step problem-solving methodology* (illustrated by the guinea worm example given below). The steps are as follows:

### *The 6-step problem-solving methodology*



- **Identify a problem or choose a topic:** This can be done in a variety of ways but the topic should always concern a real problem in the community, and preferably be chosen by the children. Action is always more effective when this is the case and the children learn better when they are learning about something that they have already experienced and want to resolve.
- **Study:** Develop a real understanding of the health concepts and problems involved and find out more about the problem in the community (this often includes a survey to see how widespread the problem is, consequences, etc.)
- **Discuss:** Talk over solutions.

- **Plan action:** Decide on the best course of action, plan this and learn the necessary skills.
- **Act:** Carry out the activities planned.
- **Evaluate** the effects of the action taken and do better next time. The children examine their results with a view to understanding why they worked well or not so well and how they can do better next time.

### "Bag of ideas"

Some people think of Child-to-Child as a bag of ideas from which everyone is free to help themselves. This is true. There is no copyright on Child-to-Child materials and everyone is free to copy, translate and adapt them as they need to.

### Child-to-Child materials

The area of health education is a large one and Child-to-Child has tried to respond to demand in the production of materials. So far messages have been selected from seven main areas:

- **Child growth and development**

This very important area is often ignored yet child stimulation and development are essential. The aim of the Child-to-Child materials is to increase awareness of their importance and to encourage children and others to take an active part in playing with children to stimulate their development (e.g. children make some dolls for their younger brothers and sisters, from scraps of waste materials found near their school). The role that children can play here should not be underestimated.

- **Nutrition**

Another very important area. The aim here is to make children aware of the importance of eating well, what foods they need to eat in order to grow well and how to detect malnutrition in small children. (E.g. the children learn to make Shakir strips and use them to detect malnutrition in small children.) There is also a sheet on growing vegetables since this essential type of food is often not given sufficient importance in the family diet. Growing and including these in the family diet together with careful spending can contribute greatly to improving the nutritional status of the whole family.

- **Personal and community hygiene**

Here the children learn simple ways of keeping themselves and their community clean to prevent disease. It provides an excellent opportunity for them to get to know their community, its resources and problems, and begin to participate in community life.

A lovely example of community action from a part of Nigeria, where guinea worm is very common, can illustrate how powerful the children's intervention in this area can be. Guinea worm is a very painful and debilitating condition, common in certain parts of Africa and Asia.

The children studied the life of the guinea worm, which has two hosts, human and a type of water flea, to see where they could interrupt its life cycle. They found that there were two possibilities. If no-one with guinea worm entered the water hole, no more eggs would be laid in the water and this would break the cycle. At the same time, infection could be prevented by filtering all drinking water. The water fleas that carry guinea worm are too small to be seen with the naked eye, so a very fine filter will be necessary.

They discussed this with the community and obtained the village chief's support. With the help of some teenagers and the village mason, the children built a wall around the water hole so that no-one could walk into it, except down the steps in one corner. However, a rule was established allowing no-one to go beyond the last dry step and with the village chief's support this was maintained. The village tailor made filters from fine material for each home and the children taught the villagers how to use them. In this way, the incidence of guinea worm was greatly reduced in the village.

- **Safety**

Accidents are a very common cause of child mortality and morbidity in all parts of the world. The main aim of this section is to make children aware of dangers, both for themselves and for others, and realise how they can be avoided. (E.g. the children keep dangerous medicines and poisons out of the reach of smaller children.)

- **Disability**

Again a very important section but here the aim is to encourage children to prevent disabilities, to realise what it feels like to be disabled and how they can help integrate children with disabilities into the normal life of the community. (E.g. Salome, who had polio as a baby, was more or less abandoned to play in a corner of her family hut on her own, until Friday, another little girl from the same village, discovered her. Friday made her a walking stick and made every effort to include her in all the other children's games. As you can imagine, life has completely changed for Salome!)

- **Prevention and cure of disease**

Some very important areas (e.g. diarrhoea and oral rehydration, vaccination, polio, worms, ARI, smoking and AIDS) are covered in this section. The children are shown ways that they can help prevent and cure disease. As regards smoking and other dangerous habits, they are encouraged to think for themselves and gain the confidence to say "no" when pressed to do things they do not want to do.

- **Helping children in difficult circumstances**

This section is designed for people working with children who live or work on the street, live in institutions, whose friends or relatives have died or who have experienced wars or other disasters.

These ideas have been applied in many countries around the world and each group has adapted and modified them according to local conditions and needs. In fact, this has always been encouraged and has led to the greater spread and utility of the ideas, which have been taken up by health workers, teachers, scout and guide leaders, in and out of school, by many non-governmental organisations and by many others.

## Chapter 2: Working and Communicating with Children

Child-to-Child encourages children to take an active part in the promotion of their own health and well-being, and that of their families and communities. In order to do so, it is necessary to establish a different kind of relationship with children, one in which they are considered as partners with a responsible and valuable role to play in the community. Their opinions and efforts must be respected and encouraged, so that they can develop the knowledge, skills, awareness and attitudes which will allow them to fulfil this important role.

This is rather different to the traditional role children play in most societies and involves a new way of behaving with children and relating to them. This is not always easy because our behaviour with children is very much dependent on how we were treated as children and society's view of how they should be treated. However, in all the places where children have been allowed this type of initiative and responsibility, they have done as much and even more than was expected of them. The role of adults in encouraging them to participate in action to promote their health and well-being is an important one, and can be considered under four main sections:

1. Establishing a good working relationship with the children;
2. Helping them to learn and develop their potential;
3. Building their self-confidence and self-esteem;
4. Encouraging them to develop a responsible attitude towards others and a sense of community.

All of these are important but the last three all depend on the first.

### Establishing a good working relationship with the children.

This means a relationship of mutual respect and trust, in which they are considered partners.

Everyone forms relationships according to their own personality. This is natural and indeed it would be insincere to do otherwise. However, our culture and our own experiences as children also influence how we behave with children. If adults treated us as though we were stupid and irresponsible when we were children, this will affect our behaviour and feelings as adults and in turn how we treat others, especially children. It is important to be aware of this and treat children in a way that will make them feel good and confident.

- \* Children are people and should be treated as such, even if they are younger and less experienced. We should not treat children as though they know nothing and we know everything. They are not empty vessels, as many adults think.
- \* Children are almost always shy with people they do not know well. It takes time and patience to get to know each other and build up a relationship of trust, in which it is easy to communicate and work together. Be patient and encourage the children, but do not push too hard or they will feel uncomfortable. Playing games and enjoying yourselves together often helps to establish a more relaxed atmosphere. **It is very important to create a pleasant atmosphere.**
- \* Not all children are the same and so we need to get to know them in order to find the best ways to work with them.
- \* Listen to them carefully and let your expression and actions show this. Respect and value their opinions and efforts, their feelings and needs. If they make a mistake point this out tactfully and discuss the situation, but do not just criticise them in a negative or brusque way. This will destroy any relationship that you have built up so far.

- \* Be patient and try to understand their needs. Only help them when they need help. If they can do it themselves, let them. **They will learn best by doing.**
- \* Treating children kindly will achieve far better results than excessive discipline and will build trust, whereas rudeness and unkindness will only make them (like everybody else) withdraw and not want to continue.
- \* Try to treat all children equally - having favourites can be very destructive.

### **Helping them to learn and develop their potential**

Children spend most of their time learning and preparing for adult life. Through play and imitating others, they are experimenting all the time and discovering as much as they can about the world. We should encourage them as much as possible.

- Teaching means "**helping people learn**", so we are only good teachers to the extent that our pupils learn. Knowing a lot is not enough, neither is talking a lot, if no-one can understand what we say. It should be important to us that our students learn and it should also be important to them. But this often depends on our attitude too. Use stimulating and interesting methods, e.g. discussions, problem-solving, discovery methods, and not just lectures to help the children learn better and develop their potential and self-esteem.



*Children are not empty vessels to be filled with knowledge*

- Avoid the top-down approach. Do not treat them as empty vessels into which your job is just to pour information. Always find out what the children know already and base future work on their experience and knowledge. They already know many things and you can also learn from them. We learn from each other.
- If the children participate and are active in the learning process, they will learn much better.

- Do not pretend to know everything. Nobody does! Allow questions and criticism as long as this is done in a friendly and respectful way. This honesty will encourage trust.
- Children learn through play, not only how to think, but also how to use their muscles, to coordinate their movements, to balance, express themselves, socialize, etc. They should be encouraged in this and helped with toys and games.
- Children are naturally curious and we should stimulate this with questions, discussions and activities which help their intellectual development. We should encourage them to discover things for themselves and to learn to think, observe, question and explore. Small children especially need a stimulating and challenging environment. **But all learning can be interesting and fun.**

### **Building their self-confidence and self-esteem**

If children (and indeed adults) are to play an active role in their communities, they need to feel able to do so and feel that they are valuable members of that community. **All education should increase children's feelings of self-confidence and self-esteem.**

- \* Use methods and treat the children in a way which encourages them to develop their self-confidence and self-esteem. This will help them feel they can make a valuable contribution.
- \* Allow them to develop their own ideas and initiative. Encourage them in this. Even if their ideas are not the best possible ideas, they are theirs and it is important that the children feel that they are valued. We should be sincere in this and point out any problems or mistakes but in a friendly and constructive way. Holding discussions also helps them gain experience and confidence in their ability to express themselves.

### **Encouraging them to develop a responsible attitude towards others and a sense of community**

What the children learn should be applicable in their everyday life and therefore practical. Based on what they know already, it links their home and community life to what they are learning, whether in school or elsewhere.

- \* Make sure that what they learn can be put into practise in the community and now rather than in a few years time when they may no longer remember it.
- \* Encourage them to be co-operative, rather than competitive, and to help the children who are a bit slower, for whatever reason.
- \* Use the information that they bring from their homes and communities as a basis for as much work as possible. This makes it immediately relevant to them and allows them to take what they learn back into their communities, where it may be of use.

***Work with children always needs to be planned very well.  
If they are to perform in school, the community or on the radio,  
they need to be very well-prepared,  
or they will not feel comfortable and the results may be disastrous***

**Part I: The Basic Training Workshop**

### **Chapter 3: The Workshop - Preliminaries and General Considerations**

Planning and preparation of the workshop is of crucial importance. If this is not done properly, it will be difficult for the workshop to run smoothly. It is above all, important to clarify the objectives and select participants on the basis of those objectives. The venue, participants, programme, speakers, etc. should all be organised well in advance. These and some other important considerations are discussed below.

#### **Workshop objectives**

Particular objectives for each session are given below but the overall objectives of the workshop include the following:

##### *Long-term objectives:*

- ❖ To improve child health and well-being, by encouraging children to take an active part in the promotion of their own well-being and that of their families and communities;
- ❖ To improve primary health education;
- ❖ To increase children's knowledge, skills, confidence and self-esteem;

##### *Short-term objectives:*

- ❖ To introduce the Child-to-Child approach to health.
- ❖ To encourage participants to use more active teaching methods and give them the opportunity to experience and experiment with such methods;
- ❖ To increase participants' awareness of children's abilities, needs and interests;

#### **Workshop participants**

These workshops are designed for people who work directly with primary school aged children and would like to work with them in a more participatory way. The participants can be from the health or education sector, and from governmental or non-governmental organisations, but it is often stimulating to have a mixture of people from different backgrounds, so that they can share experiences and learn from each other. This helps everyone see different aspects of the topics discussed and also helps create a less sectorial way of working. However, the total number should not exceed 26, as it is difficult to work in a participatory way with more than 26 participants, if each person is to experience the methods that we would like them to use with the children after this workshop.

#### **Workshop length**

Ideally, the workshop should last about 54-60 working hours. This allows the basics to be covered thoroughly and for 6 hours practice with children, which is felt to be an essential part of the workshop. The workshop can be spread over nine days (6 to 6½ hours each); eight days (7 to 7½ hours each) or seven days (8 to 8½ hours each). The 7-day option is really only advisable for residential workshops where the participants do not need to spend time travelling each day. A free half-day is advisable at some point in the second half to allow the participants to have a rest, as the workshop is, in fact, quite intensive.

#### **Venue**

This is very important as it can contribute a great deal to the success or failure of the workshop. Avoid problems as far as possible by ensuring that all the organisation, of rooms, meals, transport, etc., runs smoothly, wherever this may be. If held in the workplace of any of the participants, they may be called away at frequent intervals during the workshop and this can be very irritating if the

others are obliged to wait for their return before they can carry on with their work. These participants themselves may also end up missing quite a lot of the workshop, leaving them feeling very frustrated.

### **Methods**

Active methods are favoured throughout although these can be difficult for people who are used to more traditional and formal methods. They have, however, proved to be the most effective means of training and although they demand more effort on both sides, their results make this worthwhile. It is useful to clarify this at the outset to avoid later problems. Outside speakers should be encouraged to use these methods too and to consider the Child-to-Child aspects of their subject.

### **Materials**

Where possible, health education and other educational materials should be distributed to participants. The following are useful if available:

- ❖ Facts for Life
- ❖ Children for Health
- ❖ Child-to-Child: A Resource Book

as well as other documents and handouts, which should provide the participants with most of the information they need and a lot of suggested activities to encourage children to put what they learn into practice. It is helpful if the participants can become acquainted with these materials as soon as possible and some of the activities during the workshop are designed to help them do so. Reading these materials in the evenings during the workshop will help participants get more out of the workshop.

### **Games**

Play and games play a very important role in children's learning, and games are introduced at regular intervals throughout the programme, for variety, to improve the atmosphere, help the participants get to know each other, relax after a hard session or just for fun. Many non-competitive games are described in Appendix C, but you are invited to add to these.

### **Practice sessions with the children**

The participants divide into small groups and practise what they have learnt with children, on three days during the workshop. This is an essential part of the workshop as it allows the participants to gain confidence and experiment with the new methods, in a protected environment, and in a way that will bring them to a fuller realisation of the children's capacity to do far more than they thought or realised before. This needs to be arranged with a local school or group of children, well in advance. Ideally, there should be two or three children for each adult and at least three, two-hour teaching practice sessions (giving a total of 6 hours) with the children.

### **Follow-up**

Especially initially, many participants will feel the need for some support. Regular meetings and visits on a regional or other basis can be very helpful. Follow-up meetings, at roughly 6-monthly intervals, where the whole group can meet, discuss and exchange experiences, successes and difficulties are very motivating. It is helpful to plan some of these follow-up activities before the end of the workshop, so that participants feel supported when they leave.

## **Requirements for the Child-to-Child Training Workshop**

### **Preparatory arrangements**

- Venue: A room (or rooms) large enough to accommodate about 25 participants for both plenary and small group discussions:
- Participants' meals;
- Participants' accommodation, where required;
- Participants' invitations;
- School for teaching practice - we will need to work with about 100 - 150 children for 2 hours on three days. This should be as near as possible to the workshop venue.
- Outside speakers for some talks (if possible) e.g. Children's Health in your country, particular health problems, where you feel this would be useful; Children's Rights and Participation;
- Official opening and closing (if considered necessary – I prefer not to have these but it is sometimes unavoidable)

### **For each participant**

- Programme;
- Photocopies of translated documents;
- Name tags for participants;
- Folders/block-notes/pens/pencils, etc. for participants (if you usually supply these);
- Certificate (if these are given at end).

### **Useful Publications that could be provided to all Participants, or to each organisation/ office, depending on available resources**

- Child-to-Child Resource Book (2 volumes)
- "Facts for Life" in local language (if possible – should be available through UNICEF);
- "Children for Health" (available through TALC or UNICEF).
- "Health Promotion in our Schools" – is a useful resource for the office but it may be a bit early to distribute this to all participants.

### **Materials for the workshop**

- Flip chart and pens (two will be necessary when we are translating);
- blue-tac or masking tape;
- video and slide projector for first day (and possibly for outside speakers);
- outside speakers may need an overhead projector (I do not need this myself);

### **Materials for practice sessions**

- exercise books and pens or pencils for the children (if you usually do this);
- coloured paper;
- coloured card;
- scissors (5);
- masking-tape or sellotape (5);
- ball of string;
- packs of coloured pens;
- markers;
- knives or cutting blades;
- glue-sticks (5);
- rulers (5);
- scraps of material/sewing thread/needles;
- tippex (3).

## Chapter 4: The Workshop Sessions

### Before the workshop begins

If possible, hand out all possible documents and register participants before beginning the workshop itself. If the workshop is residential, this can be done the day before, allowing the early-arrivers some time to examine and familiarise themselves with the documents. You may well have a form for the personal details of the participants which can be completed at this stage. If you have prepared a pre-workshop evaluation, this should also be completed before the workshop begins.

**Day 1** is the introductory day and often sets the tone for the entire workshop. It is important that as few people as possible miss this. The participants and the facilitators begin to get to know each other and to understand the aims and methods of the workshop. These may not be completely clear from the beginning, but become clearer as the work progresses. If, as should be the case, the programme has been carefully planned and integrated, each step follows from the previous steps and so missing any section or session can greatly reduce the overall understanding of the themes concerned.

It is often useful but not necessary to have official opening and closing ceremonies. These can give greater credibility to the whole proceedings and some people really like them. It can also be of interest to the media, which can also increase credibility. However, official personages are often not very punctual and therefore you need to be prepared with fill-in activities or to go ahead with the programme until they arrive. This can be difficult the first few times but being able to carry the workshop in this way is really a necessary skill, and comes with practice.

After the introduction of the workshop and the participants, the main theme of the first day is problems in the community, and what children can do to help resolve those problems. The Child-to-Child approach is presented to show what children have done and can do to improve their own health and that of their families and communities.

### Workshop Introduction

This usually needs to be done in some detail, especially if the methods used are different to those that the participants are used to. This is often the case, so it is necessary to clarify that in a workshop there are few lectures and most of the work is done in a way that builds on the participants' experience, so that they can widen and deepen their understanding to arrive at new knowledge and skills. The introduction should not take more than about 20 minutes, and can come after the first session, if this is preferred.

*Welcome* – this should be done in line with local customs and traditions but need not take long.

*Health education* - The main objective of this workshop is to improve children's well-being in the country in question and of course the reason for doing so is to improve well-being and health in general. Health education is taught in the schools here but it seems that it is not put into practice. We are going to look at the Child-to-Child approach to health education and see how that can be applied here, and then see how we can extend its application. Child-to-Child aims to enable and encourage children to take an active part in the promotion of their own health and that of their families and communities. This means putting what is learnt in health education into practice in everyday life. Thus it would appear that we could help improve health here as in any other country, if we could only ensure that what is learnt is applied. How can we ensure this? This is the main consideration of our workshop, over the next eight days.

*Workshop* - This is a workshop, which is different to a seminar or course, as there are few formal

lectures, but the participants are given the opportunity to reflect on certain aspects of their work and deepen and widen their understanding, while acquiring new skills, through discussing and exchanging experiences with the other participants and building on their experience. They are expected to participate actively in the entire workshop and the more effort they make, the more they will gain. The other advantage of a workshop is that they can experiment with new methods and techniques in a relatively safe environment, e.g. during practice sessions, and should be encouraged to experiment as widely as they want to.

*Methods* - The methods are largely active and participatory, involving a lot of group work and discussions. The facilitator's job is to encourage each participant to widen and deepen their understanding of this area as much as possible. We would like to give participants the opportunity to experience the methods that they will then use with the children, as they are no doubt rather different from the methods that they experienced themselves at school.

*Materials* - where possible, health education materials should be distributed to participants. These can be briefly presented at this stage and ideally should provide the participants with most of the information they need for primary school health education and a lot of suggested activities to encourage children to put what they learn into practice. It is helpful if the participants can become acquainted with these materials as soon as possible and some of the activities during the workshop are designed to help them do so. Reading these materials in the evenings during the workshop will help participants get more out of the workshop.

*The programme* - A brief overview of the programme is given to help clarify certain aspects and the participants are asked to be punctual, especially for group work as being late shows a lack of consideration of the other participants. We hope that they will find the workshop both fruitful and interesting and that they will enjoy it.

*Evaluation* - Each day begins with an evaluation of the previous day's activities to give participants the opportunity to reflect upon these, with particular reference to the methods used and whether or not these were effective. There should also be a final evaluation of the workshop.

### **The Theatre Comes to the Camp - A Story from Bangladesh**

The camp in this story is a refugee camp, sheltering many Muslims fleeing persecution in Myanmar. There were several camps like these along the border in the Chittagong region of Bangladesh. There were many children in the camps but they were not allowed to go to school in the camps, as the Bangladeshi government really wanted the refugees to go home. However, the children were allowed to receive health education and in fact they would often go from tent to tent passing on what they had learnt to other children and families. Someone had prepared some very good stories to teach them about health and they had learnt a lot from these, but they were not sure how to become even more effective.

Then someone had an idea. What if they could change these stories into plays and perform them for all the adults in the camp? The adults had almost no entertainment in the camp and would surely enjoy seeing such plays. The stories were really very good and the adults might even listen more to what the children said! So this is what they did and it was a great success!

**Session 1: Presentation of participants**

This can take the form of an ice-breaker, which serves to relax the atmosphere, while allowing the participants to begin to get to know each other. Each participant is asked to draw a picture representing themselves, their views on a particular theme (e.g. in this case, we could ask them to use a drawing to represent something that happened to them as a child that they would not like their own children and other children to suffer now) or their feelings at that moment. They are then asked to fold up their picture and place it on a pile or give it to the facilitator, who then hands out the pictures, ensuring that nobody receives their own picture back. The participants then find the person who drew the picture they received and interview that person, to find out a little about them and what their picture represents. Each participant then presents their partner to the whole group.

**OBJECTIVES:**

- ❖ To allow participants to begin to get to know each other;
- ❖ Begin reflection on the theme of the workshop;
- ❖ Relax the atmosphere;
- ❖ Allow participants to do something creative and encourage them to continue to do so.

**MATERIALS:** pieces of paper (A4 or A5 size), markers/pens.

**TIME:** 30 to 45 minutes, depending on the number of participants

**NOTES FOR FACILITATORS:**

- ❖ There are many possibilities here but it can be very useful if the topic is chosen in line with the particular emphasis of the workshop.

**PROCEDURE:**

1. Hand out pieces of paper and crayons or markers to all the participants.
2. Ask them to draw a picture on the chosen theme, e.g. “something that happened to me as a child that I do not want my children or any other children to suffer”.
3. Explain that the quality of the drawing is not important. We are interested in the ideas expressed by the drawings and not the artistic skills of the participants.
4. Give them 10 minutes to do this. When they have finished, ask them to fold their paper in four and give it to you.
5. Mix the papers and hand them out, ensuring that nobody receives their own drawing back.
6. Ask the participants to move around the room until they find the person who drew the drawing that they have just received, and then to interview that person for a few minutes to learn a few things about them, i.e. their name, their job, something they like and what the drawing represents for them. Explain that they will then present this person to the rest of the group.
7. When everyone has interviewed somebody and been interviewed, ask them to sit down again and begin the presentations, which should not last more than 1 to 2 minutes each.
8. Ask one person to begin by presenting their partner, then their partner should present the person whose drawing they have, and so on until the chain ends.
9. If everyone has not yet been presented, start again with someone who has not yet been presented and continue in the same way until everyone has been presented.

## Session 2: Expectations and Objectives of Workshop

The participants, in small groups of two or three, discuss what they hope to gain from the workshop and then a list for the entire group is made on the flipchart. (In advance, the co-ordinator prepares a list of the objectives of the workshop so that these can be compared.) Both lists are kept for the end of the workshop so that the group can see to what extent our expectations have been met. This is to focus the participants' ideas and identify any impossible expectations. However, the programme can still be adapted if necessary, and it is often helpful to take the participants' expectations into account at this stage. A slight change of emphasis may help make the workshop more relevant for a particular group of participants.

### OBJECTIVES:

- To ensure that everyone has understood the purpose of the training;
- To allow adaptation where possible to individual hopes and needs;
- To discuss the workshop objectives;
- To clarify any impossible expectations.

**MATERIALS:** Flip-chart, markers/pens.

**TIME:** 30 minutes

### NOTES FOR FACILITATORS:

- It is important to make sure that participants have opportunities to express all their expectations and fears as this will enable you to adapt to some of their needs and use the time available to its best advantage. In addition, you can avoid disappointment by clarifying any unreasonable expectations.
- Prepare a list of objectives of the workshop on a sheet of flipchart paper in advance but cover this during the first part of this session. This list includes both long and short-term objectives of the workshop (and Child-to-Child), namely:

#### Workshop Objectives

- ❖ To introduce the Child-to-Child approach to health education;
  - ❖ To increase participants' awareness of children's abilities, needs and interests;
  - ❖ To encourage participants to use more active teaching methods and give them the opportunity to experience and experiment with such methods;
  - ❖ To improve child health and well-being, by encouraging children to take an active part in the promotion of their own well-being and that of their families and communities;
  - ❖ To increase children's knowledge, skills, confidence and self-esteem;
  - ❖ To improve primary health education.
- Comparing the objectives of the workshop with the participants' expectations and fears can often resolve many unclear issues.
  - It will be useful as part of the evaluation, at the end of the workshop, to consider to what extent the objectives and expectations have been met.

**PROCEDURE:**

1. Ask participants to form small groups of two or three and to discuss what they hope to gain from the workshop and any particular doubts or fears that they may have.
2. After five or ten minutes ask them to return to the large group and help you produce a single list of their expectations on a flipchart paper.
3. Ask if they have any doubts or fears that should be listed on another sheet.
4. When all the ideas have been listed, show the participants the objectives of the workshop and read these aloud to them.
5. Ask them to compare the two lists and see if they are similar or quite different.
6. Discuss the similarities and any differences, making sure that any expectations that cannot be met are mentioned and discussed. Discuss any fears or doubts too and try to alleviate these as far as possible.
7. Display the lists of expectations and objectives on a wall for the duration of the workshop.

**The Children Say "No" to Junk Food - A Story from Swaziland, in Africa**

This story is about a group of children from Manzini, a town in Swaziland. They had just begun to learn about how they could improve their health but they felt that this was very important and they enjoyed their lessons about nutrition very much. They all knew some malnourished children but were pleased to learn about the good foods that they should eat and about the foods that they should avoid, because they were often expensive but were not very nutritious. They called these foods "junk foods", and unfortunately many people came to sell these to the children in their school yard. Each day, they would be offered frozen ice, fat cakes, coca cola, sweets and other expensive snacks and the vendors made handsome profits in the schools, while the children got thinner.

They discussed what they should be eating with their teachers and were told about fruits and other wholesome snacks, such as nuts, carrots and other vegetables. They decided to tell the people selling snacks in the schoolyard that these were what they wanted and that they would not buy any more junk food. The vendors were a little surprised but they had to change their goods to suit their clients, i.e. the children, if they wanted to sell them anything more.

**Session 3: Ground-rules**

The workshop will last 6 or 8 days, so it is important that everyone can work well together and feel comfortable and supported by the rest of the group. To ensure that this is the case, it is useful to have the group as a whole agree a set of ground-rules which they would all like to follow during the workshop.

**OBJECTIVES:**

- ❖ To establish how people would like to behave and have others behave while working together;
- ❖ To reach agreement as to what is acceptable and not acceptable behaviour;
- ❖ To decide what should be done in the case of unacceptable behaviour.

**MATERIALS:** flip-chart paper and markers/pens.

**TIME:** 30 minutes

**NOTES FOR FACILITATORS:**

- ❖ This activity is particularly useful to do with children as it helps them take responsibility for their actions and agree a code of conduct. It forms a useful component in civic education.
- ❖ In advance, prepare four small pieces of paper (one for each sub-group for the following exercise) and on each one write one of the following: drama; drawing, song/dance; written list. Fold them so that the writing cannot be seen.

**PROCEDURE:**

1. Divide the participants into four groups.
2. Explain that as we are going to be working together for several days, we would like to be sure that everyone will feel comfortable in the group and be able to work well. We are therefore going to prepare an agreement as to how we would like everyone to behave during our time together. However, to make it more creative and more fun, each group will present their ideas in a different format: written list; drawing; drama or song and dance.
3. Call one person from each sub-group to choose a piece of paper from those previously prepared and to prepare their ideas in the format given on the piece of paper.
4. Allow them 15 minutes to prepare – again stress that it is not their dramatic or drawing abilities etc which are being judged. We are interested in their ideas.
5. After 15 minutes ask the participants to return to the large group so that each subgroup can present their work, but finish with the written list.
6. Ask if everyone agrees with the written list or would they like to remove or add anything to it. Adjust it accordingly until everyone agrees that this is the list that they would like to guide behaviour during the workshop.
7. Discuss what will be done if anyone's behaviour is contrary to the agreement, in terms of warning people that their behaviour is not acceptable and in terms of compensation or punishment, if this is considered appropriate.
8. Ask participants to display the list and drawing on a wall for the duration of the workshop. Unfortunately the song/dance and role-play can only be recorded if suitable equipment is available.
9. Thanks the participants for their hard work and move onto the next session.

**Session 4: Identifying and prioritising problems in the community**

In small groups of about six, the participants make a list of the main problems in their communities; consider their relative importance and the links between them. They then decide on which they feel are the three most important problems in their community (taking both frequency and seriousness into account). The whole group then compiles a list of the problems mentioned in all the groups and votes on the three most important problems for the entire group.

This is a simple community diagnosis but can be done with children as well as adults. The results with children are usually extremely good and show a great deal of awareness and perception. (Some more complicated and entertaining versions of the community diagnosis are described in Chapter 5 which discusses some basic Child-to-Child methods.)

**OBJECTIVES:**

- To help participants reflect more deeply upon their communities, the problems in those communities and their relative importance within the community, and to discuss these issues;
- To show that a lot of knowledge already exists within the group;
- To show participants that asking the right question can often make solving problems easier, and that things are not always as difficult as they may appear;
- To consider the advantages and disadvantages of group discussions and group work, and when these can be used with children.

**MATERIALS:** flipchart paper, markers/pens.

**TIME:** 1½ to 2 hours

**NOTES FOR FACILITATORS:**

- ❖ The participants whether adults or children may need to establish ground rules to control those who talk too much and encourage those who are a little shy, if this has not been done already (see previous session).
- ❖ If time is available, this simple community diagnosis can be preceded by a community visit and map exercise, on the basis of which the participants/children are encouraged to identify things that they would like to improve in their village/community.

**PROCEDURE:**

1. Divide the participants into small groups of five or six each.
2. Ask each group to make a list of ten important problems in their communities. To decide whether a problem is important or not, they should consider it in terms of gravity and frequency. These can be problems faced by children, adults or everyone in the community.
3. Ask them to reflect on the links between these problems and to prioritise them, selecting the three most important.
4. When they have done so, make a single list of all the problems mentioned by each group and then ask them to vote for the three most important from the entire list. This gives the three most important problems as seen by this group, but of course the problems and priorities will vary from community to community.
5. Thank the group for this work and display the final list on a wall for the rest of the workshop.

**Session 5: Community Diagnosis cont - What can children do?**

There is clearly little point in discussing problems without thinking of possible solutions. Some problems are easier to solve than others but in most cases children can make a considerable contribution to their resolution. The participants are invited to consider some of the problems mentioned in the community diagnosis and in each case reflect upon possible solutions or ways of improving the situation and the contribution that children can make. This clearly leads us into a discussion of Child-to-Child, which aims to involve children in the improvement of their own health and well-being, and that of their families and communities.

**OBJECTIVES:**

- ❖ To begin thinking of solutions to some of the problems communities face.
- ❖ To show the valuable contribution children can make (and in fact are already making) to solving some of these problems.

**MATERIALS:** flipchart paper, markers/pens.

**TIME:** 1 to 1½ hours

**NOTES FOR FACILITATORS:**

- ❖ It is necessary to insist on concrete, practical and simple contributions that children can make, and not what we can do for children or what children can learn, e.g. children can avoid catching malaria by sleeping under a mosquito net, or can avoid catching diarrhoea by washing hands before eating, and after using the toilet.

**PROCEDURE:**

1. Ask the participants to return to their groups and choose three problems from the list compiled in the previous session.
2. For each problem, ask them to think of a possible solution or solutions and think of the contribution that children can make to solving the problem.
3. Ask each group to present their suggestions to the whole group, and lead this into a general discussion, emphasising the enormous contribution which children can make to all the problems mentioned so far.

**The Children Get Ready for School - A Story from Botswana**

A very interesting project started in Botswana some time ago. In this project, each child in the first class in primary school paired up with a pre-school child, due to start school the following year, and prepared them for school. They taught them how to dress and keep their clothes clean and in good order for school, how to keep themselves clean and tidy and also some of the things that they were learning in school.

This proved very effective and the younger children were at a great advantage when they started school, but the first class children also learnt a lot from the experience and soon mothers were anxious to have their children all study in Child-to-Child schools, as they could see that they did much better in school.

**Session 6: Introduction to Child-to-Child I – slides, video and discussion**

The history and development of the Child-to-Child approach is discussed in detail as outlined in Chapter 1. It is possible to do this session without the slides, but clearly they do make it more interesting.

A video showing the Child-to-Child project in Malvani, Bombay, is shown, as an example of a Child-to-Child project, and discussed. This is however a very special project and there are many other types of projects, depending on local conditions and resources.

**OBJECTIVES:**

- ❖ To present the Child-to-Child approach, its history, underlying principles and evolution.

**MATERIALS:** video-player, slide projector or computer with projector, screen.

**TIME:** 1 to 1½ hours

**NOTES FOR FACILITATORS:**

- ❖ It is useful to link this session with the previous sessions, where we aimed to identify the contribution that children can make to improving their own well-being and that of their families and communities, with this session where we are really looking at what children have been doing in many countries around the world, through Child-to-Child activities.
- ❖ Participants often find it difficult to listen without moving for such a long session, and this gives us an opportunity to emphasise how much more effective active methods are both with adults and children, as their active participation ensures that they stay awake and can participate more fully.
- ❖ Emphasise that the community in which the children live in the video (Malvani, in Bombay) is far from ideal, but even in this situation, the children were able to make an enormous contribution to the well-being of the children in the community, and their own of course.

**PROCEDURE:**

1. Give the talk detailed in Chapter 1, showing the accompanying slides at the appropriate times.
2. Ask for comments and questions at the end and ensure that all is clear to everyone before putting on the video showing a Child-to-Child project, for instance the Malvani project in Bombay.
3. Ask for further comments and questions.
4. Ask whether or not the participants feel that such projects would be possible in their own communities.
5. Ask participants to reflect on what they have seen, so that we can continue these discussions the following day.
6. Thank everyone for their work and attention and arrange the next meeting (normally the following day in a workshop, but the sessions could also be more spread out if necessary).

**Session 7: What is health?**

The next section concentrates on deepening and widening the participants' concepts of health and health education with a view to providing a more concrete basis for its teaching.

The participants are asked to consider what is meant by the terms 'health' and 'healthy'. This is leading to consideration of the term 'health education' but some reflection on the concept of health is very useful first. Many will have heard the WHO definition of health as "*a state of complete physical, mental and social well-being and not merely the absence of disease.*" Some will have simpler definitions and it is very valuable to discuss all of these, bearing in mind that some definitions are positive, others negative and some very idealistic, e.g. no-one satisfies the WHO definition. This does not mean we should abandon it - it does show the various dimensions of health which are useful to bear in mind.

There is no final, correct answer and some participants may find this disturbing. However, most participants find this discussion very useful and informative, as it helps make them aware of the many complicated issues involved.

**OBJECTIVES:**

- ❖ To explore the concepts of health and good health more deeply;
- ❖ To present a discussion which is very informative and interesting but which has no final satisfactory conclusion;
- ❖ To show the value of group discussions in learning and exploring ideas.

**MATERIALS:** flipchart paper, markers/pens.

**TIME:** 1 hour

**NOTES FOR FACILITATORS:**

- ❖ It is important to remember the various dimensions of health, i.e. physical, mental, social, environmental, as all these contribute to the well-being of the individual. Some people also think that a spiritual dimension should be added.
- ❖ Do not forget the subjective and objective aspects too, as this is the argument that people with disabilities use to affirm that they are in perfectly good health, whatever anyone else might think.

**PROCEDURE:**

1. Explain that we would like to discuss the concept of "health" and consider what we mean when we say that someone is healthy.
2. Divide the participants into groups of about 6 people each, and ask each group to discuss these concepts and come up with a definition of health.
3. Allow them some time to work on this, and if they are finding it very straightforward, push them to think more deeply by asking what they feel about people with disabilities, who themselves claim to be healthy. Do they feel that they are really healthy and how can they come to that conclusion. What about people who wear glasses? What about depression?
4. When everyone has finished and written their definition on a flip chart, ask them to put them on the wall, close together, and ask everyone to move closer where they can see all the flip charts clearly.

5. Ask the participants to look at them all together, and read the definitions one by one, commenting on the strengths and weaknesses of each definition.
6. Explain that we are looking at all the definitions together as each one will contribute something to our understanding of the issues involved, and that in comparing them we can really deepen our understanding.
7. Thank everyone for the work done and move onto the next session.

### **The Children Tackle Scabies - A Story from Bombay, in India**

Malvani is a very poor area in Bombay, and scabies used to be a very common problem there until some children involved in a Child-to-Child project decided to see if they could reduce the number of cases of scabies in their community. Scabies is a very contagious disease caused by a parasite which lives under the skin, making the person with scabies very itchy. Scabies, however, is very infectious and if one child in a family has scabies, it is very likely that all the children will also have it and should therefore also be treated.

The children began with an investigation in the community to see how many people suffered from scabies and if certain kinds of people had it more than others.

They then learnt about the disease, its symptoms and treatment at school. They discussed and planned their action. They examined all the children in the school and identified those with scabies so that they could be taken to the health centre for treatment, i.e. a series of baths in a solution of benzyl benzoate. The solution needs to dry on the skin.

After a while, the children checked to see if their action had been effective and whether or not it could be improved. Their results were really excellent in this case. The number of people with scabies in Malvani was reduced from over four hundred to 22 - an excellent result for the children! Well done!

**Session 8: What is health education? Why is it important? What are its aims?**

We are getting closer to the central themes of the workshop and in defining the aims of health education; we are trying to determine the whole thrust of our work. There are equally many possible definitions of health education and these may be more or less complicated and detailed but anything on the lines of 'learning/ teaching/education which serves to improve health (of the individual, family and community)' is acceptable. Unfortunately, an awareness of the importance of health education cannot be taken for granted and some discussion on this can also be useful.

Again, there is no final correct answer and indeed there is still much debate on this topic, but that does not detract from the usefulness of this discussion and the concepts involved.

**OBJECTIVES:**

- ❖ To explore the concept of "health education", its aims and importance.

**MATERIALS:** flip chart paper, markers/pens.

**TIME:** 1 hour

**NOTES FOR FACILITATORS:**

- ❖ It is important to remember the behaviour element, as we do not want health education just to be intellectual learning without any practical application. In fact, healthy behaviour is the final goal of good health education.
- ❖ Some students may also mention the importance of knowledge, skills and attitudes in terms of leading to behaviour change, and this is to be encouraged.

**PROCEDURE:**

1. Divide the participants into groups of at most 6 each, and explain that we need to explore the concept of health education and its objectives.
2. Ask them to discuss the aims and objectives of health education and why it is important, and to come up with a definition of "health education".
3. Ask each group to present the results of its discussions and complete this with a general discussion in the large group.

**The Children Show that Breast-feeding is Best for Babies - A Story from Mexico**

The children in Ajoya, Mexico, were doing a project on diarrhoea and decided to collect information on which children were dying as a result of diarrhoea and dehydration. After quite a large investigation, they found that four times as many bottle-fed babies died from dehydration as a result of diarrhoea than babies who were breastfed. This was a very worrying result and the children felt that they must inform the whole of Ajoya and the surrounding districts about this.

In some countries, due to publicity campaigns and poor information, many people prefer to feed their babies with milk substitutes instead of breast-milk, which is nature's gift to babies and the best possible thing for them. It is always clean and contains everything they need.

They had an intensive information campaign and gradually more and more children were breastfed in the town and as a result less died from diarrhoea and dehydration.

**Session 9: Health education: Content and methods**

The aim of this session is to examine the health education taught at present, whether or not it is sufficient, in terms of quantity and quality, and how it could be improved. In many cases, the material is covered in the curriculum, if somewhat summarily, but in a way that is easily and quickly forgotten, and never applied in real life. The discussion should therefore consider how the children could be encouraged to apply what they learn in their everyday lives, i.e. methods as well as content.

The participants can prepare a list of suitable health education contents based on their experience but should really by this stage be aware that any curriculum ought to be relevant to the lives of the children and the community. In fact, the community diagnosis done on Day 1 provides a perfect, relevant syllabus for the community, as it lists the problems of that community.

**OBJECTIVES:**

- ❖ To help participants reflect on appropriate curriculum content and deepen understanding of the importance of relevant content;
- ❖ To help participants reflect on the importance of methods used as well as content;
- ❖ To help participants reflect on how the present curriculum can be improved.

**MATERIALS:** flipchart paper, markers/pens.

**TIME:** 1 to 1½ hours

**NOTES FOR FACILITATORS:**

- ❖ Encourage participants to reflect upon what has been done so far and how it can be used to help them produce a better curriculum, e.g. notions of health and health education and the aims and objectives of health education.
- ❖ Making the curriculum relevant to the children's lives implies using information about the problems they face in determining what we should discuss with them.

**PROCEDURE:**

1. Divide the participants into groups of at most 6 people per group.
2. Ask each group to reflect upon the present school health education curriculum. What are the main areas covered? Can they think of any areas which they feel should now also be included in the light of the discussions we have been having? Remind them of all the dimensions of health that we discussed and the problems that communities face mentioned in previous discussions.
3. How can children be encouraged to put what they learn in health education into practice? What methods do they think are most likely to encourage them to do so?
4. When the groups have completed their discussions (after about 30 to 40 minutes), ask them to return to the large group and present their results.
5. Have a general discussion on the points raised.

**Session 10: Good and bad learning experiences**

We now move onto the educational section and look more closely at methods of teaching health education, while giving the participants various exercises in which they need to examine the Child-to-Child materials more closely and in this way get to know them and how they work. In particular, in this session, we consider good and bad teaching methods and experiences. Teaching methods are of crucial importance, if we want to change health knowledge from book knowledge to knowledge that is put into practice in the children's everyday life.

A good way to begin this session is with a role play of bad teaching and a poor lesson (*see*: David Werner and Bill Bower. *Helping Health Workers Learn*, page 18, for an excellent example of a dictation presented in a harsh and unsympathetic style). This role play will usually surprise the participants very much, if the facilitator has been working at all correctly, but they usually submit to it for a while at least. It provides a good starting point for considering the characteristics of good and bad teaching/learning. This is a good time to stress that these two are very closely linked and that a teacher cannot really teach unless some learning occurs.

***Example of dictation giving little useful information:***

The buccal cavity, or mouth, is the anterior – that is to say proximal – portion of the alimentary canal, situated in the inferior portion of the face and circumscribed by the lips, cheeks, palatoglossal arch, uvula, oral pharynx and tongue – **Mr Smith, have you no manners, stop talking during class** – The teeth are each one of a set of hard white structures projecting into the buccal cavity from the alveolar bone of the maxilla and mandible and utilised for the mastication of food.

There are two sets of dentition – deciduous and permanent – **Miss Thompson, please pay attention and do not distract your neighbours** – These are composed of inferior and superior incisors, canines, premolars and molars. **Mr Brown, Leave the room, you are wasting you time here and wasting mine. Please wait outside for the rest of the class.** – Caries is the molecular decay of enamel, dentine and pulp, producing discoloration, chronic inflammation of the periosteum and necrosis of the medial nerve leading to a pyrogenic abscess on the osseous tissue contiguous with ....

After the role-play, the participants divide in groups to discuss their own good and bad learning experiences and produce a list of the characteristics of good and bad teaching on that basis. Each group then prepares a role play to illustrate their ideas and presents it to the other groups.

**OBJECTIVES:**

- ❖ To help participants reflect on the importance of good teaching methods if good learning is to occur;
- ❖ To help participants explore some of the characteristics of good learning/teaching and bad learning/teaching;
- ❖ To explore the use of role play in learning.

**MATERIALS:** markers/pens.

**TIME:** 2 hours

**NOTES FOR FACILITATORS:**

1. It can be helpful to rearrange the room in a more traditional manner for the role play, in which case it is usually easier to do so before the participants arrive, and to hold this session first thing in the morning.
2. Encouraging the various groups to do a role play themselves is important as this helps them realise that this method can be used quite simply and very effectively to help explore different kinds of experiences, and thus is particularly helpful for different issues around health and well-being. It is also very popular with children and even adults.
3. Although the role-play is a very effective way to start this session, it can be started simply with a discussion of the characteristics of good and bad teaching, if you do not wish to do the role-play yourself. However, it is worth trying to do it if possible.

**PROCEDURE:**

1. Give the dictation for a few minutes until the participants begin to get too uncomfortable or someone protests.
2. Ask them what they did not like about this lesson and why it made them feel uncomfortable. Write their replies on the flipchart.
3. Admit that it was a role play, although many people may have guessed this.
4. Ask the participants to divide into groups of 6 participants each and to discuss some of the good and bad learning experiences that they have had during their lives and to draw out some of the characteristics of those experiences.
5. Make a table on a flipchart with two columns:

| <b>Characteristics</b>        |                              |
|-------------------------------|------------------------------|
| <b>Good teaching/learning</b> | <b>Bad teaching/learning</b> |
|                               |                              |

6. Ask the participants to complete the table showing all the positive and negative characteristics that they can think of. It is not always necessary to complete both columns, as sometimes the characteristic on one side is just the opposite of that on the other.
7. When they have completed their table, ask them to prepare a five minute role play demonstrating either good or bad teaching.
8. Ask each group to perform their role play for the whole group and have a brief discussion after each one to draw out the main points.

**The Children Tackle Dangerous Drivers - A Story from Swaziland**

The children in a primary school in the South of Swaziland had been worried for some time because many of their friends had been seriously hurt and some even killed in road accidents outside the school.

They had spent a lot of time learning how to cross the road carefully and safely and the older children helped the younger ones cross to and from school. In addition, all the small children waited until a group had formed with one of the older pupils so that they could all cross together.

Since they had begun taking these precautions, the number of accidents had gone down but there were still some accidents and they realised that the accidents were not the fault of the children but the fault of the drivers who drove too fast past the school, despite the signs on the road indicating that there was a school there. Some of the drivers were even drunk when they drove past and so the children decided to have a campaign to ask the drivers to be more careful. This was only partly successful so the children decided the only thing to do would be to ask the local council to build bumps in front of the school to force the drivers to slow down. The council was not very easy to convince, but finally they agreed and now the children feel much safer. In fact, the number of accidents is lower. Let's hope that it stays that way!

### Session 11: Knowledge, skills and attitudes

In general, health education aims to establish behaviour which promotes good health. To do so, it must also take into account the necessary skills, attitudes and values, and not just the appropriate information. Knowledge alone does not usually lead children to put what they learn into practice. Positive attitudes to health and its promotion are obviously very important to this end. They also need to have time to practice the relevant skills and be helped to understand the importance of healthy behaviour. The differences between these various aspects should be clarified and the need for each discussed. This exercise aims to clarify these differences and show how these are transmitted in the Child-to-Child materials.

#### OBJECTIVES:

- ❖ To help participants realise the importance of appropriate attitudes if they wish to change behaviour;
- ❖ To help participants appreciate the need for children to practice skills, if these are to be used well;
- ❖ To help participants understand the need to combine appropriate knowledge, skills and attitudes, if they hope to establish healthy habits in children.

**MATERIALS:** flip chart paper, markers/pens.

- ❖ Copies of the “Accidents” activity sheet, if this has not already been distributed.
- ❖ Flipchart paper, markers/pens.

**TIME:** 2 hours

#### NOTES FOR FACILITATORS:

- ❖ The importance of ensuring that children have the necessary skills and attitudes to promote healthy lifestyles cannot be over-emphasised.
- ❖ It is also necessary to ensure that participants understand the difference between these various categories of knowledge, skills and attitudes. This is not always easy so may require some discussion and time.
- ❖ Prepare a large copy of the worked example for malaria below on a flip chart before the session.

#### PROCEDURE:

1. Discuss the difference between knowledge and skills carefully, ensuring that this is clear. Although everyone knows what knowledge is, they may not distinguish knowledge from skills. When we learn a skill, we learn *how to do* something. Skills always refer to *actions and doing*, and there are many examples, e.g. swimming, driving, negotiating skills, communication skills, decision-making, problem-solving, reasoning, etc.
2. When the difference between knowledge and skills is clear, bring in the concept of attitudes and explain that knowledge and skills are still not always enough to change behaviour. It is important to develop appropriate attitudes which will encourage children to behave in a way that promotes their well-being. Attitudes are internal, they cannot be seen directly. They can be positive or negative and usually refer to our beliefs or our values. They are usually the driving force behind our actions and behaviour. E.g. a doctor can be very well-trained, with high marks in all their examinations and several years of experience but if they do not like their work and do not care very much about their patients’ well-being, they will never be good doctors.

Some examples of skills and attitudes are given below:

### **Skills**

- measuring mid-arm circumference;
- mixing an oral rehydration drink;
- using the “road to health” chart;
- teaching a younger child how to cross the road safely;
- problem-solving;
- decision-making;
- communicating clearly.

### **Attitudes**

These can be positive or negative, e.g. a person with positive attitudes towards health will try to improve their own and other peoples’ health, whereas negative attitudes usually lead to behaviour which is harmful to health. Other examples of attitudes:

- respect for others’ beliefs;
- desire to help others;
- desire to share knowledge and skills;
- eager to overcome difficulties;
- desire to co-operate with other children in the class;
- desire to be of service to the community;
- belief that whatever one does serves no purpose so there is no point (negative);
- belief that his/her opinion is of no value, because just a .... (child, women, poor person, etc.)

3. The following example should help us clarify these ideas. If we want children to adopt certain behaviours to avoid catching malaria and to ensure early treatment should they catch it, let us look at the knowledge, skills and attitudes which would encourage them to behave in a healthy way. Using the large copy prepared in advance, discuss the following example with the group.
4. We start with the first column and consider what behaviour would we like children to adopt with respect to malaria. This helps us understand what children need to learn to be able to protect themselves and their families well. The answer to this question gives us our first column.
5. Now, what do they need to know in order to behave in that way? This gives us the second column.
6. Then, what skills will they need? That gives us the third column.
7. Now, what attitudes will help them behave in that way? That gives us our final column.
8. Ask participants to consider the Child-to-Child activity sheet on “Accidents” and see how the various activities in this activity sheet aim to develop skills and attitudes as well as knowledge. Ask them to discuss each activity and decide if it is aiming to provide knowledge, or develop skills or attitudes.
9. Ask participants to present their work to the large group and clarify any difficulties which have arisen.

**Topic: Malaria (worked example)**

| <b>Behaviour<br/>(what we do)</b>   | <b>Knowledge<br/>(Information)</b>   | <b>Skills<br/>(Know how to do<br/>something, e.g. swim,<br/>drive, cook,<br/>communicate)</b>  | <b>Attitudes<br/>(beliefs, values)</b>   |
|---|--|--|--|
| <ul style="list-style-type: none"> <li>❖ Kill mosquitoes and destroy places where they can breed.</li> <li>❖ Sleep under a mosquito net.</li> <li>❖ Encourage small children to sleep under a mosquito net.</li> <li>❖ Seek health care in cases of fever that could be malaria.</li> <li>❖ Take the malaria treatment correctly when ill.</li> </ul> | <ul style="list-style-type: none"> <li>❖ Mosquitoes carry malaria.</li> <li>❖ Mosquitoes bite at dawn and dusk.</li> <li>❖ How and where mosquitoes breed.</li> <li>❖ Symptoms of malaria.</li> <li>❖ Where to find help in possible cases of malaria.</li> <li>❖ The treatment for someone with malaria.</li> </ul> | <ul style="list-style-type: none"> <li>❖ Destroy mosquitoes' breeding places.</li> <li>❖ Avoid being bitten by mosquitoes.</li> <li>❖ Recognise possible cases of malaria.</li> <li>❖ Get treatment in case of malaria</li> <li>❖ Follow treatment correctly.</li> </ul> | <ul style="list-style-type: none"> <li>❖ Value good health, for self and others.</li> <li>❖ Feel confident about improving well-being.</li> <li>❖ Wishes to avoid malaria and remove the risk for others.</li> </ul> |

**The Children Attack Alcoholism - A Story from Zaire, in Africa**

Alcoholism is a big problem in many countries of the world and children are very often the innocent victims of this. Parents who get drunk often abuse their children and partners, use scarce resources to buy alcohol instead of food or medicines and provide a very insecure world for children to grow up in.

In a village in Zaire, a young man, aged 28 years, died through alcoholic poisoning, and this really worried the children of the village. They discussed this with their teacher and wondered what they could do to help stop this terrible problem. They decided to speak to their parents and ask them to stop drinking as they did not want them to die too.

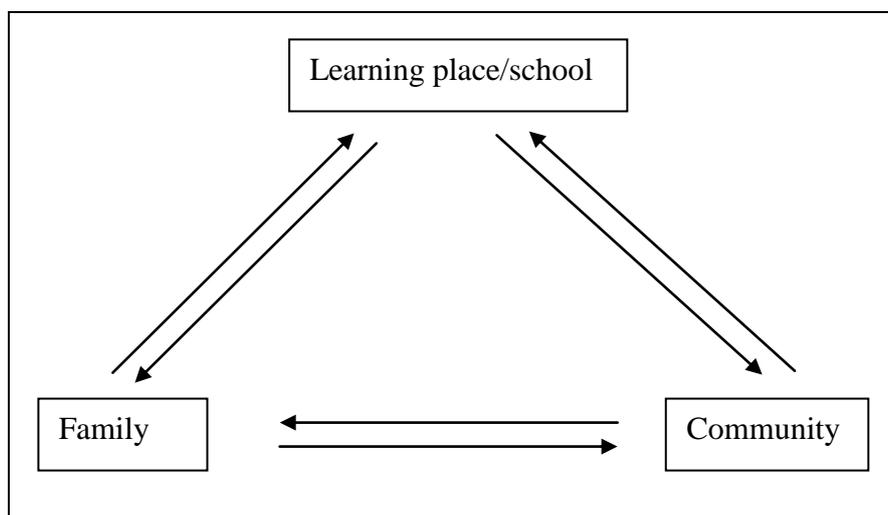
This proved quite effective in that the parents of eight of the children in the class decided to give up alcohol. We do not know the long-term results of this project but it certainly impressed the parents and the children.

## Session 12: Links between school, family and community

It is important to remember that all children are members of families and communities. If they go to school, they go back and forth to school every day, to and from that community, and in doing so carry a lot of information with them. We should also remember that before starting school a child has already learnt the hardest thing that we ever learn, which is communicating (understanding the spoken word and be able to express ourselves verbally). Thus we learn far more outside of school than in school and using that knowledge in school makes school more relevant to the child's everyday life and makes it easier for the child to learn what he needs to learn. Children learn much more easily about things they encounter in their everyday lives and of which they have some experience.

However, in the past, school children have often had to almost divide themselves in two when they go to school. They were often not allowed to speak their own language in school or to bring any useful information from their homes or communities. At the same time, what they learnt at school served no useful purpose at home. The two halves or lives had to be kept strictly separate. But we are only one person and it is healthier and more constructive to let the person be a single entity.

Reinforcing the links between the school, the family and the community will thus have many benefits: it will treat the child as a whole person, respecting his/her experience and knowledge, make education relevant to everyday life and increase the transfer of knowledge in both directions. Children can often bring information from home or the community, as the result of an investigation, which is then analysed in school. They can then take this useful information back to their community, where it can help to improve the quality of life, but only if what they learn is of practical value.



### OBJECTIVES:

- ❖ Make participants aware of the enormous amount of information that children acquire at home and in the community, as well as what they learn at school;
- ❖ Make participants aware of the importance of using that information to help children learn better and reinforce the links between school, family and community rather than weakening them;
- ❖ Make participants aware of how they can reinforce those links and how the Child-to-Child approach aims to do so.

**MATERIALS:**

- ❖ Flip chart paper, markers/pens.
- ❖ Copies of the “Our Neighbourhood” activity sheet, if this has not already been distributed.
- ❖ A prepared copy of the above diagram on a large sheet – this can be drawn more attractively with houses, community buildings and the school, showing the children coming back and forth.

**TIME:** 1 hour

**NOTES FOR FACILITATORS:**

- ❖ People often feel that the most important learning is done in school, but in fact we never have to learn anything in school which is as intellectually taxing as learning to speak.
- ❖ It is important to stress that in applying what they learn at school outside of school, children are making that learning far more effective and useful for their daily lives. This is one of the main aims of the Child-to-Child approach.
- ❖ Many projects in encouraging children’s participation have in fact become catalysts of community mobilisation, through reinforcing the links between school, family and the community.

**PROCEDURE:**

1. Discuss what we learn in different places, e.g. school, community and family, pointing out that in fact, we learn more out of school than in school.
2. Discuss how in the past a division between school and the community was often encouraged to the detriment of children’s learning, but that in wanting to encourage children to improve their own well-being and that of their families and communities, we need to encourage reinforcement of the links between them rather than the opposite.
3. Using the diagram explain that Child-to-Child has made a great deal of effort to reinforce those links and ask participants to work in groups of at most 6 to discuss how these links are reinforced in the activity sheet on “Our Neighbourhood”.
4. Ask the groups to draw a diagram like the one above on a large sheet of flipchart paper and to give two suggested activities for children to reinforce each link (in either direction).
5. When all the groups have finished, ask each group to present their work and complete this with a general discussion of the main points.

**Session 13: Doing Simple Surveys with Children**

Surveys are good ways of helping children get to know their communities, its resources and its limitations. Surveys involve children in research and, depending on the level of their involvement, can develop their skills in designing, conducting and analyzing the survey and its results.

Surveys do not need to be complicated, especially when the children are conducting their first investigations and the community is getting used to seeing them collect data and ask questions. Initially, use safe topics that people will not feel sensitive about discussing. As the children gain experience and the community gains confidence in the children, they will be able to ask more sensitive questions.

**OBJECTIVES:**

- To introduce some basic survey techniques that can be used with children;
- To demonstrate that if tasks are presented in a child-friendly way, children can carry out tasks that are often considered too complicated for them, with interesting results and a great deal of valuable learning for the children and others.

**MATERIALS:** Flip chart paper and markers.

**TIME:** 1 hour

**NOTES FOR FACILITATORS:**

1. Use the following handout, but make sure that each step is clear before moving on.
2. This should be an interesting and fun session – make it as lively as possible and try to demystify some of the statistical concepts.
3. Let participants and the children practice constructing questions individually and administering them on each other.
4. Participants should be able to analyse their surveys and communicate the results to others.
5. Surveys make a good basis for taking action on the identified problem.

**PROCEDURE:**

1. Explain that surveys are a good way to help children and adults learn about their villages and communities. We are going to use some simple statistical techniques that, with proper explanation, children can use as well.
2. Practice with the first chart, “right-handed/left-handed,” and then with the more complicated chart, “favourite fruits.” Let participants put their own ticks in the second chart.
3. Ask some questions about the charts to show that more information can often be found from such charts than what is immediately obvious.
4. Explain the terms “tally-chart” and “bar-chart” and ask them to make a human bar-chart on the ground for the number of sisters or brothers that they have.
5. Ask the participants to individually devise a small research project, the results of which can be shown in a tally-chart or bar-chart. They must ask their question of everyone in the room, including other participants, the facilitators, and themselves.
6. When they have finished, each presents their findings in plenary.
7. Close with a final discussion on preparing the children well, avoiding indiscrete and open-ended questions or questions that just collect information without any real possibility of improving the situation.

***Doing Surveys with Children (Handout)1***

Surveys are good ways of helping children get to know their communities, its resources and its limitations. Surveys involve children in research and, depending on the level of their involvement, can develop their skills in designing, conducting and analyzing the survey and its results.

Surveys do not need to be complicated, especially while the children are learning to conducting them and the community getting used to seeing them collecting data and asking questions. Initially, use safe topics that people will not feel sensitive about discussing. As the children gain experience and the community gains confidence in the children, they will be able to ask more sensitive questions.

Asking children to conduct a survey is a powerful way of helping them become more aware of issues affecting the community’s well-being. Children can be involved actively at every stage of the survey process:

- in creating the questions to be asked;
- in collecting the information;
- in making charts to show the results;
- in drawing conclusions from what they have discovered.

***Introducing surveys***

To introduce children to the idea of surveys, first conduct some surveys with the children themselves. These can start with very simple yes/no type questions, such as “Have you ever had a cut that needed stitches?” or “Are you left or right-handed?”

To record the information, show the children how to make a tally chart. Each child can tick the box opposite their answer.

**Have you ever had a cut that needed stitches?**

|     |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|-----|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| Yes | ☆ | ☆ | ☆ | ☆ | ☆ |  |  |  |  |  |  |  |  |  |  |
| No  | ☆ | ☆ |   |   |   |  |  |  |  |  |  |  |  |  |  |

**Are you right or left-handed?**

|              |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|--------------|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| Right-handed | ☆ | ☆ | ☆ | ☆ | ☆ |  |  |  |  |  |  |  |  |  |  |
| Left-handed  | ☆ | ☆ | ☆ |   |   |  |  |  |  |  |  |  |  |  |  |

Then move on to more complicated charts, those with more than two possible responses:

**What is your favourite fruit or what is your favourite colour?**

|           |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|-----------|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| Mango     | ☆ | ☆ | ☆ | ☆ |   |  |  |  |  |  |  |  |  |  |  |
| Banana    | ☆ | ☆ | ☆ |   |   |  |  |  |  |  |  |  |  |  |  |
| Pawpaw    | ☆ |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| Pineapple | ☆ | ☆ | ☆ | ☆ | ☆ |  |  |  |  |  |  |  |  |  |  |

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1 Adapted from “Health into Mathematics” by William Gibbs and Peter Matungu.

**How many brothers do you have?**

|   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|--|
| 0 | ☆ | ☆ |   |   |   |   |   |  |
| 1 | ☆ | ☆ |   |   |   |   |   |  |
| 2 | ☆ | ☆ |   |   |   |   |   |  |
| 3 | ☆ | ☆ |   |   |   |   |   |  |
| 4 | ☆ | ☆ | ☆ | ☆ | ☆ | ☆ | ☆ |  |
| 5 | ☆ |   |   |   |   |   |   |  |
| 6 | ☆ |   |   |   |   |   |   |  |
| 7 | ☆ |   |   |   |   |   |   |  |

This can be changed into a bar chart by colouring in the ticked squares.

|   |   |   |   |   |   |   |  |  |
|---|---|---|---|---|---|---|--|--|
| 0 | ☆ | ☆ |   |   |   |   |  |  |
| 1 | ☆ | ☆ |   |   |   |   |  |  |
| 2 | ☆ | ☆ | ☆ | ☆ |   |   |  |  |
| 3 | ☆ | ☆ |   |   |   |   |  |  |
| 4 | ☆ | ☆ | ☆ | ☆ | ☆ | ☆ |  |  |
| 5 | ☆ | ☆ | ☆ |   |   |   |  |  |
| 6 | ☆ | ☆ |   |   |   |   |  |  |
| 7 | ☆ | ☆ |   |   |   |   |  |  |

This can also be illustrated by giving each child a match-box and asking them to place their match box on a square. The chart can also exist in human form (very easy if you have a squared design on the floor), which helps the children see easily what a bar chart indicates.

***The First Simple Survey***

Next it is a good idea to let the children conduct their own survey within the group. It may help to mention that they should ask four key questions when preparing a survey:

1. What do we want to find out?
2. How are we going to collect the information?
3. How are we going to display the information collected?
4. What can we learn from the results of our survey?

Each child can ask the other children in the group a question. It can be a preference question, such as “Which is your favourite colour?”, or a number question, such as “How many sisters do you have?” They should prepare a tally chart to record the collected information. When they have completed their charts, they should analyse them and write two or three simple sentences showing any information they have been able to obtain from their charts.

When the children are familiar with the idea of a survey, they can start conduct simple surveys in their community. Prepare the children well so that they respect local customs and are fluent and clear in asking their questions. They often find it useful to rehearse their questions before facing the public and to make it a habit to note down any answers immediately.

**Session 14: Six-step problem-solving methodology**

Children, like adults, are often faced with problems, and if we could teach them to solve these, this would be a good preparation for life. (This is why problem-solving is considered a life-skill.) The 6-step problem-solving methodology aims to do just this, by taking them step-wise through various problems, so that they learnt how to deal with problems in their everyday lives.

Many Child-to-Child activities follow this series of steps (illustrated by the guinea worm example given on the next page) and this has been found to be very effective. In each case, they first explore the problem and then suggest ways to solve it. Experimenting with these solutions and evaluating the results helps them to learn to make better suggestions in the future and increase their confidence. In this way, they are acquiring an important life-skill.

The six steps are as follows:

- **Identify/Choose a topic:** The topic can be chosen in a variety of ways but it should always concern a real problem in the community. It is always best if the children choose the topic themselves, although sometimes this is not possible, if we need to follow the school curriculum for example. However, the action taken is always more effective when this is the case and the children learn better when they are learning about something that they have already experienced. This motivates them to find solutions but also increases their participation and all the skills involved in participation.
- **Study:** Develop a real understanding of the health concepts and problems involved and find out more about the problem in the community (this usually takes the form of a survey to see how widespread the problem is, which factors in the community increase the risk, etc.) Thus we can say that the study step has two aspects: general (or theoretical) and community aspects.
- **Discuss:** Talk over what has been learnt and possible solutions.
- **Plan action:** Decide on the best course of action, plan this and learn the necessary skills.
- **Act:** take action in line with plans made in the previous step to solve the problem.
- **Evaluate** the effects of the action taken and do better next time. The children examine their results with a view to understanding why they worked well or not so well and how they can do better next time.

This methodology encourages children to work together to find solutions to real-life problems and to apply what they have learnt in school to their lives outside school. The children are also encouraged to care about other children and other members of the community. Thus it links **learning with life and school with the community**

**OBJECTIVES:**

- ❖ To introduce the 6-step problem solving methodology to participants and ensure that they are able to apply it.

**MATERIALS:** flip chart paper, markers/pens.

**TIME:** 2 hours

**NOTES FOR FACILITATORS:**

- ❖ This methodology allows children increasing control over their activities and as such can play

an important role in increasing their self-esteem and self-confidence.

- ❖ This methodology is not difficult but is a key element in the Child-to-Child approach and central to any concept of child participation.
- ❖ Wherever possible, children should be encouraged to identify their own problems to solve, rather than presented with what adults or others may consider the key problems in their communities and families.

### **PROCEDURE:**

1. Introduce the 6-step problem-solving methodology, explaining each step in detail and emphasising that it helps children acquire the important life skill of problem-solving. Link this with the project cycle (which is often reduced to four main steps: analysis – planning – action – evaluation, which are basically the same as the 6 steps but more concentrated), especially if there are participants from organisations which work in projects.
2. Give some examples of how children have used this methodology to solve some of their own problems or those of their families and communities (there are many such case studies throughout this manual).
3. Hand out the examples given here as case studies and discuss them with participants.
4. Ask the participants in groups of 6 participants each to choose another topic and invent a case study for that topic similar to those which have been described so far.
5. When everyone has finished, ask each group to present their work to the large group.

### **The Children Eliminate Guinea Worm - A Story from Nigeria**

We should like to report on a very interesting example of community action from a part of Nigeria, where guinea worm is very common. It was the children who attacked the guinea worm and the example shows how powerful children's interventions can be.

Guinea worm is a very painful and debilitating condition, common in certain parts of Africa and Asia, but when some children in a village in Nigeria decided it had caused enough trouble in their village they began to investigate how they could deal with it. They investigated how many people were affected in their village and found that it was too many.

The children studied the life of the guinea worm, which has two hosts, human and a type of water flea, to see where they could interrupt its life cycle. They found that there were two possibilities. If no-one with guinea worm entered the water hole, no more eggs would be laid in the water and this would break the cycle. At the same time, infection could be prevented by filtering all drinking water. The water fleas that carry guinea worm are too small to be seen with the naked eye, so a very fine filter will be necessary.

They discussed this with the community and obtained the village chief's support. With the help of some teenagers and the village mason, the children built a wall around the water hole so that no-one could walk into it, except down the steps in one corner. However, a rule was established allowing no-one to go beyond the last dry step and with the village chief's support this was maintained. The village tailor made filters from fine material for each home and the children taught the villagers how to use them correctly. In this way, the incidence of guinea worm was greatly reduced in the village.

### The Six-Step Problem-Solving Methodology – Some Examples (Handout)

#### Example 1: AIDS

##### Step 1:

The elder sister of a girl in Class 4 died of AIDS, so the pupils were very concerned and asked the teacher for more information about AIDS, especially how to protect themselves against AIDS.

##### Step 2:

**General aspects:** The teacher had a discussion with the class to see how much they knew already. They knew that AIDS was spreading very rapidly in their area and that it could be spread through sexual relations but they also thought that it could be spread through drinking from the same cup or eating near someone with AIDS. The teacher explained how HIV is spread and then they played a game to make sure that everybody had understood well.

**Community aspects:** The children investigated how many people in their families knew someone who had died of AIDS.

##### Step 3:

After the children had collected this information from their families, they compared their findings, and saw that many people had already died of AIDS in their community. They could not tell how those people had been infected with HIV but there were a lot of young people among them, and in fact many were still at school when they died.

##### Step 4:

The pupils then considered what they could do. They were particularly concerned about the young people so they decided to tell their friends and families how serious the situation was becoming and how to avoid this disease which has no cure. They decided to prepare a play to perform in their school and other schools nearby to warn other young people and the community about AIDS. They also formed an anti-AIDS Club and met once a week to discuss their achievements and future plans.

##### Step 5:

The children performed their play in 6 local schools and held debates about HIV/AIDS with the pupils afterwards. They helped them form anti-AIDS clubs too. They also explained about HIV/AIDS to their families and friends.

##### Step 6:

They checked that the pupils from the other schools had really understood the message and found that on the whole they had, but some of the Anti-AIDS clubs needed a little more support.

#### Example 2: Measles

**Step 1: Identify/recognise the problem.** One of the children in Class 5 was absent from school because he had measles. The children asked what measles was and how they could avoid getting it, so the teacher thought this was a good time to discuss the topic of measles.

##### Step 2: Study the problem:

- ❖ **community aspects:** the children did a small survey in their community to see how many other children also had had measles and whether or not they had been vaccinated against it.
- ❖ **general aspects:** the teacher helped the children register the results of their survey and pointed out that most of the children who had measles had not been vaccinated and that those who had been vaccinated did not have measles.

**Step 3: Discuss what we have learnt:** the children discussed these results and decided that the best

way to protect themselves and their families against measles was through vaccination.

**Step 4: Plan action:** they discussed how they could ensure that they and all the children in their families and neighbourhoods could be vaccinated, and they planned their activities.

**Step 5: Act:** they prepared posters and role-plays about measles and discussed the importance of vaccination with their parents.

**Step 6: Evaluate:** They collected information on the number of children who had been vaccinated as a result of their campaign and found that many more children were now vaccinated, not only against measles but also against other childhood diseases.

### **Example 3: Road Safety**

**Step 1: Identify/recognise the problem.** One of the children in Class 4 was absent from school because he had been seriously hurt as the result of rushing into the street after a ball just as a large bus was passing. The children asked what they could do to avoid such accidents, so the teacher thought this was a good time to discuss the topic of road safety. This was not the first accident involving children from his class.

#### **Step 2: Study the problem:**

- ❖ *community aspects:* the children did a small survey in their community to see how many other children had also had accidents and where these had occurred.
- ❖ *general aspects:* the teacher helped the children register the results of their survey and pointed out that most of the children who had had accidents had crossed the road in two particularly dangerous spots or had run out onto the road after a ball. He also made sure that the children knew the rules of road safety well.

**Step 3: Discuss what we have learnt:** the children discussed these results and decided that it was necessary to protect themselves and their families (particularly the young children) against such accidents.

**Step 4: Plan action:** they discussed how they could ensure that they and all the children in their families and neighbourhoods would be more careful about crossing roads, and they planned how to carry out those activities.

**Step 5: Act:** they prepared posters indicating the most dangerous spots to cross the road. They set up a team to help the younger children cross the road to and from school. They also prepared role-plays to warn people about road safety and discussed the importance of road safety with their parents, friends and younger siblings.

**Step 6: Evaluate:** They collected information on the number of children who had understood the dangers of road accidents as a result of their campaign, and how many used the safer crossing areas. They found that many children had understood the message and were much more aware of road safety.

**Session 15: Song and/or dance on "*Happy, Healthy Children*"****OBJECTIVES:**

- To encourage participants to be creative;
- To produce a series of songs/dances for future use;
- To convince participants that they are able to create songs/dances themselves;
- To create a good group feeling among participants;
- To provide entertainment.

**MATERIALS:**

Usually none, but some participants may wish to use musical instruments or special clothes.

**TIME:** 1 hour total, with 30 minutes preparation and 3-4 minutes for each presentation.

**NOTES FOR FACILITATORS:**

1. This is not meant to be a very polished performance, but encourage the performers to do their best. Any topic can be chosen, e.g. the environment, dental hygiene, etc.
2. Songs/dances can be recorded and used again in the future.
3. Children can also do this exercise.
4. In some workshops, if there are time constraints, participants can be asked to prepare their songs as homework, but this is not necessary if enough time is available.

**PROCEDURE:**

1. Divide the participants into groups of 5 or 6.
2. Ask each group to prepare a song and/or dance on the selected topic, which in this case is 'Happy, Healthy Children' and perform it for the entire group. The performances should not be much more than 5 minutes long. They can use music that they know but they must invent new words on the topic given.
3. Each group performs for the rest of the group.

**The Children Get their Water Pump Repaired  
A Story from Koupela, Burkina Faso**

During a training workshop in Burkina Faso, we did three practice sessions with a group of children in a village primary school, near Koupela. We worked with six groups of children in the school. We asked each group what they considered their most serious problem and four out of the six groups mentioned the problem of the school water pump, which was broken. Unfortunately this was almost the only source of water near the village and the children had to bring water from the dam which was over 1 km away to water the garden and to drink at school.

The children were very interested in solving this problem of water source and decided to write a letter to Plan-Burkina to ask for help with the repair of the pump. The children got together to prepare their letter and once this had been carefully completed it was taken to Plan offices in Koupela. The manager of the office was sufficiently impressed by the children's efforts and organised for the pump to be repaired.

The children and the villagers are now very relieved that their pump has been repaired and their access to water restored.

**Sessions 16-24: Practice Sessions with the Children (3 sessions)<sup>2</sup>**

The participants now begin to think about the practice sessions they are going to do with children from a local primary school. Firstly, they and the children need to identify a problem to discuss and work on. Once the children have chosen the topic that they would like to work on, the participants will need to think about the knowledge, skills and attitudes that are required for that topic and how they can ensure that the children acquire these, so that they can try to solve the problem.

**OBJECTIVES:**

- To allow participants to prepare the sessions with the children.
- To ensure that participants have practiced and become familiar with the new methods and ideas learnt during the workshop and can use them confidently afterwards.

**MATERIALS:** Flip chart paper and markers, session plan outlines (one/session), all the materials prepared for use with the children should be available to participants for these sessions.

**TIME:** The time necessary will vary with the session and the experience of the participants. Aim to allow about 2 hours per session or time overnight (if possible), so that participants can use as much time as they wish to prepare.

**NOTES FOR FACILITATORS:**

- These three sessions with the children are organised so that participants can put into practice what we have been discussing in the workshop. They are thus an essential part of the workshop and should not be omitted.
- Basically the next three days follow a similar pattern. On each day, we prepare the practice sessions with the children, hold them and then reflect upon the experience. It is important that enough time is given to each step.
- Participants will need to work in teams to make it possible for everyone to take part, and this is sometimes difficult, but learning to work in teams is also an important skill.
- It is important that the participants have enough time to prepare these sessions well and that they feel comfortable about them.
- It is very important that the participants have time to reflect upon and discuss how they felt about the work with the children. They will often be surprised at how quickly the children learn with these methods and at how much the children actually know already. This may well be because they have never really listened to children before.
- It is also essential that the children benefit from these sessions and are not just present for our convenience. We must be very honest with them in terms of the reasons for our presence and what we can offer them. We must work hard to make sure that the experience is enjoyable for them and that they acquire useful knowledge and skills.
- If time allows, have each group present their plan in plenary so that the participants can share ideas and help each other as well as realise the need for good planning.
- If presentations are not possible, check the plans yourself; then ask the groups to display and review their plans, and ask the participants to spend a little time looking at the plans of other groups.

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<sup>2</sup> An extra session in which children investigate the impact in their communities of the problems that interest them can be added, with the benefit of allowing the children to go more deeply into their situation analysis.

**PROCEDURE:****Session 1:**

1. Divide the participants into groups of four or five. They will remain in these groups until the end of the practical work with the children.
2. Explain that we will work with the children three times and that we would like to go through the 6 steps studied previously (identification – study – discussion – planning – action – evaluation) with the children.
3. They must prepare the three sessions in sequence. It is very important to have children contribute to the first stage, which is the identification of the problem.
4. During the first session, considerable time needs to be spent on introductions and explanations, so that a good relationship is established from the start. There should be games at regular intervals as during all such sessions.
5. For the first session, the participants must prepare an **interesting** way for the children to generate a list of problems that they would like to see resolved. Then they must prepare an **interesting** way for them to choose the most “important” problem. They need a clear idea of what they mean by the most important -- most frequent, most serious, most interesting to the children to discuss, etc.
6. Prepare a list together of the various ways they know of producing a list of problems in the community that the children might like to solve (e.g. community visit, community/village map, discussion groups, etc. See Chapter 5) and prioritising them (e.g. different techniques for voting [secret or open], pair-wise ranking, comparing different criteria [severity, frequency, etc]), to ensure that they have a good choice of methods to use. This basically is the main task of the first session with the children.
7. Once the topic or problem has been chosen, the children should collect some information on that topic from their homes or communities for the next session. The participants must quickly think of one or two simple questions that they can ask the children to answer before our next meeting with them. The questions should aim to obtain information about this problem in the community rather than theoretical knowledge. For example, if the topic was clean water, you could ask them "How far do you go to collect water each day? Where is water stored in your house? Is the water covered and kept clean?"
8. Explain the session outlines to the participants, asking them to complete one for each session (see next pages).
9. If you have time, ask each group to present its session plan in plenary. If not, check the plans and ask for them to be displayed so that the groups can see each other's plans.
10. Remind participants that there will be a report on their work with the children so that it is very important to reflect upon how it went and the following questions have been prepared to help them with this reflection. However, it would be useful if they considered these questions during the sessions with the children.
11. Write the following questions up and suggest that the participants take these down in preparation for the feedback session:
  1. General Impression
  2. What went well?
  3. What went not so well?
  4. How could it be improved?

**Sample Session Plan Outlines**

**Topic:** .....

**Session** .....

| Objective | Activity | Methods | Materials | Time | Responsible |
|-----------|----------|---------|-----------|------|-------------|
|           |          |         |           |      |             |
|           |          |         |           |      |             |
|           |          |         |           |      |             |
|           |          |         |           |      |             |
|           |          |         |           |      |             |
|           |          |         |           |      |             |
|           |          |         |           |      |             |

**Sample Session Plan (Complete)**

**Topic: Accidents**

**Session 1**

| Objective   | Activity                                      | Methods                          | Materials                        | Time    | Responsible |
|---|---|----------------------------------|----------------------------------|---------|-------------|
| Relax atmosphere and get to know each other                                       | Introductions and game Elephant and Palm Tree | Discussions and games            | Name labels                      | 20 mins | A (All)     |
| Introduce topic "Accidents" and produce a list of accidents that affect children. | "Who has had an accident? What happened?"     | Class discussion to produce list | Board and chalk                  | 40 mins | B           |
| Relaxation and Rest   | "Simon Says"                                  | Game                             | None                             | 10 mins | C           |
| Increase awareness of risks   | Drawing a dangerous situation                 | Drawing                          | Paper and coloured pens          | 20 mins | D           |
| Learn traffic rules   | Traffic light game                            | Game                             | Cardboard to make traffic lights | 15 mins | E           |
| Reinforce road safety   | Road Safety Song                              | Song                             | None                             | 15 mins | All         |

5. How did the children react?
6. What did they like?
7. What did they not like so much?
8. What did they find interesting?
9. What did they find less interesting?
10. Any observations about the children that you made!
11. Did the children make any interesting comments?
12. Do you feel that the children learnt anything?
13. What skills did they acquire?
14. How was your timing?
15. How was the team work?
16. Which topic did your children choose?

After the visit to work with the children, participants must be given at least one hour to reflect together on the experience and prepare their feedback report which should reply to the above questions. The facilitator should have observed as much as possible of the practice, though clearly with four or five groups of participants, this cannot be complete for any group. The facilitator should also give any constructive feedback to the group, and allow time for further questions, before moving on to prepare the next session with the children (see Working with Children – Some Common Errors on next page).

**Session 2:**

1. For the second session, the participants must use the information from the children’s surveys to determine the magnitude of the problem in their community with them, ensure that the children have all the information that they need and together plan actions that will be taken by the children.
2. Do they need to provide the children with any additional information? If so, how will they do this in an interesting way? They should have researched the topic if necessary to ensure that they themselves are sufficiently informed about it.
3. The children will discuss and plan their actions, some of which will need to take place before the next meeting. In this way, the children can report on their actions and the results achieved at the next meeting.
4. Ask them to prepare an outline plan for the children and complete a table similar to the one below with them. This may seem complex but it is not really difficult and the children always like documenting their ideas in this way.

| What we will do | How we will do it | Who will do it and who will help | Target group | When we will do it | Where we will do it | What we need to do it |
|-----------------|-------------------|----------------------------------|--------------|--------------------|---------------------|-----------------------|
|                 |                   |                                  |              |                    |                     |                       |
|                 |                   |                                  |              |                    |                     |                       |
|                 |                   |                                  |              |                    |                     |                       |
|                 |                   |                                  |              |                    |                     |                       |

***Working with Children – Some Common Errors***

**Attitude to children:**

- Treat the children with the same level of respect you would give an adult.
- Be punctual.
- Only talk to your fellow facilitators when necessary.
- Seek permission when you want to go out of the room and appoint a substitute caretaker from among the participants, children or other facilitators.
- Look interested and enthusiastic!
- Mix with the children.
- Participate in the games.

**Children's work:**

- Support the children in their discussion groups and provide the help they need. As they get used to these methods, they will gradually need less support. Do not withdraw your support too early, but allow them time to discuss on their own. Experience will help you assess the support they need.

Some questions to help you gauge your approach include:

- Did the children have enough time to explore the issues in depth?
- Were the methods you used the most appropriate?
- Were the seating arrangements the most comfortable?
- Were you well-prepared, both in lesson plans and resources?
- Did you find any differences between large and small discussion groups?
- Try to have *all* of the children actively involved for as much of the time as possible. Long sessions with just a few children busy at any one time tend to become tedious, and the children become restless and bored.
- The homework is meant to be a small task, as the children already have their own homework from school. It was also meant to bring some information about their families or communities.

**Team work:**

- Take turns when speaking and try not to interrupt each other.
- Work cooperatively with evenly-distributed tasks.
- Look as though you are participating and taking an interest while your colleagues are working.

5. Taking action may require collective effort from all the children, especially if you are working in a school setting. Sometimes the kinds of actions to be taken by children may be beyond their power unless they get help, or the required action may be raising the awareness of the adults about their problems.
6. We need to be very careful about how the children communicate their problems to adults, as most issues that children raise will touch upon adult failures and responsibilities.
7. Ask the participants to prepare this session on a session plan outline, so that you can check it before they leave to work with the children. If there is time, they can display their plans for the other groups to see.
8. Warn them that their feedback reports after the session should include what the children plan to do before the next session.

9. The feedback session should take the same form as after the first session, with each group presenting their reflections and the facilitator also giving some feedback to help improve practice.

**Session 3:**

1. As this is the final session with the children, we must evaluate the work of the group. In effect we need to evaluate three aspects:
  - ❖ What did the children manage to do and what were the results obtained? Will they continue with this action? Could they do better? How?
  - ❖ Did they enjoy the sessions with us? What did they like/dislike, etc.? Did they feel that they participated well? Were they encouraged to participate? What could be improved?
  - ❖ Did they learn anything during our time with them? If so, what? Did they acquire any skills? If so, which ones? What did they find to be useful and interesting?
2. Ask participants to prepare the third session as an evaluation session of their work with the children using the session plan outline. They can display their plans for the other groups to see.
3. For the feedback, only consider the questions from the previous session which can help you in this, and concentrate on the following:
  1. Which of their suggested solutions were the children able to achieve?
  2. What have the children learnt?
  3. What skills have they acquired?
  4. What did they like? Find interesting? Find useful?
  5. Which methods were the most effective?
  6. Evaluate your own work during these three days.

The feedback session should deal with all these questions, allow any further discussion that participants need and include feedback from the facilitator.

**Session 25: Action plans**

The final day is dedicated to the formulation of an action plan for the following year or six months, depending on what is suitable for each organisation's activities. This obliges the participants to look realistically at the situation in which they will find themselves and to commit themselves to a particular strategy during the period in question. Participants can work in groups, according to geographic area, place of work or professional occupation. Working in regional or school groups has many advantages as it provides a natural support group for after the workshop. Groups should be encouraged to meet on a regular basis to discuss achievements and difficulties encountered.

**OBJECTIVES:**

- ❖ To allow participants to begin to plan future activities incorporating what has been learnt in the workshop;
- ❖ To ensure that participants have the opportunity to discuss future plans and any difficulties they envisage.

**MATERIALS:** flip-chart paper, markers/pens.

**TIME:** 3 to 4 hours

**NOTES FOR FACILITATORS:**

- ❖ The participants may not be able to make final decisions about what their organisations will do in the future, but they can prepare a proposal to present on their return to work.
- ❖ For this activity, it is better to have people who normally work together plan together.
- ❖ If there are some individuals who work alone, they can combine for the purposes of the exercise, so that they can exchange ideas and help each other, but they may need to prepare different final action plans.

**PROCEDURE:**

1. Ask participants to form groups with others working in the same organisation or geographical area as themselves.
2. Ask them to begin thinking about the future and how they can apply what they have learnt during the workshop in their everyday work when they go home.
3. They will now prepare a full action plan for the next year (or six months if this is more appropriate), taking into account that this may need endorsing when they go back to their organisations.
4. Ask them first to respond to the following questions:
  1. Where will you work and with whom?
  2. Who will you need to inform? How will you do so?
  3. With which children will you work? Will it be in school or out of school?
  4. With how many children will you work?
  5. What age groups?
  6. How many groups of children?
  7. How many hours/week with each group?
  8. Who will help you?
  9. What methods will you use?
  10. How will you evaluate your work?
  11. How can you ensure that it will continue?

12. Will the members of this group meet again? If so, when and how? and how will you maintain contact among yourselves?
5. These questions should help them orient their work over the next few months, but they will also need to plan it in detail. So ask them to draw up an action plan using the normal format that is used in their own organisation, or if they prefer they can use the table below:

| Objective | Activity | Strategy | Resources | Venue | Period | Responsible |
|-----------|----------|----------|-----------|-------|--------|-------------|
|           |          |          |           |       |        |             |
|           |          |          |           |       |        |             |
|           |          |          |           |       |        |             |

6. When everyone has finished, ask each group to present their plan and discuss these in the large group. Are they feasible? Will they have the necessary resources, etc?

### Final evaluation

There are many ways to do this and it is important to do it. A suggested evaluation form is included in Appendix B. A talking wall, where each participant is given two pieces of paper on which to list the things they liked and the things they did not like before attaching them to the wall, is another possibility. This allows a certain anonymity, but at the same time the group feeling is discussed. Group discussions can also be used to evaluate but this works better in situations where there is a certain group cohesion.

### Red Rosettes for the Clean Market Stalls

The Children Improve the Market - A Story from Mali

Mali is a huge country in West Africa and the children in a small town there were studying community hygiene. There were a lot of cases of cholera from time to time, but diarrhoea was a constant problem and killed many small children every year. How could they make their town cleaner and safer for themselves and especially for smaller children?

They visited the market to see how clean that was and they found that it was not very clean at all. However, as children they did not feel that they could ask the stall-holders to improve their hygiene habits. Instead they decided to present the clean stalls with a red rosette which would show everyone that their stall met some basic hygiene standards. Of course, all the other stall holders also wanted a rosette, so gradually they all improved their habits in order to get a red rosette too.

**Demonstration lessons**

Two or more demonstration lessons can usefully be included where the programme permits. Usually 30 minutes each is enough but they can be made longer if necessary. Sometimes the discussions can be very fruitful and therefore it is very worthwhile to extend them.

***Demonstration lesson: Diarrhoea doll and discussion of diarrhoea***

Diarrhoea is one of the major causes of child deaths in almost all African countries, but these deaths can be avoided by rehydration, as it is not the diarrhoea itself but the consequent dehydration which kills. The main aim of this lesson is to make the loss of liquids during diarrhoea and the subsequent need for rehydration very clear to children, so that they will in future ensure that anyone with diarrhoea is given plenty of replacement liquids. This measure can save lives.

A doll can be made from a bottle, a gourd or anything of an appropriate shape. There is no need to use expensive equipment here, although a little time to make it look more like a doll/baby does make it more effective. Holes for the diarrhoea (anus), urine and tears (eyes) are needed, and a hole in the top through which water can be added.

You will need a large basin, with water, in which the doll will fit, a jug with which water can be poured into the doll, some plugs, e.g. bostik, to seal the holes until the water is meant to come out of them, and a helper from the group who is going to help save this baby's life by pouring water into the hole in the top.

As the baby loses water, the water level within the doll falls and there are no more tears. In fact, as the baby becomes dehydrated, he cries because he is in pain but after a while there are no more tears and the urine becomes less and less abundant until it ceases completely. Holding the baby at an angle will show how the urine stops after a while too. Thus some of the symptoms of dehydration are clearly shown and it is very difficult to maintain the water level in the doll with diarrhoea.

This is a very effective way of getting the message of rehydration across to any audience, and can also be a lot of fun.

***Demonstration lesson: Accidents***

The main aim of this lesson is to show how much children's experience can contribute to what is done in class. Starting from where the children are can actually bring us a long way and helps relate what is done in school with what has happened at home. The children will then use what they learn at school to avoid further accidents both at home and outside.

Begin by asking if anyone has had an accident and if so what happened. Let them tell the story of what happened to the class. Then we can ask what accidents have happened to their families or other people they know. We will probably by that time have a sizable list of accidents, which can be presented in any kind of chart or drawing form.

These can then be divided into those which occurred at home, at school and outside, including road accidents. The children can think about how they could avoid such accidents. They can discuss this in groups and will, in this way, begin to become more aware of dangerous situations and how to avoid them. The more they reason upon this type of situation, the more they internalise the information and the more likely they will be to apply what they have learnt. Sometimes, the idea of protecting themselves from accidents is quite novel but this is then a good starting point for all forms of preventive health care.

**Health and other specific sessions**

Depending on the level of health knowledge of the group, it may be necessary or useful to include some straightforward health sessions. Outside speakers, preferably local people familiar with the local conditions and methods, are best for these. The topics chosen, the time allocated and the way each topic is treated as regards the amount and depth of discussion will depend on the needs of the particular group. Usually 30 minutes to an hour is sufficient for each one, although some may give rise to so many questions that it is difficult to finish. Some possible topics for discussion could include:

- ❖ General overview of child health in the country (wherever you are)
- ❖ Accidents/First Aid
- ❖ Acute Respiratory Infections
- ❖ AIDS/HIV
- ❖ Alcohol
- ❖ Bilharzia
- ❖ Child development
- ❖ Child abuse
- ❖ Child participation
- ❖ Child protection
- ❖ Children's rights
- ❖ Common/communicable diseases
- ❖ Diarrhoea
- ❖ Disability
- ❖ Drugs
- ❖ Immunisation
- ❖ Malaria
- ❖ Medicines - how to use them sensibly
- ❖ Nutrition
- ❖ Oral Health
- ❖ Safe, clean water/sanitation
- ❖ Tuberculosis

It is useful to orient the speakers a little and try to encourage them to look at their topic from the point of view of what children can do. However, it should be noted that in this workshop, we are concentrating on teaching methods rather than any particular subject area. The methods under discussion can be applied to most subject areas, both within health education and in other areas.

## Chapter 5: Child-to-Child - Some Basic Methods

Below you will find descriptions of some of the methods used in the Child-to-Child approach and elsewhere. Many of these are different from the traditional teaching methods still used in many schools throughout the world. They aim to use a participative and child-centred approach. Much research has shown that children (and adults) learn better when they are involved in the actual learning process and when they are learning about things of immediate concern and interest to them.

For this reason, the community diagnosis is an excellent way to begin your work and to choose the topics to be discussed. It can help unite the group you are working with and make them more aware of the problems they and their community are facing, and can be the first step to finding solutions to those problems.

Some suggestions for carrying out a community diagnosis are given below, along with others for the use of simple surveys, discussion groups, drama, stories, pictures and the Child-to-Child readers to work with children.

We hope that you will find these suggestions useful and of course there are many more in the Child-to-Child materials, e.g. the activity sheets, Child-to-Child Resource Book, Children for Health, etc. If, however, you would like more information or would like to tell us about your experience with these and other methods and materials, do not hesitate to contact us at: Child-to-Child Trust, Institute of Education, 20 Bedford Place, London WC1H 0AL, UK. Tel: (+44) 207 612 6648, or by email at: [ccenquiries@ioe.ac.uk](mailto:ccenquiries@ioe.ac.uk), or you can visit our website [www.child-to-child.org](http://www.child-to-child.org).

### Community analysis or community diagnosis

This exercise is an ideal introduction to a workshop, especially with new groups, as it gives the participants the opportunity to consider their own environment, both problems and resources, and discuss them together. Thus it opens the way to a greater awareness of the problems which exist and can be dealt with, either at the present workshop or at a later stage, as well as the importance which the participants attach to the particular problem.

It can be done with adults or children and in a more or less simplified way. Here are a few suggestions (taken from David Werner's, *Helping Health Workers Learn*).

- **Let the group make a list of problems which they feel exist in their community.** These should not just be health problems because many other factors influence health. It is very useful for them to discuss these together. Sometimes, it is helpful to make the questions as simple as possible and ask what problems they have encountered in the last few months rather than ask very general questions.
- **Consider the relative importance of the different problems the group has listed.** This can be done in several ways, some simpler, some more complete. One way is to make a chart on a blackboard or a large piece of paper. Have the group discuss **how common** or **how serious** they feel each problem is. Then mark from 1 plus (+) to 5 pluses (+++++) in each column (see Fig 1).

By considering both **how common** and **how serious** a problem is, the students can get an idea of its **relative importance in the community**. To help in this, they can add up the plus marks for each problem.

| <u>PROBLEM</u>           | <u>HOW COMMON</u> | <u>HOW SERIOUS</u> | <u>HOW IMPORTANT</u> |
|--------------------------|-------------------|--------------------|----------------------|
| Babies have diarrhea     | ++++              | +++                | 9                    |
| Children have worms      | +++               | ++                 | 6                    |
| Children very thin       | +++               | +++                | 7                    |
| Skin sores               | +++               | +                  | 6                    |
| Toothaches               | ++                | +++                | 5                    |
| Chickens died            | +++               | +++                | 6                    |
| Too far to water         | ++++              | ++                 | 7                    |
| Fever and chills         | +++               | ++++               | 7                    |
| Fathers often drunk      | +++               | ++++               |                      |
| Crops failed             | +++               | ++++               |                      |
| Food in store too costly | +++               | +++                |                      |
| Heart attacks            | +                 | +++                |                      |
| Women pale and weak      | +++               | +++                |                      |
| Problems after birth     | ++                | +++                |                      |
| Measles                  | ++                | +++                |                      |
| Common colds             | ++++              | +                  |                      |

+ not very common (or serious)  
 ++ somewhat common (or serious)  
 +++ common (or serious)  
 ++++ very common (or serious)  
 +++++ extremely common (or serious)

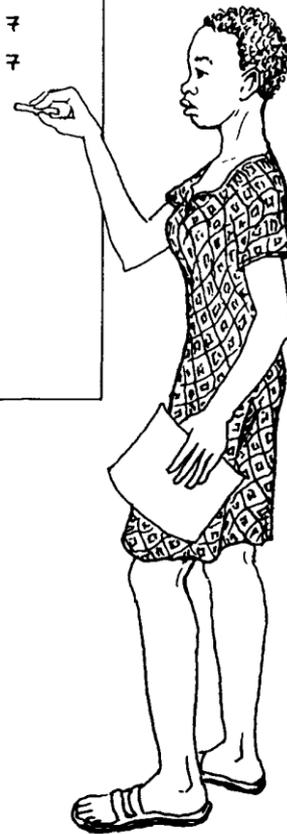


Fig.1

Ask the group which problem appears to be most important. (In this case, it is diarrhoea, with 9 pluses). Then, which is next in importance? (Those with 8 pluses. Which are they?) And so on.

A more complete way to look at the relative importance of problems is to consider the following four questions for each problem:

1. How **COMMON** is the problem in the community?
2. How **SERIOUS** are the effects on individuals, families and communities?
3. Is it **CONTAGIOUS**? (Does it spread to other people?)
4. Is it **CHRONIC**? (Does it last a long time?)

Again plus marks can be used to add up the results. But a more fun way that gets everyone involved is to use cut-out symbols (see Fig 2).

These symbols can be made of flannel or soft cloth, to be used on a "flannel-board". Use a different colour for each symbol. You will need at least:

- ❖ 100 sad faces
- ❖ 15 skulls

- ❖ 15 faces with arrows
- ❖ 10 long arrows

Now write the name of each problem on a strip of paper or cloth. Attach these strips to the flannel-board. Then discuss the problems one by one. Have students come forward and place the symbols they think fit each problem. When they are done, the flannel-board should look like Fig 3.

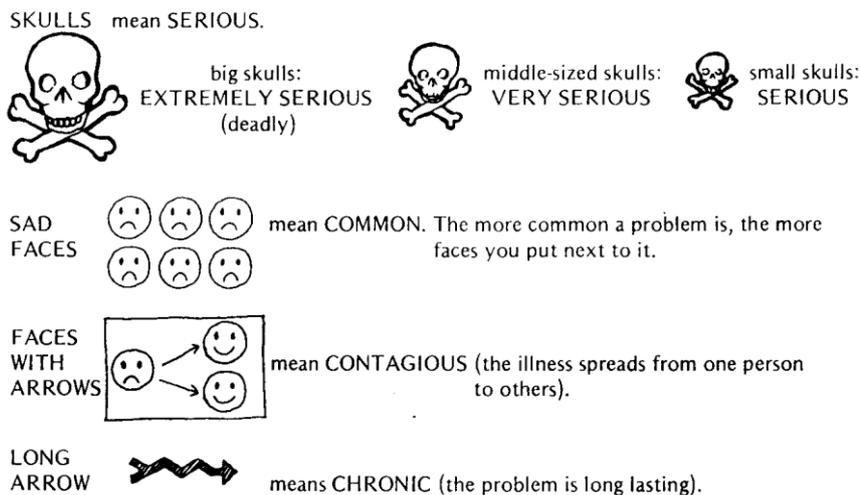


Fig 2.

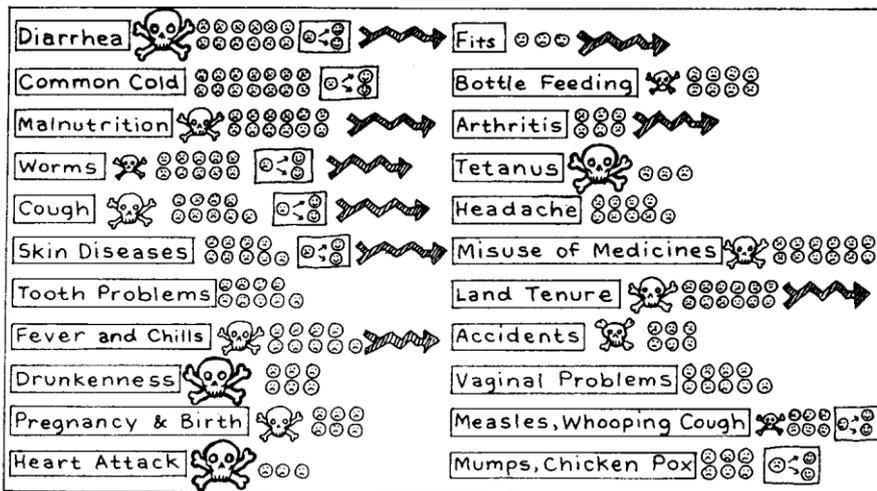


Fig 3

Let the students discuss how many sad faces to put up for "cough" as compared to "diarrhoea", or whether "drunkenness" is contagious or not. This will get them thinking and talking about the problems in their villages.

There may be differences of opinion, especially if the health workers come from different areas. For example, in Project Piaxtla in Mexico, some health workers come from hot, lowland villages where diarrhoea, hookworm and typhoid are more common. Others come from mountain villages where colds, bronchitis and pneumonia are more common. So health workers will discover that problems and needs vary from village to village.

Health workers can use these same methods with persons who cannot read. To show the problems,

they can use simple drawings instead of words. Once the drawings are explained, people rarely forget what they represent.

**How to carry out a simple survey with children**

Using a survey is a powerful way of helping children to become aware of health issues and involving them actively in learning about them. Children can be involved at every stage: in creating the questions to be asked; in collecting the information; in making charts to show their results and in drawing conclusions from what they have discovered.

To introduce children to the idea of a survey, first carry out surveys of the children themselves. Start with simple questions, for example:

- ❖ Who is right handed?
- ❖ Who is left handed?
- ❖ Which is your favourite fruit?

To record the information, show the children how to make a tally chart. Each child can tick in the box opposite their choice.

Next, it is a good idea to let the children carry out their own survey within the group. It may help to point out that there are four stages to follow when carrying out a survey:

- ❖ What do we want to find out?
- ❖ How are we going to collect the information?
- ❖ How are we going to display the information we have collected?
- ❖ What can we learn from the results of our survey?

Each child can devise a question to ask the rest of the group and prepare a tick record sheet. These can be Yes/No questions such as:

“Have you ever had a cut that needed stitches?”

|     |   |   |   |   |   |   |   |  |  |
|-----|---|---|---|---|---|---|---|--|--|
| Yes | √ | √ | √ | √ | √ | √ | √ |  |  |
| No  | √ | √ | √ | √ |   |   |   |  |  |

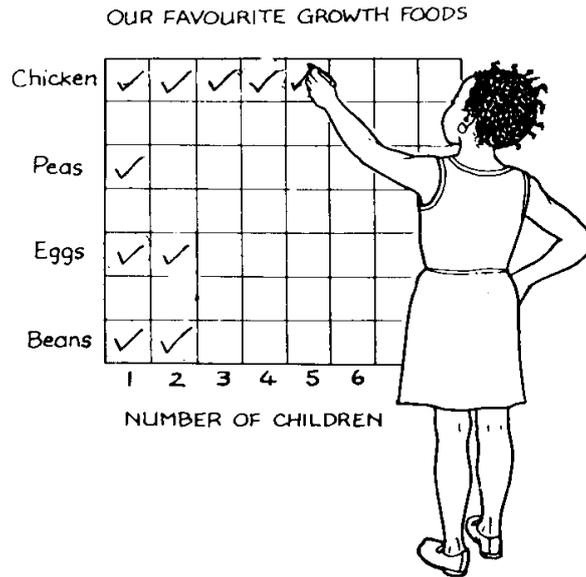
Or are you right or left-handed?

|              |   |   |   |   |   |   |   |   |  |
|--------------|---|---|---|---|---|---|---|---|--|
| Right-handed | √ | √ | √ | √ | √ | √ | √ | √ |  |
| Left-handed  | √ |   |   |   |   |   |   |   |  |

Preference questions, such as, “Which food do you like best?”

|            |   |   |   |   |   |   |  |
|------------|---|---|---|---|---|---|--|
| Oranges    | √ | √ | √ |   |   |   |  |
| Mangoes    | √ | √ | √ | √ | √ | √ |  |
| Bananas    | √ | √ |   |   |   |   |  |
| Pineapples | √ | √ | √ | √ |   |   |  |

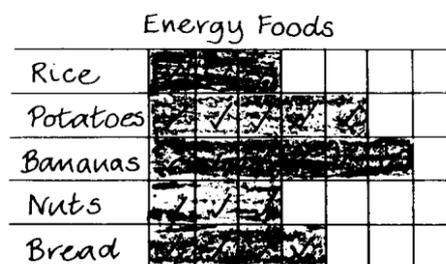
or



or number questions, such as “How many brothers have you?”

|   |   |   |   |   |  |  |
|---|---|---|---|---|--|--|
| 0 | ✓ |   |   |   |  |  |
| 1 | ✓ | ✓ | ✓ |   |  |  |
| 2 | ✓ | ✓ | ✓ | ✓ |  |  |
| 3 | ✓ |   |   |   |  |  |
| 4 | ✓ |   |   |   |  |  |
| 5 | ✓ |   |   |   |  |  |
| 6 |   |   |   |   |  |  |

After the children have collected their data, ask them to turn it into a chart. The easiest kind of chart is a bar chart. If the tick chart has been made on squared paper then the children only have to colour each square that has been ticked:



Next, challenge the children to make up questions about their chart or write simple sentences about the information they have found, for example:

How many children liked oranges?

or

We found that more children have 2 brothers than 3 brothers.

Once the children are familiar with the idea of a simple survey, you can set them the task of carrying out a survey at home or even in the community. Again, involve the children in designing the questions that are to be asked and in preparing a record sheet. Here, for example, are some of the

questions a group of children in Kampala, Uganda made up on the topic of accidents:

Which of these accidents has happened to you?

- ❖ • Falling off mango tree
- ❖ • Fish bone stuck in mouth
- ❖ • Dog bite
- ❖ • Hot water burn
- ❖ • Cut with panga (machete)
- ❖ • Struck by lightening
- ❖ • Electric shock
- ❖ • Falling in pit latrine
- ❖ • Stepping on hot charcoal
- ❖ • Breaking a bone



In addition to accidents, there are a whole range of health topics which we can approach through surveys. For example, we can use them to find out...

- ❖ The water sources people use;
- ❖ Types of latrine in use;
- ❖ Food habits
- ❖ About immunisation...

and much more.

Finally, there are two very important points to remember. A survey must not be seen as a way of prying into the lives of parents or of the community. Tact and care are needed to make sure the information collected is used to convey a health message without hurting feelings or causing embarrassment. The information collected must allow some useful action to be taken. The collecting of health information is just the means to an end. We must remember to ask:

- ❖ What can we learn from our survey?
- ❖ What can we change?
- ❖ What can we improve?

**Children's discussion groups**

Effective use of the Child-to-Child approach often depends on children discussing among themselves to help them understand problems better and to help them decide what they should do. But children's discussion groups must be well planned and organised.

**Remember**

Children are not adults. Teachers and organisers must understand how children form groups and work together, who takes part in the groups and what interests children and motivates them.

**Some ideas for working in groups***Big groups and small groups*

Although large groups such as a school class or a scout pack can work together well for some purposes, they nearly always need to be broken down into smaller groups for specific discussion tasks.

*Size of discussion groups*

Keep these groups small (no more than seven). Children need to sit where they can all see each other (round a table, or on the ground). Every group needs a leader and a note-taker.

*Every child must participate*

Children must learn to listen and give everyone a turn. Sometimes children can discuss in pairs before giving answers. This gives shy children a chance to give their ideas to bolder children.

*Clarify tasks*

Children may have wider problems to discuss (e.g. how can we play with our babies at home?) or narrower tasks (e.g. list four ways in which each of us can make our home safer). In each case they should know exactly what the discussion task is.

*Record discussions*

The results of the discussion need to be recorded by one child and agreed and copied down by the others. Everyone in the group must be able to say what has been agreed.

*Different ways of discussion*

- Try **starting from experience**

Use stories about "what happened to me" to start a discussion.

- Try **pictures to start off a discussion**

e.g. a picture of a disabled child being ignored by others playing a game:

Pretend you are the disabled child in the picture. What do you feel? How do you feel towards the other children?

Discuss why the children in the picture are acting the way they do. What can be done?



- **Try stories to provoke discussion**

*Musa the Goalkeeper*

*Musa was a very good goalkeeper, particularly during the afternoon. But when the boys played in the evening he was unreliable.... and it got steadily worse. First he let through two goals, then five, then ten. His team mates were furious, but then they started talking together. One said, "Let's find out what's happening to Musa..."*

- **Try role-playing**

Children become "health workers", "village council workers", "ministers"... and discuss "what should we do?" Each child takes a different role.

- **Try drama to introduce discussion**

Act out a family offering explanations of treating diarrhoea which will not combat dehydration. How can we convince them of a better way?

### **Discussion in action, an example**

*Children's stools and hygiene*

#### **Introducing and discussing the problem**

Little children's stools are very dangerous to hygiene. They contain more germs than adult stools. Yet many people do not realise this. The teacher/health worker explains the problem. Children in groups discuss it and raise questions (e.g. why do little children have more diarrhoea than adults?).

#### **Finding out more about it**

Children discuss and record incidence of common diseases and focus on diarrhoea. How often do the little children have it? What are common remedies for treating diarrhoea? How are little children kept clean?

**Looking at the problem again to understand it better**

How far do people know about these dangers? What dangerous practices do we know of which could spread disease? Why do these happen?

Drama can be used to introduce this discussion. Children act out a dirty and careless home (playing father, mother, babies, older children, flies, goats, etc).

**Discussing action that can be taken**

What can we all do *at home* to help little children become cleaner?

What can we all do *together* to spread the message? (Posters, songs, puppet shows)

**Planning action**

Who does what? and how can we measure whether we and our families *know* more about little children's hygiene and are *doing* more to keep them clean and safe?

**Discussing action taken**

After some time (perhaps a month) children discuss what they have done and what effects they have noticed. Are the little children cleaner? Do we take more care?

**Doing it better: keeping up the effort**

Discuss, in particular, how we can make *keeping baby cleaner* a habit and how we can all help to do so.

**Drama and health**

Using drama is an effective and fun way of developing a good understanding of a situation or a problem. In most formal learning situations children are sitting and receiving information. Drama offers a new dimension - ACTION! Drama makes learning come alive. Learning through drama comes from creating, performing, listening, watching others and from discussion.

Drama is very useful in health education. There are many health activities which need practice before children "pass on" the health ideas. Drama can help them to do this and to relate learning about health to real life situations. There are many different types of drama all of which can be used in different ways to deepen our understanding of health issues, some of these are:

- role-play
- puppets
- poetry
- street theatre
- sketches
- mime
- games
- masks
- choral speaking
- radio
- dance
- film/video

Each of these dramatic activities asks for active involvement in the exploration or presentation of an

idea. Not all drama needs to be performed. If a performance is planned those involved need to spend time practising and preparing the drama. Sometimes people learn more from creating the drama than from performing it. Some people who benefit from participating in drama may not enjoy performing themselves. Above all drama needs to be looked upon as part of effective teaching.

### **Introducing drama to health: some easy steps to follow**

1. Choose an issue or a topic area as your focus, e.g. immunisation.
2. With the participants, decide on a central idea (remember interesting drama is about problems/conflicts and their resolution), e.g. The immunisation clinics do not reach people in remote areas.
3. Do some warm-up games to get everyone "loosened-up". It is important to warm up the mind as well as the body.
4. In small groups work through the drama, looking at both the problem and possible solutions. These can be presented to other participants and the session finished with a discussion about the topic (immunisation) and the drama techniques used. Which worked and why?

It is important to discuss drama techniques as the participants will enjoy practising and becoming effective performers even if the drama is not for an audience. Examples of techniques might include: a good use of space, effective dialogue and clear diction, facing the audience, appropriate actions. It depends what kind of drama has been chosen as the vehicle for your message.

Two types of drama which might be particularly helpful to health educators are puppets and masks. There are many vital health issues which may be difficult or embarrassing to discuss openly. Using puppets and masks can help people discuss issues that they might find difficult to discuss openly.

### **Puppets**

Children love to make and use puppets. Speaking through a puppet makes the drama less personal than if you are acting out the part of a character in a role-play.

Puppets can be made out of anything; a bag, a box, a piece of paper, a potato, a mealy. They are easy to make from cheap materials. Drawing a face on a finger is a good start! Make puppets with strong characters and bold distinctive features which show up well from a distance. Look at the faces around you!

### **Learning how to use your puppet**

When you have made your puppet it is important to learn how to use it properly. Puppets convey meaning through their actions so practise a variety of clear gestures. Hold your puppet upright and high enough for the audience to see.

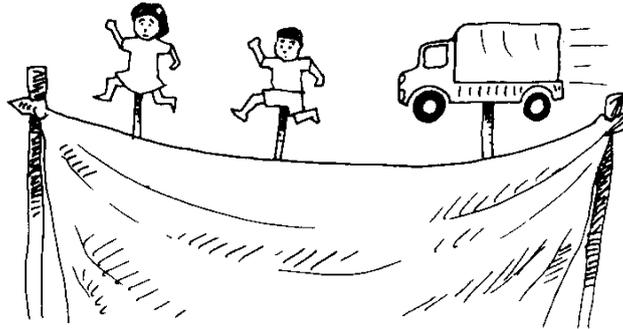
Invite people to demonstrate their puppet in a variety of moods; practise surprise, happiness, shyness, embarrassment, anger. Be careful to have the actions of the puppet matching the words! Always look at what your puppet is doing, not at the other puppeteers. Get your friends to tell you how the puppet looks. Try to improve your technique.

### **Masks**

Masks are another useful way of dealing with sensitive subjects. They can also be used for "speaking" private thoughts. During a scene the mask wearer can take off the mask, or if it is a stick mask, pull it away from the face. When off, the mask wearer speaks private thoughts; when on, the mask speaks publicly.

As with puppets they are easy to make and the facial features need to be strong. Very effective masks can be made simply by using a piece of paper or card and cutting out the shape of the face, the eyes, the nose and the mouth. The mask can be tied to the face or stuck onto a stick.

The scene which follows might help to "trigger" other drama activities such as a puppet play or a series of role-plays with groups working on different endings. The health theme is "Safe Life Skills". Both actors wear masks; one showing an older man and the other a young girl.



**A simple puppet theatre**

(Man approaches girl; he obviously finds her attractive.)

Man (wearing mask): Hello! Haven't I seen you somewhere before?

(mask off): I know I haven't seen her before but isn't she pretty, I wonder if I could get her to come home with me.

Girl (mask off): My father told me I mustn't speak to strangers but this man says he knows me; maybe he is one of my father's friends. I'd better be friendly.

(mask on): Hello. Yes, of course I remember you.

Man (mask on): Do you remember that you said you would like to come to visit my home?

Girl (mask off): I really don't remember.

(mask on): Oh yes, of course I remember.

Man (mask on): Well I am free today. Why don't you with me now?

Girl (mask on): OK, I will.

Exit man and girl together. The man is laughing.

As a mask has only one fixed expression, actors have to use whole body; posture, movement and gestures, to express what they are feeling. It is important to practise in front of a mirror or look at the way others are moving when they wear their masks. Slow, definite movements are most effective.

Look at other people's masks in profile; do they work as effectively if at all? With a friend, practise conveying different emotions, e.g. love, aggression or distrust, with little or no physical contact. Use music (e.g. a drum or home-made percussion). Try dancing with the masks on.

The Child-to-Child activity sheets are full of ideas and examples of stories for role-play, for puppet shows, for songs and so on. Drama is a useful way to have fun with health activities.

### **Making the most of stories**

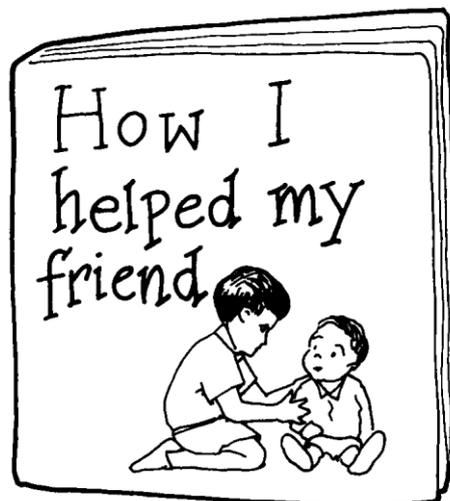
All good health teaching makes use of stories. Here are some suggested ways of making the most of the stories you tell, while you are telling them and after they have been told.

### Telling the stories

Whatever type of story you use, it will work better if:

- ❖ You make sure the children understand the language;
- ❖ The story has some excitement, action and drama in it;
- ❖ The story shows children what they themselves can achieve as a group;
- ❖ It captures their interest because it is either funny, appeals to their sense of adventure or is about something important to them.

Gather the children around you in a group where you can see each one of them. Sometimes pictures or puppets can be used to help the telling. Vary your voice as you tell the story. Make sure your language is clear and easily understood, full of feeling, changing as the characters or the action changes. Pause at intervals to allow the children to think about what you are saying. Ask questions during the telling to make sure that they have understood the action so far. Involve the children in the story right from the beginning and help them contribute to it.



Here are a few suggestions:

- ❖ The children can name the characters and the story itself.
- ❖ Give them something to "look for" in the story before you begin: *"I want you to tell me how many children helped Peter in this story"*.
- ❖ Get them to help you build the story: *"Indira lived in a tiny house. What colour house shall we make it, She had a dress just like yours, Anita, but she did not keep it as clean as you do"*.
- ❖ At appropriate moments allow them to offer opinions and comments. *"So, Musa went to see the witch-doctor ... do you think he was wise?" "Musa decided he was too tired to brush his teeth... do you think he was wise?"*
- ❖ Allow them to predict the action: *"Well, he can do three things... what do you think he will do?"*
- ❖ Invite their suggestions: *"Rani knew that the men were making the people's drinking water unsafe, but what could she do? She was only little and all alone. Who would listen to her? ... What do you think she could do?"*
- ❖ Put them in the character's shoes: *"Musa didn't know what to do next... the fever kept getting worse... teacher had told them what to do but he couldn't remember exactly. Can you help him?"*
- ❖ When the story is over, ask them to consider alternatives: *"Suppose she had not immunised the baby, what might have happened?"; "Would the story be different if the villagers knew what you know about mosquitoes?"*

Finally, help the children to relate the story to their own lives: "*Has something like this ever happened to you/here?*"; "*What can we all do to stop it/make it happen?*"; "*Do you know someone who...?*"; "*How do we do that in our village?*"; "*Can we change it?*".

### **After the story, what next?**

When the story is over, you have only just begun. Now it is time for the children to really get to know the story so that they are ready to share it with others. But first, you need to make sure that they have understood the health message. And you need to make sure that they know and love the story so well that they want to tell it to others. Here are a few things to try:

- ❖ Turn it into a drama and act it out.
- ❖ Help the children to draw the story in a series of pictures which they can mix up and put back in the right order.
- ❖ Help them to make their own story book, complete with pictures and cover.
- ❖ Let a group of children tell the story, each contributing a part.
- ❖ Make cut-out characters from the story.
- ❖ Make and use puppets to tell the story.
- ❖ Tell the story from various characters' points of view.
- ❖ Rewrite it as a newspaper article.
- ❖ Get the children to try different endings or put in new characters.
- ❖ Get them to tell what happened before or after the story.

### **Spreading the word... sharing the story with friends and families**

In sharing their story, the children may want to use many of the techniques that you have used with them. There are other things you can do to encourage them. Some ideas include:

- ❖ Getting them to keep a record of how many people they told stories to, how many they heard and how many new "health message" stories they made up.
- ❖ Involving the whole community by organising story-telling competitions and getting the adults to help with props and music for a street/village square story-telling evening using drama, posters, puppets, masks, dance.
- ❖ Organising "swap-a-story" games where a story heard has to be "paid for" by a story told.

### **Using pictures to make children think: A few hints**

Very often Child-to-Child activities make use of pictures to help children understand better - but frequently pictures are only used to **show** children, not to make them **think**.

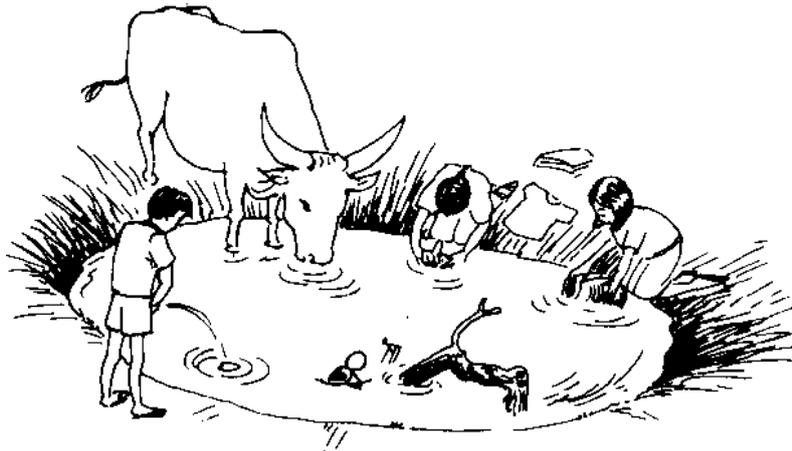
Here are six hints for using pictures in a new way.

#### *1. What happened before?*

Here is a picture, e.g. of a baby with diarrhoea... What happened before? Tell the story of how the baby got like this.

#### *2. What happened next?*

Here is a picture, e.g. collecting water from a dirty place... What happened next? For how long and to whom?



### 3. *What happened first?*

Here are a series of pictures, e.g. of breast and bottle feeding... Put them in the right order and discuss why they have to be in this order.

### 4. *"Jumping into" the picture*

Choose a picture showing some action (or argument) taking place... "Jump into" the picture. Describe what you see. Who is saying what and why?

### 5. *Becoming other people*

In the same kind of action or argument picture... Take different roles, e.g. a mother; a little child; a health worker; a critical auntie. Describe what is happening from "your own" point of view. What do you think of other people in the picture?

### 6. *Who drew the picture and why?*

Use an advertisement picture, e.g. for cigarettes... Look at what it shows and what it tries to make you believe. How would you design a picture to give the opposite message equally (or more) effectively?

## **Using the Child-to-Child Readers**

Child-to-Child has now published a series of readers some of which have been translated into other languages and which are widely used throughout the world. Each reader tells a story based on a health theme (e.g. dirty water, flies, diseases) and includes accurate details which add to the children's knowledge while, at the same time, providing enjoyment and pleasure.



Special attention has been given to language grading (English Library grading scheme). Books are graded from 1 to 3 but the content is suitable for all ages so that children can also enjoy the books in classes where English is not the mother tongue.

At the end of each reader activities have been included. These encourage different skills and can be used for classroom, playground or out of school activities. Nearly every page has an appropriate illustration which can also be used by the teacher as a basis for language work.

### Background reading

Summaries of health messages and what "we should know" come at the end of the book. These are very important to ensure that the child knows the facts and can act accordingly. They can be used as titles of stories which the children can write, as themes they can talk about or discuss, write about or give examples from their own experience.

The stories are suitable for background reading to all subjects. Instead of giving each pupil a copy of the same book, a small number of all the titles can be shared or exchanged between them and will provide a whole range of health subjects and encourage children to help one another to learn, play and work. Teachers' colleges would also find the variety helpful for providing examples and exercises in their preparation for home economics, science, environmental studies and mathematics lessons.

*New Child-to-Child readers are regularly being added to the list, which now includes: Dirty Water; Good Food; Accident Not Just a Cold; Down With Fever; A Simple Cure; I Can Do It Too; Diseases Defeated; Flies; Teaching Thomas; Deadly Habits; Buchi Must Choose; The Market Dentist and other Stories; Five Friends of the Sun; Two Girls and their Dreams; The Path of Peace; Can Betsy Stay at School? To Have a Son like You; Freda Doesn't Get Pregnant; Who Killed Danny?*



### Language teaching

In language teaching the readers lend themselves to any number of uses: silent reading practice, reading aloud, and reading in groups. The books fall into short sections which are easy to handle and can serve as examples for story-telling, listening and understanding, questions and answers, plays, sketches, discussions, and mime.

In written work they are simple enough to allow the children to write sentences, paragraphs, stories or plays from the pictures. Teachers can make up comprehension exercises or word-finding tests or the stories can stimulate imaginative writing. Children can learn to write correctly ordered sentences and reasoned descriptions if they study the order in which the stories are told.

The summaries are useful as they contain essential information which the children can use as themes to expand within the context of their own experience.



*Illustration from: "I Can Do It Too".*

Because the subjects of the readers are of daily interest: how a child grows, dirty water, diseases, flies, food, mosquitoes, accidents, smoking, gender issues, land mines, etc. they widen the scope of language teaching by providing subjects which the teacher may not have thought she could handle before.

The readers can be adapted in many ways and in the mother tongue children can use them to tell one another stories and discuss subjects which interest them and are of great importance in their lives. Mother tongue teachers can also gain authority and confidence from them as they will find in them subject matter and examples which are not easily available in their own teaching material.

If the children enjoy the quizzes puzzles, games at the end of the book, they will play them at home or in the street or the compound and the health messages they convey will be absorbed into their way of life.

**Appendix A: Child-to-Child Workshop - Sample Programme<sup>3</sup>**

|               | <b>Day 1</b>   | <b>Day 2</b>   | <b>Day 3</b>  | <b>Day 4</b>  | <b>Day 5</b>   | <b>Day 6</b>   | <b>Day 7</b>   | <b>Day 8</b>                                 |
|---------------|--|--|---|---|--|--|--|--|
| 08.30 – 12.30 | Registration & Opening<br><br>Presentations<br><br>Expectations/Objectives<br><br>Ground-rules/Guidelines<br><br>Community Diagnosis | Game Evaluation<br><br>What is health?<br><br>What is health education?<br><br>General overview of child health in country in question | Good and Bad Teaching/Learning<br><br>Knowledge, skills and attitudes   | Game Evaluation<br><br>Demonstration Lesson: Accidents<br><br>Doing surveys with children<br><br>6-step Problem-solving Methodology | Game<br><br>Work with children in local school (8.30 – 10.30)<br><br>Feedback report on work with children | Game<br><br>Work with children in local school (8.30 – 10.30)<br><br>Feedback report on work with children | Game<br><br>Work with children in local school (8.30 – 10.30)<br><br>Feedback report on work with children | Game<br><br>Child rights<br><br>Action Plans |
| 12.30 – 13.30 | <b>Lunch Break</b>   |  |   |   |  |  |  |  |
| 13.30 – 16.30 | Game<br><br>Community diagnosis (cont)<br><br>Introduction to Child-to-Child   | Game<br><br>Health education: Content and Methods<br><br>Song/dance: Happy, healthy children   | Game<br><br>Knowledge, Skills and Attitudes (cont.)<br><br>Links between School, Family and Community<br><br>Demonstration Lesson: the Diarrhoea Doll | Game<br><br>Preparation of first practice session with children for Day 5   | Game<br><br>Preparation of second practice session with children from Day 6                                | Game<br><br>Preparation of third practice session with children for Day 7                                  | <b>Free afternoon</b>  | Final Evaluation<br><br>Closing              |

<sup>3</sup> There will be a 15 minute coffee-break each morning in line with the programme, around 10.00 to 10.30.

**Appendix B: Evaluation Forms**  
**Child-to-Child Workshop - Pre-workshop questionnaire**

1. "Children do not need to receive health education" (Please, tick one box.)  

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| strongly disagree        | disagree                 | not sure                 | agree                    | strongly agree           |
  
2. "Playing with children is a waste of time." (Please, tick one box.)  

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| strongly disagree        | disagree                 | not sure                 | agree                    | strongly agree           |
  
3. "Children should sit quietly in school and listen to the teacher." (Please, tick one box.)  

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| strongly disagree        | disagree                 | not sure                 | agree                    | strongly agree           |
  
4. "Good education prepares people for life." (Please, tick one box.)  

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| strongly disagree        | disagree                 | not sure                 | agree                    | strongly agree           |
  
5. "Children learn best through experience and practice." (Please, tick one box.)  

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| strongly disagree        | disagree                 | not sure                 | agree                    | strongly agree           |
  
6. "Examinations are the best way to assess children's learning." (Please tick one box.)  

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| strongly disagree        | disagree                 | not sure                 | agree                    | strongly agree           |
  
7. We learn most (please tick one box only):

in school

in College/  
University

at home/  
from our family

from the radio

from our friends

other, please specify .....

8. Education should involve:

just knowledge

knowledge and  
skills

knowledge, skills  
and attitudes

9. We learn about health to:

pass exams

pass time

improve our  
health

make us feel  
better

10. What methods help children learn best?

.....

.....

.....

.....

.....

Thank you for your help.

**Child-to-Child Training Workshop - Final Evaluation**

We should like to evaluate this course to help you clarify what you have learnt and to help us improve our courses. We should therefore be grateful if you could complete this form. You do not need to put your name on it if you do not want to, so please feel free to express your true opinions. Thank you for your help.

1. I felt that the course contents were:

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| far too little           | too little               | right amount             | too much                 | far too much             |

2. I felt that the course contents were:

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| too easy                 | easy                     | ok                       | difficult                | very difficult           |

3. I felt that the course was:

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| not at all useful        | not very useful          | don't know               | useful                   | very useful              |

4. I felt that the course was:

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| not at all interesting   | not very interesting     | unsure                   | interesting              | very interesting         |

5. I felt that the course was:

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| far too long             | too long                 | long enough              | too short                | far too short            |

Please comment on any of the above questions here:

.....

.....

.....

6. List the main things you have learnt on this course:

.....  
.....  
.....  
.....  
.....

7. "Children do not need to receive health education" (Please, tick one box.)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| strongly<br>disagree     | disagree                 | not sure                 | agree                    | strongly<br>agree        |

8. "Playing with children is a waste of time." (Please, tick one box.)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| strongly<br>disagree     | disagree                 | not sure                 | agree                    | strongly<br>agree        |

9. "Children should sit quietly in school and listen to the teacher." (Please, tick one box.)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| strongly<br>disagree     | disagree                 | not sure                 | agree                    | strongly<br>agree        |

10. "Examinations are the best way to assess children's learning." (Please tick one box.)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| strongly<br>disagree     | disagree                 | not sure                 | agree                    | strongly<br>agree        |

11. What methods help children learn best?

.....  
.....  
.....

12. How do you intend to apply what you have learnt?

.....  
.....  
.....  
.....

13. Was anything included in the course that you felt was unnecessary?

.....  
.....  
.....  
.....

14. Was anything not included that you feel might have been useful?

.....  
.....

15. Any other comments

.....  
.....  
.....  
.....

Thank you for your help.

**Part II: Advanced Child-to-Child Workshop**  
**(Training of Trainers)**

**Introduction**

This advanced workshop, which lasts four and a half days (i.e. 24 - 28 hours), is designed to deepen the understanding of Child-to-Child and train people to train others to impart effective health education in line with the objectives outlined in the first workshop. It is intended for people who are already familiar with the Child-to-Child approach to health education. It is presumed that they have attended an introductory workshop, similar to the one outlined in the first section of this manual, and have had some opportunity to apply what they learnt in that workshop.

Thus, one part of the workshop is dedicated to discussing the participants' experiences in applying the methods taught, while the rest is dedicated to deepening their understanding of certain theoretical aspects, with a view to preparing them to transmit what they have learnt to others. More specifically, the workshop's objectives are:

- to allow participants to exchange experiences and discuss results, achievements, problems, doubts and solutions encountered since the initial workshop, more as a means of follow-up and support than final evaluation;
- to reinforce what was learnt in the first workshop with a view to transferring the knowledge and skills involved to others;
- to help participants analyse the skills involved and learn to devise means of transferring these;
- to help participants analyse the skills involved in facilitating training workshops;
- to train participants to support and follow-up their own trainees in the field, with respect to both health knowledge and education methodology.

The form and methods of this workshop are the same as those of the initial workshop and therefore all the preparations outlined on pages 18-19 need to be followed in this case too. As with the first workshop, preparations are of crucial importance and must be done carefully and thoroughly.

## **Chapter 1: The Workshop Sessions**

### **Session 1: Preparation and presentation in groups of work done since the last workshop**

#### **OBJECTIVES:**

- ❖ To allow participants to analyse their achievements since the basic training, in terms of results, problems encountered and possible solutions;
- ❖ To allow participants to exchange experiences and look for solutions together.
- ❖ To motivate participants to carry on with the work they have been doing so far.

**MATERIALS:** flipchart paper, markers/pens.

**TIME:** 2 to 3 hours

#### **NOTES FOR FACILITATORS:**

- ❖ This workshop was designed for Swaziland, where there are four regions. The participants had formed regional groups to work together after the initial workshop. Thus, presentations on a regional basis were appropriate. However, these presentations can be done on an individual basis or by whichever grouping is most appropriate, e.g. organisation.
- ❖ It is useful to do this in two sections (see next session) to ensure that participants are given the opportunity to discuss their achievements as thoroughly and deeply as possible.

#### **PROCEDURE:**

1. Divide the participants into small groups, based on region, or whatever seems more suitable for the particular group (e.g. ngo, or organisation for which they work, etc). They should, however, work together in some way, and therefore produce a meaningful report of their activities together. If this is not possible, individual reports will be necessary.
2. Ask them to prepare group (or individual) presentations showing their main achievements and results since the last meeting, any difficulties encountered and possible solutions.
3. Ask each group to present their results to the large group and discuss any important points and any questions that may arise after each presentation.
4. Have a general discussion on the results obtained and encourage them to go more deeply into the work done so far. Clarify any doubts that may arise and congratulate each group on its achievements.

**Session 2: What changes have we achieved?**

This second exercise aims to consider the impact of their work on the children, their families and communities, and to encourage participants to analyse these more thoroughly.

**OBJECTIVES:**

- ❖ To allow participants to analyse their achievements since the basic training, in terms of impact on the children, their families and communities;
- ❖ To allow participants to exchange experiences and look for solutions together.
- ❖ To motivate participants to carry on with the work they have been doing so far.

**MATERIALS:** flipchart paper, markers/pens.

**TIME:** 2 hours

**NOTES FOR FACILITATORS:**

- ❖ The group formation should be different during this exercise to the previous one, to ensure a wider exchange of experiences. Areas of interest (e.g. street children, children with disabilities) or random selection can be used.

**PROCEDURE:**

1. Ask participants now to form new groups, so that as many different regions or organisations as possible are represented in each group. Ideally, they should all be with different people now. This will allow a wider range of experience sharing.
2. Ask them to discuss all the changes they have seen or heard about in the children, their families and communities. What have the children learnt and what skills are they putting into practice now? Have there been any behaviour changes? Are messages and skills being transmitted to families and communities? Are children showing greater concern for their younger siblings? What feedback are they getting from parents, families and communities, as well as the children themselves?
3. Allow them another hour for this discussion, and then ask them to present their findings to the large group.
4. Have a general discussion on the results obtained and encourage them to go more deeply into the work done so far. Clarify any doubts that may arise and congratulate each group on its achievements.

**Session 3: What we would like to have discussed in this workshop**

As advanced students, the participants should now have some control over their own learning. Here they are given the opportunity to suggest areas they would like covered in the workshop. The final morning was left free for topics of their choice and half an hour was made available at this stage for their requests, so that there would be time for any necessary planning.

**OBJECTIVES:**

- ❖ Encourage participants to take more control of their own learning;
- ❖ Ascertain where there have been any difficulties and take action to resolve these;
- ❖ Allow students to express their needs and interests, and try to respond to these.

**MATERIALS:** flipchart paper and markers/pens.

**TIME:** 30 minutes

**NOTES FOR FACILITATORS:**

- ❖ There may be several kinds of expertise in the group that can be called on to help with topics that the participants would like discussed.
- ❖ It may be possible to arrange for outside speakers, but if this is too short notice, it can be possible to arrange further meetings where the topics chosen can be discussed.

**PROCEDURE:**

1. Ask participants to split into small groups of three or four and to reflect on what they would like to have covered in this workshop. This could be based on difficulties encountered or topics covered in the previous workshop of which they feel unsure.
2. After about 10 minutes ask them to return to the large group and call out the ideas that they have had.
3. Write these down on a large flipchart, trying to group them.
4. When the list is complete, ask which the participants consider the most urgent to discuss and decide how these can be arranged.

In Swaziland, the participants felt that they would like to revise “knowledge, skills and attitudes”, which they had found difficult, and would like to learn more about some teaching methods, such as story-telling, drama and surveys. In addition, they felt that child development and counselling were areas where they had little expertise but would be of great use in many of their schools.

The concepts of knowledge, skills and attitudes are not very easy to grasp and although this was covered in the first workshop, it is covered again quickly here (please refer to session in the basic workshop for this and surveys which are well-covered there).

The next session and the following day were dedicated to covering some of these questions and some of the participatory/active teaching methods that participants wanted to know more about.

The last morning was dedicated to topics chosen by the participants. Requests were made for sessions on child development and the integration of disabled children into mainstream schools. This was easily arranged as there were participants able to lead sessions on these topics. The participants particularly appreciated this flexibility in the programme.

**Session 4: Role of the facilitator: Teaching/learning revisited**

The teacher/learner role is discussed again and some consideration given to the teacher's role of deciding what will be taught. In health education, we distinguish between what it is essential to know, in order to acquire the necessary skills, what it is useful to know and what it is nice to know. The essential must be taught, and the amount of "useful" and "nice" that can be added will depend on the time available and the students' interest. However, this was also a good opportunity to discuss the differences between facilitating and teaching, and the characteristics of a good facilitator.

**OBJECTIVES:**

- ❖ To allow participants to explore the differences between facilitating and teaching;
- ❖ To explore the characteristics of a good facilitator and the skills required.

**MATERIALS:** flipchart paper and markers/pens.

**TIME:** 1 to 1½ hrs

**NOTES FOR FACILITATORS:**

1. It is important to emphasise the facilitator's support role in learning, as opposed to the lecturer or traditional teacher who often dominates it.

**PROCEDURE:**

- ❖ Remind participants of the discussion about good and bad teaching/learning held during the basic workshop and explain that many of those characteristics are equally true for facilitation. However, there are certain differences.
- ❖ Discuss what facilitation actually means (enabling learning to take place) and ask them to reflect on what skills would be useful for facilitation.
- ❖ Divide the participants into groups of about 6 people each and ask them to prepare a list of the skills required for facilitation and some of the characteristics of a good facilitator.
- ❖ When everyone has prepared their flipcharts, ask the groups to present their work to the large group. Clarify any questions and discuss the main points.
- ❖ At the end, hand out the following handout, reminding the participants that this is an ideal and that they should not feel too discouraged if they are not there yet.

*Qualities of a good facilitator<sup>4</sup>*

- Be a good listener, able to respond to participants' needs and to situations as they arise
- Be sensitive to the needs and emotions of individuals and of groups
- Make all participants feel safe, respected and valued
- Be able to motivate and inspire people
- Be thought-provoking and actively challenge people to think
- Encourage and actively facilitate participation on the part of everyone – bring in quiet people when appropriate, and ask loud and dominant people to keep quiet when necessary.
- Balance structure (some is necessary) with openness to unfolding events
- Provide guidance and leadership as necessary (for example, making sure that the timetable is followed, or adapted appropriately if necessary)
- Keep to time. Be sensitive but directive, as appropriate and necessary. It is important that all the key areas are covered during the workshop. This will only happen if you keep time effectively and move people on when necessary. It will be necessary to finish activities appropriately and move participants on, at various stages. Activity times are given to assist this.
- Keep a sense of the whole workshop in your head and be able to guide participants through it, making links as appropriate
- Appreciate that in any group people are at different starting points. They will engage to different depths and move at different paces
- Grasp the important points from whatever is said and, when appropriate, capture this verbally or on paper
- Be willing and able to manage tensions and conflict if necessary. For example, by clarifying what is and is not appropriate in a particular context, or asking individuals to sort out their differences at another time if necessary
- Ask people to help when appropriate
- Do not be afraid to admit that you do not know something
- Be ready to refer people to suitable sources of help and support
- Be well organised and plan in advance. This includes practical things like getting photocopies done, checking all equipment, having all supporting resources and facilities ready on time, checking the suitability of the venue and arranging appropriate meal/tea times and menus
- Always plan to arrive at the venue ahead of participants, to ensure that the room is ready to start on time and to sort out any problems before the session starts
- Use this Trainer's Manual flexibly and adapt it to fit local circumstances and the needs of this particular group (the dynamics of each group will be different)
- **Practice what you preach!**

<sup>4</sup> Reprinted from "*Memory Work Trainer's Manual*" by Healthlink Worldwide.

**Session 5: Analysis of programme from last workshop**

This session is to make the participants more aware of what they are doing when training others. In understanding the objectives of the sessions, the participants are learning what kind of activity can produce what kind of effect. This is fundamental to facilitating learning experiences. At the same time, they analyse the methods used and whether other effective methods exist. Almost certainly they do, and the participants should begin to devise ways themselves of transmitting particular knowledge, skills and attitudes.

**OBJECTIVES:**

- ❖ To help participants understand the structure of the basic training, the methods used in the basic workshop and why they were chosen, so that they can replicate it.
- ❖ To help them learn how to devise other training programmes on the basis of that understanding.

**MATERIALS:** copies of the programme from the basic training workshop.

**TIME:** 2½ to 3 hours

**NOTES FOR FACILITATORS:**

- ❖ This is quite a long session but can be very valuable in helping participants understand what they have learnt in a session and how.
- ❖ The participants may need a lot of help during this exercise so check on them regularly and make sure that they are managing it well.
- ❖ It is important to ensure that they have understood the structure and methods of the basic workshop, so that they can replicate it and change it appropriately, if necessary.

**PROCEDURE:**

1. Give each participant a copy of the basic workshop programme.
2. Divide the participants into small groups, and ask them to look at the programme for the basic workshop, and for each activity (they can consider the games and other repeated activities once only) reply to the following questions:
  - ❖ What were the objectives of each session?
  - ❖ What knowledge, skills and attitudes are involved in each session?
  - ❖ How are they transmitted? Can you think of other effective ways to do this?
3. When they have finished, ask them to come back into the large group and discuss any difficulties and doubts encountered.
4. Follow this by a general discussion about the programme and make sure that everything is clear.

**Session 6: Some teaching techniques<sup>5</sup>: Story-telling**

The following sessions on teaching techniques are designed to familiarise participants with the use of these by experiencing them themselves, and show them that they are able to use them, with a little practice, as many people are reluctant to try these on their own.

Story-telling can be a powerful means of conveying health and other messages. In fact, stories are one of the most popular means of teaching children within African families, and can therefore be used in this way very easily in an African context.

In Nigeria, stories with health message are often acted out by those that hear them. First a story is told by the group leader. Then one person repeats it and everyone comments on how well it was retold, what details were forgotten, and how it was changed. (Stories are often improved or added to when retold.) Finally, the whole group acts out the story.

**OBJECTIVES:**

- ❖ To familiarise participants with story-telling as a teaching method and give them some practice in inventing stories.
- ❖ To encourage the use of this interesting and effective teaching method.

**MATERIALS:** notebooks and pens

**TIME:** 1½ hours

**NOTES FOR FACILITATORS:**

- ❖ In many case, the participants lack confidence in the use of methods which they have not used before, so giving them the opportunity to be creative and try them out is often enough to get them started with it. Sometimes they never look back!
- ❖ Encourage their efforts remembering that it may be their first time, and hoping that they will gain skill with practice. Such skills need practice to develop.
- ❖ Some participants may prefer to work individually for this exercise and should be allowed to do so. Being creative is quite often a solitary activity, and cannot always be done in groups. On the other hand, sharing ideas is often very fruitful.

**PROCEDURE:**

1. Read two stories with health messages as examples. Where possible, use local examples, but two are given below: The first is from David Werner and Bill Bower's "*Helping Health Workers Learn*" and the second from "*Health Teaching for West Africa*", edited by David Hilton.
2. After the first story, discuss it with the group, in terms of interest, correct information, suitable audience, effectiveness of the messages, before moving onto the second story and again discussing it in the same way.

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<sup>5</sup> The session on surveys is already covered in the basic workshop so is not repeated here.

### **A Story about Malaria**

*Quite near here, there was a woman called Mrs Simelane who sold cans and bottles. All around her yard were cans and bottles with water in them.*

*Mrs Simelane's young son was always getting fever. One day, the boy had a terrible headache and a high fever with chills. Mrs Simelane went to the store and bought some **Aspirin** for the boy but it did not bring the fever down. So she took him to the native healer, who took a knife, cut the boy's chest and sucked out some blood.*

*Soon after, the boy died. Mrs Simelane was unhappy for a long time. She could not understand why the boy had had so much malaria. She thought perhaps the boy was not meant to live.*

*One day, she heard about a health worker close to her village. She went and told him about her son's death. So the health worker went with Mrs Simelane to her house. When they arrived, mosquitoes were buzzing everywhere because it was late afternoon. The health worker saw the cans and bottles lying around with water in them, and he found many baby mosquitoes in the water.*

*He showed these to Mrs Simelane and told her that the mosquitoes biting her son had caused him to get malaria and die. Together they cleaned up her yard. Then he told her she should bring her other children to the clinic for treatment, as soon as they showed any signs of fever or malaria. They became healthier and all were happier.*

### **The story of Luis**

*Consider Luis, a 7-year-old boy who died of tetanus, Luis lived with his family in the small village of Platanar, 11 km by dirt road from the town of San Ignacio. In San Ignacio, there is a health centre staffed by a doctor and several nurses. The health centre conducts a vaccination programme and has a jeep. But the vaccination programme only occasionally reaches nearby villages. One year the health team began to vaccinate in Platanar, but after giving the first vaccination of the series, they never returned. Perhaps they grew discouraged because many parents and children refused to cooperate. Also the road to Platanar is very dusty and hot.*

*When the staff of the health centre failed to return to Platanar, a midwife from the village went to San Ignacio and offered to take the vaccine to the village and complete the vaccination series. She explained that she knew how to inject. But the doctor said no. He said that unless the vaccines were given by persons with formal training, it would be putting the children's lives in danger.*

*Three years later, the boy Luis took a bucket of food scraps to the pen where his family kept a mother pig and her piglets. On the way, he stepped on a long thorn with his bare foot. Normally Luis wore sandals, but his sandals had broken three days before and were too worn out to repair. Luis's father was a sharecropper who had to pay half his maize harvest as rent for the land he farmed. He was too poor to buy new sandals for his son. So Luis went barefoot. The boy pulled the thorn from his foot and limped back to the house.*

*Nine days later, the muscles in Luis's leg grew stiff and he had trouble opening his mouth. The following day, he began to have spasms in which all the muscles in his body suddenly tightened and his back and neck bent backwards.*

*The village midwife at first called his illness **congestion** and recommended a herbal tea. But when the spasms got worse, she suggested that Luis's parents take him to the health centre in San Ignacio.*

*The family paid one of the big landholders in Platanar to drive to San Ignacio in his truck. They had managed to borrow 500 pesos, but the landholder charged them 300 pesos for the trip. This was much higher than the normal price.*

*In San Ignacio, the family waited for two hours in the waiting room of the health centre. When it was finally their turn to see the doctor, he at once diagnosed the illness as tetanus. He explained that Luis was in grave danger and needed injections of tetanus antitoxin. He said these were very expensive and, in any case, he did not have them. They would need to take Luis to the city of Mazatlan, 100 km away.*

*The parents despaired. They had barely enough money left to pay the bus fare to Mazatlan. If their son died, how would they get his body back to the family graveyard?*

3. Divide the participants into groups of two or three and ask them in these groups to write some more stories with health messages. They can choose their own topics or one of the following:
  - Malaria
  - Accidents
  - Disability
  - Alcohol
  - Drugs
  - HIV/AIDS
  - Immunisation, etc.
4. When they have finished, ask for volunteers to read some of the stories and discuss them in the same way.

**Session 7: Some teaching techniques: Role-play/drama**

Drama and role-play are powerful tools in helping children understand new attitudes, and gain confidence in expressing themselves. They allow certain experiences and fears to be expressed in a less threatening manner and the transmission of new information to communities in an entertaining way. In some cases, children who are not able to communicate new information to their families individually may be able to do so very effectively as a group through drama. This can be important when dealing with delicate subjects or ideas contrary to traditional beliefs. Some suggestions for using drama are given on Chapter 5 of this manual.

**OBJECTIVES:**

- ❖ To familiarise participants with drama/role-play as a teaching method and give them some practice in using it.
- ❖ To encourage the use of this interesting and effective teaching method.

**MATERIALS:** none, unless costumes are required by participants.

**TIME:** 1 hr

**NOTES FOR FACILITATORS:**

- ❖ With adults it is not usually necessary to give very precise details of the drama but with children, this may be necessary, especially for the first few times.
- ❖ Care must be taken to make it clear that the children in the drama are **acting** a character or characters, which is not necessarily their own, and that they should not be treated as that character after the drama.
- ❖ Some discussion of what was shown in the drama is useful afterwards, not only to clarify the messages but also to make sure that the child playing the “bad” character is not considered to “be” that character afterwards.

**PROCEDURE:**

1. Begin the session with a short discussion of role-play and drama and how they can be used to transmit important messages (not just health, but also about social issues, etc.).
2. Divide the participants into groups of 6 to 8 and ask them to prepare small sketches in groups on any theme that is felt to be useful, e.g.:
  - **Dealing with pressure** (peer or other): How to say “No!” to people who offer drugs, cigarettes, sex, etc.
  - **Immunisation:** Illustrate various attitudes to immunisation and why some people might be reluctant to have their children immunised. Ways of dealing with these.
  - **Malaria:** Some people want the child to go to the traditional healer and some to the health centre.
  - **Disability:** A disabled child wants to go to school but the headmaster and some of the teachers are against this.
3. When the participants have had enough time to prepare their role-plays/drama (maximum 20 minutes), ask each group to present their role-play/drama to the whole group and have a discussion on each one, looking at the main messages and how effectively they were portrayed.
4. Clarify any questions about the use of this technique that may arise.

**Session 8: Assessment**

Assessment is clearly an important part of all education and is not only done to examine the children but also to assess the validity of the teaching methods used. As we insist that health education is about knowledge, skills, attitudes and practices, we must assess all of these, and written examinations are more suitable for assessing knowledge than skills, attitudes and practices, so we need to devise better ways to assess the latter. Continuous assessment, in fact, is more reliable for these aspects than written examinations, even though it is not always easy to implement. However, there are many other techniques, such as observation, drama, essays and discussions, etc., which can be used.

In assessing the teachers, we must clearly observe their teaching methods and this can only be done in the classroom. We will be looking for similar skills and attitudes in both groups, however, and must be imaginative in our ways of assessing these.

In this session, aspects of assessment are considered with special emphasis on the fact that skills, behaviour and attitudes cannot be easily assessed by written examinations. The participants are encouraged to consider how these can be assessed more accurately.

**OBJECTIVES:**

- ❖ To help participants reflect on all the different aspects which should be included in assessing work done with children;
- ❖ To help participants look for effective methods of assessing these aspects.

**MATERIALS:** flipchart paper and markers/pens.

**TIME:** 2 hrs

**NOTES FOR FACILITATORS:**

- ❖ Health education is ignored in some schools because it is not assessed. It is important that it should be assessed too, as this increases its importance within the school system.
- ❖ Encourage the participants to be as creative as possible in devising ways to assess skills, behaviour and attitudes.

**PROCEDURE:**

1. Have a general discussion about assessment with the group, emphasising the need to assess more than just knowledge, but that doing so can be a little more difficult. We need to find ways of assessing skills, practice/behaviour and attitudes.
2. Ask them to reflect on what we are looking for in assessing:
  - a. children who have been studying health education and
  - b. teachers you have been trained to use Child-to-Child techniques?
3. What methods and techniques could they use to assess all the aspects in which we are interested, i.e. knowledge, skills and attitudes?
4. When they have had time to respond to these questions, ask them to present their findings and have a general discussion with the whole group.

**Session 9: What is a Health-Promoting School?**

The following two sessions are designed to make participants more aware of the role the school can play in promoting or damaging the health of the children who attend the school, their families and the surrounding community. Participants are asked to analyse the concept of the “health-promoting school” in detail, and design ways of ensuring that the schools where they work contribute to the health of their pupils. To help them in this they are given copies of the tables on the next page.

**OBJECTIVES:**

- ❖ To help participants reflect upon how a school can promote the health of its children, their families and communities.

**MATERIALS:** flipchart paper and markers/pens.

**TIME:** 3 to 3½ hours

**NOTES FOR FACILITATORS:**

- ❖ This may be a new idea for many of the participants at the workshop, in which case they will need a lot of time to reflect on the issues involved. A lot of time has been set aside for this discussion which if put into practice could indeed make an enormous difference to the lives of school children, their families and communities.

**PROCEDURE:**

1. Explain that we want to think in terms of how schools can improve the health of the pupils, their families and the surrounding community, but that this is more likely to be effective if it takes the form of a whole school approach, which clearly needs a lot of setting up.
2. Divide participants into groups and ask them to discuss what the notion of “health-promoting” school means to them, and how they think that the school can promote the health of the children who study there.
3. Ask them to make a list of the things which can happen in schools that can make them unhealthy places for children and what schools can do to remedy or avoid them.
4. Ask participants to consider what implications a health-promoting school would have for the teachers, the pupils, the curriculum, school management and school-community links?
5. When they have finished, ask each group to present the results of their discussions and have a general discussion on the main points.

### **The health-promoting school - some major considerations**

- **Involvement of children** in health promoting activities is a prerequisite for successful teaching and learning.
- The **enabling environment** is a key factor in health promotion.
- **Curriculum issues** regarding content, integration with subjects across the curriculum and assessment need careful consideration.
- Successful health promotion will require **training, retraining** and **continuous support** for teachers, heads and other professionals.
- Promoting health means encouraging **behavioural change**.
- **Suitable materials** are essential but must be chosen and used with care.
- It is useful to set **target dates** for the implementation of health promoting activities.
- **Successes in health promotion** should be publicised widely.
- The **out-of-school community** needs to be included in health promotion.
- **Community involvement and linkages** are extremely important.
- **Complementary activities** supporting health promoting activities are very valuable.
- A **policy mandate** from political and professional leaders is extremely valuable.
- **Partnership** with a variety of agencies and organisations will help promote health education.
- A **national organisation** can ensure that health promoting activities are introduced in as many schools as possible.

### **The Health-Promoting School - A Check List for Evaluation**

1. Does the school have a clear health policy, jointly prepared by staff and parents?
2. Is there a clear action programme for pursuing health objectives?
3. Are there well-articulated school rules to encourage good health practices?
4. Does the management style of the school reflect healthy management practices?
5. Are sufficient resources devoted to the promotion of health in the school?
6. Is there an effective and committed school committee?
7. Is health taught effectively across the curriculum?
8. Are teaching methods learner-centred, using the environment as well as the school?
9. Are pupils active, resourceful, self-motivated, responsible and caring?
10. Are teachers good role models, skilled, caring and receptive to new ideas?
11. Does the school offer a safe, clean and friendly environment?
12. Are there well-developed links with the community and local health workers?

**Session 10: Setting up and running a health-promoting school**

In this session, participants are encouraged to consider the steps involved in setting up and running a health-promoting school, and to make a plan of action for doing this over the next year in a school of their choice.

**OBJECTIVES:**

- ❖ To help participants explore all the different areas where they can improve school health, the health of school children, their families and communities;
- ❖ To help participants plan ahead to make their work in schools more effective;
- ❖ To make participants aware of some of the many aspects which need to be taken into account in planning more effective school health.

**MATERIALS:** flipchart paper and markers/pens.

**TIME:** 2 to 2½ hours

**NOTES FOR FACILITATORS:**

- ❖ Preparing a plan of action brings these discussions, which can easily remain theoretical, down onto a practical level;
- ❖ Actions planned at the workshop may need ratification by the participants' managers on their return to work, but in setting up concrete plans, the participants can approach their managers with well thought out suggestions, rather than vague ideas, making it far more likely that they will be put into practice.

**PROCEDURE:**

1. Explain to the participants that we have already discussed what a health promoting school is and needs, but now we want to think more precisely and concretely about how to set one up.
2. Divide them into groups, preferably of people who work together, and can therefore carry on with these plans together after the workshop.
3. Ask each group to start thinking about how they will go about setting up and running a health-promoting school. How will they choose the school? Who will they discuss this with? How will they convince anyone who cannot understand the importance? What will they do? What aspects would they consider essential and how will they ensure that they are respected?
4. Ask them to plan their activities and those of the school over the next 12 months. What are the essential steps and how will they ensure that everything is in place and all the necessary steps followed.
5. When everyone has finished their plan, ask each group to present and have a general discussion of the main points.

**Appendix C: Sample Programme for the Advanced Child-to-Child Workshop**

|               | <b>Day 1</b><br>(Evaluation/Follow-up)  | <b>Day 2</b><br>(Teaching methods)   | <b>Day 3</b><br>(Teaching methods)                       | <b>Day 4</b><br>(The health-promoting school)         | <b>Day 5</b>  |
|---------------|---|--|--|---|---|
| 08.30 – 12.30 | Game<br><br>Opening<br><br>Regional Presentations                                       | Game<br>Evaluation<br><br>Role of teacher/facilitator<br><br>Analysis of programme from basic workshop | Game<br>Evaluation<br><br>Story-telling<br><br>Role-play | Game<br>Evaluation<br><br>The Health-Promoting School | Game<br><br>Time dedicated to topics that the group considers useful<br><br>Evaluation<br><br>Closing |
| 12.30 – 13.30 | Lunch Break   |  |  |   |   |
| 13.30 – 16.30 | Game<br><br>What we have achieved<br><br>What we would like to discuss in this workshop | Game<br><br>Analysis of programme from basic workshop (cont)<br><br>Surveys                            | Game<br><br>Assessment                                   | Game<br><br>The Health-Promoting School               |   |



6. Which sessions did you feel were most useful, and why?

7. Which sessions did you feel were least useful, and why?

8. In what way do you think that this course will help your work?

9. Would you like more courses of this kind? Yes/No If so, what would you include?

9. Any further comments

Thank you very much for your help with this questionnaire and for all your work in both courses and between them. It has been a pleasure to work with you.

## Appendix G: Co-operative, or Non-competitive, Games<sup>6</sup>

In co-operative, or non-competitive, games, there are no winners and no losers, and no-one should feel excluded. They are fun and create a feeling of togetherness, so that many group activities become easier, especially once the group has been playing such games for some time. They help children (and adults) acquire social skills, confidence, concentration, communication and co-operation, as well as the academic subjects included in school. Thus they help develop the whole person and not just the intellect. They can also be refreshing after long, strenuous sessions in class. Not all children will want to participate in every game and they should not be obliged to do so. If they sit out one game, they very often want to play the next. The teacher/trainer/ facilitator should always participate for maximum effect, and not just explain the game. These games should help create a pleasant, friendly atmosphere in the classroom and I hope that you enjoy them all.

### Animal Parade

The game starts with everyone sitting in a circle on chairs and one person standing outside the circle – this is the parade leader, who begins making an animal noise and movements, and starts walking around the circle behind the group.

*The parade leader (only)* taps the shoulder of people sitting in the chairs at random, and they come up and join the parade, making the same noise and actions.

When the leader decides, everyone finds a seat and sits down, but they must move around the circle until they find an empty seat. The last one to find a seat begins the next round as parade leader, choosing a new animal.

### Bubbles

Everyone finds a partner and holds hands. Use all the space you can. Imagine you are bubbles floating in the sky, and walk very slowly and gently around the room. When you bump or brush against another couple, your bubble *pops* and you swap partners. This is not a race.

**\* A getting-to-know-you game. If being used as an introductory game, encourage people to talk to each other as they walk around.**

### Buzz

Players sit or stand in a circle and count off, except the word "buzz" is substituted for the number seven, any number containing seven or any multiple of seven. Thus, seven is "buzz," seventeen is "buzz," twenty-one is "buzz," and seventy is "buzz." Players count as fast as they can, but each time a mistake is made, they must start again.

### By the Numbers

The first step is to find two volunteers. Ask them to go out of the room and decide on a conflict situation. Then they are to come back into the room and act out the situation using gestures and numbers only. For example one may say questioningly "One... two three four... five six seven!" while the other replies emphatically, "Eight nine ten eleven twelve!!!" etc. Judging from their body language and vocal intonation, the group must guess the subject or the conflict.

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<sup>6</sup> Many although not all of these games have been adapted from "Co-operative Games: Activities for a Peaceful World" by Clive Baulch, Judith Holland, Maggie Freake, Mildred Masheded, published by the Peace Pledge Union, and others.

**Car and Driver**

Ask everyone to stand and move the chairs against the wall. Divide into pairs. Explain that one participant in each pair will be the car and the other person will be the driver. The car doesn't know where it is going so cars put one of their hands over their eyes and extend the other hand out in front of them to serve as a bumper. The drivers are to stand behind the cars and place their hands on the shoulders of the cars. The drivers are to guide the cars around the room and avoid any collisions. After a few minutes, ask the cars and drivers to exchange places.

(This L&L is an experience in trust and leadership. If you are doing this exercise in a Training for Trainers, you may debrief the exercise. Ask the drivers how it felt to be a leader and did they feel any responsibility for the cars who were participants? Then ask the cars how it felt to be a participant and trust their leaders to keep them safe?)

\* A trust game.

**Chairs**

Chairs are arranged in a circle, facing outwards, with the same number of chairs as players. One person stands up and runs round the circle trying to find an empty chair but the remaining players must move round to fill the empty chair on their left as soon as it becomes vacant. The unseated player rushes faster and faster to get a seat.

\* **A hectic, fun and energising game, that gets everyone moving.**

**Control Tower**

Players form pairs, and each pair decides who is to be the *plane* and who the *control tower*. Make a runway of two rows of chairs and place obstacles along the route. The *plane* is blind-folded and the *control tower* verbally guides it along the runway and around all the obstacles in its path to a safe landing. If successful, or if the plane crashes, the roles are reversed.

\* **Instructions, listening. Success builds trust.**

**Cooperative Musical Chair**

That's right, Musical Chair! We all know the game of musical chairs but this is different. This is a cooperative game. The rule is that the game ends if there is one person that can't find a seat. Chairs are arranged in the centre of the room, back to back, facing outward. The participants march around the chairs and when the music stops, everyone must find a place to sit. One chair is removed each time the music is played. Of course, people will need to find ways to sit on each others laps, shoulders, etc. You may not get down to one chair, but ending up with four chairs is quite an achievement.

**Do you love me, honey?**

Sit in a circle. Starting with the person on leader's left or right, the leader asks: '*Do you love me, honey?*' That person responds: '*I love you honey, but I just can't smile.*' The first person then attempts to make the second person smile. This can be by making a funny face, or perhaps telling a joke, or tickling. It is up to the leader to choose what will be allowed or disallowed in the round. This continues around the circle until the first person asked: '*Do you love me honey?*' is made to smile.

- **Concentration, silence, fun, memory.**

**Dragons**

Get into teams of six to eight and find some space for each group. Each team lines up and each person holds the waist of the person in front. These are the *dragons* - young and playful - and just

like puppies, they are always chasing their tails. The *head* of the dragon must try to touch the *tail*, but everyone in between must try to prevent that from happening and protect the tail by jiggling and twisting about. When the *head* has managed to catch the *tail*, they can change places.

\* **An energising tag game. Great fun.**

### **Elephant and palm tree**

Begin with everyone standing in a circle. One person stands in the middle and points to someone in the circle, saying *elephant* or *palm tree*. To make an elephant, the person pointed to leans forward, clasping his/her hands to make a *trunk*. The person on the left makes the elephant's left ear by holding up their left arm and touching the top of their head with their left hand. The person on the right of the *elephant trunk* does the same with their right arm to form the right ear. To make the *palm tree*, the person pointed to stand with arms straight up (the trunk). Those on each side hold up their outside arms, hands drooping, to make the *fronds*.

When the elephants and palm trees become well known, we can add some more challenging items, e.g. When 'cow' is called, the middle person holds arms in front and interweaves fingers together with palms facing self [point fingers of one hand at fingers of second hand; keep fingers straight and slide together like plugging an appliance into a wall socket]. Then turn palms out, which leaves thumbs hanging down separately. Person on each side grabs a thumb and milks the cow.

We can also add jelly. When 'jelly' is called, each side person holds arms out like a bowl [like the elephant ear lying flat] and the middle person wiggles like jelly!

\* **Fun and concentration.**

### **Earthquake**

Ask the participants to divide into groups of threes. All participants should be in a group of three except the leader. Ask two members of each group to form a "house" by facing each other, raising their arms above their heads and joining hands. The third member of each group is the "tenant" and stands in the middle inside the "house." The leader, who is the odd person out, may call one of the three following commands:

A. "Tenants" In this case the houses stay in place and each tenant must move to a new house. The leader tries to find a new house and the person that is left out is the new leader.

B. "Houses" In this case the tenants stay in place and each house must move to find a new tenant. The leader tries to find someone to make a new house with.

C. "Earthquake" In this case all the houses are destroyed and everyone must change. New pairs make houses and tenants jump in to occupy them.

\* **Fun and concentration.**

### **Face to Face**

Ask everyone to stand and move the chairs against the wall. Divide into pairs. The leader is the odd person who does not have a partner. The leader calls positions rapidly such as "Face to Face" or "Back to Back" and the pairs follow the positions. The positions may be varied such as, "Toe to toe, elbow to elbow, shoulder to shoulder, knee to knee, head to head" etc. The leader can also call "Change" and everyone must change partners and maintain the previous position. At this point the leader can find a partner and the odd person becomes the new leader.

\* **Requires some concentration and movement.**

### **Farmyard**

The players stand in a large circle and choose a number of animals. For a group of twenty about six will be suitable. The names of the animals are written on pieces of paper, with as near the same number of each animal as possible. Then the players close their eyes and walk around trying to find another animal of the same kind by constantly making that animal's noise, e.g. baa, baa, or meow, meow, etc. When two animals of the same kind find each other, they should join hands and continue searching until they have found all the animals of their group and have all joined together. The idea is not to finish first but to find others of your own kind.

\* **An introductory game. Trust game.**

### **Football**

The purpose is to develop a spirit of cooperation in the group. The materials required are two tennis balls for each team. The object is for each team to move as many balls as possible across the finish line. Divide into teams of four. Each team of four will include three players and one ball placer.

Draw a finish line on the floor about 10 or 12 feet from one wall using chalk or masking tape. Divide the area between the wall and the finish line into lanes, one lane for each team. The three players will line up with their backs to the wall and hold each other by the shoulder. The outside players should place their inside feet adjacent to the feet of the middle player.

Give two tennis balls to each ball placer. The ball placer puts a tennis ball on the floor between the feet of the middle player and the two outside players.

The players must walk from the starting line to the finishing line in step, keeping the ball between the feet of the outside players and the middle player. Players must move their feet in unison in order to move the ball. (This is sort of like a three-legged race.) If the players lose the ball, they must stop and the ball placer can put the ball between their feet again. After they get across the finish line, the team returns to the starting line and repeats the process.

### **Fruit salad**

The players sit in a circle with one person standing in the centre (caller). The caller asks three people to name their favourite fruits and then goes around the circle giving each person including themselves the name of one of the fruits in turn. (e.g. if the fruits are mango, pineapple, orange, go around in the same order over and over again until everyone has been given the name of one of the fruits.) When the caller calls out the name of one of the fruits, all the people who are apples must change seats and the caller tries to take one of the empty seats. The person left standing then becomes the caller. If the caller calls 'fruit salad', everyone changes seat.

\* **This game is lots of fun, helps to break down barriers and encourages players to think and move quickly.**

### **Going on a Safari**

Imagine that you are going on a safari and you can take anything you want from a teddy bear to a dozen purple elephants. The more outrageous the object, the better.

One by one, the players states what they would like to take with them on safari but must also repeat all the items named by the previous members of the group. Thus, the last person must remember

every item named by the entire group.

**\*This exercise is a sure way to lighten up tensions after a heavy exercise.**

### **Slow Boat to China - Variation on Going on Safari**

This is similar to Going on a Safari except that there's a catch. The items named must begin with the first letter of your name. However, the participants are not told about the catch. The leader gives an example such as: "I'm Mike, I'm going on a slow boat to China and I'm going to bring some music and some money." Then the question moves around the circle as follows: "My name is ... and I'm going on a slow boat to China and I'm going to bring .... Can I get on board?" The leader responds "yes" or "no" depending on if the items match his name. The participants begin to catch on as the question moves around the circle.

### **Hand slap**

- Sit in a circle on chairs, with knees close together, so that you can reach your partners knees on either side of you.
  - Slap your own palms on your own knees twice
  - Reach across to your right and slap your palms twice, one on your right knee and one on your neighbours left knee
  - Back to your own knees.. slap twice
  - Across to your neighbour on left and as with above, slap your left knee and their right knee twice
  - Slap own lap twice
  - Clap hands twice
  - Click fingers twice
  - Jerk knee up once
  - Call out "hey!" or something similar
  - Repeat slowly to get everyone into it, then getting faster until everyone is doing it together!
- \* A rhythm game which brings the group into wakefulness, focus, is fun and quite fast.**

### **Here I Sit**

The Light & Lively begins with all participants seated in a circle with one empty chair. The person to the right of the empty chair moves into the chair and says, "Here I Sit." This leaves an empty chair vacated by the first person and the person next to the chair moves into it and says, "In this chair." This leaves an empty chair vacated by the second person and the third person sitting next to it moves into it and says, "With my friend ... " (and names a person on the other side of the circle. The friend from the other side of the circle then moves to the seat vacated by the third person, leaving an empty seat on the other side of the room where the process repeats itself. Encourage the group to move quickly so that the game progresses with a good rhythm.

It can be helpful to put up a poster with the three phrases:

HERE I SIT....  
IN THIS CHAIR....  
WITH MY FRIEND \_\_\_\_\_

**\* Fun and invigorating if a good rhythm is kept up.**

### **Hot and Cold**

Explain that in this game a volunteer will leave the room for a minute while the group chooses a spot

in the room for the volunteer to find. The volunteer will find the spot by listening to everyone slap their thighs.

If the volunteer is going near the spot or “getting hot,” everyone will slap loudly. If the volunteer is far away from the spot or “cold,” the slapping will become quiet. If there are no questions, ask for a volunteer and have her/him step out of the room.

Ask someone to pick a spot and then have the volunteer come back into the room.

After the first volunteer finds the spot, ask for another volunteer to step outside the room. Continue, in this way for a while ...

### **How do you do?**

Standing in a circle, one person volunteers to be the host of this very funny party. The host walks around the outside of the circle and selects one player by tapping them on the shoulder. The host shakes the hand of the guest and introduces him/herself saying: *'How do you do?'* The guest answers: *'Fine, thank you.'* and says his/her name. They do this three times, and after the third time, the host makes a dash around the circle in the original direction of travel, while the guest goes in the opposite direction. They are both trying to get back to the empty space, but when their paths cross they must stop and go through the entire ritual again, but with the guest becoming the host. You do not have to run, you can hop or crawl.

\* **An energising, introductory name, game possibly not suitable for younger children.**

### **Indian Ball Pass**

Sit on floor in tight circle and extend feet toward centre. A ball is placed on one player's lap. The idea is to move the ball around the circle as fast as possible without using hands.

**Variations:** Vary the size and number of balls; reverse the direction of the ball. (We take in blow up beach balls for large ones) If it doesn't work first time, try again.

### **Islands – Frogs and crocodiles**

The frogs are having a lovely time in the river, but there is a crocodile who likes to eat them. When he sleeps they can play happily but when he wakes up (i.e. the music stops), they are only safe on a lily pad, represented by the sheets of paper.

Place several sheets of paper on the ground, to represent the lily pads. Players *swim*/walk around the room until the music stops, when they must stand on an *island*. Players move around once more and an *island* is removed. At the given signal, once again, everyone must stand on an *island*. The game continues, with an island being removed each time, until only one or two are left, depending on the size of the group. No-one must be left outside when the time for standing on an island comes. It can be done, if everyone helps. This can really be made into a cooperative game by insisting that as many people as possible can be saved.

\* **Togetherness/co-operation. Problem-solving.**

### **Jack in the Box**

The participants form a circle one behind the other, so that they can all move around the circle in the same direction. Then ask the members of the group repeat this little rhyme:

"Jack-in-the Box! Jack-in-the Box! I move like this, I move like that, I balance well, I balance well."

As they move, they all together thrust their right hands out calling “Jack in the Box”, and repeat with the left hand. One by one, each person goes into the middle, calling:

“Jack in the Box, Jack in the Box - repeated by the rest of the group  
 I do like this (accompanied by one gesture, usually to the right) - repeated by the rest  
 I do like that (accompanied by the same gesture but to the left) - repeated by the rest  
 And I balance well.” - repeated by the rest.

They then return to the circle and the next person comes in.

\* **Good fun and invigorating.**

### **Jungle morning**

Everyone lies still on the floor. Imagine it is night in the jungle and all the animals are asleep. With the first light of dawn the animals stir, awaken, stretch themselves, yawn, begin to greet each other with their voices. The animals begin to move around, to touch each other, to speak by roaring, whistling, snorting, barking, etc., at each other - all the noise of a jungle waking up.

\* **An introductory and energising game.**

### **In the Forest**

Everyone sits in a circle, with one empty chair. The person to the right of the empty chair moves into it saying, “Here I sit,” The next person moves into the empty chair, saying “in the forest,” and the next person moves into the empty chair saying “with my friend ...” and names someone from the group. That person moves into the empty chair next to him and the quicker of the two people on either side of the vacated chair start the process all over again.

### **Let's build a machine**

Divide into groups of four-seven and ask groups to build a machine using themselves for all the parts. See that each person is completely involved, either as part of the machine, the operator or the product. Show the *machine* to the other groups. The leader/teacher could assign each group a specific machine. A variation might be to make a factory, using all the machines together.

\* **A game for all abilities, developing inclusion and decision-making.**

### **Magic microphone**

All sit in a circle. An object such as a pen, shell, stone, etc. is passed from one person to another. Only if you have the object are you allowed to talk, otherwise you must stay silent. People must decide for themselves if they wish to talk, or pass the object on without speaking.

Can be used for co-operative story telling or for a class to tell the teacher their news, or to initiate a discussion where the teacher wants the shy class members to participate.

\* **Concentration, listening skills, social development.**

### **Mirrors**

Stand in a circle. Watch the leader. Leader moves very slowly using just hands, then other parts of the body and face. The others must move with the leader as if they were his/her reflection. The leader should stress the slowness and the togetherness of this game. Illustrate the difference between following and mirroring. Alternatively, the teacher should choose to do this as a paired exercise, in which case the pairs could take turns at being mirror and reflection, i.e. leader and follower.

\* **This game develops concentration, observation, group togetherness and silence. It is very good for drama warm-up and mime training.**

**Mountains and Valleys**

This game was originally a values clarifications exercise and isn't very active, but it gets people moving and thinking, and can be good when people have been involved in some tiring work.

Everyone stands up. The leader invites them to move to the side of the room that they prefer, according to their answers to the following questions. Ask them:

Would you prefer to be a Mountain or a Valley?

They go to the side they want to be. Some won't choose, so they can be in the middle. Ask those on each side why they chose that side. A quick go round is all that is necessary. Then proceed to other questions:

Are you more an island or a wave?

Picture or a window?

Countryside or city?

clothesline or kite string?

file cabinet or liquor cabinet?

bubbling brook or placid lake?

Then, you could do four corners with four seasons...

The awareness that comes from the reasons and who chooses which contributes to any group looking at differences or building community.

**My name is ... and I like ...**

The players stand in a ring, and each person thinks of something they like beginning with the same letter as their name, e.g. "My name is Therese and I like tea.". Moving in a clockwise direction, each person presents the person to their left (telling the group what that person said they liked) and then his or herself and what he or she likes.

\* **A name to build confidence and get to know each other.**

**Name train**

Stand in a large, loose circle. One person is a railway engine and chuffs around the inside of the circle. The engine stops in front of a person and, if they know that person's name, shouts it out, while simultaneously leaping up and down making semaphore movements. The occasional whoop-whoop of the engine whistle is also effective. The engine reverses and 'couples up' and then both engine and carriage go chuff-chuffing around the circle again until the engine stops in front of another person, when both engine and carriage shout out the name and make semaphore movements and whoop. Then the engine reverses and couples up again and goes around the circle until a name train composed of everyone is chuffing around the playground.

\* **An energising affirmation name game.**

**Pass the squeeze**

Sit in a circle. Link hands. One person **gently** squeezes the hand of the person on the left or right. That person passes the squeeze on to the next person, and so on around the circle and back to the first person. Some variations - the leader could pass a squeeze to both the people on the left and right. Watch the funny confusion!

**\* The first of a few sitting down games for catching breath and calming down.**

**Points of contact**

Divide the players into small groups of five or six and explain that each foot, finger or thumb can be made a point of contact with the floor. You are going to tell them a certain number and each group must arrange to have that number of points of contact with the floor. Everyone in the group must participate, nobody can sit out. Give three fairly simple examples, eg. 48. And then give the number equal to the number in each group minus one (i.e. if there are six in each group, call out five.) Discuss the skills needed to play this game (e.g. cooperation, team-work, balance, counting skills, trust, etc.)

**Scream**

Participants stand in a circle, looking down toward floor. Leader calls “Go!” and everyone looks up and looks at someone. If the person you are looking at is looking back at you, you both scream. The leader then directs you to look back at the floor and do it again. Sometimes no one will scream, sometimes many people will. Do this over and over until it feels finished. This is a great L&L if time is limited, because it can be a lot of fun in just 2 or 3 minutes.

**Sticky popcorn**

Everyone finds a space and walks around the room with their arms outstretched. When you brush against someone else, you *stick* together by holding hands, just like sticky popcorn. Eventually, the whole class should get stuck together until all the children are just one giant ball of sticky popcorn.

**\* Another funny 'getting-to-know you' game. Younger children especially like this game.**

**Stone, Scissors, Paper**

The players are divided in two groups and each group decides whether it will choose stone, scissors or paper and at the count of three the two teams show their hands according to the team's choice:

- Paper wins over stone, as it can cover it;
- Stone wins over scissors, as it can sharpen them;
- Scissors win over paper, as they can cut it.

The first team to win twice is declared the winner.

A variant is lion, Samson and Delilah where the lion shows his teeth and arches himself to attack, Samson raises his forearms and shows his muscles, and Delilah curtseys:

- Samson defeats the lion but is defeated by Delilah;
- Delilah defeats Samson but is defeated by the lion, and
- The lion defeats Delilah but is defeated by Samson.

Another variant is wizards, giants and elves:

- Wizards- arms stretched out in front, and fingers ‘zapping’ a spell
- Giants- hands above head, clenched fists, stomping feet
- Elves- bending down, hands with palms upright, fingers wriggling, trying to grab the treasures from someone's pockets

- Wizards can eliminate giants but need to run away from elves
- Elves can grab wizards, but need to run away from giants
- Giants can stomp on elves, but need to run away from wizards

**Stop the Music**

Ask all the participants to stand in a circle. Then take a tennis ball and begin to toss it around the circle in a random pattern. The leader then stands outside the circle and faces away from the group so he or she cannot see who has the ball. The leader then begins to sing a song. It can be any kind of a song that the person chooses. The leader then stops singing, perhaps in the middle of a phrase. The person in the circle that has the ball at the time the music stops is the next leader. The new leader then steps out of the circle, turns away from the group and sings another song.

\* **A fun game, that needs little concentration and so can be quite relaxing.**

**The sun shines on all my friends who ... (or the wind blows on all who ...)**

The participants all sit on chairs in a circle, except for one who stands in the middle and gives the orders. The person in the middle chooses something which is true for him or herself and several people in the group (s/he may not know who) and pronounces that the sun shines on all their friends with that particular quality (e.g. brown shoes, two brothers, who have had an argument that day, etc.) "The sun shines on all my friends who are wearing brown shoes."

Immediately everyone with that particular quality (e.g. brown shoes) must get up and move to the seat vacated by someone else with that quality. The person in the middle attempts to find a seat while the others are moving about, leaving someone else without a seat. That person then moves into the centre and the game begins again.

**Throw the mask**

Sit in a circle. The teacher can choose someone to start, who has to make a mask of their face, as gruesome or as funny as they can make it. Then that person puts their hands up to their face, takes the 'mask' and 'throws' it across the circle to someone else who 'catches' it, puts it on their face and imitates it before wiping it off and making one of their own which they, in turn, must 'throw' to someone else in the circle.

\* **Observation and imitation. A good pre-drama warm-up game.**

**Titanic**

Everyone stands anywhere in the room and imagines that they are on the Titanic which is sinking and shuddering in all directions. When the caller calls "Left", everyone runs to the left side of the room (previously indicated), similarly for "right", "front", and "back". When the caller calls a number, the players must form groups of that number exactly to go into the lifeboats as the boat will sink if it contains any other number. This is a lively game to get people moving around the room and can also be used to form groups.

**Touch blue**

Everyone finds a space and stands in it. The leader says 'Everyone touch blue' (or another colour). Players must touch that colour on another person. Endless variations are possible with this game, especially if you introduce objects and body parts, e.g. touch elbow to another elbow.

\* **An introductory game; very good for the less able-bodied.**

**Tropical rainstorm**

Stand in a circle. One person acts as the *conductor* of the storm and starts off this symphony by rubbing his/her hands together, which the person next to them, which the person next to them (choose which way you are going before you start) imitates, and then the next person and so on, until everyone is performing the same action. This is the increasingly heavy rainfall. The *conductor* then

repeats the whole process with another action, e.g. snapping fingers, hands slapping thighs, stamping feet - which makes the sound of the crescendo of the storm. As with any sudden storm, the conductor decreases the volume of the storm symphony by going through the above steps in reverse until the last person rubbing hand is silent. If there is stillness, allow a moment to enjoy it.

**\* A finishing or calming game. Younger children are often awe-struck by the effect of this games, which can leave a nice magic feeling.**

### **What If?**

Hand each participant a 3"x 5" slip of paper with the words "What if" written on the upper left corner. Each participant is asked to complete the statement in whatever way they wish, such as: "What if all prisons were closed?" or "What if an elephant moved into the house next door?". Then each slip is handed to the person on the right and the person is asked to turn the paper over and complete the statement on the front. This might be: "Inmates would have to look for jobs." or "He'd have to buy a cast iron sofa." Then each slip is handed to the person on the right. Each person is asked to read their slip, reading the answer first and then the question, which sounds quite funny.

### **Who Am I?**

Print the names of well-known people such as Elizabeth Taylor, Madonna, George Bush, etc. on cards. Make enough cards for all participants. Ask all participants to stand. Then tape the cards on the packs of all the participants without allowing them to see the names on their backs. The objective of the exercise is for each person to find out what name is taped on their back by asking other people questions about themselves. You can only ask two or three questions of each person, then move on to another person. All questions must be answered only by "yes" or "no." When you have guessed correctly, move the nametag from your back to your front and continue until everyone finds out who they are. (This exercise might be used before role plays.)

- **Fun but can also be quite demanding as regards general knowledge.**