Small is healthy: A guide to promoting health in small schools

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Small is Healthy

A Guide to Promoting Health in Small Schools

Edited by Pat Pridmore and Tashmin Kassam-Khamis
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About the Editors

Dr Pat Pridmore is a Senior Lecturer in International Education and Health Promotion at the Institute of Education, University of London. She is a teacher, researcher and nutritionist with over 20 years of experience of working in international education, health and social development. She has a special interest in working with children and communities using innovative participatory methodologies such as Child-to-Child and Appreciative Enquiry. She regularly works as a consultant to facilitate training workshops and evaluate development programmes. She is Chair of Trustees of the Child-to-Child Trust in London and has published widely in the field of participation for health and social development. She previously worked in Africa for 15 years and has more recently worked in about 20 other countries around the world.

Dr Tashmin Kassam-Khamis worked at the Aga Khan University’s Institute for Educational Development (AKU-IED) in Karachi, Pakistan, where she was an Assistant Professor and Principal Investigator of the Health Action Schools research project in partnership with Save the Children (UK). The project developed prototypes of health promoting schools in different social and educational contexts in Pakistan. Health education was found to be a key determinant for quality education and school improvement. She is currently Chief Executive Officer of the Child-to-Child Trust in London. She is a researcher, health educator and nutritionist. She regularly facilitates workshops on children’s participation and the Child-to-Child approach. She has worked in East Africa, South Asia, Central Asia and the Middle East.
Acknowledgements

In writing this guide we have benefited enormously from ideas and materials freely contributed by colleagues and friends around the world who share our commitment to using the Child-to-Child approach to improve the quality of learning for children in small schools.

In particular we would like to thank Dr Hugh Hawes for permission to adapt and use unpublished original material on school health and Gill Gordon for providing the Foreword. We would like to thank all members of the Child-to-Child Trust policy development group for reading and commenting on the manuscript, particularly Rachel Carnegie and Clare Hanbury. We also would like to thank Farah Babul and Sadia Bhutta from the Health Action Schools team at the Aga Khan University, Institute for Educational Development in Karachi and the teachers and team of the Health Action Schools pilot project who were closely involved with developing and field testing the lesson plans we have adapted for Part 2 of this book. We have taken diagrams from *Health Promotion in our Schools* and *Children for Health* published, copyright free, by the Child-to-Child Trust in London. We have used illustrations by David Gifford from these books. We have also gained valuable ideas from materials in the resource centre developed by the DFID-funded Multigrade Research Project based at the Institute of Education in London.

We are grateful to the Gibbs and Morel Trusts for their support towards the publication.
Foreword

This book provides practical guidance and inspiration on a number of key issues related to promoting health in schools. Small schools reach many children who are marginalized through living in scattered rural communities. This book shows how teachers in small schools have the potential to improve the physical and social health of children and their families and communities.

Small is Healthy is useful for policy-makers, trainers and teachers. It demonstrates in an accessible and practical way concepts and strategies that could make a real impact on health in rural communities. It shows how the key concept of a whole school approach to health – involving a three-pronged strategy of skills-based health education for children, creating a healthy environment, and linking with the community and providing health services – can be achieved with very limited resources. The book provides tools such as training activities for teachers and lesson plans based on the Child-to-Child approach to health education to give teachers the knowledge, skills, commitment and confidence to make this a reality.

I greatly appreciated the suggestions for innovative, low cost and adaptable active learning methods for trainers and teachers, and ways of organizing the classroom. This book will encourage, inspire and excite any teacher to shift to more child-centred learning. The tried and tested lesson plans provide a model that will enable teachers to create their own relevant lessons plans, not only for health but other subjects too.

The impact of conventional health education in schools is often disappointing. The need for a more integrated approach, including creating an enabling environment, working with the community and linking up with health services is now well established. But putting theory into practice is challenging. This book provides very practical ideas on how to accomplish this in a context-specific way, and within the resource limitations of poor rural areas.

The book also provides realistic guidelines for evaluation with helpful indicators and innovative methods that involve the children and the community.
I commend this comprehensive, well-written, readable book to all pre-service and in-service teacher educators, co-ordinators and managers of teacher resource centres, school heads, serving school teachers, student teachers and inspectors. I hope that Ministries of Education find a way of getting the book out to the teachers in small schools who are often the unsung heroes in bringing education to children in an inclusive way, and in reaching out to their parents and communities. Large schools can also learn from *Small is Healthy*: teaching is better when ‘health education is seen as personal because it is related to our daily lives and fun when knowledge is linked with action.’

**Gill Gordon**  
Health and Development Consultant, Trainer, Writer and Researcher
About this Guide

All over the world there are schools with only a few classrooms, or even one. These schools are usually found in sparsely populated rural areas where children live in widely scattered communities.

Small schools make good use of teachers’ time and other resources. Because these schools are usually found close to where children live it is possible for more children to go to school, especially girls and children with disabilities. In small schools children can benefit from developing a special sense of belonging. Each individual is valued for his or her own qualities. The teacher gets to know the child better as an individual and can therefore give him or her the right kind of help and guidance. Teachers tend to stay longer in small schools than in bigger urban schools and this helps new teaching ideas and practices to become better established.

In small schools there may be only a few children in each grade level and children of more than one grade are therefore often taught by the teacher at the same time.¹ In some small schools children are not put into grades at all.² The quality of learning in small schools can be at least as good as in larger schools if the teachers know how to organize a small classroom and can manage their teaching well. This guide will help teachers working in small schools do this.

We all know that children study better and are happier in school if they are fit and well and that they find it hard to catch up when they are ill and miss school. It is also important for children to be healthy because the survival of

¹ This is known as multigrade teaching.
² This is known as mixed-ability or multi-age-within-grade teaching.
their families may depend on their ability to contribute to the common good. In this way the health of the child is closely linked to the health of the family and community. Many children (especially girls) miss out on schooling because they are kept at home to take care of family members who are sick.

If children learn useful health knowledge and skills and develop caring attitudes they are likely to carry these forward to the next generation. If they are taught to observe, to listen, to communicate and to take decisions about their own health and the health of others, they become good parents and active and useful community members. This contributes to the social health of their community.

It is especially important for children in small schools to learn social skills such as how to live together, co-operate with each other and respect each other, and learn that girls and boys need to have equal rights and opportunities. They need to know how to keep their environment healthy so that their health is not threatened by eating dirty food, drinking dirty water or by safety hazards.

This guide is presented as a resource for teacher educators/teacher trainers and also teachers in small schools. The guide aims to enable small schools to promote health so that the health knowledge, attitudes and behaviours taught and practised in school can be spread from school to family and community. This guide is divided into two parts.

Part 1 with the workshop activities will be particularly useful to teacher trainers. It explains how teachers can teach health effectively in small schools and includes the following:

- How to organize teaching.
- How to build a healthy school environment.
- How to make good use of health services.
- How to spread health knowledge and skills from the school to the community.

Each chapter ends with workshop activities to help teachers improve their practice. These activities can be used for both pre-service and in-service training to help teachers understand and apply the ideas given in the chapter. When teachers have done these activities themselves they will be able to adapt them and use them with their children in the classroom.
Part 2 gives examples of lesson plans for teaching small classes about key health topics that teachers themselves can try out. These topics have been selected because they are crucial to the health of children and their families in the areas where small schools are most commonly found. They have all been well tried and tested in the classroom. These examples may be used to develop lesson plans on other health topics that are of importance in your area.
Part 1

Teaching and Organizing Health in Small Schools
Chapter 1

Introduction

In a small school teachers can promote health most effectively by taking a whole school approach. This means everyone working and learning in the school makes a joint effort to promote health. A whole school approach includes teaching effective health education in the classroom and organizing health activities around the school and with parents and the wider community.

The three strands in a whole school approach to health

In a small school teachers can help to promote health in three main ways

1. By giving skills-based health education

Teachers can help children understand health information that is useful for their lives and the ideas behind them (up-to-date health information can be found in Appendix 1). However, if children only have information they may not be able to use it to take action and therefore teachers also need to help them gain useful attitudes, skills, resources and social support. The skills they need can be practical, ‘doing’ skills, like knowing how to give first aid, but they can also be ways of thinking such as how to find out or solve problems. Skills also include ways of communicating, feeling and behaving that help children work together with others – these skills are known as life skills.
Good health needs to be practised around the school. This involves teachers and children in planning together and taking action to make sure that the school is a safe and healthy place. It means providing a clean environment where children have safe water to drink, latrines (or a specially designated area outside the compound) and water and soap or ash for cleaning hands after defecation. It also means giving the best possible nutrition to children and advising parents about good safe food for their children. The school environment should also be safe from hazards to prevent accidents.

Teachers can help adults in the school provide a good example for children and an emotional climate that is secure, supportive, free from fear and violence and inclusive of all children. Together with their teachers children can help write a set of school health rules and responsibilities. Everyone in the school will have a role to play in helping to reach these goals.

Because children’s health is closely related to the health of their family and community, teachers and children need to help health knowledge and skills spread out from the school into the community. Chapter 3 (page 30) gives ideas on how to do this.

Teachers need to establish close links with local health workers so that together they can:

- Take action to prevent disability and unhappiness in children.
- Treat or refer children who are unwell, and need further help. (This will include children who are undernourished, have physical or learning disabilities or suffer from accidents or
abuse.)

- Give help and support to children in school who have long-term problems with their health or in their homes.

Even where health workers are few or absent altogether there is usually something that a school can do to improve its health services.

Teaching skills-based health education and good citizenship

As mentioned above children need skills so that they can use health information to take action. Good social or life skills help them get on well with other people and develop happy, healthy relationships with their friends and family. In small schools children of different ages and stages of development have more chances to interact with each other and learn these skills when they work together in small groups. (In Chapter 2 you can find more ideas about how to organize small group work.)

The United Nations Children’s fund (UNICEF) has divided different life skills into the following three key areas:

1. Ways of taking effective decisions and solving problems
   - decision making
   - problem solving
   - critical thinking
   - creative thinking
2. Ways of living and coping with oneself
   - self-awareness
   - coping with stress and emotion

3. Ways of living and dealing with others
   - communication
   - interpersonal relationships
   - empathy

Life skills are very closely linked to the development of good attitudes. Four attitudes above all others need to be developed through the teaching of health in schools:

1. Self-respect, e.g. I want to be clean, fit and healthy.

2. Self-esteem and self-confidence, e.g. I know I can make a difference to the health of my family even though I am still a child.

3. Respect for others, e.g. I need to listen to others, to respect them and their customs even when I find I cannot agree with them.

4. Concern for others, e.g. I want to do my best to help others become healthier especially those who particularly need my help.

Children can only learn these skills if teachers use teaching methods that let them practise these skills. That is why the way teachers organize learning is just as important as what they teach. Teachers can plan effective skills-based health education by using the step-by-step approach given on page 11. Using this approach children start by learning how to work together in small groups, listening to each other and discussing their lives and the environment they live in. This helps them gain skills in getting on with each other and thinking critically about their situation and identifying their needs. After this they are encouraged to think creatively to find ways to solve the problems they have identified and decide together what action they can take to meet their needs. This action may involve them in practising their communication skills to carry out interviews and surveys at home and in the community. When they do this well it builds up their self-esteem and self-confidence. Of course, children need a great deal of support from their teacher to prepare their surveys and interviews well. They also need to practise in the classroom before going into
the community and know how to respond respectfully if people do not want to answer their questions.

By using this approach and working with children as partners in promoting health, teachers can make a practical contribution towards achieving the rights of the child to participate in decisions that effect their lives. As citizens, children have the right to basic health knowledge and health care and the duty to actively help themselves and others maintain and improve their health.

Girls and boys have equal rights and responsibilities for health and therefore older brothers need to care for the health and development of younger children just as keenly and actively as older sisters. When girls and boys take action together they can show parents how effective they can be. The ideas and experiences gained in school can also help them work together when later they become parents.

If teachers encourage children to think actively, take positive health action and co-operate together in helping one another become healthier they are helping children become useful, active citizens.

**Hints and Tips**

Every teacher, every child, every parent is in some way a health worker with both rights and responsibilities for health. Spreading better health is everybody’s concern.

**Workshop activities for teachers**

The following activities can be used in pre-service or in-service teacher training to help teachers understand and apply the ideas presented in Chapter 1 and develop skills in using these activities in the classroom.
Activity 1

In groups of three or four, draw a picture to illustrate the whole school approach to teaching health.

Display and discuss your pictures with everyone in the group.

Activity 2

In the whole group discuss: Why do children and adolescents need life skills?

In groups of four, identify one risk/problem situation for children aged 10 to 14 years.

Discuss the risk/problem situation and then briefly complete the following sentences on the board:

**Information:**
The child needs to know that (e.g. smoking damages your health)

**Life skills:**
The child needs to know how (e.g. to resist peer group pressure to smoke)

Develop a role-play to illustrate the risk situation. In the role-play show either:
- how the child coped with the situation using life skills or
- how the child was unable to cope with the situation because he or she lacked the necessary life skills.

Perform the role-plays for the whole group and discuss what the participants have learned from this activity.

Discuss how teachers can (i) strengthen their own life skills and (ii) design appropriate activities to help children develop life skills.

There are many ideas for such activities in Part 2.
Chapter 2
Developing Children’s Competence for Health Action

General principles

The following seven principles can help to make sure that teaching in small schools is of high quality and children learn as well as, or even better than, those in larger schools.

1. Developing a ‘child-friendly’ inclusive atmosphere that respects ALL children by respecting children’s dignity and creating an affectionate and comfortable learning environment for all children, both in the classroom and around the school. This means reaching out to children not yet in school — especially girls, children with disabilities and those who are living in especially difficult circumstances (such as orphans, especially poor families, and children who are caring for sick relatives).

2. Give feedback to children on their learning and encourage them to follow the behaviour of good role models.

3. Identifying older or more able children can help younger or less able ones to learn well. This is often known as peer tutoring, where children help and learn from each other.

Hints and Tips

Teachers in small schools are more likely to enjoy teaching if they are able to create a co-operative, family-type atmosphere in the classroom. They will need to be well organized and try out new ideas. By building solid, close relationships with the community the parents will recognize the benefits for their child of learning in a small school. This will mean that children will enjoy coming to school and will learn better.
4. **Helping minority groups** maintain and develop their own cultural characteristics and language and bring into full play their good customs and habits in the class and the school.

5. **Update teaching methods** to provide opportunities for children to work together to gain life skills.

6. **Make opportunities for children to show their ability** to organize and manage their own learning and to learn from their mistakes.

7. **Do not use methods that need children to sit passively** listening to the teacher for long periods or be left with nothing to do until the teacher has time to give direct attention to them.

<table>
<thead>
<tr>
<th>Hints and Tips</th>
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<tbody>
<tr>
<td>Good teachers of small classes do not use just the chalk and talk style of teaching. They are flexible and use a range of effective teaching methods including individualized instruction, independent study, small group work and cross-age peer tutoring. These methods encourage children to be independent, to find out things for themselves, gain the skills and attitudes of ‘learning how to learn’ and develop the life skills needed for a healthy, happy life.</td>
</tr>
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</table>

**The Child-to-Child approach for health action**

Teachers can use the Child-to-Child approach to develop partnerships with children to promote health. Partners are people you respect and share decision-making with. To help develop such a partnership teachers can guide children through a series of activities to link what they learn in the classroom with what they learn at home and in the community. This helps them translate learning into action to improve health.

The way of organized teaching and learning can be roughly divided into the following four steps:

1. Recognize and understand
2. Find out more
3. Plan and take action
4. Evaluate

These four steps are illustrated in the diagram below, together with the life skills that can be developed at each step.

It is important to know that these steps are stepping stones along a path that leads to children taking health action — this path can be called a health action methodology and the number of stepping stones is less important than the path itself. Many people divide the path into the following six steps: 1. Recognize and understand; 2. Find out more; 3. Discuss and plan; 4. Act; 5. Evaluate; 6. Do it better and sustain the action. Whether the teacher decides to use four or six steps children are still walking along the same road.

The Child-to-Child approach

<table>
<thead>
<tr>
<th>Learning Steps</th>
<th>Life Skills</th>
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<td><strong>Step 1</strong></td>
<td></td>
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<tr>
<td><strong>Recognize and understand</strong></td>
<td>Critical thinking</td>
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<tr>
<td>Children recognize a health problem and understand the main health messages.</td>
<td>Decision making</td>
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<tr>
<td></td>
<td>Communication</td>
</tr>
<tr>
<td></td>
<td>Problem solving</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Find out more</strong></td>
<td>Communication</td>
</tr>
<tr>
<td>Children study to find out more about the topic at home, in the community, and at school.</td>
<td>Critical thinking</td>
</tr>
<tr>
<td></td>
<td>Empathy</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Plan and act</strong></td>
<td>Communication</td>
</tr>
<tr>
<td>Children plan and take action to help prevent the problem.</td>
<td>Interpersonal relationship skills</td>
</tr>
<tr>
<td></td>
<td>Problem solving</td>
</tr>
<tr>
<td><strong>Step 4</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluate</strong></td>
<td>Problem solving</td>
</tr>
<tr>
<td>Children evaluate their action and continue taking this action.</td>
<td>Decision making</td>
</tr>
<tr>
<td></td>
<td>Communication</td>
</tr>
</tbody>
</table>
The diagram below shows how these four steps link learning in school with learning and action at home and in the community. This diagram also gives examples of the activities children can do at each step. By working together and carrying out the activities children learn the life skills that are essential for a healthy happy life.

**LEARNING AND DOING: LEARNING PLACE AND LIVING PLACE**

**Class/school**

**Step 1**

Recognize
Learning about diarrhoea and dehydration.

**Step 2**

Study
(1) A survey at home and with neighbours. Who suffers from it? How is it treated?

(2) Discuss findings. Which babies are most at risk? Which local remedies are helpful?

**Step 3**

Act
(1) Plan action (How can children help to prevent and treat diarrhoea?)

(2) Helping mother at home when the baby has diarrhoea. Washing hands after cleaning the baby’s bottom. Telling “what we learnt at school”. Why this is important.

(3) Making puppets and preparing our play.

**Step 4**

Evaluate
(1) “What did we do? Did we convey our health messages? Should we change it next time?”

(2) “Can we remember all we learnt? Can we all make a rehydration drink?”

(3) Carrying on with actions to prevent and treat diarrhoea at home.
The step-by-step approach to health action and the children’s activities suggested above have helped many teachers who were only using the chalk and talk style of teaching to improve their teaching methods and bring active learning into their classrooms. When teachers have gained the skills and confidence to teach health in this new way, they have been able to use it to help them teach other subjects better. The lesson plans in Part 2 of this guide can be adapted and used by teachers to help them use a skills-based and action oriented approach to their health teaching.

**Methods to encourage creativity and active learning**

To teach health well teachers need to choose activities that are appropriate to the age and interests of the children. Then they need to help them when they have difficulties so that they can do these tasks successfully. And finally, teachers need to evaluate the learning and give children feedback. You can find examples of useful activities in Part 2 of this guide which are also fun for children to do.

**Hints and Tips**

The activities chosen by the teacher need to really challenge children to think actively because this helps them to understand the health ideas. Active thinking, often based on children’s own experiences and building on their own knowledge, also develops skills in planning and taking action and in spreading health messages to others. This helps children gain life skills and develop useful attitudes and values.

Most active learning methods do not need much in the way of money and equipment but all of them need the teacher to be willing to try new things and keen to help children think for themselves.

Active methods do involve the teacher in extra time and effort but the health message cannot be taught well if the teacher only uses passive methods. As the teacher and children learn how to work together as partners the teaching will become easier, more co-operative and more fun. Involving children in activities helps them gain life skills and become more responsible, more aware
of their need to help others, better problem solvers and better citizens. Teachers might even find that children’s school attendance improves because children enjoy coming to school to learn in this way.

**Different methods to encourage active learning**

Here are some methods that have been found to be most useful for teaching health topics:

<table>
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<th>Discussions</th>
<th>Stories</th>
<th>Demonstrations</th>
<th>Surveys</th>
<th>Drama</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion groups</td>
<td>Help all children to get involved, share their experiences and give their own opinions. Help children learn to communicate with others and listen to others.</td>
<td></td>
<td>Keep the groups small (five to seven children). Choose the leaders carefully. Make sure there are arrangements and rules that allow everyone to participate.</td>
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</tr>
<tr>
<td>Games</td>
<td>Visits and Visitors</td>
<td>Poems and Songs</td>
<td>Pictures and Blackboard</td>
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<tr>
<td>Stories</td>
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<tr>
<td>Give information in an interesting way to help children understand and remember.</td>
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<tr>
<td>Introduce difficult and sensitive topics carefully.</td>
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<tr>
<td>Develop children's imagination.</td>
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<tr>
<td>Develop children's communication skills: listening, speaking and writing.</td>
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</tbody>
</table>

- Make sure that tasks are clear and the groups know what they are going to report and how.
- Make sure that the subjects chosen encourage children to think and draw on their own experience.
- Use a range of methods for children to give feedback on their discussion to the whole group.

- Use stories to introduce new health topics and ideas. Make them really interesting and dramatic.
- Make sure that children recognize and understand the main points in the story including the feelings of the characters.
- Lead on from stories to other activities such as drama and drawing.
- Encourage children to tell the stories they have read or heard to other children at home and to tell and write their own stories.

<table>
<thead>
<tr>
<th>Practical demonstrations and experiments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link abstract knowledge to real life things.</td>
</tr>
<tr>
<td>Develop practical skills and observation.</td>
</tr>
<tr>
<td>Encourage logical thinking.</td>
</tr>
</tbody>
</table>

- Always use real things (e.g. food, mosquito larvae, etc.) in preference to pictures.
- Get children involved in practical demonstrations. Do as little as possible yourself.
<table>
<thead>
<tr>
<th>Surveys</th>
<th>Help and encourage children to make up their own drama. Do not prepare it all for them. Also explore making and using very simple puppets.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link learning with children’s own experience.</td>
<td></td>
</tr>
<tr>
<td>Encourage children to communicate and record well.</td>
<td></td>
</tr>
<tr>
<td>Develop children’s social skills especially that of communicating tactfully with adults.</td>
<td></td>
</tr>
<tr>
<td>Help develop mathematical skills when presenting surveys, e.g. tallying, bar charts, pie charts.</td>
<td></td>
</tr>
<tr>
<td>Choose topics for the survey carefully. Do not put children into difficult situations through the questions they ask. Go with them if necessary.</td>
<td></td>
</tr>
<tr>
<td>Together with the children prepare the survey very carefully. With your guidance children can decide what they should find out (and write a clear question) and how they will record the information.</td>
<td></td>
</tr>
<tr>
<td>Usually involve children in twos and threes so that they can help and support each other.</td>
<td></td>
</tr>
<tr>
<td>Remember simple surveys do not usually have to be done in class time, they can be done in children’s own time.</td>
<td></td>
</tr>
<tr>
<td>Drama and role-playing</td>
<td></td>
</tr>
<tr>
<td>Develop all types of communication skills.</td>
<td></td>
</tr>
<tr>
<td>Allow children to explore attitudes and feelings, even over sensitive subjects such as AIDS or Disability.</td>
<td></td>
</tr>
<tr>
<td>Help and encourage children to make up their own drama. Do not prepare it all for them. Also explore making and using very simple puppets.</td>
<td></td>
</tr>
</tbody>
</table>
Develop self-confidence.
Lead on to activities that help children think clearly and make decisions.

Use short role-plays frequently, e.g. ‘Pretend you saw someone doing this, what could you do or say?’

Lead on from drama or puppets to discussion, e.g. Why did the people act like this? What might happen next time?

Always make sure that children have learned the health messages at the end of the drama.

Knowing how much, or how little, guidance to give the children can sometimes be difficult. When children first start to work together to plan their activities they will need a lot of direct support from the teacher. But as they gradually develop their skills in working together and making decisions in their group it is important that the teacher backs off and becomes less directive. This will help them to develop their confidence and skills and gradually move towards making decisions for themselves.

To give an example: When the teacher is working with children to develop a survey he or she will need to give them guidance on:

- the different ways that information can be found out
- the different ways that information can be presented
- how to work together to write good survey questions which are clear and simple.

When they have learned these things the teacher will be able to step back and let them ask for help when they have difficulties.
Organizing the classroom

Hints and Tips

Children learn from each other and through participating in the classroom. Teachers need to organize their classrooms so that this can happen and the learning environment can be exciting and stimulating.

In small schools there are many different ways to arrange children’s seating. If the teacher can move the desks it is a good idea to group them informally, in small friendship groups or in grade groups as shown in the illustration below. This is a sociable way of seating children because they are sitting next to and facing their friends. It also encourages children to talk together and to co-operate with each other in their work. This is helpful because children do not learn well if they are expected to be silent and only speak when the teacher asks them a question. If the teacher has given them interesting and enjoyable work there should not be a problem from too much noise or bad behaviour. If the desks are fixed in rows and cannot be moved children can still be gathered together in small groups around each side of the row for group work. Children can also work well together sitting in groups on mats on the floor.
Having a display of teaching aids and children’s work in classroom can help children take a real interest in their learning and feel a sense of belonging to the class. These do not have to be expensive displays — they can be made from locally available materials as shown on page 26. A local carpenter may be willing to make a display board and children will enjoy helping to gather together materials to display. Each group in the class will like to have its own special area for display and children can learn something from discussing with the teacher which work should be chosen. The teacher needs to make sure that a proper balance of children’s work is being displayed — from the most able to the least able, from the youngest to the oldest and avoid the trap of displaying only the work of the brighter older children. Children like to see their names by their work — it makes them feel proud. Displays need to be changed regularly to keep the children’s interest up and to allow each child to have some good work displayed during each term.

An interesting display board can be a good teaching aid and provide a lively focus in the classroom. Here is an example of how to achieve this.

<table>
<thead>
<tr>
<th>Whole Class Project on Accidents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accidents we have had</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Burn</strong></td>
</tr>
<tr>
<td>Grade 1: ☑☑☑☑</td>
</tr>
<tr>
<td>Grade 2: ☑☑</td>
</tr>
<tr>
<td>Grade 3: ☑☑</td>
</tr>
<tr>
<td><strong>Cut</strong></td>
</tr>
<tr>
<td>Grade 1: ☑☑☑</td>
</tr>
<tr>
<td>Grade 2: ☑☑</td>
</tr>
<tr>
<td>Grade 3: ☑☑</td>
</tr>
<tr>
<td><em>(story)</em></td>
</tr>
<tr>
<td>1.................................</td>
</tr>
<tr>
<td>2.................................</td>
</tr>
<tr>
<td>3.................................</td>
</tr>
<tr>
<td><em>(song)</em></td>
</tr>
</tbody>
</table>

Children can help to make sure the display board is tidy, clean and **USED**!
Here are some ideas for the different ways to use it:

- To give children information.
- To show their work.
- To revise lessons taught.
- To feed back information from ‘finding out’ activities at home and in the community.
- To encourage children to work together.
- To make sure all children can learn from each other’s work. (Teachers need to make sure it is at the children’s eye level — not too high, not too low.)

If the classroom does not have solid walls, teachers can hang up children’s written work or drawings on strings across the classroom. Work can easily be attached to the strings with tape, staples or thorns.

Classroom routines help children start work quickly and purposefully at the beginning of their school day. Teachers can use routines to help children understand:

- How to know what work to do at any one time.
- How books and other learning materials are given out, taken back in and stored.
- How to get help from each other when they need it and the teacher is not free.
- What to do when they have finished the activity given.
- How to get the teacher’s attention.
- What are acceptable levels of noise.
- How to co-operate with classmates.
- How and when to move around the classroom.
- How to leave the classroom.
Teachers may also find it helpful to share with children the duties and tasks involved in good management of the small classroom. By doing this teachers can help themselves and at the same time greatly help the children by giving them real responsibility.

Here are some responsibilities children can be given:

- Being a teacher of younger or less able children.
- Being a group leader or monitor helping to make sure that the activity is completed successfully and reporting back on what has been learned.
- Being a classroom monitor — for example taking responsibility for watering the plants, looking after the nature table.
- Making sure there is water and soap or ash for hand washing and clean water for drinking.
- Taking the attendance register. (In small rural schools in Colombia children take responsibility for filling in the register themselves as they arrive in the classroom.)

Teachers can choose these responsibilities carefully to fit the age and level of maturity of the child and to make sure that it is not just the brightest or the most ‘sensible’ children who benefit from being given real responsibilities. Even the youngest and least able children take their turn at shouldering responsibilities.

Children have an enormous curiosity about their health and the natural world around them. Their curiosity can be stimulated further by having a health corner where they can collect together the things that interest them. Children may grow seeds here and collect fruits and nuts or keep small mammals or tadpoles in the classroom. This is an excellent way for children to study the cycles of animal life. The teacher will need to think carefully where they
should best be sited, so that children can work in these areas without disturbing other groups.

**Planning the teaching**

This can have special challenges for teachers in small schools where they have children of different grade levels in their class. It is difficult for teachers to give the maximum amount of attention to each child, teach all the necessary subjects and make sure that the whole class learns and each child learns without time being wasted. In this situation the key to successful timetable planning is **flexibility**. This means using a variety of different ways of timetabling subjects and organized children’s learning.

**Timetabling**

Many teachers have found that it is important to put a specific time into their timetable to teach health. This does not have to be a lot of time, even one lesson (40 minutes) a week can be enough to do a lot of health education over the whole school year. (In many schools this amounts to about 30 health lessons a year.)

**Organized children’s learning**

Here are four teaching approaches that can help meet children’s individual needs and make the classroom a lively, challenging and friendly place:

1. **Direct teaching to the whole class**
   This can help children develop a sense of belonging to one class rather than to a group within the class. Whole class teaching can work especially well for introducing health topics if the teacher writes questions suitable for children at different grade levels. Teachers can use the whole class for telling a story or making up a story together with children, for writing a song or poem, for problem-solving games or for doing a survey. Since every small class has children of different ability levels the teachers will need to choose and adjust the contents
to make them suitable for all the grades they are teaching. You can find examples to help teachers do this in Part 2.

2 Small group teaching

Children generally learn best if there are no more than 6 children in the group and they appoint one child as their leader to make sure they stay on task and complete the work set and another child to write down what they have done.

3 Direct teaching to a group of one grade

This is often used in small classes. While the teacher is teaching one group of children directly other children may do small group activities where they learn from and with each other or they may study independently or with older or more able children to help them. Of course, teachers need to speak quietly to the group they are teaching directly so that they do not disturb the work of the other children.

4 Individual teaching

Teachers sometimes find it necessary to work with a child on a one-to-one basis. This may be to help a child who has fallen behind because of absence or a child who has learning difficulties or is new to the class. Individual teaching may also be used to guide especially able children to do more difficult tasks. During lesson time individual teaching must be kept short (7 minutes or less) so that the other children get a fair share of the teacher’s attention.

Using Different Groupings in the Class

It can be helpful for teachers to know different ways to organize learning groups in the classroom. For example, children may be placed in:
Children in small schools gain a great deal from being grouped in different ways at different times. Teachers can give them the chance to sit and work with as many of their classmates as possible — younger and older, more able and less able. Children find it more interesting if they can use different methods to give feedback from their small groups to the whole class. These methods can include talking (verbal feedback) or writing on the blackboard. They can also include more innovative methods such as drawing pictures and talking about them and doing short role-plays or a song or poem.

**Hints and Tips**

Life is more interesting for children in small schools if they are grouped differently at various times during the week — for example, in single grade, mixed-grade, social groups, whole class and interest groups. Children, like adults, benefit from a change of scene now and then. They start refreshed on the new task.
The important point here is that small schools can give children increased opportunities for shared learning in small groups. This is because the teacher cannot teach all the children directly all the time when they have a wide span of ages/grades. Shared learning is known to be a good way for children to learn. Children have always picked up much knowledge and skill from each other, starting from their early years in the home and going on naturally throughout their school life. This is how children pass on games to each other from generation to generation. Children learn well from other children especially when solving problems through discussion and activity. When children work together on a mutual activity it builds a co-operative approach to learning and mutual respect and understanding between children.

However, successful shared learning does not always happen on its own — activities need to be carefully designed so that they are challenging for all the children in the group and that each child has a role they can play according to their age and ability. The activities in Part 2 may help teachers develop such activities.
Making low/no-cost teaching aids from locally available materials

Teaching aids help bring lessons to life and make them more interesting and better understood. Most teachers are always looking out for new ideas and materials and collecting useful teaching aids. Children also love to collect things and can be enlisted to help the teacher build up their collection.

For teaching health it is often best to use real objects that can be found locally. These are always a success whatever the ages and grade levels of the children. Children’s own bodies are the best teaching aid for learning about a wide range of health topics such as personal hygiene and taking care of eyes and teeth. Teachers can use real foods to teach about nutrition and real mosquito larvae to help children learn about malaria. Children can gather sticks, stones, bottle tops and tins and use them to count, and make charts and diagrams on the ground to help them understand health problems and what they can do to help. This can be useful when collating class results from surveys they have conducted. Low cost/no cost materials can also be used to make toys such as rattles, mobiles, masks and puppets to stimulate young children.

Hints and Tips

The purpose of using different teaching approaches and groupings is to shift the focus of learning from being totally teacher-directed and controlled towards being child-centred and controlled. This promotes the development of children as independent, self-directed learners and releases the teacher to attend to the needs of individual children and groups. Teachers in small schools need to try out a range of approaches and groupings and use a mixture of the ones that work best. No single method is effective all the time.
Teachers can use the blackboard to encourage children to think. They can put up questions and statements for discussion, rather than just notes to copy. Information from the children can be summarized and classified on the blackboard. Pictures, including those drawn on the blackboard, can be used to encourage thought and debate and to record the ideas discussed. For example, the way in which disease is spread — such as diarrhoea caused by flies and eating dirty food, or malaria caused by mosquitoes — can easily be drawn on the board to create a discussion of what children see happening and why they think the disease occurs.

Pictures, photographs, posters or newspaper clippings, that have been collected together as teaching aids can be used to challenge children to think and solve problems rather than just rote learning messages. Ask children to analyze advertisements in papers and magazines for smoking or bottle feeding. How do the pictures hide the true health messages? Ask children to draw their own posters using images and pictures to promote a health message.

Teaching aids can also be stories and scripts for role-plays and dramas that pose problems and challenge children to think of solutions. Puppets and masks can be very useful teaching aids because they allow children to say and do things that they might otherwise feel too shy about. Questions to guide a discussion or collect information for a survey are also important learning materials. Of course, teachers do not need to develop all these materials themselves — children can learn a lot from developing their own stories, role-
plays and questions but they will usually need some help and guidance from teachers (see pages 11 for more ideas). Teachers can question the children after using a teaching aid to check that they have understood correctly.

In many small schools teachers have to rely almost entirely on their own resources and those of the children and their parents for teaching aids. But if they can get a little help from outside organizations to buy simple materials, such as scissors, paper, cardboard, crayons and glue, they can make many teaching aids such as games of snakes and ladders to teach health and other subjects. In some remote areas schools have been able to get help to organize a small library in a box or a bag with picture books, comics and newspapers and rotate it between them. The materials are replenished after one full circuit.

**Workshop activities for teachers**

The following activities can be used in pre-service or in-service teacher training to help teachers understand and apply the ideas presented in Chapter 2. Teachers can adapt Activity 1 to use with children.

**Activity 1**

In groups of three or four, draw a picture to illustrate a classroom that has a ‘child-friendly’ atmosphere.

Display the pictures and discuss.

List actions to make a classroom more ‘child-friendly’.

**Activity 2**

Ask each teacher to bring examples of their own lesson plans for teaching a topic.

In pairs share the lesson plans and

- List the different teaching approaches used. (Direct whole class teaching, small group work, direct teaching to one group whilst the other groups do an activity, independent learning)
- List the different groupings used. (Single grade,
mixed grade, same ability, mixed ability, same sex, mixed sex, social, interest, pairs, threes, etc.)

- Compare the approach used in the plans with the health action methodology presented in this chapter.

Discuss how the lesson plans could realistically be adapted to teach health more effectively.

Share your ideas in the whole group.

**Activity 3**

In the whole group brainstorm a checklist of questions to monitor change in the school environment as a result of your school health programme.

Here are some questions that might be useful:

- Are teachers using a variety of teaching approaches, groupings and activities?
- Do teachers use activities that challenge all children to think?
- Do all children enjoy these activities?
- Do the activities give some scope for the different interests and abilities of the children?
- Do the activities help children understand better and gain life skills?
- Do the activities help to link learning at school and at home?
- Do the activities help children to use health knowledge to take health action?
Chapter 3
Building a Healthy School Environment and Linking School with Community

Making the environment clean, safe and secure

Every school including the buildings and surroundings, all teachers, children and other people who work in it and with it, need to be as safe and healthy as can be. This is not only for the benefit of the teachers and children but also to set a good example to the community.

In small schools with only one or two teachers the commitment of every teacher to creating a whole school approach to health is crucial to success. Children can take a full and active part in health promotion activities in and around the school, and the wider school community can be fully involved in developing healthy school rules and policies. An example of a set of healthy school rules and policies is given in the following box.

<table>
<thead>
<tr>
<th>This is a Health Action School</th>
</tr>
</thead>
<tbody>
<tr>
<td>We do not smoke.</td>
</tr>
<tr>
<td>We keep the school clean.</td>
</tr>
<tr>
<td>We listen to each other.</td>
</tr>
<tr>
<td>We care for each other.</td>
</tr>
<tr>
<td>We help each other to learn.</td>
</tr>
<tr>
<td>We do not bully each other.</td>
</tr>
<tr>
<td>We treat every person with respect.</td>
</tr>
<tr>
<td>We prevent accidents by setting and following safety rules.</td>
</tr>
</tbody>
</table>
Here are five ways that health can be promoted in your school.

1. **By making the buildings and surroundings as safe, clean and attractive as possible**

This is much easier if schools are well built and decorated, have adequate furniture, sound roofs, and doors and windows that are weather proof and insect proof. Many small schools do not have these advantages. But even the most difficult situation can usually be made safer, cleaner and more attractive.

Here are some ideas:
- Buildings and surroundings can be swept.
- Grass can be cut down to get rid of insects and snakes.
- Trees and flowers can be planted and looked after.
- Refuse containers can be made from wood and fibre — or pits can be dug.
- Children can encourage each other to keep the surroundings clean and tidy.
- Areas covered with stagnant water can be drained to stop mosquitoes from breeding.
- Parents and community leaders can build a boundary wall to keep children safely inside the school premises and keep animals out.
- Parents and community leaders can persuade people in the neighbourhood to respect the school buildings and surroundings and not to pollute them.

A safe environment is crucial to the health of children and their attendance in school. We know that many children, especially girls, do not come to school because parents feel the school is not a safe place in which to learn. In some schools it may be very important to have a boundary wall and children can involve their families in building this for them.

We also know that accidents are preventable, so children can do a survey to find out where the unsafe areas are in the school and help to make them safe. This may involve simple things like writing rules about playing safely, making sure that latrine floors are not slippery with water and involving adults in making sure there are no danger hazards such as broken equipment or loose wiring.
2. By making sure there is water and soap (or ash) and toilet provision

Infection from faeces on dirty hands is the most common and most easily-prevented source of diarrhoea and other diseases. The best single health resources a school can provide are therefore adequate and clean latrines together with clean drinking water, and water and ash or soap for washing hands after defecation and before eating. The building of school latrines needs to be high on every school’s priority list. In many communities it is very important that girls and boys have separate toilets. Privacy and the provision of water for washing are essential if girls are to come to school when they are menstruating.

Even when latrines and water supply are poor or lacking it is still possible to improve hygiene practices by making sure that the safest possible toilet rules are made (and that children keep to the rules). Enough clean, safe water for drinking and washing must be provided. Rubbish which encourages flies to breed can be burned or buried.

3. By making sure children have good, clean food to eat

If a school supplies food for the children it is useful for teachers to know the importance of a good diet, how to store and protect the food well and how to monitor the cooks to see that they are clean and free from disease.

If children have to bring or buy food to eat at school here are a few actions that can be taken:

- Encourage children to eat a meal before coming to school. (Children often come without breakfast and because they leave home very early their schoolwork suffers).
- Advising children on the best food to bring, monitor any foods they bring and discuss with parents how these can be made more nutritious at no extra cost.
- Stressing the importance of clean hands when eating and get them to monitor each other’s hand hygiene.
- Children can tell local food vendors that they will only buy food from them if the food is covered.
4. By children and teachers setting a good example

All schools want to have children and staff who are clean, neatly dressed and proud of their school.

In a small school it is especially important for teachers to be knowledgeable about health, and concerned about the health of the school, the children and their families. Teachers can make a real difference to the life of the school and the community if they take an interest in their own health and are prepared to give some of their free time to help other people stay healthy and are active in making links with the community.

Girls and boys can also make a real difference if they behave well to each other and to outsiders, show an interest in their own health and in the health of their families and friends, especially younger children who look up to them. Teachers can encourage children to help each other by asking younger children to choose an older child to be their school brother/sister who will be a good friend and role model and protect them as well as helping them to keep clean and tidy.

Older children can also help their younger school-brother or sister in many other ways. Here are some ideas:

- Making toys or books and reading to them.
- Making games and playing with them.
- Teaching them simple health songs and games.
- Showing them simple health skills, e.g. washing hands, cleaning a cut.
- Keeping them safe and showing them how to keep safe. (Making sure older children do not bully them.)
- Helping them bring and buy good nutritious food.
- Planting vegetables and trees with them.

5. By children taking responsibility

Teachers can help children take responsibility by involving them in the day-to-day management of school health. Teachers can allow children to take turns to act as health monitors and form a children’s health action committee with a teacher as adviser to oversee a range of health matters in the school.
Teachers can help by organizing children to choose their own representatives and giving them real responsibilities (just as they are given at home). The activities must be looked upon as something interesting and enjoyable not just an extra school duty. Of course children need to be given support when they need it and be praised and encouraged for the work they do. Children should not be set heavy or dirty work that adults do not want to do (such as digging and cleaning school latrines).

**Involving parents and community leaders**

Teachers in small schools know how important it is to nurture good relationships with the community and find ways to encourage social responsibility and participation of parents and community leaders. A whole school approach to health relies on parents who are interested in the health of their children and receptive to new ideas from the school. They need to be co-operative and supportive of school health activities and proud of the health activities undertaken by their children. If teachers do not have parents like this then they have to do a lot of work to build support for a healthy school. Here are some ideas to help teachers do this.
Using the Child-to-Child approach

As children develop health knowledge and skills they need their teacher to help them find appropriate ways to share what they have learned with their parents and other community members. Experience has shown that children can communicate some topics (such as road safety or preventing malaria) more easily than others, such as food and sexual health, which are more culturally sensitive.

Teachers can help by sharing with parents the health priorities that the school has identified and consult them and the community leaders about what they might wish children to learn and how they might wish them to contribute to community health.

It is important to make sure that children are never placed in the position of directly contradicting their elders because this may put them at risk. It may also result in parents losing confidence in the teacher and the weakening of the partnership between school and community.

Teachers can give children opportunities to practise in role-play how they are going to communicate sensitive topics to others. This can help children build up their ability to communicate appropriately and sensitively. It is also important for them to practise these skills before going into the home or community to carry out a survey.

Teachers can also help by finding ways for parents to let the school know what children have done at home.

There are many useful and important things that children can do at home that do not bring them into conflict with their parents and older people. Here are some ideas:

- Playing and making safe toys for younger children, reading to them and showing them pictures.
- Keeping younger children safe and clean.
- Growing plants and vegetables.
- Making useful things for the house such as food and water covers, ladles, water filters, rat traps and many other items.
- Practising good hygiene.
- Preventing insects (e.g. mosquitoes) from breeding.
Strengthening the role of parent teacher associations (PTAs)

In most schools the PTA brings parents and teachers together regularly (e.g. once every two months) to make plans for improving the school. Most PTAs include the head teacher and other teachers and representatives of parents. A useful way to get the PTA involved in supporting the whole school approach to health is by making health promotion a regular item on the PTA agenda. Planning ways for the school to set a good health example has the advantage of giving the PTA some real responsibilities.

There are many things teachers can do in consultation with the PTA. Here are some ideas:
- Help set priority health themes for the school.
- Set up and run a small income-generating project.
- Teach about local culture and practices.
- Decide on how to approach government and community leaders to make the school a healthier and safer place (e.g. by building latrines, and making provision for water storage).
- Help promote links between school and local health programmes, health centres and health services.
- Take steps to improve the safety and security of the school (e.g. fencing, providing a school caretaker).
- Design and follow up monitoring activities (e.g. a healthy school checklist).
- Receive reports from the children’s health committee and encourage them in the work they are doing.
- Agree times and topics of any health fair, campaign or open day which the school may hold.
- React quickly to specific health needs and emergencies.

Organizing open days, health fairs and campaigns

Another idea for building strong links between the school and the community is to organize ‘open days’ each term or year. If schools or classes have agreed special health themes for the term or year ask children to describe what they have done to improve health in the school. Ask them to describe what they have done to pass on the priority health ideas they have learned through the songs, poems and plays they have made.
Schools located near to each other can join together in groups or clusters to organize special health fairs in which the children and the whole community enjoy an afternoon at the school where they learn and practise good health at the same time. If head teachers co-operate with local health workers such health fairs can be very successful and enjoyable. The school health committee can help to plan a fair and all the school children’s committees can help to organize it.

Here are some ideas for activities to organize at a health fair:

- Dances, drama and songs about health issues and children’s rights.
- Games and stalls with health messages.
- Judging a health song or story competition.
- A health quiz competition for children and adults.
- Food stalls selling healthy snacks made by children.
- Free first aid teaching.
- Toys and games made for sale by children.
- Campaigns and action projects in the community.
- Stalls with demonstrations of the children’s health activities.
- Stalls selling the produce from the school income-generating project.

Schools may also wish to get involved in a national health campaign, for example on AIDS awareness, or immunization. Such campaigns are often linked to national or international health days. (There is a list of international health days in Appendix 2 on page 130.)
Sometimes there may be local campaigns relating to particular epidemics or health problems such as iodine deficiency, malaria or cholera. Teachers may be interested to start a smaller scale project together with their local community. In every case it is important for teachers to work hand-in-hand with other people such as health or agricultural workers.

Here are some more ideas for possible campaigns or action projects that the teacher could set up:

**Campaigns**
- Learn about AIDS.
- Immunization.
- Road safety.
- Soil conservation.
- Better nutrition for under-five-year-olds.
- Healthy weaning food recipe competition.
- Helping the disabled.
- Cleaning up our environment.

**Action projects**
- Making toys for pre-school children.
- Growing vegetables and fruit trees.
- Making aids for disabled children.
- Helping local old people.
- Protecting water sources.
- Tree planting.
- Draining or covering mosquito breeding sites.

Children learn more from campaigns and enjoy them more when they are encouraged to perform their *own* drama, write their *own* poems or stories, draw *their own* pictures, invent and make *their own* banners. In this way children will remember the campaign messages much better. After the campaign teachers can reinforce this learning by discussing with them what they have done.
Hints and Tips

Activities such as health campaigns or action projects are excellent ways of linking schools with communities and of raising the image of the school, but they take time. It is usually best to organize only one of these in any one term and to avoid using children as megaphones (loudspeakers) for adults' messages. Of course children should never be asked to do things that adults do not want to do.
Workshop activities for teachers

The following activities can be used in pre-service or in-service teacher training to help teachers understand and apply the ideas presented in Chapter 3 and develop skills in using these activities with their children in the classroom. The activities can be adapted and used with children.

**Activity 1**

In groups of five or six, draw a picture to illustrate the environment in one of the teacher's schools as it is now.

Then draw a picture to illustrate the school environment as the group would ideally like it to be.

Display the pictures to the whole group and discuss what the ‘ideal’ situation should be like.

List the action you could take to move from the ‘actual’ situation to the ‘ideal’ situation.

**Activity 2**

In small groups, draw a causal diagram (spider diagram) to show what things made you unhappy when you were at school.

Discuss and make a role play to show some of these things to the whole group.

List actions to prevent these things happening.

**Activity 3**

In groups of four, discuss what has already been done in your school to develop school-community links.

Draw a diagram (like the one in the box on the opposite page) to show what has helped and what has hindered the development of school-community links.
Display the drawings to the whole group and discuss.

Make a list of further action to strengthen the link between the school and the community.

<table>
<thead>
<tr>
<th>School-Community Links</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What Helps?</strong></td>
</tr>
<tr>
<td>An income-generating programme</td>
</tr>
<tr>
<td>Active PTA</td>
</tr>
</tbody>
</table>

Activity 4

Work individually to develop an action plan for a health fair for children and parents at your school. Use the following headings to help you make the plan:

- What is the purpose of the fair?
- Who will be invited?
- When will the fair take place?
- Where will the fair take place?
- What activities will be included?
- Who will be responsible for each of the activities?

Discuss your plans in the whole group and see if some schools are close enough to join together.

Activity 5

In the whole group develop a checklist of questions to monitor change in the school environment as a result of your school health programme.

Here are some questions that might be useful:

- Do children take more responsibility for health and safety actions within the school and for other
children?
• Does the school interact with parents to improve health conditions in the school and at home? If so, how effectively?
• Are children involved and encouraged to take health ideas and activities from school to home and are they helped by the school to do it effectively and sensitively?
Many small schools are found in communities that do not get regular visits from health workers, and parents often turn to the school teacher to help children who are sick. In this situation there are many ways to help, especially if the health workers can sometimes offer them advice, and work in partnership with them and with the children and their parents. If everyone works together then better health care can be provided for the school, in the school and from school to community. This sort of health care can be delivered even when the health workers are not there.

In Chapter 3 we have already described how to make schools cleaner, safer and more attractive places. Now let us look at what more can be done to help prevent ill health and to help children who are unhealthy.
Promoting physical health

Ideas for what teachers can do together with children and parents

1. They can teach children what they should do to avoid accidents, particularly when they are looking after younger children. Every child needs to be taught:
   - To keep little children away from cooking pots.
   - To keep poison (e.g. medicines and paraffin) out of reach.
   - To keep sharp objects (e.g. knives and matchboxes) out of reach.
   - To bathe burns immediately with cold water.
   - To clean cuts immediately with soap and water.
   - To call for help immediately when a child has a serious burn or fall or has swallowed something.
   - How to keep themselves safe on the roads and how to play safely.

2. They can learn first aid and teach it to the children, especially the older children. Keep a simple first aid box in the school and at home. The figure below suggests what to put in this box and a local health worker will also be able to help teachers with this.

<table>
<thead>
<tr>
<th>A basic first aid kit</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 triangular bandages*</td>
</tr>
<tr>
<td>Antiseptic cream</td>
</tr>
<tr>
<td>Safety pins</td>
</tr>
<tr>
<td>Cotton wool</td>
</tr>
<tr>
<td>A torch</td>
</tr>
<tr>
<td>Sticking plasters</td>
</tr>
<tr>
<td>A thermometer</td>
</tr>
</tbody>
</table>

*each made from a square metre of clean cloth cut in half
They can check for signs of worms and other parasites which can affect the general health of the child. The teacher can easily see parasites such as ringworm, scabies and lice. They spread fast from one child to another. Teachers may want to get children to run their own ‘worm watch’ and ‘skin watch’ programmes and link these in with a national or local de-worming programme and with lessons on hygiene and sanitation.

They can check that children are growing and developing steadily by getting them to keep their own records of height, weight and illness and reporting results to the school health education committee or co-ordinator. This can be linked to mathematics teaching by making sure every class has its own height measuring scale marked on a door or wall. Weighing scales are often available in health centres and sometimes in the market. Teachers can notice children who are underweight, and those who show signs of malnutrition as well as children who are very small. This is often a sign of poor feeding at home when they are young. It is also important to identify children who do not gain weight over a period of time.

All this means that regular checks are necessary. Usually problems in growth and development start with families at home and may also affect younger children from the same family who will be attending school in the next few years. If many children in a school are failing to gain weight or are found to be short or small for their age the teacher can help by talking to local health workers.

They can get children to check each other’s teeth and gums for signs of decay or other problems and also check them themselves before reporting any problems.
They can check for signs of disability such as difficulties in moving, hearing or seeing and help parents and older children to learn how to watch out for signs of disability in the young children they are responsible for. Sometimes these are very easy to see but sometimes they are much less easy. Many children who have seeing and hearing problems do not know that they have them because they have never known anything else. Children who do not hear well or have other learning difficulties usually do not speak well.

Sometimes simple actions can make all the difference for a child who has difficulties in seeing and hearing, for example, by bringing a child nearer to the teacher and the blackboard, or sitting them next to a buddy who can help them follow the lesson. Children need to know they must notice if their friends are always sad or aloof and tell the teacher about it. They must also notice and tell the teacher if they or their schoolmate has any of the following symptoms:

- A bad cough, or difficulties in breathing.
- Fever or bad headaches or stomach aches.
- Vomiting and diarrhoea.
- Difficulty hearing or seeing.
- Skin problems.

They can look out for early signs of anaemia (look inside the lower eyelid and see if it is very pale), chronic malaria (tiredness, anaemia, bouts of fever), asthma (wheezing) and tuberculosis (coughing that goes on for more than a month). If the teacher finds any of these signs they can send the child to the health worker for a check-up.

They can keep a regular check on children’s academic work in the classroom so that they notice when children are not performing as well as they should do. This may often be a sign of some physical or emotional problem.

**Ideas for what health workers can do:**

- They can carry out medical checks on all children who enter school.
They can advise the teacher and children on how children can record their own height and weight and what action to take if they are not growing well.

They can check children for signs of worms and parasites and treat them or send them to the health centre for treatment.

They can notice signs of disability in children and refer these to the hospital for further checking.

They can notice signs of serious illness and monitor selected children who have been identified as having special health problems.

They can help children referred to them by their teacher or parents.

**Promoting mental and emotional health**

"I can make my life much better – *with help and support.*"

Children who are thought of as being ‘slow’, ‘sleepy’, ‘lazy’, ‘unfriendly’, ‘unhelpful’, ‘rude’ or ‘naughty’ may be suffering from mental and emotional problems or learning difficulties. All too often these children are punished at home and in school instead of being helped by being given extra attention, understanding, kindness and love.
Here are some signs teachers can look out for which may indicate that a child has mental or emotional problems:

- Suddenly losing interest in schoolwork and not doing homework or doing it very poorly.
- Not playing with friends. Sitting alone and perhaps becoming unhelpful in class.
- Looking unhappy and crying when the teacher criticizes his or her work or classroom behaviour.
- Getting angry and violent with other children much more often than usual.
- Not taking any interest in looking neat and clean.
- Regularly forgetting to do what he or she has been asked.
- Acting in other ways that are not the usual ones.

Mental or emotional problems in school are generally caused by family problems at home, by children being beaten by teachers or bullied by other children. Children who are bullied can be very badly affected. Their lives are made unhappy and their schoolwork suffers. Some children who have been bullied have even tried to kill themselves. Bullying is often the sign of serious problems within a school community, and often within the families of children who practise it.
Here are some ideas for how teachers can help to stop the problem of bullying

- They learn how to listen to the children who are doing the bullying and try to understand the world from their viewpoint and encourage parents to do the same. They can try to find ways to help children tell them or someone else what has happened to make them unhappy. The teacher will then be able to give them support and involve them in finding constructive ways to solve their problems. More often than not the teacher will find that there are difficulties in the home. These can include violence to children, too much domestic and farm work, fights and quarrels between adults, difficulties caused by drink and drugs, problems of poverty and sickness and death in the home. If the teacher can make close links with the family they may be able to help these children.

- They can encourage children to help each other. Older children are often the first to notice problems and difficulties with their schoolmates because other children tell them things they do not tell adults. Loving parents are often the best comforters of younger children although older children can do a lot to help. If most of the children in a school are against bullying, it will not happen.

- They can help children who have learning difficulties by giving them extra help with their work, extra practice at doing the tasks set and more time to finish them. Praise and reward them for effort and not only for achievement.

- They can set up systems, for example in the playground, for children to monitor bullying and help sort out problems.

Ideas for what the health worker can do to help

- They can give advice to children and families who have been identified and find other people within the community who can help them. In rare cases they can try to find specialist help.

- They can train teachers to see the signs of mental and emotional difficulties and danger signs of severe problems and say what they can do to help. They can visit children’s clubs and youth groups and train them in the same way. They can also speak to parents and community leaders.

- They can ask local NGOs to buy spectacles (glasses) or hearing aids for children who need them.
Workshop activities for teachers and (if possible) health workers

The following activities can be used in pre-service or in-service teacher training to increase understanding of the ideas in Chapter 4 and help teachers develop skill and confidence in using them with their children. Some of the activities can be adapted and used with the children.

**Activity 1**

In the whole group, start by finding out what health services are available to the children and parents in your schools. If one member of the group has a school quite close to a health facility he or she can make a list of the services. Another member whose school is far from a health facility can make another list.

Talk about the similarities and differences between the health services available to different schools represented in the group.

**Activity 2**

In small groups draw a spider diagram to show how your school could make better use of the health services available.

Show your diagrams to the whole group and talk about how to strengthen links with the health workers and use them as your advisers.

**Activity 3**

Discuss in pairs how to help children who have health problems — not just physical problems but also behavioural and learning problems.

Share your ideas in the whole group.
Activity 4

In the whole group brainstorm a checklist of questions you could ask to check on progress in developing the environment in your school.

The following questions may be useful:

**Are health services as far as possible:**
- Helping teachers prevent disease and ill health occurring, e.g. through advice about hygiene and nutrition and actions such as immunization?
- Helping teachers to identify problems early so that action can be taken early, e.g. through screening children, and teaching schools how to recognize danger signs?
- Giving support and advice to schools on dealing with long-term health problems, or children with disabilities or other long-term conditions?

**Does the whole school (head / teachers / children / parents / community members) do all in its power to take action to provide health services:**
- Through developing a school which seeks to prevent ill health?
- Through identifying children with health problems (e.g. malnutrition, emotional difficulties or problems with seeing or hearing)?
- Through treatment of those who are sick and unhappy (e.g. first aid, or support and understanding when children suffer unhappiness at home)?
- Through managing long-term conditions (e.g. arranging for them to be taken to health centres or clinics)?
Chapter 5
Monitoring and Evaluating a Whole School Approach to Teaching and Learning about Health

To find out how successful the school is, and to identify any problems it is having, teachers need to know what the school is hoping to achieve. In other words, teachers need to know the objectives of their school health programme.

Objectives might include:

1. To provide good health education
   This means teaching health knowledge and, at the same time, encouraging children to think and solve problems and develop healthy attitudes and skills (including life skills) so that they can take action to improve their own health and that of their family and community.

2. To build a good health environment in the school
   This means helping to make the school clean and safe; helping and advising parents about good, safe food for their children; helping the people in the school to provide a good example and an environment which is secure, supportive and free from fear and violence.

3. To get active community participation in school health promotion and the transfer of knowledge from school to community
   This means using the Child-to-Child approach, strengthening the PTA and perhaps developing an income-generating project, and organizing open days, health fairs and campaigns.
To provide the best health services possible in that community

This means not only linking up with the health services and giving all possible help to children who are physically ill, but also helping children who are unhappy, disturbed or who are in some way disabled, to live an effective life at school.

Essential questions to monitor and evaluate the programme

Before starting a programme it is useful to do a school health audit. This means taking stock of what is already being done by writing some questions that will tell about the current situation regarding school health education, the health environment and links with the community and health services. The information to answer these questions is called the ‘baseline’. After some health teaching has been done information can be gathered to answer the same questions again. The school can then find out how successful it has been in meeting its programme objectives by comparing the answers before and after the teaching.

Here are some questions to help monitor and evaluate progress:

<table>
<thead>
<tr>
<th>As a result of the teaching:</th>
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<tbody>
<tr>
<td>• Do children know more health facts and understand health problems better?</td>
</tr>
<tr>
<td>• Do children know ways of finding out more information?</td>
</tr>
<tr>
<td>• Do children know how to listen to each other and work together co-operatively?</td>
</tr>
<tr>
<td>• Do children know how to communicate well with each other and with adults?</td>
</tr>
<tr>
<td>• Has their self-confidence and self-esteem improved?</td>
</tr>
<tr>
<td>• Have children’s attitudes towards each other, towards adults and towards their environment improved?</td>
</tr>
<tr>
<td>• Do children have useful skills to help them use their knowledge to take action for health?</td>
</tr>
</tbody>
</table>
• Has the teaching led to children (and the teachers) doing new health actions regularly in their daily lives?
• Has the health teaching improved the school as a whole in any way?
• Has it, in any way, helped to link the school closer to the community?
• Has it brought teachers closer to community health workers?
• Has it been planned and organized efficiently, and with the participation of all those who are taking part in it?
• Have the achievements been worth the effort spent on them?

If the answer to most of these questions is ‘Yes’ then the whole school approach has almost certainly been worthwhile. If the answers are generally ‘No’ then a lot of thinking has to be done.

To be able to answer these questions information will need to be gathered using different methods. Teachers can test children’s knowledge, understanding, skills and attitudes. They can keep a diary or other record of activities and achievements. They can ask children to draw diagrams to show what has changed and talk about them. They can watch carefully to observe any changes.

Teachers can ask children to show them what they have done to promote health and to tell them about it. For example they may have written a song, made a poster, made a toy, read a story to a younger child, brought water and soap or ash for washing hands. They can notice how interested and enthusiastic they sound. Have they got any new ideas to promote health?

Teachers can watch to see if the behaviour of children has changed at school. For example, are they cleaner, tidier, more helpful to younger children, more aware of the need to help and comfort others who have problems, more interested in health activities? Teachers can ask children to tell them if they have taken health information home. Can children clearly describe any actions they have taken? Do they think their behaviour at home has changed and if so in what way? Do older brothers and sisters and parents confirm these actions?
and changes? Ask fellow teachers, health workers and parents what they think the children have achieved. All this information is very valuable.

Testing children's knowledge, understanding, skills and attitudes

Teachers can give children a short test to find out what they know before they teach a health topic and immediately after they finish teaching the topic to see what has changed. Teachers can give them the same test again at the end of term to see what they have remembered. The teacher must use exactly the same test questions every time. When the teacher is writing this short test it is good to use different types of questions. Here are some ideas on how to write different types of questions:

- Only one statement in each section is correct (True) the others are not (False). Mark the correct statement.
  - A child with fever should be wrapped up warmly. (F)
  - A child with fever should be kept in a dark room. (F)
  - A child with fever should be kept cool (not cold) to help the temperature drop. (T)
Fill in the blanks:

- Good food is essential not only for the growth of children’s bodies but also of their (minds).
- Children under three years old need to eat (five or six) times a day because they need lots of energy and they have a very small (stomach).
- Many children go (blind) every year because they do not have enough vitamin A to eat. Vitamin A is found in (green) coloured vegetable leaves and (orange) coloured fruits and vegetables like (local names).

What should you do if:

- Your baby brother puts his fingers into the cooking pot and they are badly burned?
  
  Put fingers in cold water and get help from the health worker at once.

- Your friend falls from a tree and does not get up but he is crying and his arm is bleeding?
  
  Reassure your friend, do not try to move him/her, get help from the health worker at once.

- You discover that a child in your house has a very high fever?
  
  Wipe the child all over with a cool wet cloth and get help from the health worker at once.
There are other ways of testing the knowledge, attitudes and skills of your children:

**Make a play to show what to do when:**
- Your cousin comes to live with you because her parents have both died. She does not talk or play but sits quietly on her own and cries a lot.
- Your cousin who has to walk on crutches comes to play and you and your friends want to play football.

**Show how to:**
- Make oral rehydration solution (ORS).
- Make a sling for an arm.
- Clean and dress a cut finger.
- Make a tape to measure the upper arm of a small child and find out if he or she is too thin.
- Make something else you have learned to make for health.

**Keeping diaries and records of activities and achievements**

Teachers can keep a short diary each month of what has taken place and what has been achieved in relation to the health of the school. This will include teaching in the classroom, activities around the school and in the community.

The school health monitor can keep a simple diary of what health activities have taken place and what has been achieved in relation to the health of the school and discuss it with the whole school each month. Children can take turns in taking the diary home to show their parents.

Community leaders or parents can visit the school regularly and keep records of what they have observed.
Drawing diagrams and discussing changes

As the school health programme develops teachers will need to be constantly talking informally to children, parents and other teachers to find out what changes they think are taking place.

Teachers will also need to plan special occasions when they can obtain information more formally. One way to do this is to gather together a small group of children or parents and ask them to draw a large picture to show what has changed in their school since the health programme started. Use this picture to start a discussion about the changes.

Teachers can also get information by interviewing children, parents and other teachers, either individually or in small groups. They can start by making a list of questions and then write down their answers. They can ask questions which help to get information on change and bring out opinions, rather than give answers that the people just think the teacher wants to hear.

Observing changes

There are many different things to look at:

1. Look at the buildings and the surroundings to see if the health teaching has made an impact on the appearance of the school. Is it brighter, tidier, cleaner, more welcoming and attractive — or just the same as before?

2. Look to see if children and teachers are regularly practising healthy habits round the school.
   - Are there changes in the sanitation and water practices?
   - Has food hygiene improved?
   - Has safety and first aid provision improved?
   - Are teachers and children beginning to regularly carry out simple preventive health actions as part of the school routine?
3 Observe changes in the teachers and in the community.

- Do other teachers, parents and members of the school health committees seem to have changed the way that they behave?
- Do they show more interest in health and safety matters?
- Do they take more action to provide water and soap or ash for hand washing?
- Do they help to make a special place for children to defecate if there are no latrines?

4 Look to see if there is any change in the way children act and feel about themselves.

- Has children’s self-confidence and self-esteem improved?
- Do they show more care and concern for each other?
- Do they try more to help younger children keep clean and safe?

5 It can be difficult to measure changes in children’s self-confidence and self-esteem but here are some ideas for questions that can help:

- Do children not only answer but also ask more questions in class?
- Are children more willing and comfortable to show visitors around their health promoting school?
- What words would other people use to describe teachers? (Teachers can ask this question before the programme starts and then again later when children have had time to improve their self-esteem.)
- How would you describe your Child-to-Child work?

<table>
<thead>
<tr>
<th>Hints and Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good monitoring and evaluation gives teachers evidence on which to make up their minds about how far a whole school approach to health has met its objectives. The more information they get the better and easier it will be for them to improve their teaching and learning.</td>
</tr>
</tbody>
</table>
Workshop activities for teachers

The following activities can be used in pre-service or in-service teacher training to help teachers understand and apply the ideas in Chapter 5. Activity 2 below can be adapted and used with children.

Activity 1

Draw a line on the floor using chalk or tape and mark the ends as shown. This line represents a continuum from being very confident with monitoring and evaluation to being not very confident.

More confident _________________________ less confident

Ask people to come and stand along the line in the position they feel represents how they feel about their monitoring and evaluating.

Ask people at different positions on the line to say what makes them feel confident or not.

Activity 2

Ask one person who feels confident about monitoring and evaluation to tell the whole group what is being done to find out how successful their school health programme is. What problems have they faced and how have they overcome them?

In groups of two or three, discuss what you are already doing in your schools to find out how successful you are being and decide what more you need to do. Then look at the list of essential questions on pages 53-54 and adapt this list to your own situation. Then write down how you and your children would collect the information needed to answer each of the questions.

Display your list for the whole group and discuss your methods for collecting information.
Activity 3

Teachers need to be encouraged to involve children in monitoring and evaluating their school health programme because many teachers feel that children do not have the ability to do this. To nurture teachers’ awareness of children’s ability to observe and analyze their own situation and express their ideas, suggest that teachers actually experience doing some research with children. Here is one method to achieve this — it is called the Draw and Write method:

Ask each person to draw a picture of an adult the same age and sex as themselves and then write down what that adult does to make or keep themselves healthy. Then ask each person to draw a picture of an adult the same age and sex as themselves and then write down what some adults do that makes them unhealthy.

When the participants have finished drawing invite them to display their pictures and lead a discussion.

Suggest that they use this method with their children so that they can experience listening to them and become more aware of how capable children are of participating in monitoring and evaluating their programme.
Part 1 has provided ideas on how to promote health in small schools. It has looked at health education in the classroom as well as health action to enhance the environment, provide basic health services and enable children to promote health in their communities. The workshop activities will have helped teacher educators to work with teachers in small school settings to look at ways to make their schools healthier.

Part 2 now provides teachers with lesson plan examples to follow, try out and adapt using the Child-to-Child steps, so that children not only have knowledge of health issues, but translate this knowledge into health action to better their own health practices, and those of their families and communities.
Part 2

Lesson Plans for Teaching Health Topics in Small Schools
Chapter 6
Introduction to the Lesson Plans

In this part of the guide you will find lesson plans to help you teach the 10 health topics shown in the table on page 66. These lesson plans (about four per health topic) have been tried and tested by teachers in their own classrooms but you will need to adapt them to your own situation. Most lesson plans have been developed by teachers and use the Child-to-Child step approach of linking what is learnt in class with the situation at home or in the neighbourhood. All the topics have been used with primary classes and some in multigrade classrooms. Based on what has worked with particular age groups we have suggested particular health topics for particular classes. Each plan uses a variety of the teaching approaches, groupings and methods described in Chapter 2.

Most of the lesson plans are targeted for teaching one or two classes of similar aged children (as shown in the table overleaf). We have also devised one topic plan (on nutrition) for a very mixed multigrade setting as may be seen in single teacher schools. These lesson plans on nutrition have been specially designed so that you can give different activities to groups of older and younger children as well as doing some direct teaching to the whole class.

The aim of all the lesson plans is to help children become self-directed learners, understand health issues and take action to improve health. We hope that once you have tried these suggested lesson plans you will develop your own lesson plans for other important topics that have not been covered here, such as safe motherhood, timing births, childhood development and early learning, malaria, breastfeeding, first aid, and disasters and emergencies.
The scope and sequence of lesson plans for the 10 health topics presented in this guide

<table>
<thead>
<tr>
<th>Health themes</th>
<th>Hygiene</th>
<th>Safety and safe lifestyles</th>
<th>Disease prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Topics</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Lower Primary: Class 1 and 2</td>
<td>Clean hands</td>
<td>Home safety</td>
<td>Growing and eating vegetables</td>
</tr>
<tr>
<td>Ages 5-6 years</td>
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<td></td>
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</tr>
<tr>
<td>Middle Primary: Class 3 and 4</td>
<td>Worms</td>
<td>Clean, safe water</td>
<td>Coughs and colds</td>
</tr>
<tr>
<td>Ages 7-8 years</td>
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<td></td>
<td></td>
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<tr>
<td>Upper Primary: Class 4 and 5</td>
<td>Diarrhoea</td>
<td>HIV/AIDS</td>
<td>Immunization</td>
</tr>
<tr>
<td>Ages 9-11 years</td>
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<tr>
<td>One-teacher Schools</td>
<td></td>
<td></td>
<td>Nutrition</td>
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<tr>
<td>– very mixed age/grade</td>
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</tbody>
</table>

The design of the lesson plans

Each topic follows the four-step, Child-to-Child approach that was explained on page 11. This is to make sure that children translate learning about health into taking action to improve health.

The box on the next page shows what you will need to do at each step of your health topic and what help you will get from the lesson plans on that health topic.
The four-step Child-to-Child approach

<table>
<thead>
<tr>
<th>Step 1: Understand</th>
<th>Help provided by the topic lesson plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>In this step you help the children understand the health topic at school.</td>
<td>Important health information to teach the children.</td>
</tr>
<tr>
<td></td>
<td>Ideas for starter activities to promote understanding.</td>
</tr>
<tr>
<td></td>
<td>Space to plan your own lesson if you have more ideas.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Step 2: Find out more</th>
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<tr>
<td>In this step children find out more about the health topic in their schools, homes or communities.</td>
<td>Example survey question.</td>
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<td>Ideas on conducting a survey.</td>
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<td>Space to plan your own lesson if you have more ideas.</td>
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<th>Step 3: Take Action</th>
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<td>In this step children plan and take action in order to promote health at home, at school or in their community.</td>
<td>Questions to guide children in planning and taking action.</td>
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<td>In this step children evaluate the action they took at home, at school or in their community.</td>
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Secrets of success

- Allow enough time to teach each topic well. **You cannot teach a health topic effectively in one lesson** because it takes time for children to develop the understanding and skills needed to translate information into action. The lesson plans in this guide follow the four steps of the Child-to-Child approach. **You will need four to six lessons to teach each health topic and each lesson will need to be at least 30 minutes long.**
- When you are preparing to teach a new topic take time to read carefully the important health information given on the first page of the topic. This will make sure that you teach accurate health information.
- Make sure that you actively involve children in their own learning and help them make decisions for themselves. It is important that you teach health lessons in the language children understand best so that the messages are clear and children are able to participate.

**Write down your own secrets of success.**

**Managing your health education and promotion**

- Identify a time when you will teach health. This does not need to be more than one period a week. A set time, such as Friday first period for example, will make it a regular part of your timetable. Even if you are doing only 30 health lessons a year (10 a term over three terms) that’s a good amount of health education.
- In the time you have allocated for health education, plan which topics you will cover. These topics should be decided based on what children do not know already and what they can do something about as well as what the local priority health issues are in your school and community. This can be the basis of your School Health Action Plan (see page 69 for designing school health action plans).
- Are there particular parents who are interested in helping you? All parents are interested in health because it relates to themselves and their families and so they too want to learn about it. These parents can help you to manage health activities such as fairs (melas), to supervise children when conducting surveys to find out more about health issues, or to organize community awareness programmes when children take action.
- If children organize a health committee with health monitors, they can help manage the health programme too. Specific tasks can be given to them, such as developing and monitoring school health rules, organizing activities to improve the school environment and accessing health services.
- If there is more than one teacher in your school perhaps an active teacher might volunteer to become the health co-ordinator. She can ensure health lessons take place and be the resource person to support other teachers in their health activities.
So you do not have to manage the health programme yourself. Your children, teachers, parents and school community are resource people who can help you manage the health activities. This will ensure they feel a part of the programme and owners of it, which will help make for a healthier programme.

**Developing your own school health action plan**

**Prioritizing your health themes**

With other teachers in the school you need to decide the main health themes that you want to focus on in the year. These should be selected based on:
- What children don’t know already, i.e. what will be new for them.
- What there is a need for in the community.
- What children can do something about.
- What children can pass on messages about to others.

The list below of priority areas includes:
- Hygiene
- Food and nutrition
- Disease prevention
- Safety
- Growth and development
- Safe lifestyles
- Safe motherhood
- Helping and including the disabled
- Disasters and emergencies

Depending on the number of terms you have choose a theme per term:

Term 1: ________________________________

Term 2: ________________________________

Term 3: ________________________________
Deciding on specific health topics for each class

Based on the term themes chosen you need to decide (if possible, with the children and community) which topics would be taught in health education in each class. Remember some health topics are more appropriate to particular age groups, e.g. **Safety**:

<table>
<thead>
<tr>
<th>Lower Primary</th>
<th>Upper Primary</th>
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<tbody>
<tr>
<td>Accidents in the Home</td>
<td>Road Safety</td>
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<tr>
<td>Classes</td>
<td>Class Topics/Units</td>
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You also need to decide how many topics you will cover with each class per term and how many lessons you will spend on each health topic/unit. As suggested earlier, 10 lessons a term with four to five lessons a topic is manageable and means you can cover two topics in a term or six health topics in a year.

**Reinforce the health themes through co-curricular activities**

The school now needs to decide what health-related activities will be done outside the class with the rest of the school, to enhance the environment and with the children’s families, related to the school theme.
Now fill in your School Health Action Plan (SHAP) in the table below:

<table>
<thead>
<tr>
<th>Term School Theme</th>
<th>Named Class Topics/Units and Number of Health Lessons</th>
<th>Co-Curricular/Environmental Activities with the School Community</th>
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<tbody>
<tr>
<td>1 (e.g. April – June)</td>
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<tr>
<td>2 (e.g. August – December)</td>
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<tr>
<td>3 (e.g. January – March)</td>
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You now have a school health action plan to follow and put up in the school for all to see and participate in. The lesson plans that follow may help guide you when teaching the health topics.
Clean hands

**Important health information**

*By the end of this topic children should **KNOW:***

- Dirty hands have germs on them that carry many diseases and make us ill.
- We can prevent germs by washing our hands regularly after going to the toilet and before eating or handling food or feeding children.
- Hands should be washed with soap or ash and water.
- When drying hands, make sure a clean towel is used or else air-dry hands.
- It is important to wash the hands of young babies who spend time crawling on the ground, because their hands get dirty often. If they put dirty hands in their mouth they can get ill so we need to help them wash their hands with soap or ash and water.

**Important health skills**

*By the end of this topic children should be able to **DO:***

- Wash their hands with soap after using the toilet and before eating, handling food or feeding children.
- Help younger sisters and brothers and other children wash their hands with soap or ash and water.

**Important health attitudes**

*By the end of this topic children should **FEEL:***

- Proud of having clean hands.
- Responsible for younger sisters and brothers who need help in washing their hands.
Step 1: Helping children understand how to wash hands and why it is important

Start the lesson by using drama or a demonstration of washing hands with soap (or ash) and water to introduce the topic. Bring water and soap (or ash) in a container for children to wash their hands. When children have finished washing their hands show the class how dirty the water is. Remember to stress the following important health messages:

- Dirty hands have germs on them that can make us ill.
- We can prevent germs by washing our hands with soap (or ash) and water after going to the toilet or latrine and before eating or handling food or feeding children.

Children then draw their own pictures of when it is important to wash our hands.

What other ideas do you have to help children understand the topic?

Step 2: Helping children find out more about washing hands in their homes, schools or communities

Children carry out a simple survey at home to answer the question: Do your sisters and brothers wash their hands with soap or ash and water before eating, handling food or feeding children and after going to the toilet or latrine?

To do this, children observe their sisters and brothers at home to see if they wash their hands before eating, handling food or feeding children and after going to the toilet or latrine. They write down what they find out by drawing pictures and they tell their findings to the class.

Report and display the class survey results to show how many children wash their hands with soap or ash before eating, handling food or feeding children and after going to the toilet.

What other ideas do you have to help children find out more about the topic?
Step 3: Helping children plan and take action

Use the following questions to help children plan and take action based on what they found out from their survey.

- What did you find out from the survey?
- How will these findings help us plan action?
- Why is it important to take action?
- What health messages are important to spread?
- Who will we spread these health messages to?
- What action can be taken at home, at school or in your community?

Examples of action:

- Children make posters with messages about when hands should be washed with soap or ash. The posters can be displayed in the school or at home (e.g. in the toilet or in the kitchen).
- Children plan and perform short dramas about how germs on dirty hands can make children ill. The dramas can be performed at a school assembly or for other classes.
- Children check that their schoolmates in other classes are washing their hands at snack time before they eat. If schools do not have water or soap, then children can take action by bringing water or soap from home to the school.

What other ideas do you have to help children take action?

Step 4: Helping children evaluate the action they took

Children discuss the following questions:

- Were the health messages about washing hands before eating, handling food or feeding children and after going to the toilet understood?
- How do you know if the health messages were understood?
- Are children washing their hands with soap or ash and water before eating their school snacks or after going to the toilet in school?

What other ideas do you have to help children evaluate their action?
Teacher's reflection

- Did the children learn the following health messages?
  - Dirty hands have germs on them that can make us ill.
  - We can prevent germs by washing our hands with soap or ash and water after going to the toilet and before eating or handling food or feeding children.

- Do they wash their hands more and help younger children do it?
- Do they feel proud of their clean hands and responsible for younger children washing their hands?

- How do you feel after teaching this topic? Are you happy with the lessons? What would you do better next time?
Home safety

**Important health information**

*By the end of this topic children should KNOW:*

- The six most common accidents that happen in homes are:
  - **Burns** from stoves, hot cooking pots, paraffin lamps, hot food and fats, boiling water, steam, irons.
  - **Poisoning** from drinking harmful things like bleach, detergent, kerosene, insecticide.
  - **Electrical shocks** from touching broken electrical appliances or wires or poking sticks or knives into electrical outlets.
  - **Falls** from cots, windows, tables, stairs.
  - **Cuts** from broken glass, sharp knives, scissors or axes.
  - **Choking** on small objects such as coins, buttons or nuts.

- Children under four years old are particularly at risk in the home. This is where the most deaths and serious accidents occur.
- The kitchen is the most dangerous part of the house, especially for babies.
- Almost all accidents in the home can be prevented.

**Important health skills**

*By the end of this topic children should be able to DO:*

- Keep buttons, coins and other small objects away from the reach of small children.
- Keep stoves, matches, medicines, dangerous chemicals, knives and razors in a safe place and out of children’s reach.
- Never put dangerous products like kerosene, petrol or bleach in a soft drink bottle.
- Keep a first aid box in the house in an easily accessible place.
- Keep the floor clear of objects and broken glass that people can trip over.
- Make sure young children do not climb on tables and beds.
Important health attitudes

By the end of this topic children should feel:

- Responsible to make sure that their homes are safe for all their family members, particularly younger children.
- Proud about living in a safe home.

Step 1: Helping children understand the topic

Start the lesson by using a picture of a safe and an unsafe environment and ask children to say what is different in the two pictures. Remember to stress the following important health messages:

- The six common household accidents are burns, cuts, falls, electrical shocks, choking and poisoning.
- The kitchen is the most dangerous part of the house especially for young children.
- All household accidents can be prevented.

After the discussion, children draw pictures of ways to keep their own homes safe and to prevent the six common household accidents.

What other ideas do you have to help children understand the topic?

Step 2: Helping children find out more about safety in their homes

Children carry out a simple survey by each asking one person in their family, ‘What accidents have happened to you at home?’ (cuts, falls, electric shocks, poisoning, choking, burns) and note down the answer.

The children draw pictures or tell the class about what they find out.
Report and display the children’s findings to show how many people have suffered from the different types of common household accidents using a tick and tally chart\(^1\).

**What other ideas do you have to help children find out more about the topic?**

**Step 3: Helping children plan and take action**

Use the following questions to help children plan and take action based on the findings from their survey.

- What did you find out from the survey?
- How will these results help us plan action?
- Why is it important to take action?
- What health messages are important to spread?
- Who will we spread health messages to?
- What action can be taken at home, at school or in your community?

**Examples of action:**

- Children take action by drawing and displaying posters on home safety to spread messages on how to prevent cuts and burns from happening in their homes.
- Children identify potential dangers in their own homes and tell their parents or take action on their own to make the home safer.
- Children plan and perform a puppet show about a common home accident such as a burn, poisoning, electric shock, fire, fall or cut to raise awareness. They spread messages about how to prevent an accident and how to help people who have had an accident.

**What other ideas do you have to help children take action?**

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\(^1\) Examples of simple charts, graphs and pictograms can be found in *Health into Mathematics* by William Gibbs and Peter Mutunga (available from TALC, PO Box 49, St. Albans, Herts, AL1 5TX, UK).
Step 4: Helping children evaluate the action they took

Children discuss the following questions:

- Were the health messages about how to prevent common household accidents understood?
- How do you know if the health messages were understood?
- Are children and their family members suffering from fewer household accidents?

What other ideas do you have to help children evaluate their action?

Teacher’s reflection

- Did the children learn the following health messages?
  - The kitchen is the most dangerous part of the house.
  - All household accidents can be prevented.
- Have they helped to make their homes safer?
- Do they feel responsible for keeping younger children safe and proud to live in a safe home?
- How do you feel after teaching this topic? Are you happy with the lessons? What would you do better next time?
**Good food: Growing and eating vegetables**

**Important health information**

*By the end of this topic children should **KNOW:***

- It is important to eat fruits and vegetables. They give vitamins, minerals, salts and energy that help our bodies and minds grow, and protect us from disease.
- Dark green vegetables such as spinach contain iron, which is needed to make blood.
- Orange, red and yellow fruits and vegetables like mangoes, tomatoes, and carrots contain vitamin A which is good for our skin and helps us see better and have less diarrhoea, coughs and colds.
- If we grow vegetables at home or at school, we can save money and feel proud about eating fruits and vegetables that we have grown ourselves. We can also help improve the health of our families and friends who eat the vegetables we grow.
- Vegetables can be grown even if you have a small space in your backyard or around the house. If you do not have an open space at home or at school, you can grow vegetables such as spinach, okra and tomatoes in plastic containers or flowerpots.

**Important health skills**

*By the end of this topic children should be able to **DO:***

- Grow vegetables in containers or in a space around their home or school.
- Eat a variety of vegetables daily.

**Important health attitudes**

*By the end of this topic children should **FEEL:***

- Proud about eating vegetables they have grown.
- Confident about spreading messages to their family members about the importance of eating vegetables.
Step 1: Helping children understand the importance of eating fruits and vegetables

Start the lesson by telling Adam’s story and asking the children questions as you tell it.

Adam’s story

Adam loved to eat vegetables. Every day when the vegetable seller came around with his cart of vegetables, Adam would run up to see what colourful vegetables he had. (Ask: What vegetables do you like to eat?) Sometimes Adam’s Mum would buy dark green vegetables like spinach, which contain minerals like iron to make blood. (Ask: How often do you eat spinach?) Adam’s favourite vegetables were tomatoes and carrots. Adam knew orange, red and yellow fruits and vegetables contain vitamins that keep us healthy. (Ask: Can you think of other red, yellow or orange fruits or vegetables that have vitamin A in them?) One day, Adam decided to try growing tomatoes in a plastic container because he did not have a backyard. (Ask: How many of you have grown fruits or vegetables before?) Adam made sure that he watered his tomato plant daily and gave it enough sunshine to grow. (Ask: What are the advantages of growing your own vegetables?) Adam saved some money by growing his own tomatoes and felt very happy that he and his family members could eat vegetables. Adam told his class about the tomato plant he grew. (Ask: What do you think Adam can do at school to spread health messages about the importance of eating vegetables?)

What other ideas do you have to help children understand the topic?

Step 2: Helping children find out more about growing and eating vegetables in their homes, schools or communities

Children carry out a simple survey by asking their friends, family members or even a vegetable seller: What vegetables can be grown in our area? They can make a simple tick chart, tally chart or pictogram to record their information.

The children report and display their survey results using a pictogram or bar graph. (You need to give them examples of tick charts, tally charts, pictograms and bar graphs before they carry out their survey — see footnote 1 on page 78.)
What other ideas do you have to help children find out more about the topic?

Step 3: Helping children plan and take action

Use the following questions to help children plan and take action based on the findings from their survey.

- What did you find out from the survey?
- How will these results help us plan action?
- Why is it important to take action?
- What health messages are important to spread?
- Who will we spread health messages to?
- What action can be taken at home, at school or in your community?

Examples of action:

- Children plan and plant their own vegetable garden at school and take pride in being responsible for maintaining it.
- Children plant seeds in pots, tins or containers to grow at home. It is important to make sure that there are holes in the bottom of the container for drainage and that children are responsible for watering the plants daily and giving them enough light to grow well.
- Children plan and perform puppet shows about the benefits of growing and eating vegetables and perform them for other classes and for parents at a health fair.

What other ideas do you have to help children take action?

Step 4: Helping children evaluate the action they took

Children discuss the following questions and also draw pictures and talk about them:

- Were the health messages about the benefits of eating and growing vegetables understood?
- How do you know if the health messages were understood?
- Are children growing their own vegetables at home or at school?
- Are children eating more vegetables at snack time?
What other ideas do you have to help children evaluate their action?

Teacher’s reflection

- Did the children learn the following health message?
  - It is important for us to eat fruits and vegetables to make our minds and bodies grow well.
- Did they learn how to grow vegetables well?
- Are they eating more vegetables now?
- Do they feel proud to eat their own vegetables and confident to spread messages to others?
- How do you feel after teaching this topic? Are you happy with the lessons? What would you do better next time?
Chapter 8
Lesson Plans for Middle Primary Classes

Intestinal worms

**Important health information**

*By the end of this topic children should KNOW:*

- Worms in the intestine live off us by taking food or sucking the blood inside us, which harms our growth and health.
- There are four types of common harmful worms:
  - Threadworms.
  - Hookworms.
  - Tapeworms.
  - Roundworms.
- Possible dangers/symptoms of these worms are:
  - Iron deficiency (anaemia).
  - Fatigue.
  - Cannot think and do well in school.
  - Lack of appetite and stomach pain.
- Worms get into our bodies in four different ways:
  - By swallowing the eggs or larvae of worms like the roundworms.
  - Picking up infectious larvae of hookworm from the soil through the skin.
  - By swallowing infectious larvae of worms such as the tapeworm found in under-cooked beef or on the skins of fruits and vegetables.
  - Spread by flies when they sit on our plates and food.

**Important health skills**

*By the end of this topic children should be able to DO:*

- Wash their hands before touching or preparing food and before eating.
Make sure that food is cooked well and stored safely at home.
Help keep their homes and schools free of faeces, flies and dirt.
Use latrines or dispose of faeces carefully.
Cut fingernails and wear shoes.
Peel fresh fruits and vegetables before eating them.
Ensure that if one person in their family has worms, the whole family takes the medicine. One person who does not take the medicine can spread worms to hundreds.
After getting cured of worms they should eat lots of green and leafy vegetables and fruits.

Important health attitudes
By the end of this topic children should FEEL:
Concern for younger sisters, brothers and other family members who suffer from worms.
Proud of having a worm-free family.

Step 1: Helping children understand about intestinal worms
Start by telling the story about Saba printed overleaf. When you are telling the story remember to change the volume and speed of your voice. Always ask questions before, during and after a story. Draw pictures on the blackboard as you tell the story. Children can help draw pictures too! Stress the following important health messages:

- Worms in the intestine live off us by taking food or sucking the blood inside us, which harms our growth and health.
- Worms in the intestine are caused by poor sanitation and hygiene.
- Worms spread easily and quickly from one person to another.

After the story, tell children about roundworms, tapeworms and threadworms that enter our body through the mouth from germs on dirty hands or infected food. Ask children in small groups to discuss how to prevent the four common types of intestinal worms.
Saba’s story

Saba was a 12-year-old girl in Class 5 at school. For the last six months she had not been doing well in her studies. She was looking pale and feeling weak and tired all the time. (Ask: Do you know why Saba was feeling like this?) Her mother was worried about her and took her to see a health worker. (Ask: What do you think the health worker will say is wrong with Saba?) The health worker examined her and found that she was infected with hookworm. (Ask: What is hookworm? Have any of you or people you know had hookworm before?)

The health worker explained to Saba that hookworms are very small worms that get into our bodies through the skin. They are so small that we cannot see when they enter our body. They hook onto the intestine and suck blood. Their eggs can get into bare feet when we walk without shoes, into hands, or into a child’s bare bottom when he or she sits on the ground.

The health worker also explained that hookworms suck blood and that is why Saba was feeling weak and tired and was not doing so well in school. (Ask: Do you know what to do to prevent hookworms?) The health worker gave the following tips to Saba’s family to prevent hookworms:

- Wear shoes.
- Always use a latrine or dispose of faeces cleanly.
- Make a clean place for small children to play and crawl.
- Wash hands before you eat and after defecation.

Saba asked the health worker what she could do to get better. (Ask: What do you think the health worker suggested?) The health worker gave Saba medicine to get rid of the hookworms. She also recommended that everybody in her home should take the medicine because one person with hookworms can infect hundreds of people very quickly. After taking the medicine Saba soon began to feel better and do well in her studies.

What other ideas do you have to help children understand the topic?

Step 2: Helping children find out more about intestinal worms

The children interview their friends or family members to find out how common worms are in their community. They can ask: Have you had worms?
If so, how did you feel? They can record their findings using a tick or tally chart.

In small groups or as a whole class, children report the results of the survey using a bar graph or pictogram. (You will have to give them examples of bar graphs and pictograms before they do these on their own — see footnote 1 on page 78.)

*What other ideas do you have to help children find out more about the topic?*

**Step 3: Helping children plan and take action**

Use the following questions to help children plan and take action based on the findings from their survey.

- What did you find out from the survey?
- How will these results help us plan action?
- Why is it important to take action?
- What health messages are important to spread?
- Who will we spread health messages to?
- What action can be taken at home, at school or in your community?

**Examples of action:**

- The children spread messages about the causes and ways to prevent the four common types of worms to their family members at home, particularly their younger sisters and brothers.
- Children in Classes 3 and 4 perform a drama about hookworms for children in Class 2 to create awareness about the causes and prevention of hookworms.
- Children write or tell stories to spread awareness about the causes of the four types of worms and the ways that they can be prevented.

*What other ideas do you have to help children take action?*
Step 4: Helping children evaluate the action they took

Children discuss the following questions and also draw pictures and write about them.

- Were the health messages about the causes and prevention of the four types of worms understood?
- How do you know if the health messages were understood?
- Are there fewer cases of worms among children and teachers in the school?

What other ideas do you have to help children evaluate their action?

Teacher’s reflection

- Did the children learn the following health messages?
  - Worms in the intestine live off us by taking food or sucking the blood inside us to affect our growth and health.
  - Worms in the intestine are caused by poor sanitation and hygiene and undercooked meat.
  - Worms spread easily and quickly from one person to another.
- Are children taking action to prevent worms (washing their hands, cutting nails, safely disposing of faeces, cooking meat well, peeling fruit and vegetables, wearing shoes or slippers, etc.)?
- Do children feel responsible for preventing worms in family members and proud if they are successful?
- How do you feel after teaching this topic? Are you happy with the lessons? What would you do better next time?
### Clean, safe water

#### Important health information

*By the end of this topic children should** KNOW:

- Germs and dirt, which cause disease, can get into water and make those who drink the water become sick.
- Illnesses caused by dirty water are diarrhoea, cholera, typhoid, hepatitis A and worms.
- Clear water does not mean it is clean and safe to drink!
- Boil water for at least 20 minutes to kill all germs even if you think the water is clean. Do not take any risks even if water is from a tap!
- Always put stored water in a clean container, preferably with a tap on it, and do not touch it with dirty hands or utensils.
- Cover containers in which water is stored with a wooden or metal lid so that flies, dust and dirt cannot fall in.
- Do not put dirty hands, cloth, ladles or cups in the water.
- Do not share a cup with a sick family member.

#### Important health skills

*By the end of this topic children should be able to** DO:

- Ensure that water is boiled for at least 20 minutes in their homes before they or their family members drink it.
- Bring boiled drinking water from home to school.

#### Important health attitudes

*By the end of this topic children should** FEEL:

- Pride in drinking clean, safe water.
- Concern for younger sisters and brothers and family members who do not drink clean, safe water.
Step 1: Helping children understand the importance of clean, safe water

Start by drawing and showing a picture of a pond with an animal like a buffalo sitting in it, a girl collecting water, a boy drinking from the same water source and a woman washing clothes with a small child urinating in the same water. Ask children what they see and if there is anything wrong happening in the picture? Remember to stress the following important health messages:

- Germs and dirt, which cause disease, can get into water and make those who drink the water become sick.
- Clear water does not mean it is clean and safe to drink!
- Drink the cleanest possible water available. To be safe drinking water should be boiled for at least 20 minutes to kill all germs.

After the discussion, the children write stories, plan short dramas or make pictures to spread messages about how water can get dirty and how it can be made safe to drink.

What other ideas do you have to help children understand the topic?

Step 2: Helping children find out more about how to get enough clean, safe water to drink

The children interview other children at school or family members about how to make water safe for drinking. How many minutes should they boil it for? They can record the results of their survey using a tick, tally chart or pictogram.

The children can report and display their survey results using a pictogram or bar graph. (You will have to give them examples of tick charts, tally charts, pictograms and bar graphs before they do these on their own — see footnote 1 on page 78.)

What other ideas do you have to help children find out more about the topic?
Step 3: Helping children to plan and take action

Use the following questions to help children plan and take action based on the findings from their survey.

- What did you find out from the survey?
- How will these results help us plan action?
- Why is it important to take action?
- What health messages are important to spread?
- Who will we spread health messages to?
- What action can be taken at home, at school or in your community?

Examples of action:

- Children make sure that the drinking water at home is as clean as possible. They can help to boil it for 20 minutes.
- They can make sure that the clean water is kept safely covered.
- Children bring their own boiled water from home to drink in school.
- Children write and perform songs to spread health messages about the importance of drinking boiled water. The songs can also be taught to children in other classes or at home.

What other ideas do you have to help children take action?

Step 4: Helping children evaluate the action they took

Children discuss the following questions and also draw pictures and talk about them.

- Were the health messages about the importance of drinking boiled water understood?
- How do you know if the health messages were understood?
- Are children drinking boiled water at home?

What other ideas do you have to help children evaluate their action?

Teacher’s reflection

- Did the children learn the following health messages?
- Germs and dirt, which cause disease, can get into water and make those who drink the water become sick.
- Clear water does not mean it is clean and safe to drink!
- Boil water for at least 20 minutes to kill all germs even if you think the water is clean.

- Are the children translating these messages into action?
- Do the children feel more responsible for helping their families drink clean water?
- How do you feel after teaching this topic? Are you happy with the lessons? What would you do better next time?
Coughs, colds and pneumonia

Important health information
By the end of this topic children should KNOW:

- Coughs, colds and pneumonia are all acute respiratory infections (ARI) caused by germs in the nose, throat or lungs.
- Most coughs and colds get better without special medicine.
- Young children get between three and eight coughs and colds every year but they will usually get better in a few days if we help them by:
  - Keeping them feeling comfortable. This means keeping them warm if they are cold or cool if they have fever.
  - Giving them plenty of soothing drinks (like green tea or fruit juice) and keeping the atmosphere moist.
  - Encouraging them to eat, by giving them small quantities of food.
  - Cleaning their noses (especially babies).
  - Keeping the air around the child clean, and smoke free.
- Sometimes colds turn into pneumonia. This is dangerous and it causes the death of millions of small children every year. Pneumonia does not go away by itself so it must be treated by a health worker immediately! The clearest sign of pneumonia is quick and difficult breathing as well as a high fever and cough.
- Healthy eating, exclusive breastfeeding for babies until six months old, full immunization and smoke-free environments can help prevent pneumonia.
- A child with a harsh cough needs immediately to see a health worker as the child may have tuberculosis, an infection in the lungs.

Important health skills
By the end of this topic children should be able to DO:

- Notice if younger sisters and brothers at home are breathing fast and with difficulty and know when to call the health worker.
- Provide comfort to family members who suffer from coughs, colds, and pneumonia.
- Avoid taking medicine (antibiotics) when they have common coughs and colds.
Important health attitudes

By the end of this topic children should **FEEL**:

- Confident about spreading messages about coughs and cold at home and school.
- Responsible for providing care and comfort to those who suffer from coughs, colds and pneumonia at home.

**Step 1: Helping children understand about coughs, colds and pneumonia**

Start by asking children if they believe the following statements are true or false:

- You can catch a cold by eating dirty foods or cold foods like ice cream.  
  *(False: It is spread through air by germs called viruses.)*
- Cold weather causes coughs and colds.  
  *(False: Colds are caused by germs but they are spread in poorly ventilated rooms where people come close together in cold weather.)*
- If a child has fever you should keep the windows open and not cover the child with a very warm blanket.  
  *(True: You need to help cool the child down.)*
- You should not stop feeding a child if he or she has a cold or pneumonia.  
  *(True: Sick children need small frequent meals.)*
- Most coughs and colds can get better without special medicine.  
  *(True: Because they are caused by viruses and antibiotics do not kill viruses.)*
- Sometimes colds turn into pneumonia. The clearest sign of pneumonia is **quick breathing** (more than 50 breaths a minute when a child (2-12 months) is sleeping or resting, and more than 40 breaths a minute in a child (1-5 years) as well as a high fever and cough. Pneumonia does not go away by itself.  
  *(True: Pneumonia does not go away by itself and it must be treated by a health worker immediately.)*

After this discussion, the children can do an activity to recognize quick breathing (40 or 50 breaths a minute), using a watch or clock. In pairs, with one person doing the activity and the other timing him or her, they can count
how many breaths they take in one minute after running on the spot very fast or jumping as high as possible 30 times.

**What other ideas do you have to help children understand the topic?**

**Step 2: Helping children find out more about coughs, colds and pneumonia**

Children interview all of the family members living in their house about the signs and symptoms of pneumonia in babies and write down the answers. They ask: Please tell me what are the signs and symptoms of pneumonia in babies?

They add up the number of people who give them the right answer and wrong answer and present their findings as a bar graph. (You will have to give them examples of bar graphs before they do these on their own — see footnote 1 on page 78.)

**What other ideas do you have to help children find out more about the topic?**

**Step 3: Helping children to plan and take action**

Use the following questions to help children plan and take action based on the findings from their survey.

- What did you find out from the survey?
- How will these results help us plan action?
- Why is it important to take action?
- What health messages are important to spread?
- Who will we spread health messages to?
- What action can be taken at home, at school or in your community?

**Examples of action:**

- Children help notice the signs of pneumonia (quick breathing) in babies and children in their homes. They also provide comfort and care to family members suffering from coughs and colds.
• Children perform plays about the signs and symptoms of coughs, colds and pneumonia for lower classes in their school.
• Children write or tell stories about the myths related to coughs and colds to help other children and family members understand correct information about coughs and colds.

**What other ideas do you have to help children take action?**

**Step 4: Helping children evaluate the action they took**

Children discuss the following questions and also draw pictures and talk about them.

• Were the health messages about the signs and symptoms of coughs, colds and pneumonia understood?
• How do you know if the health messages were understood?

**What other ideas do you have to help children evaluate their action?**

**Teacher’s reflection**

• Did the children learn the following health messages?
  - Most coughs and colds get better without special medicine.
  - Sometimes colds turn into pneumonia. The clearest sign of pneumonia is when a child *breathes fast* and with *difficulty* as well as having a high fever and cough. Children with these signs need to see a health worker immediately.
  - Coughs and colds are not caused by eating cold foods or by cold weather.
• Are the children putting their new knowledge into practice? Are they watching out for signs of pneumonia in their young brothers and sisters? Are they comforting them when they have coughs and colds?
• Do the children feel more confident to spread these messages and responsible for helping those at home?
• How do you feel after teaching this topic? Are you happy with the lessons? What would you do better next time?
Diarrhoea

Important health information

By the end of this topic children should KNOW:

- Diarrhoea kills over one million children a year and children are more likely than adults to die from diarrhoea because they become dehydrated more quickly.
- Germs that live in dirty food, dirty water, human and animal faeces cause runny faeces or diarrhoea.
- Diarrhoea can be prevented by keeping hands clean, drinking safe water and eating safe food.
- Diarrhoea causes loss of liquid from the body (dehydration), which can kill a child if not treated immediately.
- Diarrhoea is treated by drinking plenty of watery liquids such as oral rehydration solution (ORS). As soon as diarrhoea starts, it is essential that the child be given extra fluids.
- Do not stop feeding a child who has diarrhoea — give them small meals of soft food like porridge and ripe bananas. Breastfeeding can reduce the severity and frequency of diarrhoea.
- A child who is recovering from diarrhoea needs to eat an extra meal every day for at least two weeks.
- A child’s life is in danger if there are several watery faeces in an hour or if there is blood in the faeces. Get a health worker immediately.

Important health skills

By the end of this topic children should be able to DO:

- Prevent themselves and others from getting diarrhoea by washing hands with soap (or ash) and water after contact with faeces and before touching or feeding
children and drinking safe, clean water.

- Tell family members about the importance of disposing of all faeces in a latrine or burying them.
- Make ORS for themselves and others at home who are suffering from dehydration.

**Important health attitudes**

*By the end of this topic children should **FEEL:***

- Responsible for spreading messages about ways to prevent diarrhoea to those at home, school and in the community.

---

**Step 1: Helping children understand about diarrhoea**

Start by telling children a story you have planned about how diarrhoea is spread, how diarrhoea causes the dehydration that kills young children and how ORS can save lives. Remember to stress the following important health messages:

- Germs that live in dirty food, dirty water, human and animal faeces cause diarrhoea.
- Diarrhoea can be prevented by disposing of faeces, washing hands, drinking safe (preferably) boiled water and eating safe and clean food.
- The dehydration caused by diarrhoea can kill a child if not treated immediately. It is the main killer of children in many countries!
- Drinking ORS and plenty of liquids can treat and prevent dehydration.

After the story, in small groups children can plan and perform short dramas about the story you have told them to make sure they have learned the messages about preventing and treating diarrhoea and can pass them on to others.

*What other ideas do you have to help children understand the topic?*

**Step 2: Helping children find out more about diarrhoea**

The children interview their family members and ask them Have you suffered from diarrhoea in the last three months? They can record the results of their
survey using a tick, tally chart or pictogram. (You will have to give them examples of tick charts, tally charts and pictograms before they do these on their own – see footnote 1 on page 78.)

**What other ideas do you have to help children find out more about the topic?**

**Step 3: Helping children to plan and take action to prevent and treat diarrhoea**

Use the following questions to help children plan and take action based on the findings from their survey.

- What did you find out from the survey?
- How will these results help us plan action?
- Why is it important to take action?
- What health messages are important to spread?
- Who will we spread health messages to?
- What action can be taken at home, at school or in your community?

**Examples of action:**

- Children make sure that the water at home is safe to drink (see previous lesson plans) and make ORS for family members who are suffering from diarrhoea.
- Children demonstrate to other children in the community how to make ORS from packets.
- Children plan and perform a drama to spread messages about how children can take care of those in their family who suffer from diarrhoea.

**What other ideas do you have to help children take action?**

**Step 4: Helping children evaluate the action they took**

Children discuss the following questions and also draw pictures and talk about them.

- Were the health messages about the importance of preventing diarrhoea understood?
• How do you know if the health messages were understood?
• Are children drinking boiled water at home and at school?
• Is there a reduction in the number of cases of diarrhoea among children and teachers in the school?

What other ideas do you have to help children evaluate their action?

Teacher’s reflection

• Did the children learn the following health messages?
  - Germs that live in dirty food, dirty water, human and animal faeces cause diarrhoea.
  - Diarrhoea can be prevented by disposing of faeces safely, keeping hands clean, drinking boiled water and eating safe and clean food.
  - Diarrhoea causes dehydration that can kill a child if not treated immediately.
  - ORS and plenty of liquids can treat and prevent dehydration.
• Are the children using their new information to take action to prevent and cure diarrhoea?
• Do the children feel more responsible for helping family members avoid diarrhoea and caring for them when they get it? Do they feel more confident about passing on the health messages?
• How do you feel after teaching this topic? Are you happy with the lessons? What would you do better next time?
HIV/AIDS

This is a sensitive topic to teach, but EVERYONE, including children, is at risk of HIV/AIDS and hence everyone needs educating about this topic. Before introducing it, make sure that you have the support of your head teacher and school parents. Discuss why it is vital that children and adolescents know the facts about HIV/AIDS and agree what level of information on sex is appropriate. Remember it is vital that children have all the information they need BEFORE they are sexually active.

This short topic deals mainly with the facts about HIV/AIDS transmission. Information alone is not sufficient to prevent the spread of HIV. Children and young people also need life skills, such as resisting pressure and assessing risk, to be able to keep safe. They also need their school and community to protect them from sexual exploitation and abuse. For more details on HIV/AIDS education, see the Child-to-Child website: http://www.child-to-child.org and also check what HIV/AIDS education materials are available in your country.

Important health information

By the end of this topic children should KNOW:

- AIDS is an incurable but preventable disease caused by a germ called the HIV virus (human immuno-deficiency virus).
- Anti-retroviral (ARV) drugs have the potential to dramatically improve the health and extend the lives of some people with HIV/AIDS. However, the high cost of these drugs puts them out of reach of the vast majority of people with HIV. If people are weak through illness and a poor diet their bodies cannot use these drugs well.
- AIDS can kill because HIV damages the body’s defences against other diseases and makes it difficult for the body to fight against infections.
- The HIV virus that causes AIDS is spread by:
  - Sexual intercourse with an infected person when not using a condom.
  - Getting infected blood from someone with HIV through a blood transfusion, sharing needles, or using unsterilized instruments that cut or inject skin.
  - From an infected woman to her child during pregnancy, childbirth or breastfeeding.
HIV is not spread by:

- Handshakes, work or school contact, using telephones, swimming pools, sharing cups, glasses, plates and utensils, coughing or sneezing, insect bites, touching or hugging, water or food, kissing, toilets or latrines, mosquitoes and bed bugs, bedding and clothing.

In some cases no symptoms of the HIV virus are noted for up to 10 years. Any infected person, however, can infect others during this time.

**Important health skills**

*By the end of this topic children should be able to DO:*

- Take greater care to prevent themselves from being infected with HIV and tell others how to do the same.
- Provide care and support to those in their schools or communities who are infected with HIV, or affected by having someone with HIV/AIDS in their family.
- Include in school and home activities and play those infected and affected by HIV/AIDS.

**Important health attitudes**

*By the end of this topic children should FEEL:*

- Confident about spreading messages about the prevention of HIV/AIDS to others at home and at school.
- Compassion and care for those living with HIV/AIDS in their schools and communities.
- Able to say NO to unsafe or unwanted sex.

**Step 1: Helping children understand**

Start by playing the lifeline game to check children know the facts about risky and non-risky behaviours.

- Draw a thick line on the classroom floor (the lifeline) and place two large cards along the line.
- Place card 1 ‘No risk’ at one end; place card 2 ‘High risk’ at the other end.
- Think of about 12 relevant behaviours and write each one on a separate card (see examples of a few such behaviours on the next page).
- Give two or three behaviours to each pair of children.
- Ask them to discuss the behaviours and decide whether each behaviour is (1) no risk or (2) high risk in relation to HIV.
- Invite pairs of children to come up and place their card on the relevant place on the lifeline and give their reason. Ask other children to comment and then comment yourself.

<table>
<thead>
<tr>
<th>Example Behaviours and Associated Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behaviour</strong></td>
</tr>
<tr>
<td>Kissing</td>
</tr>
<tr>
<td>Bathing Together</td>
</tr>
<tr>
<td>Sharing Needles</td>
</tr>
<tr>
<td>Sexual intercourse without a condom</td>
</tr>
<tr>
<td>Sex with a condom correctly used</td>
</tr>
<tr>
<td>Shaking Hands</td>
</tr>
<tr>
<td>Breastfeeding</td>
</tr>
<tr>
<td>Drinking from same cup</td>
</tr>
<tr>
<td>Vaccination with sterile needle</td>
</tr>
<tr>
<td>Blood transfusion</td>
</tr>
<tr>
<td>Sharing toothbrush</td>
</tr>
<tr>
<td>Walking alone after dark</td>
</tr>
</tbody>
</table>

*If blood not screened

You can use this game to introduce the health information on HIV/AIDS, particularly about how HIV is and is not spread. Remember to stress the important health messages listed on pages 101–2.

After the game, children can individually, in pairs, or in small groups list ways HIV is and is not spread.

**What other ideas do you have to help children understand the topic?**
Step 2: Helping children find out more about how to avoid getting HIV/AIDS

Children can interview family members and ask them: How is the HIV virus that causes AIDS spread? They can use their list of what does and does not spread HIV as a tick chart to help record their findings.

In small groups or as a whole class, children can report the results of the survey using a bar graph or pictogram to show what the people they surveyed thought were the causes of HIV/AIDS. (You will have to give them examples of pictograms and bar graphs before they do these on their own — see footnote 1 on page 78.)

**What other ideas do you have to help children find out more about the topic?**

Step 3: Helping children to plan and take action

Use the following questions to help children plan and take action based on the findings from their survey.

- What did you find out from the survey?
- How will these results help us plan action?
- Why is it important to take action?
- What health messages are important to spread?
- Who will we spread health messages to?
- What action can be taken at home, at school or in your community?

**Examples of action:**

- With your help two or three children can develop and act a short (five-minute) drama for their class about a boy/girl who is persuaded to do a risky behaviour and gets HIV (help children to select the behaviour that is most common in their area). When the children have performed the drama for the class ask them to do it again straight away — but explain that this time children should put up their hand to stop the drama whenever they see a chance for the boy/girl to do or say something different and avoid getting HIV. When a child puts up his/her hand and
stops the play, invite that child to come and take over from the actor and show what they could have done or said to avoid HIV. In this way children can develop skills in making good decisions and helping to keep themselves safe. At the end you can broaden out the discussion to include other ways that HIV is and is not spread.

- Children can make up their own quizzes for other children about ways HIV is and is not spread. It is important that you review the answers of the quiz to make sure the information is accurate.
- Children can write or tell stories to spread awareness about the causes of HIV/AIDS, and ways to help those who have HIV/AIDS in their schools and communities.

What other ideas do you have to help children take action?

Step 4: Helping children evaluate the action they took

Children can discuss the following:

- Were the health messages about the causes and prevention of HIV/AIDS understood?
- How do you know if the health messages were understood?

What other ideas do you have to help children evaluate their action?

Teacher’s reflection

- Did the children learn the following health messages?
  - AIDS is an incurable disease that can kill people because it damages the body’s ability to fight disease.
  - The HIV virus that causes AIDS can be spread through unprotected sexual intercourse (not using a condom), a blood transfusion using infected blood, sharing unsterilized needles, or using unsterilized instruments that cut or inject the skin.
  - AIDS is incurable but preventable.
- Are the children more confident in using their new information to spread awareness about how HIV is and is not spread?
• Do the children feel more care and compassion towards those living with HIV/AIDS?
• How do you feel after teaching this topic? Are you happy with the lessons? What would you do better next time?
Children’s immunization

Important health information

By the end of this topic children should KNOW:

- Worldwide, every year 1.7 million children die from diseases that could have been prevented with readily available vaccines.
- Immunization is urgent. Every child needs a series of immunizations during the first year of life.
- Immunization helps make antibodies (soldiers) to fight the germs that cause particular diseases.
- Some of the diseases that can be prevented by immunization are measles, diphtheria, tuberculosis, tetanus, polio, and whooping cough.
- A child who is not immunized is more likely to suffer illness, become permanently disabled and die.
- Vaccines, which can be given by mouth or injection, can immunize a child. It is safe to immunize a child who has a minor illness or who is malnourished.
- If for some reason a child is not immunized in the first year of their life, it is essential to have them immunized as soon as possible.
- A new or sterile needle and syringe must be used for every person being immunized. Insist on this!

Important health skills

By the end of this topic children should be able to DO:

- Ensure that their younger siblings have been immunized.
- Provide care and comfort to children after they have been immunized.

Important health attitudes

By the end of this topic children should FEEL:

- Concern for younger children who have not been immunized.
- Empowered to spread awareness about the importance of immunization to those at home and at school.
**Step 1: Helping children understand**

Start by telling children a story about an older brother or sister who took his/her baby sister/brother to get immunized. Remember to stress the following important health messages:

- Immunization helps make antibodies (soldiers) to fight the germs that cause particular diseases.
- All immunizations should be completed in the first year of a child’s life. If the disease strikes before the child has been immunized, it is too late and the child will suffer from that disease.
- If for some reason a child is not immunized in the first year of their life, it is essential to have them immunized as soon as possible.

Share the immunization schedule for infants (on the next page). After the story, the children can plan and perform short dramas about the importance of getting immunized.

*What other ideas do you have to help children understand the topic?*

**Step 2: Helping children find out more about immunization**

Children interview members of their family about what diseases (e.g. measles, tetanus) they have suffered from and record their results using a tick list, tally chart or pictogram. If they have a baby at home (or nearby) they can also ask the mother what immunizations the child has had and record these together with the baby’s age.

The children report and display their survey results using a pictogram or bar graph. (You will have to give them examples of pictograms and bar graphs before they do these on their own — see footnote 1 on page 78.)

Children find out when and where vaccination is available in their community and, if possible, make a visit to learn more.

*What other ideas do you have to help children find out more about the topic?*
### Immunization schedule for infants*

<table>
<thead>
<tr>
<th>Age</th>
<th>Immunization to be given</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Birth</td>
<td>BCG**, polio and, in some countries, hepatitis B</td>
</tr>
<tr>
<td>6 weeks</td>
<td>DPT***, polio and, in some countries, hepatitis B and Hib****</td>
</tr>
<tr>
<td>10 weeks</td>
<td>DPT, polio and, in some countries, hepatitis B and Hib</td>
</tr>
<tr>
<td>14 weeks</td>
<td>DPT, polio and in some countries, hepatitis B and Hib</td>
</tr>
<tr>
<td>9 months</td>
<td>Measles (12-15 months in industrialized countries), and, in some countries, yellow fever, mumps and rubella</td>
</tr>
</tbody>
</table>

* National immunization schedules may differ slightly.
** BCG offers partial protection against some forms of tuberculosis and leprosy.
*** DPT protects against diptheria, pertussis (whooping cough) and tetanus.
**** Hib immunization can prevent deaths from pneumonia and childhood meningitis caused by the Haemophilus influenzae type B germ.

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### Step 3: Helping children to plan and take action

Use the following questions to help children plan and take action based on the findings from their survey.

- What did you find out from the survey?
- How will these results help us plan action?
- Why is it important to take action?
- What health messages are important to spread?
- Who will we spread health messages to?
- What action can be taken at home, at school or in your community?

### Examples of action:

- Children spread messages to their family members and neighbours about the importance of having young children immunized.
- Children make posters to spread health messages about the importance of getting immunized to prevent diseases.
• Children develop and perform a drama to parents about how a young child catches polio (or another childhood disease) because he or she has not been immunized. You can then lead a discussion to help spread messages about the importance of immunization.

*What other ideas do you have to help children take action?*

**Step 4: Helping children evaluate the action they took**

Children discuss:

• Were the health messages about the importance of immunization understood?
• How do you know if the health messages were understood?
• They can also answer these questions by drawing pictures and writing.

*What other ideas do you have to help children evaluate their action?*

**Teacher’s reflection**

• Did the children learn the following health messages?
  - Immunization helps make antibodies (soldiers) to fight the germs that cause particular diseases.
  - All immunizations should be completed in the first year of a child’s life.
  - If the disease strikes before the child has been immunized, the child will suffer from that disease.
  - If for some reason a child is not immunized in the first year of their life, it is essential to have them immunized as soon as possible.
• Do they feel more responsible for making sure that all young children at home have been fully immunized and have they really tried to achieve this?
• Do they feel more able to spread messages about immunization at home and in the community?
• How do you feel after teaching this topic? Are you happy with the lessons? What would you do better next time?
Chapter 10
Teaching Older and Younger Children Together

The lesson plans in this chapter have been written so that you can give different tasks to older and younger children as well as doing some whole class teaching. In many countries this is a common way for teachers to organize and manage their teaching when they have to teach children of more than one or two grade-groups in the same classroom.

Lesson plans for teaching nutrition

<table>
<thead>
<tr>
<th>Important health information</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>By the end of this topic children should KNOW:</em></td>
</tr>
<tr>
<td>❑ Good food is essential for growth of children’s bodies and of their minds.</td>
</tr>
<tr>
<td>❑ Children need to eat a variety of foods to keep healthy.</td>
</tr>
<tr>
<td>❑ Children need foods that give them energy (e.g. cereals and fats/oils including oil-seeds and nuts), help their bodies and minds to grow (beans, peas and lentils, meat, fish, eggs, milk) and protect them from diseases (fruit and vegetables).</td>
</tr>
<tr>
<td>❑ You cannot get all you need from one food so children need to eat a mixture of foods.</td>
</tr>
<tr>
<td>❑ How to recognize foods that are tasty, nutritious and low cost.</td>
</tr>
<tr>
<td>❑ Both girls and boys need to eat the same amount.</td>
</tr>
<tr>
<td>❑ Children need to eat more often than adults do as they have smaller stomachs. From six months to two years children need to be fed five times a day.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Important health skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>By the end of this topic children should be able to DO:</em></td>
</tr>
<tr>
<td>❑ Eat the most healthy diet possible.</td>
</tr>
<tr>
<td>❑ Encourage all the members in their families to eat well, especially the young children.</td>
</tr>
</tbody>
</table>
Important health attitudes

*By the end of this topic children should FEEL:*

- Concern for younger children who are not eating enough (at least four to five times a day).
- Responsible to spread awareness about how to eat a good mixture of nutritious, low-cost foods.

**Step 1: Helping children understand**

Start by introducing the topic to the whole class and asking each child to draw pictures on one sheet of paper to show what he or she needs to eat to keep his/her mind and body healthy. Pair older children with younger children to talk about their pictures. Brainstorm in the whole class and list the foods we need to eat. Make sure the list includes a variety of low-cost, available foods that provide energy, growth and protection. Discuss why we need to eat a mixture of these foods.

*What other ideas do you have to help children understand the topic?*

**Step 2: Helping children find out more about good, low-cost meals**

Ask older children to find out the answers to these questions:

- How much do healthy foods cost?
- What foods are being given to children in your community who are two years old?
- How often are two-year-olds fed in a day?

Ask younger children to find out what foods they have in their village — they list or draw those they find at home, grown in the fields and sold in the market. Ask them to bring at least one food with them to class for the next lesson.

The younger children then display the foods they have brought on a cloth in the classroom.
The older children write on the blackboard (1) what each food costs, (2) what foods are fed to young children and (3) how often young children are fed in a day. (They can pool their results to present this information.)

The whole class then look at the foods displayed by the younger children and those listed on the board and discuss together how to combine a mixture of these foods to make themselves a good (nutritious), low-cost meal.

In small groups older and younger children group foods together to make up a menu for nutritious meals for the family for a day based on what is available and affordable.

The teacher leads a discussion on nutritional value and adequacy of these menus – making any changes needed to make sure the meals are nutritious and low-cost.

**Step 3: Helping children to plan and take action**

Questions to help children plan and take action based on the findings from their survey.

- What did you find out from the survey?
- How will these results help us plan action?
- Why is it important to take action?
- What health messages are important to spread?
- Who will we spread health messages to?
- What action can be taken **at home, at school** or **in your community**?

Examples of action:

- Children discuss with their parents how to make low-cost, healthy menus for their family members and spread messages to their friends and neighbours about the importance of eating mixed, healthy meals.
- Children bring healthy snacks to school.
Children make posters to put up in their community to show the importance of feeding young children often because their stomach is small and they need a lot of food to grow well.

What other ideas do you have to help children take action?

Step 4: Helping children evaluate the action they took

Older children discuss the following questions and younger children draw pictures and talk about them.

- Were the health messages about the importance of a varied diet understood?
- Are younger children being fed more often?
- How do you know if the health messages were understood?

What other ideas do you have to help children evaluate their action?

Teacher’s reflection

- Did the children learn the following health messages?
  - Children need to eat a mixture of different foods to keep healthy.
  - They need to eat at least four to five times a day to get enough food.
- Do children know how to plan a healthy, low-cost meal?
- Are they eating more times a day?
- Are they eating more healthy meals?
- Do the children feel more responsible for making sure that their younger brothers and sisters eat the healthiest meals possible?
- How do you feel after teaching this topic? Are you happy with the lessons? What would you do better next time?
Endnote

We hope that you will enjoy using this book and find the lesson plans useful in developing your own teaching for health.

When teaching health topics it is important to link learning in the classroom with activities that can be carried out to reinforce the health message around the school, e.g. in assemblies, at parent days and health fairs.

Health messages and health action should not be forgotten once the topic is taught. You will need to revisit topics time and again whenever the school timetable permits.

Health education can be taught as a separate subject in many schools. Health activities can also be used to improve the teaching of other subjects. For example, can you use one of the health stories when teaching language? Can you use health surveys in mathematics to teach children how to compare results and draw graphs? Health topics are also often linked to science (e.g. water, disease prevention) and social studies (the environment, safety) or religious studies (e.g. moral health, hygiene).

In many small schools around the world, using the Child-to-Child approach to health education has helped teachers teach better by challenging the children to think actively, to learn co-operatively and to take action to improve health.

We hope you and children will have as much fun in trying out some of the health topics presented in this book as we have had in writing it. We have really enjoyed working with the teachers and children around the world who have given us the ideas we have put into this book and helped us make sure that the lesson plans are useful, ‘do-able’ and enjoyable for children.

We look forward to your feedback.
Appendix 1


It is vitally important that children (as well as adults) have correct health information because wrong information can result in lost lives.

These messages have been agreed by major international agencies concerned with health and education. These organizations are the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Food Programme (WFP) and the World Bank.

1. Pregnancy before the age of 18 or after the age of 35 increases health risks for the mother and her baby.

   **Timing births**

   - For the health of both mothers and children, there should be a space of at least two years between births.
   - The health risks of pregnancy and childbirth increase after four pregnancies.
   - Family planning services provide people with the knowledge and the means to plan when to begin having children, how many to have and how far apart to have them, and when to stop. There are many safe and acceptable ways of avoiding pregnancy.
Family planning is the responsibility of both men and women; everyone needs to know about the health benefits.

It is important for all families to be able to recognize the warning signs of problems during pregnancy and childbirth and to have plans and resources for getting immediate skilled help if problems arise.

A skilled birth attendant, such as a doctor, nurse or trained midwife, should check the woman at least four times during every pregnancy and assist at every birth.

All pregnant women need particularly nutritious meals and more rest than usual throughout the pregnancy.

Smoking, alcohol, drugs, poisons and pollutants are especially harmful to pregnant women and young children.

Physical abuse of women and children is a serious public health problem in many communities. Abuse during pregnancy is dangerous both to the woman and the foetus.

Girls who are educated, healthy and have a good diet during their childhood and teenage years have fewer problems in pregnancy and childbirth.

Every woman has the right to health care, especially during pregnancy and childbirth. Health care providers should be technically competent and should treat women with respect.
Child development and early learning

- The care and attention a child receives in the first eight years of life, particularly during the first three years, are critically important and influence him or her for life.

- Babies learn rapidly from the moment of birth. They grow and learn fastest when they receive affection, attention and stimulation in addition to good nutrition and proper health care.

- Encouraging children to play and explore helps them learn and develop socially, emotionally, physically and intellectually.

- Children learn how to behave by imitating the behaviour of those closest to them.

- All parents and caregivers should know the warning signs that show the child’s growth and development are faltering.

Breastfeeding

- Breastmilk alone is the only food and drink an infant needs for the first six months. No other food or drink, not even water, is usually needed during this period.

- There is a risk that a woman infected with HIV can pass the disease on to her infant through breastfeeding. Women who are infected or suspect that they may be infected should consult a trained health worker for testing, counselling and advice on how to reduce the risk of infecting the child.

- Newborn babies should be kept close to their mothers and begin breastfeeding within one hour of birth.
• Frequent breastfeeding causes more milk to be produced. Almost every mother can breastfeed successfully.

• Breastfeeding helps protect babies and young children against dangerous illnesses. It also creates a special bond between mother and child.

• Bottle-feeding can lead to illness and death. If a woman cannot breastfeed her infant, the baby should be fed breastmilk or a breastmilk substitute from an ordinary clean cup.

• From the age of six months, babies need a variety of additional foods, but breastfeeding should continue through the child’s second year and beyond.

• A woman employed away from her home can continue to breastfeed her child if she breastfeeds as often as possible when she is with the infant.

• Exclusive breastfeeding can give a woman more than 98 per cent protection against pregnancy for six months after giving birth — but only if her menstrual periods have not resumed, if her baby breastfeeds frequently day and night, and if the baby is not given any other food or drinks, or a pacifier or dummy.

5 Nutrition and growth

• A young child should grow well and gain weight rapidly. From birth to age two, children should be weighed every month. If a child has not gained weight for about two months, something is wrong.

• Breastmilk alone is the only food and drink an infant needs until the age of six months. After six months, the child needs a variety of other foods in
addition to breastmilk.

- From the age of six months to two years, children need to be fed five times a day, in addition to sustained breastfeeding.

- Children need vitamin A to resist illnesses and prevent visual impairments. Vitamin A can be found in many fruits and vegetables, oils, eggs, dairy products, fortified foods, breastmilk or vitamin A supplements.

- Children need iron-rich foods to protect their physical and mental abilities. The best sources of iron are liver, lean meats, fish, eggs, and iron-fortified foods or iron supplements.

- Iodized salt is essential to prevent learning disabilities and delayed development in children.

- During an illness, children need to continue to eat regularly. After an illness, children need at least one extra meal every day for at least a week.

6 Immunization

- Immunization is urgent. Every child needs a series of immunizations during the first year of life.

- Immunization protects against several dangerous diseases. A child who is not immunized is more likely to suffer illness, become permanently disabled or become undernourished and die.

- It is safe to immunize a child who has a minor illness, a disability or who is malnourished.

- All pregnant women need to be protected against tetanus. Even if the woman was immunized earlier, she may need additional tetanus toxoid.
vaccinations. Check with a health worker for advice and tetanus toxoid immunization.

- A new or sterile needle and syringe must be used for every person being immunized. People should insist on this.

- Disease can spread quickly when people are crowded together. All children living in congested conditions, particularly in refugee or disaster situations, should be immunized immediately, especially against measles.

Diarrhoea

- Diarrhoea kills children by draining liquid from the body, thus dehydrating the child. As soon as diarrhoea starts, it is essential that the child be given extra fluids as well as regular foods and fluids.

- A child’s life is in danger if there are several watery stools within an hour or if there is blood in the faeces. Immediate help from a trained health worker is needed.

- Breastfeeding can reduce the severity and frequency of diarrhoea.

- A child with diarrhoea needs to continue eating regularly. Whilst recovering from diarrhoea, the child needs at least an extra meal every day for at least two weeks.

- If the child is dehydrated with severe or persistent diarrhoea, only oral rehydration solution or medicines recommended by a trained health worker should be used. Other diarrhoea medicines are generally ineffective and could be harmful to the child.
To prevent diarrhoea, all faeces should be disposed of in a latrine or toilet or buried.

Good hygiene practices protect against diarrhoea. Hands should be thoroughly washed with soap and water or ash and water after contact with faeces, and before touching food or feeding children.

A child with a cough or cold should be kept warm and encouraged to eat and drink as much as possible.

Sometimes, coughs and colds are signs of a serious problem. A child who is breathing rapidly or with difficulty might have pneumonia, an infection of the lungs. This is a life-threatening disease and the child needs immediate treatment at a health facility.

Families can help prevent pneumonia by making sure that babies are exclusively breastfed for at least the first six months and that all children are well nourished and fully immunized.

A child with a harsh cough needs immediate medical attention. The child may have tuberculosis, an infection in the lungs.

Children and pregnant women are particularly at risk when exposed to smoke from tobacco or cooking fires.

All faeces should be disposed of safely. Using a toilet or latrine is the best way.

All family members, including children, need to wash their hands thoroughly with soap and water or ash and water after contact with faeces, before
touching food, and before feeding children.

- Washing the face with soap and water every day helps to prevent infections. In some parts of the world, eye infections can lead to trachoma, which can cause blindness.

- Only use water that is from a safe source or is purified. Water containers need to be kept covered to keep the water clean.

- Raw or leftover food can be dangerous. Raw food should be washed or cooked. Cooked food should be eaten straight away without delay or thoroughly reheated.

- Food utensils and food preparation surfaces should be kept clean. Food should be stored in covered containers.

- Safe disposal of all household refuse helps to prevent illness.

10 Malaria

- Malaria is transmitted through mosquito bites. Sleeping under a mosquito net treated with a recommended insecticide is the best way to prevent mosquito bites.

- Wherever malaria is common, children are in danger. A child with fever should be examined immediately by a trained health worker and receive an appropriate antimalarial treatment as soon as possible.

- Malaria is very dangerous for pregnant women. Wherever malaria is common, pregnant women should prevent malaria by taking antimalarial tablets recommended by a health worker.
A child suffering or recovering from malaria needs plenty of liquids and food.

Families and communities can prevent malaria by taking action to stop mosquitoes from breeding.

AIDS is an incurable but preventable disease. HIV, the virus that causes AIDS, spreads through unprotected sex (intercourse without a condom), transfusions of unscreened blood, contaminated needles and syringes (most often those used for injecting drugs), and from an infected woman to her child during pregnancy, childbirth or breastfeeding.

All people, including children, are at risk from HIV/AIDS. Everyone needs information and education about the disease and access to condoms to reduce this risk.

Anyone who suspects that he or she might be infected with HIV should contact a health worker or an HIV/AIDS centre to receive confidential counselling and testing.

The risk of getting HIV through sex can be reduced if people don’t have sex, if they reduce the number of sex partners, if uninfected partners have sex only with each other, or if people have safer sex — sex without penetration or while using a condom. Correct and consistent use of condoms can save lives by preventing the spread of HIV.

Girls are especially vulnerable to HIV infection and need support to protect themselves and be protected against unwanted and unsafe sex.

Parents and teachers can help young people protect
themselves from HIV/AIDS by talking with them about how to avoid getting and spreading the disease, including the correct and consistent use of male or female condoms.

- HIV infection can be passed from a mother to her child during pregnancy or childbirth or through breastfeeding. Pregnant women or new mothers who are infected with HIV, or suspect that they are infected, should consult a qualified health worker to seek testing and counselling.

- HIV can be spread by unsterilized needles or syringes, most often those used for injecting drugs. Used razor blades, knives or tools that cut or pierce the skin also carry some risk of spreading HIV.

- People who have a sexually transmitted infection (STI) are at greater risk of getting HIV and of spreading HIV to others. People with STIs should seek prompt treatment and avoid sexual intercourse or practise safer sex (non-penetrative sex or sex using a condom).

**Injury prevention**

- Many serious injuries can be prevented if parents and caretakers watch young children carefully and keep their environment safe.

- Children should be kept away from fires, cooking stoves, lamps, matches and electrical appliances.

- Young children like to climb. Stairs, balconies, roofs, windows and play areas should be made secure to protect children from falling.

- Knives, scissors, sharp or pointed objects and broken glass can cause serious injuries. These
objects should be kept out of children’s reach.

- Young children like to put things into their mouths. Small objects should be kept out of their reach to prevent choking.

- Poisons, medicines, bleach, acid, and liquid fuels such as paraffin (kerosene) should never be stored in drinking bottles. All such liquids and poisons should be kept in clearly marked containers out of children’s sight and reach.

- Children can drown in less than two minutes and in a very small amount of water. Children should never be left alone when they are in or near water.

- Children under five years old are particularly at risk on the roads. They should always have someone with them and they should be taught safe road behaviour as soon as they can walk.

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**First Aid Advice**

These first aid measures should be taken to prevent worsening of the situation if medical help is not available.

**First aid for burns:**

- If the child’s clothing catches fire, quickly wrap the child in a blanket or clothing or roll him or her on the ground to put out the fire.

- Cool the burned area immediately. Use plenty of cold, clean water. If the burn is extensive, put the child in a bath or basin of cold water. It may take up to half an hour to cool the burned area.

- Keep the burned area clean and dry and protect it with a loose bandage. If the burn is bigger than a large coin or it begins to blister, take the child to a health worker. Do not break the blisters, as they protect the injured area.
• Do not remove anything that is sticking to the burn. Do not put anything except cold water on the burn.
• Give the child fluids such as fruit juice or water with a little sugar and salt.

First aid for electric shocks:
• If the child has had an electric shock or burn, turn off the power before touching the child. If the child is unconscious, keep him or her warm and get medical help immediately.
• If the child is having difficulty breathing or is not breathing, lie the child flat on the back and tilt her or his head back slightly. Hold the child’s nostrils closed and blow into the mouth. Blow hard enough to make the child’s chest rise. Count to three and blow again. Continue until the child begins breathing.

First aid for falls or road injuries:
• Injuries to the head and spine, especially the neck, are very dangerous because they can cause lifelong paralysis or be life-threatening. Limit movement of the head and back and avoid any twisting of the spine to prevent further injury.
• A child who is unable to move or is in extreme pain may have broken bones. Do not move the injured area. Steady and support it and get medical help immediately.
• If the child is unconscious, keep her or him warm and get medical help immediately.
• For bad bruises and sprains, immerse the injured area in cold water or put ice on the injury for 15 minutes. Do not put the ice directly on the skin; instead, use a layer of cloth between the ice and the skin. Remove the ice or water, wait 15 minutes and repeat if necessary. The cold should help reduce pain, swelling and bruising.

First aid for cuts and wounds:

For minor cuts and wounds:
• Wash the wound with very clean (or boiled and cooled) water and soap.
• Dry the skin around the wound.
• Cover the wound with a clean cloth and place a bandage over it.

For serious cuts and wounds:
• If a piece of glass or other object is sticking in the wound, do not remove it. It may be preventing further bleeding and removing it could make the injury worse.
• If the child is bleeding heavily, raise the injured area above the level of the chest and press firmly against the wound (or near it if something is stuck in it) with a pad made of folded clean cloth. Maintain pressure until the bleeding stops.
• Do not put any plant or animal matter on the wound, as this could cause infection.
• Put a bandage on the wound. Allow for swelling by not tying the bandage too tightly.
• Take the child to the health centre or get medical help immediately. Ask the health worker if the child should have a tetanus injection.

First aid for choking:
• If an infant or child is coughing, do not interfere — let her or him try to cough up the object. If the object does not release quickly, try to remove the object from the child’s mouth.
• If the object is still lodged in the child’s throat:
  For infants or small children: Support the head and neck. Turn the baby face down with the head lower than the feet. Deliver five blows to the back between the shoulder blades. Turn the baby face up and press firmly on the breastbone between the nipples five times. Repeat until the object is dislodged. If you cannot dislodge the object, take the child to the nearest health worker immediately.
  For larger children: Stand behind the child with your arms around the child’s waist. Form a clenched fist with your thumb against the child’s body above the navel and below the rib cage. Put the other hand over the fist and give a sharp inward and upward thrust into the child’s abdomen. Repeat until the object is dislodged. If you cannot dislodge the object, take the child to the nearest health worker immediately.
**First aid for breathing problems or drowning:**

- If there is any possibility that the head or neck is injured, do not move the child’s head. Follow the directions below without moving the head.

- If the child is having difficulty breathing or is not breathing, lie the child flat on the back and tilt his or her head back slightly. Hold the nostrils closed and blow into the mouth. Blow hard enough to make the chest rise. Count to three and blow again. Continue until the child is breathing.

- If the child is breathing but unconscious, roll the child onto his or her side so that the tongue does not block breathing.

**First aid for poisoning:**

If a child has swallowed poison, do not try to make the child vomit as this may make the child more ill.

- If poison is on the child’s skin or clothes, remove the clothing and pour large amounts of water over the skin.

- If a child gets poison in her or his eyes, splash clean water in the eyes for at least 10 minutes.

- Take the child immediately to a health centre or hospital. If possible, bring a sample of the poison or medicine or its container with you. Keep the child as still and quiet as possible.
## Appendix 2

### Calendar of International Health Related Days

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>30 January</td>
<td>World Anti-Leprosy Day</td>
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<tr>
<td>2-8 March</td>
<td>International Women’s Week</td>
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<tr>
<td>20 March</td>
<td>World Forestry Day</td>
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<tr>
<td>22 March</td>
<td>World Water Day</td>
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<tr>
<td>24 March</td>
<td>World Tuberculosis Day</td>
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<tr>
<td>7 April</td>
<td>World Health Day</td>
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<tr>
<td>1 May</td>
<td>Labour Day</td>
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<tr>
<td>7 May</td>
<td>World Asthma Day</td>
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<tr>
<td>15 May</td>
<td>International Day of Families</td>
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<tr>
<td>31 May</td>
<td>World ‘No Tobacco’ Day</td>
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<tr>
<td>1 June</td>
<td>Children’s Day</td>
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<tr>
<td>5 June</td>
<td>World Environment Day</td>
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<tr>
<td>26 June</td>
<td>International Day against Drug Abuse and Illicit Trafficking</td>
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<tr>
<td>11 July</td>
<td>World Population Day</td>
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<tr>
<td>2-6 August</td>
<td>World Breastfeeding Week</td>
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<tr>
<td>12 August</td>
<td>International Youth Day</td>
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<tr>
<td>8 September</td>
<td>World Literacy Day</td>
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<tr>
<td>1 October</td>
<td>International Day for Older Persons</td>
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<tr>
<td>2 October</td>
<td>Immunization Day</td>
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<tr>
<td>10 October</td>
<td>World Mental Health Day</td>
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<tr>
<td>16 October</td>
<td>World Food Day</td>
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<tr>
<td>1 November</td>
<td>Anti-Poverty Day</td>
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<tr>
<td>14 November</td>
<td>World Diabetes Day</td>
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<tr>
<td>17-23 November</td>
<td>International Week of Children’s Rights</td>
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<tr>
<td>25 November</td>
<td>International Day to End Violence Against Women</td>
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<tr>
<td>1 December</td>
<td>World AIDS Day</td>
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<tr>
<td>3 December</td>
<td>International Day of Disabled Persons</td>
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<tr>
<td>8 December</td>
<td>World Mental Health Day</td>
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<tr>
<td>10 December</td>
<td>Human Rights Day</td>
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