



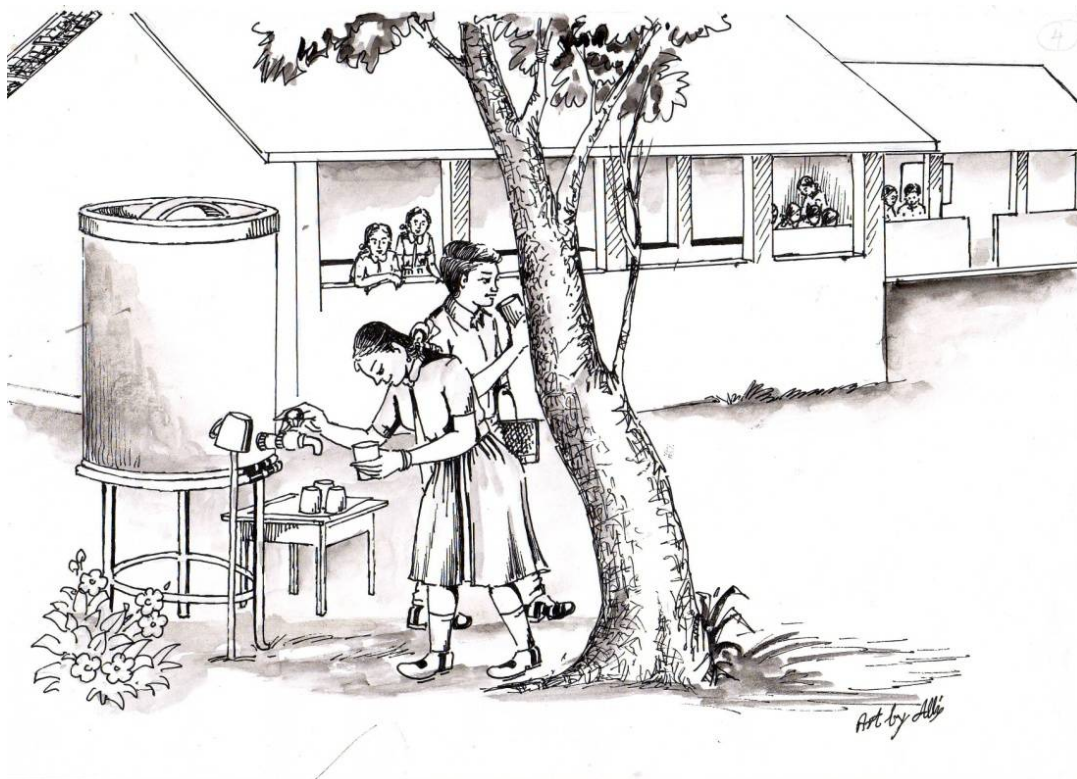
INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES AND SRI LANKA RED CROSS

SUPPORTED BY IRISH AND AMERICAN RED CROSS SOCIETIES

CTC



CHILD TO CHILD SIMPLIFIED MANUAL



MANUAL BY IFRC

Health promotion for and by the children has got greater potential for bringing positive and perceptible changes in their health knowledge ,attitude and above all practices and behaviors. The emphasis on child to child approach has evolved from the recognition of the role that older children can play in caring for their younger siblings. This approach was first introduced by Dr David Morley from institute of Child health University of London 1978 and involved working with children. It aims at getting the children more involved in health education at every stage of learning and doing something about health problems in their school ,family and or community.

✚ "Tell me and I forget"

✚ Show me and I may remember"

✚ "Involve me and I will understand"

Child to child as a way of teaching about health, encourages children to participate actively in the process of learning and to put into practice, what they learn. It is an approach that can make health education more exciting. The Child to Child approach recognises that children in many countries may be responsible for looking after younger brothers and sisters and in their role as caretakers are in a position to educate and support them to ensure better health. Children may also influence other members of their families and encourage them also to take action to promote health in the home and village. Schools can also set an example of better health to the rest of the community and in this way there is a continual interaction 'zig zagging' between school and community.

The key issues:-

The key issues addressed in the CTC activities centre mainly on the three core hygiene themes identified by World health organisation (hand washing at critical times , keeping water sources safe and safe disposal of waste).Supporting the ideal that individuals can take responsibility hence minimising their exposure to diseases and sickness.

Purpose of this manual

This manual aims to contribute to improved health through behavioural change .Community members ,school teachers and fellow students may be instrumental in bringing about this change. CTC training may initiate a process leading from improved health in schools to improved health in households and eventually to improve health in the wider communities. The manual has been designed, primarily to supplement primary school health lessons.

How to use the manual

- The text provides suggested and not strict guidelines
- The materials are designed to support a child to child and child centred learning approach in which the learner is actively engaged in his or her own learning process to discover cause and effect change.
- The drawings compare good and bad behaviours that influence our health and well being.
- The drawings allows the teachers to show the drawings to the group ,and he can guide the discussions but should try not to interrupt the flow of the story

The Objectives Of CTC Methodology :-

- **To improve the level of health and development of children through child to child activities**
- **To make learning a relevant ,meaningful and enjoyable experience for children**
- **To enable children to make qualitative improvements in life of their younger siblings ,their parents and neighbours .Thus applying facts learnt in school in daily life**
- **To improve the school and neighbourhood environment through organised activities**
- **To help the children feel a sense of being in control of their lives**

CTC Guiding Principles :-

- The health idea selected must be important to the children
- Children must not be bullied
- The activities must be fun to do and doable by the children
- Take care of the different age groups during the implementation of activities
- The children should take charge of their activities
- Do not identify/introduce too many health messages at the same time
- Children views need to be respected
- Children should not be called upon to pass on adult messages which they do not fully Understand

There is always the danger that they can be turned in another direction and lead to child exploitation. BE CAREFUL.

CTC aims :-

- **Communal impact** on families, children ,local professionals and others including increased knowledge and positive behaviour as well as improved relations between adults and children or schools and children
- **Personal impact** on children involved in the project including increased knowledge and skills ,improved self confidence ,and the development of friendships
- **Professional impact** on facilitators , including increased respect for children ideas ,abilities and increased use of child centred learning and teaching methods

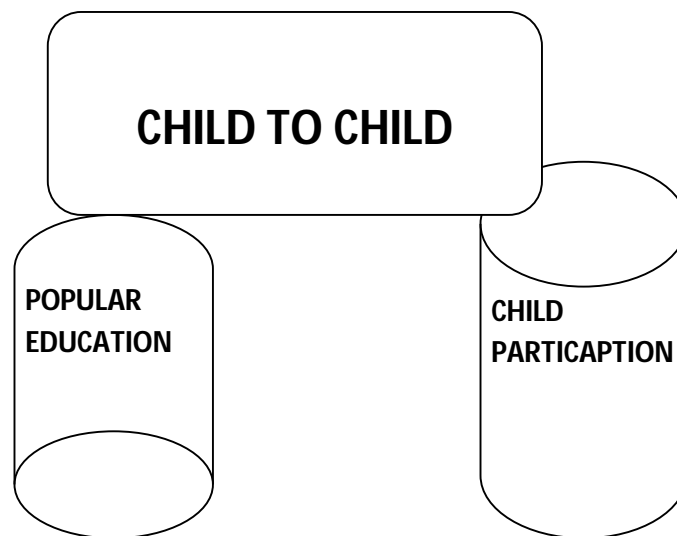
CTC is part of the traditional way in which families helped each other but it goes beyond that : -

- CTC gives children new knowledge and skills and better understanding of what they are doing.
- CTC makes learning more interesting and more fun.
- CTC gives a new look to health education in school.
- The children are encouraged to take charge of the action for themselves.
- CTC encourage the children to work together for the good of others. They develop self esteem and sense of worth. This encourages adults to value and trust children more.

CTC Pillars :-

1.Polar education for social change

- Its not about expert knowledge from others
- It is about building on the knowledge that we already have to address issues that are relevant to us
- Its about learning from each other, everybody teaches and everybody learns
- It draws out the children's experiences and shared patterns of experiences and knowledge
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Child Participation :-

- Children play a meaningful role in the world around them.
- United Nations convention on the rights of a child
- Child have right to participate as full members of the society
- Children can form and express opinions and participate in decisions making processes and influence decisions



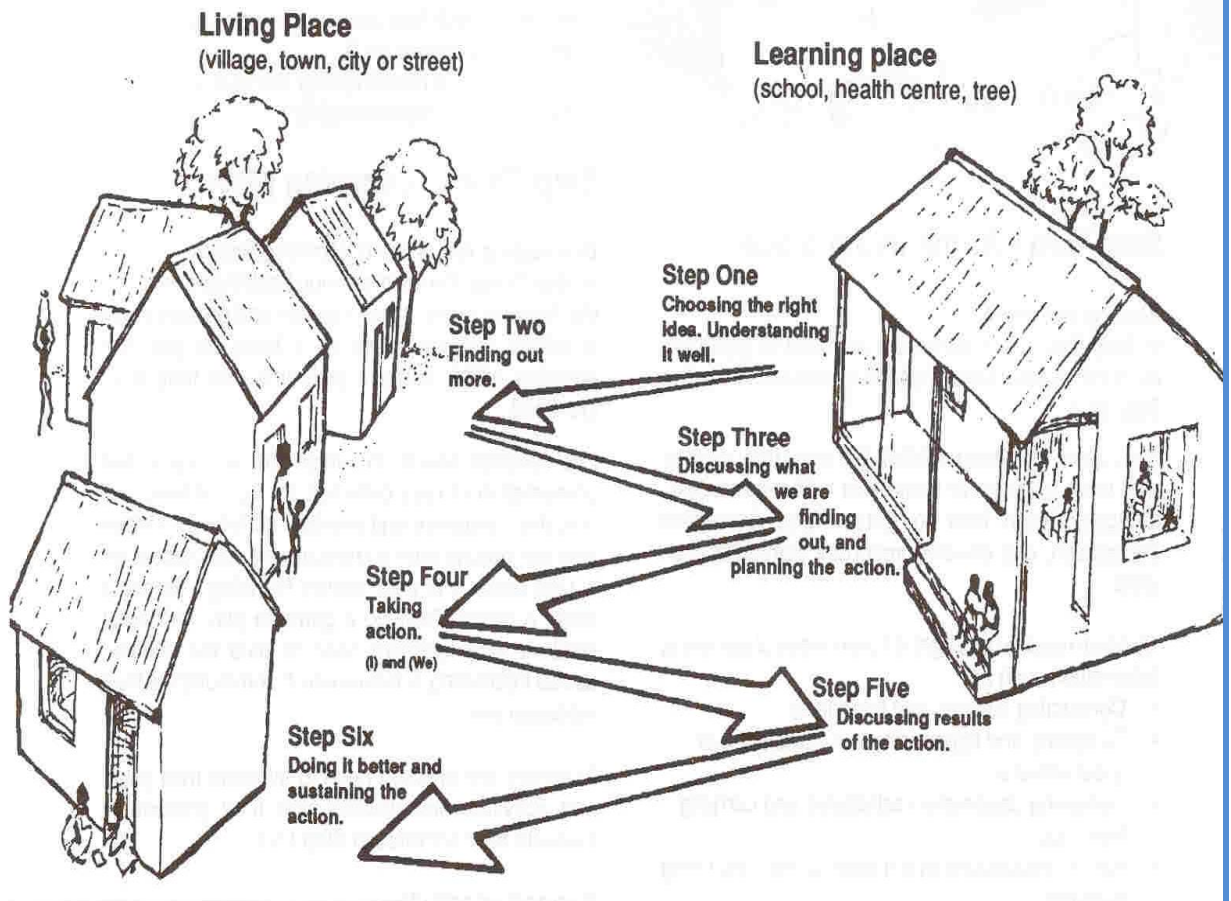
Children can be used as loud speakers to pass messages

1 child or group of children	<ul style="list-style-type: none"> - spreading knowledge to - teaching skills to - demonstrating by example to - working together with 	<ul style="list-style-type: none"> - younger child/children. - a same-aged child / children. - a family / families. - the community.
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Adolescents in particular are often very influenced by their peers and can be helped to become effective peer group educators.

Child to Child Steps

The Child-to-Child ZIG-ZAG Approach



STARTING THE PROJECT

▪ **Gathering the children**

Projects using the Child-to-Child approach can happen wherever children can get together easily and frequently. This may be a school, a health clinic or any special place agreed by the community, for example a feeding centre, a water collection point, or under a shady tree.

▪ **Choosing activities Getting Going**

The planning committee, the project organiser, the children themselves, or a combination of these might choose the health topics and activities.

All activities should be: -

- Important for the health of the children and their communities
- Easy enough for children to understand
- Simple for children to do well
- Interesting and fun!

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

Step 1: Introduce 'The Idea' and help children to understand it better.

Diarrhoea is dangerous because it can kill and cause malnutrition.

It can be prevented by keeping clean, using clean water and by eating properly. Children who get diarrhoea may die because they become dehydrated, that is, they lose too much liquid from their bodies.

The liquid they lose must be put back into their bodies. Special drinks (ORS) can be prepared by children to help replace the lost water when a child has diarrhoea and can prevent dehydration.

For example, caring for children with diarrhoea: -

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

For example: -

- the children describe their experiences of diarrhoea, the words used to describe it in their family and the treatment for it.

Step 2: Getting the children to find out more

The children can find out things among other children, among parents and among others in the community.

For example: -

- the number of children in the group or family who have had diarrhoea and how it affected them.

Step 3: Discussing what the children found out and planning activities that will help

Discuss possible action, find out who else can help the children with practical actions, and make a plan of action

For example: -

- what can 'I' do to prevent diarrhoea?
- what can 'we' do if another child is affected?
- what can we do to teach others about the dangers?

Step 4: Taking Action

Do practical activities at home. Share new ideas and messages with members of the family and friends. Do activities at home.

For example: -

- Making, mixing and tasting a special rehydration drink (ORS)
- Giving the special drink to children who have diarrhoea
- Checking that people know about dehydration from diarrhoea

Step 5: Discussing the results of the activities and asking "How did we do?"

Test knowledge and skills of children in the group and of others in the community

Observe attitudes and practices of adults and children.

For example: -

- How many of us now know how to make the special drink?
- How many have passed on the ideas to others?

Step 6: Doing the activities better next time!

Some Examples:-

Clean Safe Water

Step 1: The Idea

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

Have three pictures of

1. Two women getting water at a shallow well
2. A child drinking a glass of dirty water
3. Another child drinking a glass of clean water

First ask: -

- the children to make up a story about the first picture, describing who, when, where, what, and why.

Ask: -

- if the water from the pump is clean?

Then show **picture 2** and explain that this is one of the first women's children drinking water she brought home from the pump.

- Ask what could have happened between the first and second picture to make the water become dirty?

Have the children continue with the story.

Next show **picture 3** and explain that this is one of the second women's children drinking water she brought home from the pump.

Ask: -

- what has this women done to keep her water clean?

Have the children finish the story.

Step 2: Finding out more

Have the children make a water map of the school or community. Go and see the sources of water in the area.

- Which are clean and well looked after?
- Which are dirty?

Draw the map on a piece of paper.

Find out about how people store water in their homes.

- Do they put it into a clean, covered container?
- Do they use a separate container, e.g., a cup, gourd or ladle to get water out of the storage container?

Make a chart like this and record the information.

Water Storage Containers					
House	1	2	3	4	5
Clean	*		*		
Covered		*	*		

Step 3 :Discussing and planning to take action

Examine and discuss the maps and the charts the children have made. Use these as a basis for planning activities that address the problems that they have identified.

For example :-

- Create a play about keeping water sources clean and/or make a poster that depicts a child using a clean separate container to get water from a storage container.

- Help the children with the skills to get the right message across. It is essential that the health messages are correct and clear, wrong or muddled messages could have long term negative effects.
- Discuss how they will know whether the play helps the community members to keep the water sources clean or if the poster is effective in encouraging people to store water properly.

Step 4: Taking Action

- Create a play for people about the importance of keeping their water sources clean from rubbish, stopping people urinating near it, allowing animals to drink from it, etc.
- Perform the play near the water sources or in the market place.
- Make a poster showing a healthy child using a clean cup or gourd to get water from a storage container with a message about keeping water clean to stay healthy.
- Display in health and feeding centres, market areas, etc.

Step 5: Discussing the results

Ask the children: -

- How well they thought their activities were carried out.
- Did they encounter any unexpected problems?
- If so, discuss these and look for alternative solutions.

Ask the children: -

- what effect their play and/or poster had on the knowledge and practice of other children, families and the population as a whole.
- How will they know in the longer term?

Tell the children to: -

- Plan on observing the water sources and drawing new maps on a regular basis and keeping a record of the information.
- Do household surveys using the same time schedule and record if any positive changes have been made in the practices of storing water.

Step 6: Doing It Better Next Time

Tell the children to think about their play and/or poster.

- What could have been better?
- How could the message have been clearer?

Practice the play again and/or paint the poster with brighter colours, etc. and do them again to reinforce the health message for the population.

Ask the children to :-

- Think of ways of keeping water clean that can be made long term and a feature of everyday life.

WORKING WITH SCHOOLS

Sometimes a school can agree an action plan to help everyone receive and understand such messages. Staff, parents and even children can list those that they think are most vital for children to know and do. They can then plan how they can achieve them: -

- **Through health teaching**
- **Through reinforcing the ideas in other subjects**
- **Through action to make the school a good example**
- **Through community activities organised by the school.**

They can then decide how to check to what extent these plans are being achieved. It may be possible to have the whole school a living example of child to child in action. Staff and children agree a set of rules to live by, for example: -

- **In a child-to-child school, we should all know...**
- **In a child-to-child school, we practice.....**
- **In a child to child school, we spread these ideas.....**

The benefits of child-to-child clubs combined with building latrines and hand washing facilities have exceeded all expectations. Not only have these efforts provided safer, healthier learning environments, they have also encouraged girls' education. Older girls used to drop out of school for lack of privacy, but now they are staying in school to complete their basic education. The improved hygiene facilities have given girls back their dignity—and their books