

INTERACTIVE GUIDE BOOK

FOR HEALTH AND HYGIENE IN SCHOOLS
FIRST EDITION 2016

How to facilitate group sessions using arts, drama and interactive methods to raise awareness and promote sanitation and good hygiene through health clubs in schools.



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CAFOD is the official aid agency of the Catholic Church in England and Wales and part of Caritas International. Across the world CAFOD brings hope and compassion to poor communities, standing side by side with them to end poverty and injustice. CAFOD works with people of all faiths and none. Inspired by Scripture and Catholic Social Teaching, and the experiences and hopes of people living in poverty, CAFOD works for a safe, sustainable and peaceful world.

CAFOD IN ZIMBABWE

CAFOD has been supporting programmes in Zimbabwe for more than 30 years, predominantly through the Catholic Church. CAFOD works in partnership with Diocesan Caritas branches, Justice and Peace Commissions and other organisations that are part of the Zimbabwe Catholic Bishops Conference.

CAFOD's work is focused on:

- ▶ Providing vital assistance to support groups for people living with HIV and AIDS, through campaigning and lobbying on their behalf, skills and equipment to boost income, nutrition tips and healthy behaviour advice
- ▶ Offering support to children affected by HIV, ensuring their voices are heard at local and national levels, and ensuring access to essential education and healthcare services
- ▶ Repair and construction of water and sanitation facilities
- ▶ Hygiene education in communities and schools
- ▶ Helping people to improve their livelihoods and income
- ▶ Training in farming and providing seeds and tools to vulnerable families - enabling them to reduce their dependency on food handouts
- ▶ Increasing communities' participation in governance - vital for ensuring people understand they can voice their needs and interests to those who represent them.



Caritas Internationalis is a confederation of 165 Catholic relief, development and social service organisations operating in over

200 countries and territories worldwide. Collectively and individually their mission is to work to build a better world, especially for the poor and oppressed. The first Caritas organisation was established by Lorenz Werthmann 9 November 1897 in Germany. Other national Caritas organisations were soon formed in Switzerland (1901) and the United States (Catholic Charities, 1910).

CARITAS ZIMBABWE

Caritas Zimbabwe was founded in 1972 by then Rhodesian Catholic Bishops Conference (RCBC) as the Commission for Social Services and Development (C.S.S.D), to carry out the social work of the Church. The organisation was renamed to Catholic Development Commission (CADEC) in 1984, due to a shift in the emphasis of its work, from social welfare to development.

Today, the agency is known as Caritas Zimbabwe to identify with other Catholic Development agencies and provides a beacon of hope for tens of millions of women, men and children in times of hardship and contributes to the development of social justice in times of peace; working with people to bring about positive changes in some of the poorest provinces in Zimbabwe.



Arts for Action makes performances and artistic work, trains in the use of the arts and communication for change, and provides the development and cultural sectors with best practice in applied arts through projects and expert advice. Arts for Action is a global network made up of practitioners from across the disciplines of theatre, contemporary dance, music, visual arts, photography, film, design, social research, activism, development, education and legal practice. Practitioners are leaders in their field and together deliver the very best arts and communication for social justice, positive change, activism and development. Arts for Action implements projects for good governance, justice, human rights, conflict resolution, sexual and reproductive rights, public and environmental health, and is dedicated to the most effective application of innovation in the arts to create change - at personal, social, and political levels.

This guidebook has drawn upon materials written by the Zimbabwean Ministry of Health and the IRC International Water and Sanitation Centre 2004.

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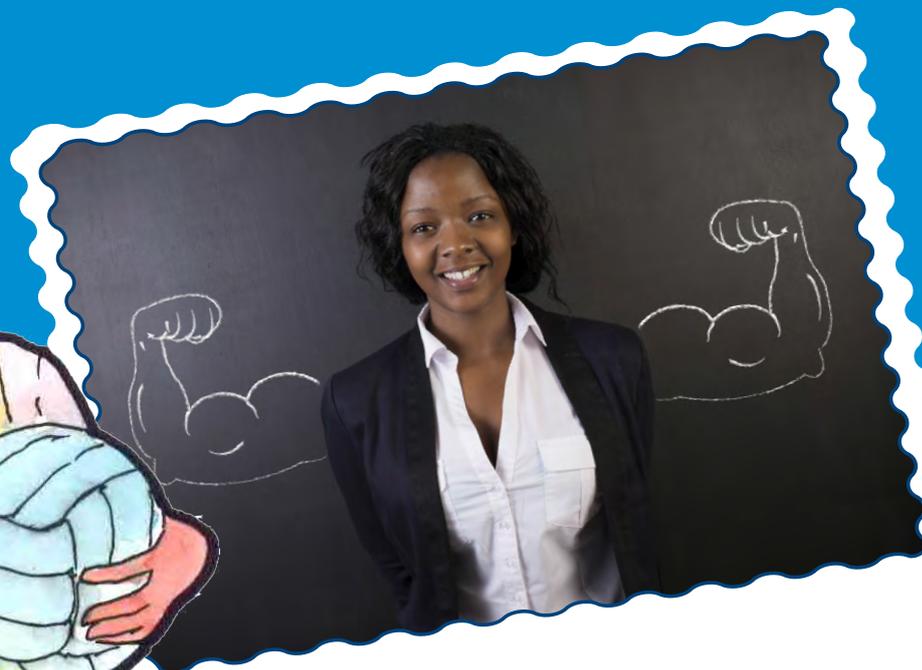
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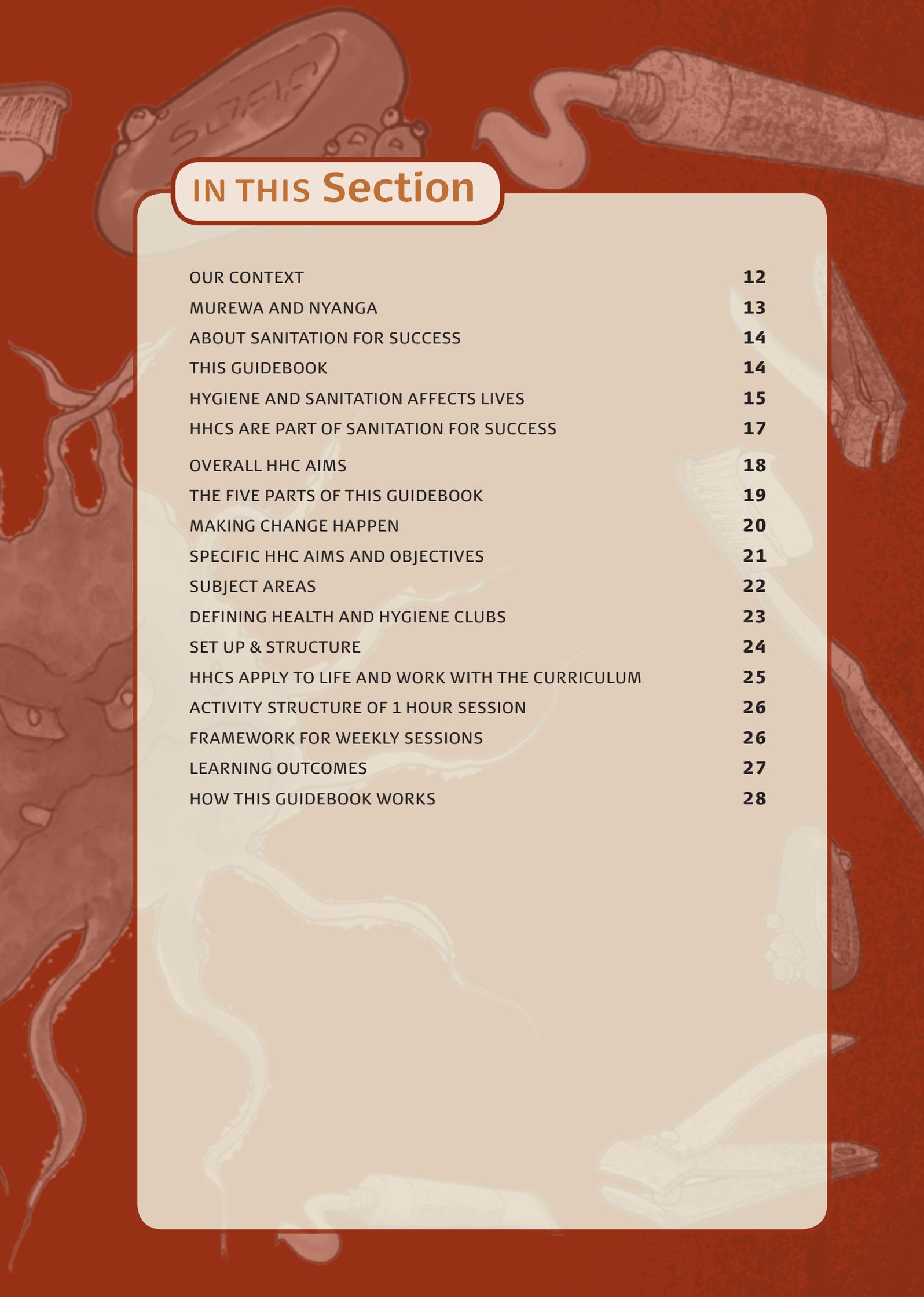


PART

1

A young boy with short dark hair, wearing a blue sweater over a white collared shirt, is flexing his right arm. He is smiling and looking towards the camera. The image is framed by a white scalloped border.

Preparation



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Preparation

OUR CONTEXT

In Zimbabwe, although 73 per cent of the population has access to safe water and 60 per cent to improved sanitation facilities, more than 60 per cent of the rural water supply infrastructure is in disrepair and 40 per cent of Zimbabweans in rural areas practice open defecation. The poor are also less likely to have access to water and have a toilet.

Since 2000, following economic deterioration and political turbulence there has been a decline in clean water supply, sanitation, solid waste collection and disposal services across virtually all urban areas. Poor water supply not only affected on the sanitation system for those who depend on water for flushing but also on the hygiene practices which require both adequate water and functional sanitary systems. Poor WASH services contributed to the outbreak of cholera in 2008/9 where more than 4000 deaths were reported countrywide. In order to minimise WASH related deaths in general, urban areas became a donor and government priority, in addition to the existent rural focus.

Concurrently, diarrhoea has become more prevalent and at the time of writing is one of the five main childhood killers in Zimbabwe. (SOURCE: UNICEF)



Health, Hygiene and Sanitation in Zimbabwe

- ▶ Lack of water and sanitation services in rural areas causes a massive disease burden in Zimbabwe. Diarrhoea is one of the top ten diseases affecting children in Zimbabwe, causing around 4000 deaths among children under 5 every year.
- ▶ 34% of all children under 5 are stunted, 2% are wasted and 10% are underweight.
- ▶ More than 75% of hand pumps in rural areas are broken and often require only a minimal repair to be functional.
- ▶ 69% of rural households do not have an improved sanitation facility, of these households, 38% practice open defecation in the absence of ablution facilities (SOURCE: Zimbabwe Health and Demographic Survey)

MUREWA AND NYANGA

As in many parts of Zimbabwe, the water treatment and sewerage reticulation systems in both Nyanga and Murewa were installed more than 30 years ago. These systems were built for populations far smaller than the current size meaning that now, access to improved sanitation services is low.



Murehwa

With frequent power cuts, the two towns can experience hours, sometimes days with no piped water. This adversely affects the sewerage removal system. In some instances waste accumulates in pipes and leads to bursts that pose a health hazard with sewage flowing on the ground and contaminating water and food sources. Furthermore, solid waste is often not collected or disposed of in appropriate landfills, resulting in heaps of waste scattered throughout communities.



Nyanga

Many residents in these areas have no access to latrines and either use makeshift toilets or defecate in the open. Existing toilets, most of which are dilapidated, are not sited, designed, and maintained to be comfortable, hygienic and safe especially for children and the disabled. Erratic water supply renders public and institutional flush toilets unusable. Women and children are the most affected; children suffer at school without access to drinking water and clean toilets, and girls are unable to use facilities which are not sufficiently private particularly during menstruation. The domestic burden on females, who are traditionally

responsible for cleaning toilets and managing domestic soil waste has increased, and due to cultural practices and entrenched gender relations, women have limited access to hygiene training and information.

Poor hygiene practices are prevalent and people are therefore exposed to increased risk of diseases such as diarrhoea, cholera, and dysentery, further compromising the immunity of a population already affected by high HIV/AIDS prevalence.



THIS GUIDEBOOK

This guidebook aims to support teachers and students in leading Health and Hygiene Clubs (HHCs). The clubs aim to build knowledge as required for improved sanitation and hygiene, raise awareness of key issues, facilitate positive change as necessary, and build upon existing knowledge and practice amongst primary and secondary school students, as well as the wider community. This guidebook contains necessary background information, methodology, techniques and session plans for delivering interactive education on hygiene and sanitation in schools. The guide is intended for use by teachers and others who want to carry out participatory learning activities on hygiene and sanitation as part of, or in addition to, their school curriculum or in work with other children and young people aged 6 to 15. Sessions can easily be adapted for use by community groups. HHCs have been created as a key part of 'SANITATION FOR SUCCESS' and play a crucial role in sustainably improving living conditions, health, human dignity, economic productivity and the environment in poor urban and peri-urban areas of Nyanga and Murehwa, Zimbabwe.

ABOUT SANITATION FOR SUCCESS

Sanitation for Success is a 3 year programme run by CAFOD and its implementing partners, Caritas Harare (Murewa) and Caritas Mutare (Nyanga). The programme is funded by the European Union and CAFOD, with a budget of Euro 2, 702, 709.00

The overall objective of SANITATION FOR SUCCESS is to sustainably improve living conditions, health, human dignity and the environment in poor urban and peri-urban areas of Nyanga and Murewa, Zimbabwe, through an integrated approach to sanitation.

To achieve this the project aims to reduce:

- ▶ the incidence of sanitation related diseases in adults and under 2s by half in target areas
- ▶ the incidences of open defecation by 50% in target areas
- ▶ solid waste dumping in target areas.

Specific objectives:

1. Comprehensive sanitation coverage increases by 50% in project area
The focus under this result is to address some of the critical sanitation infrastructure shortcomings that are hampering smooth delivery of services, and making it difficult for residents and council to maintain clean neighbourhoods.
2. Hygiene awareness and behaviour improved in targeted areas
This result aims to address sanitation and hygiene related knowledge, attitudes and behaviours of residents, council, schools and business sector in the two towns as they relate to day to day practices and service delivery.
3. A sustainable sanitation service provision structure is established, managed and maintained by local authorities and community-level structures with active private sector involvement.
CAFOD and its partners believe that unless residents (including schools, churches, community-based organisations) and private sector are actively engaged in service delivery, it will be difficult for council alone to invest in and maintain the necessary structures required for a sustained improvement in service delivery.

HYGIENE AND SANITATION AFFECTS LIVES

- ▶ School children's attendance in schools is considerably increased by improved sanitation and hygiene – in the following ways:
 - Safe drinking water in schools leads to more pupils in school, fully participating, more of the time.
 - Girl's enrolment and attendance tends to be greatly improved if schools provide private sanitation facilities.
 - Improved sanitation and hygiene outside school leads to higher attendance in school, as less pupils are absent due to situations relating to diarrhoea or fetching water.
- ▶ School children's learning is proven to be more effective if the school environment is clean, hygienic, with safe clean drinking water and sanitation facilities.
- ▶ Sanitation facilities and hygiene education encourages the development of healthy behaviour for life.
- ▶ Child mortality rates are radically improved.
- ▶ Infectious diseases and worm infections are reduced.
- ▶ The physical environment and cleanliness of a school facility can significantly affect the health and well-being of children. Disease can spread quickly in certain conditions, especially where handwashing facilities or soap are not available, and where toilets are in disrepair, or unavailable. Contrary to their purpose, schools can become places where children become ill.
- ▶ The presence and use of proper water supply and sanitation facilities prevent pollution of the environment and limit health hazards for the community at large.
- ▶ Improving sanitation and hygiene in schools also works towards realising child rights.
- ▶ Children have the right to be as healthy and happy as possible in their particular circumstances. Good sanitation and hygiene practices contribute to less disease, better health and better nutrition. As many children around the world fall in the 'mildly malnourished' category, any measure to protect them is a significant investment in human resource development and better childhoods.



Hurungwe
Primary School
clean up in town

Programmes for School Sanitation and Hygiene Education (SSHE) and Participatory Health and Hygiene Education (PHHE) go beyond the construction of facilities for water and sanitation. This guidebook draws upon best practice from WASH, SSHE and PHHE to enhance knowledge, and the application of that knowledge in the real lives of children and families, improving life-quality now and in future years.

Good practices require good facilities that are kept clean and are used by children and teachers in a hygienic manner. Good practices also result from education that is rooted in experience, which is practice-oriented, and builds skills and attitudes as well as knowledge.

Addressing sanitation and hygiene in schools is very useful. Young children are far more receptive than adults to new ideas. In their primary school years they can be stimulated to cultivate the habits of good personal hygiene. The promotion of personal hygiene and environmental sanitation in schools can help children to adopt good habits which will last throughout their adult lives.



Hurungwe
Primary School
clean up in town



MEET DOCTOR HARE

How many children die from water and sanitation related illnesses worldwide, a year?

2.2 MILLION

The effects of not having access to clean water and adequate sanitation are serious. The lack of adequate sanitation facilities can be deadly — 1 gram of faeces can contain viruses, bacteria, parasite cysts, and parasite eggs. Water and sanitation related illnesses include diarrhoea, which kills nearly 2.2 million children, mostly under 5, each year; malaria, a disease exacerbated by poor drainage and uncovered water; and trachoma, a disease caused by the lack of water combined with poor hygiene practices, has blinded millions of people. Studies have found that access to an adequate water supply could reduce trachoma by 25% (UNICEF, 2009). In addition, handwashing with soap not only helps prevent diarrhoea but is also linked to dramatic reductions in the incidence of respiratory illnesses such as pneumonia — the number one cause of child mortality globally.

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HHCS ARE PART OF SANITATION FOR SUCCESS

CONTRIBUTE TO SANITATION FOR SUCCESS IN MUREWA AND NYANGA BY:

Improving the hygiene and sanitation situation in the school, the neighbourhood and the town.

Clubs will achieve this through:

- ▶ Building knowledge as required for improved sanitation and hygiene amongst students, families and in the wider community.
- ▶ Raise awareness of key issues – in schools, other institutions and the wider community.
- ▶ Facilitate positive change as necessary – in schools, other institutions and the wider community.

Clubs are therefore about both **LEARNING**, and **PROMOTING** knowledge and good practice.

Detailed outlines of content is found later in Part 4, and detailed aims per subject area are contained within each session. These are to be both monitored by the club members themselves and the teacher-facilitator on an ongoing basis.



Health & Hygiene Clubs play a crucial community role.

OVERALL HHC AIMS

CLUBS AIM TO ACHIEVE THE FOLLOWING FOR CHILDREN LIKE YOU AND ME...



- 
1 ... are healthier
- 
2 ... perform better in school
- 
3 ... understand how disease is transmitted and avoided.
- 
4 ... know positive hygiene practices.
- 
5 ... understand necessary sanitation infrastructure and behaviour.
- 
6 ... are able to observe, communicate, cooperate, listen and carry out decisions about hygienic conditions and practices for ourselves, our friends and families.
- 
7 ... are able to observe, communicate, cooperate, listen and carry out decisions about hygienic conditions and practices for themselves, their friends and younger siblings.
- 
8 ... demonstrate changes their current hygiene behaviour, if necessary, and demonstrate likelihood to continue better hygiene practices in the future.
- 
9 ... learn about menstrual hygiene and physical and emotional changes during puberty.
- 
10 ... are able to practice gender-neutral division of hygiene-related tasks such as cleaning toilets, fetching and boiling water and taking care of the sick.

THE FIVE PARTS OF THIS GUIDEBOOK

The guidebook is divided into five parts:

1. **Preparation**
2. **Essential information and techniques**
3. **Toolkit of games and exercises**
4. **Session plans**
5. **Monitoring and Evaluation tools**

Techniques and sessions are characterised by interactive and participatory methods. Hygiene and sanitation sessions complement formal education by linking activities to specific sections of relevant curriculums. In addition, life skills such as confidence, self-awareness, cooperation and mutual understanding underpin activities and the development of these are enhanced through home-based projects and community-based action. In this way, the clubs mobilise and involve parents, community groups, churches, the local authorities and institutions to work together to improve hygiene, water and sanitation conditions.

A strong emphasis is on linking the activities in the clubs to the school, the home, and the wider community. Most of the techniques used can be done almost anywhere: outside or inside and with very little or no support materials. Any materials suggested for use in sessions should be easily found within the context and at low-cost.

Activities developed here draw on best practice in the use of the arts for action and positive change, as well as the best of PHHE practice. The author acknowledges the excellent ground work done by UNICEF and IWS – the International Water and Sanitation centre.

A foundational principle is that learning and problem solving are by-products of fun, creativity and discovery.



FACT: Hygiene and sanitation promotion are the most cost-effective of public health interventions. Recent studies show that every dollar invested in sanitation in sub-Saharan Africa can generate benefits of a multiple of 6.6. **For every £1 spent on a water and sanitation programme, £8 is returned through saved time, increased productivity and reduced health costs.** Lack of safe water and sanitation costs sub-Saharan Africa around 5% of its Gross Domestic Product each year (UNDP).

TEACHER-TO-TEACHER: Give these statistics to the Maths teacher and ask for a maths problem to be developed which can be done in Maths class. (Percentages, multiplication, proportions and fractions) For example, finding out Zimbabwe's GDP for that year and working out how much could be lost through lack of safe water and sanitation – according to 5% loss.





BIG NUMBERS: 1.9 billion school days could be gained if the MDGs that relate to safe water supply and sanitation are achieved and the incidence of diarrhoeal illness is reduced.

TEACHER-TO-TEACHER: How many school days in a year? How many years is this? How many school children is this?

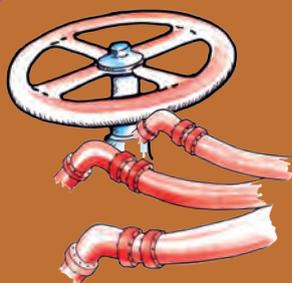


MAKING CHANGE HAPPEN: THREE WAYS TO IMPROVE THE NUMBERS



'Sometimes it feels like too much! And you think, how can I do anything to improve these impossible numbers?! This is how we hope to chip away at the big figures and improve the bigger picture...'

20



1

NUTS AND BOLTS

THE HARDWARE AND PHYSICAL INFRASTRUCTURE

Improving sanitation facilities.



2

WHAT YOU AND ME DO

PERSONAL PRACTICES: POSITIVE BEHAVIOUR AND ATTITUDE

Providing life-changing and participatory hygiene and sanitation education to schools and communities:



3

WHO MANAGES & IS RESPONSIBLE

THE SUPPORTING STRUCTURE

Supporting a sustainable structure in terms of the authorities responsible for service provision.



SPECIFIC HHC AIMS AND OBJECTIVES

“WE HAVE THE POWER TO.....”

Through their activities clubs will:

- ▶ Formulate strategies for improving the hygiene situation in the community.
- ▶ Improve conditions in schools.
- ▶ Raise awareness of water, sanitation and hygiene in schools among key stakeholders at community and local government level.
- ▶ Mobilise support from teachers, schoolchildren, families and other local stakeholders to achieve and sustain a healthy school environment.
- ▶ Raise awareness on water, sanitation and hygiene standards in the school and the local community
- ▶ Support the Sanitation for Success project to oversee the implementation of standards in the school.
- ▶ Assess existing conditions; consult school and local authority stakeholders
- ▶ Contribute to planning improvements by helping to provide locally-appropriate plans for new structures and improvements to existing structures.
- ▶ Monitor ongoing conditions in schools and promote remedial action where required.



Hurungwe
Primary School
clean up in town

SUBJECT AREAS

Key areas to be covered for good hygiene and sanitation education:

- ▶ **Basic understanding of what hygiene and sanitation is**
- ▶ **Sanitation – infrastructure** – household, school, community
- ▶ **Sanitation – behaviour** – personal, household, school, community
- ▶ **Hygiene** – household and personal – food, cleanliness.
- ▶ **Germs & disease** – Harmful bacteria, viruses and parasites. What diseases are, how these develop, how harm is caused (transmission and infection)
- ▶ **In and out of the body:** food, water in (needs - nutrition) human waste – why the body throws out certain waste, how it generates waste.
- ▶ **The journey of germs and disease** in the body, in a community – interconnectedness
- ▶ **Household food hygiene** / Traditional Snack – scenarios – risks – solutions
- ▶ **Water – the cycle, supply and water-borne diseases** - from source round to waste, process, costs, risks. How clean, safe water is produced.
- ▶ **Sewage system** – what's involved? How is safe disposal of wastewater achieved? What does safe disposal of human excreta involve?
- ▶ **Faecal oral transition route** – related to diarrhoea and behaviours
- ▶ **Solid Waste Management** - What is solid waste? How do we make rubbish? What do we throw away? How does Disposal of solid waste happen?
- ▶ **Personal hygiene in depth** – including menstruation – mixed sessions.
- ▶ **Sanitation infrastructure in depth** – in school, at home, in the community
- ▶ **Roles and Responsibilities:** service Delivery
- ▶ **Context:** local, national, international

Through the engagement with key areas listed above, overall cross-cutting themes will be explored by participants:

- ▶ Relations between people – group interaction and interpersonal across gender and age divides
- ▶ Environmental use (how do we use the environment?)
- ▶ Environmental safety (what are dangers, risks? What is necessary for safety?)
- ▶ Service Delivery (what's involved including systems?)



DEFINING HEALTH AND HYGIENE CLUBS

HEALTH & HYGIENE CLUBS ARE...

- ▶ A meeting point within the school or community to focus health, hygiene and sanitation issues
- ▶ A safe place to discuss health, hygiene and sanitation issues
- ▶ Able to make demands from service providers.
- ▶ A long term part of the school and community – everyone should know who we are!
- ▶ Connected to other Health and Hygiene clubs from other schools

FUN! CREATIVE!
EXCITING! COOL!
CLEAN! INTELLIGENT!
POWERFUL! HONEST!
CARING! RESPECTFUL!

**WE ARE THE
FUTURE!**



**WE ARE
TAKING THE
FUTURE INTO
OUR HANDS**



**INTO OUR CLEAN,
SOAP-WASHED
HANDS!**



SET UP & STRUCTURE



- ▶ Participation should be voluntary rather than imposed. Ideally, students are able to participate in the full series of sessions. Certification at the end of each term should encourage this. If pupils are in Clubs for 2 years, a special advanced certificate can be awarded, and advanced students can lead their own sessions!

- ▶ An ideal size for the club is approximately 25 participants. However, it is important that entry to clubs is both open and non-discriminatory. If more students wish to join, consider having 2 groups.



- ▶ Support from the school is required to schedule the session at a time when the maximum number of children can attend. Teacher-facilitators need to lobby school management to see the club as playing a crucial role in the wellbeing of the school. If the head teachers and local education authorities give their support to encourage attendance to sessions and gain relevant time within the timetable, HCCs will achieve their aims.



- ▶ Sessions have been written to be facilitated once a week but there are enough alternative exercises to do more, and once students have been through the full set of sessions, they can lead sessions themselves.

- ▶ HHCs are encouraged to work hand in hand with other community based structures such as Burial Societies (BS) and Savings Clubs (SCs). In this way, the HHC could become a sub-committee of the BS or SC and lead on water and sanitation issues such as the establishment and training of water point committees (WPCs) or promote health and sanitation at public community gatherings such as sports days, prize giving days, funerals, etc



CERTIFICATION FOR ATTENDANCE OF A FULL TERM AND COMPLETION OF A HOME PROJECT OR A COMMUNITY ACTION.

Pull Out

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Certificate Template

Health and Hygiene clubs will be kept abreast of what is happening in 'Sanitation for Success' and play a role once the project is complete.

HEALTH CLUBS DO NOT WORK ALONE!

Support from schools is required...

1. To structure when sessions take place
2. To prioritise HHC sessions outside school timetable
3. To enable use of class time when sessions complement lessons
4. To communicate to the HHCs what developments or procedures are taking place in relation to Hygiene and Sanitation.

HHCS APPLY TO LIFE AND WORK WITH THE CURRICULUM

An Arts for Action approach is used which deepens understanding and knowledge through participation. Knowledge learnt in action is applied in life, and also applies to learning in class.

Each session aims to build knowledge, and equip participants with learning that relates to thinking, motivation, beliefs and behaviour – that can be applied in the school setting, in the family and wider community. The guidebook looks both at steps to improve hygiene and sanitation and at why things happen as they do.

Basic theoretical background to interactive and creative processes is provided plus detailed breakdown of games, techniques and exercises, session plans and frameworks for monitoring and evaluation.

The guidebook is written to dovetail and compliment the Zimbabwean curriculum for primary and secondary schools. Specific exercises meet learning objectives of specific subjects of the curriculum:

PRIMARY

- ▶ Home economics
- ▶ Environmental science
- ▶ Maths
- ▶ Social studies
- ▶ Reading & writing
- ▶ Shona

SECONDARY

- ▶ Biology
- ▶ Geography
- ▶ Home Economics
- ▶ Guidance and Counselling
- ▶ Religious and Moral Studies
- ▶ Civic Education
- ▶ Agriculture
- ▶ Shona

The relationship between learning objectives in the curriculum and those in each club session is reciprocal. Some aspects of the curriculum, in Biology or Geography for example, provide a solid basis for learning in the health clubs. Health club leaders should coordinate with teachers to maximise learning impact.

If well-planned, the Health & Hygiene Club activity could be carried out during the lesson time scheduled to cover that particular topic.

In a more general way, the activities support learning in class – for example, the leaning outcomes of the Guidance and Counselling syllabus are woven throughout sessions.

FRAMEWORK FOR WEEKLY SESSIONS

- ▶ **TIME:** Each session is ideally 1 hour
- ▶ **SIZE OF GROUP:** Maximum 30
- ▶ **FREQUENCY:** A minimum of 10 sessions a term, once a week, is recommended – each with their own learning objectives
- ▶ **SPECIAL PROJECTS:** Over each block of 10 sessions, it's proposed that the club initiates 1 home project, 1 community action project (meaning that each term there is an ongoing project at home, and an event within the community.) Health clubs are free to do more each term if they wish – a performance once a week in a school assembly, or a 'hygiene intervention' at a break time for example, is encouraged! The guide is intended to provide options and ideas, their teacher-facilitators are free to build upon.
- ▶ **SHARING TEACHING HOURS:** Links to the curriculum are outlined meaning that specific lesson time could be used for HHC activity. If well-coordinated, HHC's could dramatically enhance curriculum learning objectives and vice-versa.

ACTIVITY STRUCTURE OF 1 HOUR SESSION



1. INTRO Introductory games

These are suggestions from the games toolkit – you do not have to stick to these – pick your own!



2. EXPLORE Exploration of subject/issue

This section allows students to discover the subject or issue for themselves - in action. This section often allows for playing and getting it wrong – this is where the teacher-facilitator has to work extra hard NOT to teach but to facilitate exploration.



3. ACT! Creative Enactment

This often involves the creation of a drama and sometimes involves taking action outside the club. For example, interviewing other students.



4. REFLECT: Reflection

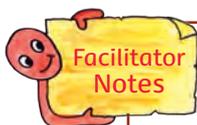
An important part of the learning process in which students articulate the meaning of what has been explored or enacted.



5. KNOW IT! Consolidation of learning

This often involves a creative approach to consolidating knowledge gained, such as creating a song, or having a competition.

THIS IS AN ARTS FOR ACTION APPROACH TO THE CHILD'S LEARNING CYCLE – SEE APPENDIX II [Page 253]



During 'Reflect' and 'Know it!' exercises, teacher-facilitators can assess whether the group has achieved the learning outcomes.

LEARNING OUTCOMES

Each session seeks to achieve the following learning outcomes:



At least 1 knowledge area



At least 1 thinking/ attitude area



At least 1 action oriented area (relating to behaviour)



At least 1 moment of psycho-social self-awareness

Long term/advanced students facilitate: going forward – older students who have participated in the full first year of sessions would be encouraged to lead activity – enhancing levels of knowledge, understanding and efficacy.

Space: ideally this is a space that enables freedom and focus but with a clearly different dynamic to the classroom. This would work outside the classroom. Even if sessions have to happen inside a classroom, the space should be clearly different from class – ie. tables put to one side, chairs in a circle. The rules for participatory creative learning are different to traditional classroom rules.

Additional adapted activity is suggested and encouraged throughout.

EXAMPLES OF SPECIAL COMMUNITY/HOME PROJECTS



- ▶ Investigate – how much it costs to produce clean safe water?
- ▶ Hold events between residents and council. Students facilitate these.
- ▶ Communicate what the rural district authority has done...
- ▶ Research knowledge – household, community, trading centres, church
- ▶ Research behaviour – household, community, trading centres, church
- ▶ Create a jingle, poster, for a campaign
- ▶ Create 'things' out of rubbish – hats, bags, costumes, puppets

INVOLVEMENT OF THE SCHOOL, COMMUNITY AND FAMILIES IS CRUCIAL TO THE CLUBS WORKING

HOW THIS GUIDEBOOK WORKS

THIS GUIDEBOOK PROVIDES:

- ▶ **The basic theory behind participatory and creative forms of learning**, facilitation techniques, tools and 16 subject-based session plans that aim to address sanitation, water supply and hygiene education in schools and the wider community, with 4 revision and creative sessions – 2 per term.
- ▶ **Stock games, interactive drama and participatory learning techniques** that have life-learning aims as well as knowledge building outcomes, are outlined in PART 3.
- ▶ **A combination of learning tools caters for different types of learners**, encourages creativity, discovery, participation and action. The guidebook is designed so that teacher-facilitators can either follow step by step activity outlined per session plan, mix and match from the set of techniques outlined in PART 3, or get creative and invent games and exercises.

Games and exercises can be interchanged and adapted. The idea is for teacher-facilitators to be as creative as participants!

CHILD-CENTRED LEARNING BY DISCOVERY

Learning in action and through creativity builds knowledge and also builds skills required for the group to raise awareness outside itself, in the school and wider community.

The combination of exercises is designed to work towards specific hygiene and sanitation learning and personal development goals. The approach is designed to ‘process’ information and issues as opposed to ‘solving problems.’ Application of knowledge and transformative behaviour-change are processes as opposed to results.



AGE & STAGE APPROPRIATE

Each session plan has options for primary and secondary school activity and links to the curriculum are also made. For further teacher-led development, learning stages can be found at the back in Appendix II [Page 253].

SUSTAINABLE USE: GROUP PARTICIPANTS GROW TO LEAD

The guidebook is designed for use beyond the SANITATION FOR SUCCESS project and given that most clubs are made up of mixed age groups, it is envisaged that students who demonstrate the ability to facilitate and have been with the club for over a year, should be able to lead sessions.

CREATIVE PARTICIPATORY MONITORING & EVALUATION

Learning objectives are both assessed by participants themselves and by teachers. A basic set of questions is asked at the end of each session and a term-by-term assessment is done by the group together with teachers. Frameworks are found in PART 5.

CERTIFICATES & AWARDS

At the end of each term there is a certificate ceremony. If students have participated in all 10 club sessions they receive a certificate of basic participation. Special awards are also proposed for most useful action, cleanest house, most impactful change made, during the term or the year, and so forth. These awards can be created by the club participants and leaders at the start of each term, depending on goals the club wishes to go for. Advanced certificates of achievement are awarded to students who have participated in clubs for a full 2 years.

THIS GUIDEBOOK DOESN'T WORK ALONE!

Just as health clubs do not work alone within the school and community structure, the guidebook shows how relationships outside the school structure can be built in order for participants to put knowledge into action.

This means that health club activity is joined up with school activity and also community.



PART

2



**What We
Need**

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**Teacher
power!**



Essential Information & Methods

This section provides an overview of theory, how games work as an educational tool, what interactive facilitation is, step-by-step participatory learning and creative techniques, and some background on Forum Theatre and why it is a powerful learning tool as well as a community action.

PARTICIPATORY LEARNING METHODOLOGY

WHY USE A PARTICIPATORY APPROACH?

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Change agents in development often come across communities that have fears, suspicion, doubts, lack of self-assurance, traditional beliefs, values and practices that run counter to the proposed change. In such communities, behavioural change is unlikely to take place unless a sufficiently sensitive and facilitative approach is used.

SOURCE: PHHE field guide 2002.

This guidebook builds upon good work already done in Zimbabwe, and the Ministry of Health encourages a participatory approach to education, advocating the use of SARAR:

S: SELF-ESTEEM
A: ASSOCIATED STRENGTH
R: RESOURCEFULNESS
A: ACTION PLANNING
R: RESPONSIBILITY



These are realised through participatory and creative learning methods, and underpin each session plan in this guidebook. Each session aims to build these as core skills – and has set out indicators for measuring these term by term.

MORE EFFECTIVE AND LONG LASTING LEARNING

Complementing Zimbabwe's Ministry of Health approach which has developed in recent years to value empowering, non-didactic forms of community education:



“In earlier years, health education was seen as something we needed to teach communities about, in other words, the notion was that we had the information and they had to learn it from us. It was generally believed that the best way to teach communities about health was to ‘tell them about diseases and cleanliness’ and that if they did not listen to what they were told, then they would probably become ill.

This didactic teaching approach used fear or illness and death to convince families to change behaviours. While this approach worked for some people, the overall effect did not last and very quickly people went back to their old ways. After all, they reasoned, ‘we have been doing this all our lives and have not become ill through these practices.’

SOURCE: PHHE 2002

LIFE-SKILLS DEVELOPMENT

The methodology is rooted in and supports life skills-based hygiene education and rests on the principle that new knowledge does not, by definition, translate into new practices. Therefore, life skills-based education seeks to instil hygiene practices into the realities of young people's daily lives, helping them acquire the knowledge of appropriate hygiene behaviours and the skills to use them. This approach considers the learning differences of various stages of child development and addresses them in the programme design, allowing young people to effectively transform knowledge into practice. (SOURCE: UNICEF WASH MANUAL)



Hurungwe
Primary School
clean up in town

THEATRE FOR COMMUNICATION

PARTICIPATORY OR ACTION-LEARNING

Children learn in many ways. Club sessions use methods that encourage children to participate actively in learning inside and outside the classroom. This allows children to use existing knowledge and understanding and build upon it, practically and apply new knowledge in action, and most importantly, use the imagination. A combination of drama-based games, practical demonstrations, role-plays, creative processes, personal reflections will open up the possibility of transformation.

This methodology goes far beyond what is 'right' and 'wrong' or what should and shouldn't be done. Participant students discover about others as well as themselves, exploring personal experiences and developing confidence, understanding and respect. When facilitated well, all the exercises are educational, fun, engaging, user-friendly and relevant.

CO-CREATION

A key principle for facilitating active learning is 'co-creation.' This means that the activity is created by the facilitator and participant together – the facilitator's job therefore, is to facilitate discovery in the participant; consistently working with the idea of throwing the question and responsibility back to the group. Participants are much more likely to remember the content that they have discovered for themselves.

SELF-DISCOVERY

People remember 20% of what they hear, 40% of what they hear and see, and 80% of what they discover for themselves. Each activity is created with this in mind.



Collaborating on guidebook development



A forum theatre play about seeking medical help by HCC trainees



Image theatre

REHEARSING FOR REALITY

The effect of Instant Forum Theatre is empowerment, rehearsal of reality and integration of knowledge into practice. Through encouraging creativity, participants feel energised, alert and more confident and are able to grasp and rehearse key ideas that will improve hygiene and sanitation.



CREATING THE RIGHT ENVIRONMENT

Teacher-facilitators have to leap in and set the tone of safety and openness and risk-taking. You have to be prepared to act yourselves. You have to allow yourself to play the clown. Do not expect your participants to do anything you wouldn't do yourself.

USING THEATRE FOR COMMUNICATION

The purpose of forum theatre and the theatre-based-activities used in this guide are to:

- ▶ bring about maximum, dynamic and engaged participation in sessions
- ▶ bring facts about sanitation and hygiene to life
- ▶ educate through entertainment
- ▶ facilitate learning-in-action so that participants discover their needs and how to apply the learning
- ▶ to transform participants into creators of their reality – rather than passive recipients of information



Laughing slinky in action

USE OF PLAY

Spontaneity and creativity are key to the processes of learning and personal development. Many of the exercises in this guide aim to create an atmosphere and an experience based upon being playful, spontaneous and creative. This helps the deeper exercises to work not only towards enhancing understanding, but also towards expression, application of knowledge, self-care and confidence.



Training participants enacting a scene about water provision

CREATING A SAFE SPACE

Learning through discovery and action requires a non-judgemental and safe space... This is why role play, and acting out the character's 'fear' or 'desire' for example, is so effective as a tool for understanding behaviour as it isolates the 'problem' from the person – enabling reflection, mechanisms for change and processes of unlearning negative behaviour – which do not judge the person or people involved. This is especially important when dealing with personal hygiene issues and behaviour related to cleanliness, human waste and menstruation.

It is crucial to the success of the work that dignity is respected, and negativity and judgment is outlawed.

Teacher-facilitators should be mindful of the potential for bullying when dealing with themes such as cleanliness or what kind of sanitation system is used at home. Participants' individual situations may vary according to the social or economic status of the family. It's important to remain vigilant of how group members talk about these issues to each other.

FULL EQUAL PARTICIPATION

This is always hard to achieve as every group has its confident, dominant ones and its quiet and shy ones – it's the facilitator's job to ensure that everyone is given a chance to be heard and everyone is fully participating, especially girls.

ACTION LEARNING AND CHILDREN WITH DISABILITIES

Action learning stimulates children who live with disabilities. Adjusting the session to their speed of development is still needed to account for differences in their physical and development age.



Training in Image Theatre



Group work Health and Hygiene Club in session at Nyamhuka Primary School



A role play about paying rates

Not all activities are equally suitable for children who are physically disabled. Teacher-facilitators should be selective and make adjustments, especially by stimulating other children to include disabled classmates so that they participate fully for mutual understanding, joint learning and full enjoyment.

Children with disabilities soon 'learn' when they are being excluded, whether overtly or covertly. The fullest development of people with physical or learning impairments depends in large part on how they are included. An inclusive approach to disability will stimulate children to counter discrimination on a broader front. (IWF)

THE RULES ARE DIFFERENT TO THE CLASSROOM

The control and discipline required in the classroom can be put to one side during these sessions. In order to create a spontaneous and playful atmosphere participants need to feel free to be responsive, in the moment: hands need not be raised to answer a question, for example. The exercises themselves should maintain focus.



Teachers enact a scene during HHC training.



Negotiating conflict



HHC Facilitators practice role play techniques

ESSENTIAL PRINCIPLES

GAMES - DIFFERENT FUNCTIONS OF GAMES AND HOW TO USE THEM

Games are the backbone of this work. Games are not only for warming up or breaking inhibitions – through the ‘play’ of games, people are connecting to core, foundational parts of themselves. Children learn life through playing games and in the school setting benefit from being able to let go, be present and engage fully in the action of a game. The surprise, competition, playfulness and energy which is stimulated relieve people of the stress of thinking, of planning, of judging. Positive energy infects the space and spreads. Actions become spontaneous and free and people are allowed to be truly themselves when in a state of ‘play’.

Games have multiple purposes. Some functions of game playing are:

Games can facilitate discovery through experience.

Inhibitions are broken down – relaxes and frees people up.

Encourages the use of strategies that can be applied in the interactive theatre forum, life planning and in real life situations.

Games are fun! A positive, affirmative atmosphere is created.

Games can be symbolic of life experience and generate new thinking and possibilities.

Bounces people into a creative space.

Introduces techniques or rules that may be used in the session.

Builds togetherness in the group and trust between people.

Engages and focuses.

Gets people warm and generates energy throughout the group.

Generates spontaneity and immediacy.

Establishes language that will be referred to in the session.

Develops concentration.

Enables participation and interaction amongst the whole group.

Build confidence awareness and the ability to articulate in general.

Uses competition and urgency – when you want to win – it matters! This also helps work against shyness.

Games can develop the skills required for acting.

Introduces principles that will be used in the learning process.

INTERACTIVE THEATRE TERMS

IMAGE

This simply refers to the picture created by a person's body, or a collection of people's bodies. An image could be created with something as simple as a hand gesture, or present a complex set of relationships and actions within a situation involving many people. It is often used in this work as a way of distilling a problem, articulating an inner feeling, or a particular situation.



Image exercises can be used to introduce an idea and are also useful to consolidate discoveries made during activities/role plays. For example, after exploring what solutions to a specific situation are through different scenarios, one by one, different positive interpretations may have come out. After identifying these, ask participants to find a distinct gesture or body image to represent the specific discovery. This can be used as the basis for a song, or a rainbow of positive choices.

MIME

Articulating an action using gestures and playing out the scene or action, without words.

IMPROVISATION

Improvisation is basically making things up. Making reality up. Play-acting in the moment. It requires that the participants get up and act out moments, actions, scenes as if for real, without pre-planning. It develops problem solving skills, creative thinking and spontaneity.

ACTING CIRCLE

The acting circle is made up of two circles – one inside the other – the people inside the circle face out, and the outside circle faces in. These circles make pairs facing each other. These pairs improvise and then the outside circle moves once round so that partners are changed. Depending on the size of the group, the whole group can then be involved in an improvisation. The purpose is to experience acting out something, for example, asking for help, saying sorry, admitting a weakness, or celebrating a strength.

HERO / ANTI-HERO

Hero simply means the lead character of the story. Being the hero doesn't mean being heroic – it means being at the centre of the story. The anti-hero is set up to be in conflict.

FREEZE!

Means the action freezes! When freeze is called everybody freezes like a statue.

SCULPTING

Refers to moving a body or bodies into positions or shapes that have particular meaning – like sculpting or moulding a statue. The body is malleable clay and the sculptor is able to move the limbs.

ANIMATE / ACTIVATE

Refers to giving a still image life – either through speaking internal thoughts, speaking words to another character in the scene, changing the image to being an ideal version – either through sculpting or moving; moving the still image forward in a series of still steps towards what they want, or expressing a secret thought from within the image.

STATUS

The status game provides a ranking of high and low numbers for people to enact what this low or high social status means to them. This usually results in the expression of how society rates people in terms of how important they are. However, it is possible to have a rich man with a low status and a servant with high status. The discussion around status leads to

a discussion about respect and understanding, roles and responsibilities. Deciding a character's status in the creation of a forum theatre play, or in a short instant role play is very useful to determine who has power to resolve or change the situation.

HOT-SEATING

This is a process of questioning main characters in a story to find out more about their situation, how they feel, what they want etc. All participants are free to ask the main character questions in order to understand their situation. This is useful for problem solving as well as exploring a character's internal world and generating understanding of one another.

**S: SELF-ESTEEM****A: ASSOCIATED STRENGTH****R: RESOURCEFULNESS****A: ACTION PLANNING****R: RESPONSIBILITY**



Training participants creating the image

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Rehearsal
Health and Hygiene Club
in session at Nyamhuka
Primary School

PART

3

A young child with dark skin and hair, wearing a white shirt with blue trim, is sitting on a light-colored floor. The child is looking up and to the right with a slight smile. Their right hand is resting on a brown, textured ball. The entire scene is framed by a white scalloped border.

Games &
Exercises

IN THIS Section

3.1

Games – including icebreakers, energisers, preparation and endgames.

The following games are outlined with step-by-step instruction and purpose

1. Your Name Your Action
2. Name game: slap clap click click
3. Name game with ball
4. Clustering
5. I am and I can
6. Chase and save - tag name game
7. Keep the ball in the air
8. Call and response
9. Cat and mouse/ Germ and body
10. Clapping
11. Mingle mingle / lifeboats
12. Fish Focus
13. Fizz-buzz
14. Counting to 20
15. Greet, Argue and Make up
16. Laughing slinky
17. Fight song and action
18. Change the action
19. Change the rhythm
20. Change the object
21. Guess the object
22. Making landscapes
23. Finding character using stereotypes.
24. Image Game – Wander, Grab, Tab
25. Mirror exercise
26. Passing the clap- Hep
27. Rabbit Spear Wall / Bacteria Water Soap
28. Rainstorm
29. Heartbeat
30. Scale in the space
31. Chipi says (Simon says)
32. Slow motion fight competition
33. Slow motion race
34. Songs as energiser games
35. Sound and fury
36. Story-telling and applause exercise
37. Treading on feet
38. Walk/Run/Sit/Freeze... laugh/cry
39. Darling if you love me
40. Fox in the hole
41. What's the time Mr Hyena
42. In my suitcase I packed...



Game 01

Your Name Your Action



Ice-breaker. Knowing names. Introduction to using physical actions. Building confidence and performance skills.

All participants stand in a circle. Going round the circle one by one, each person steps forward and exclaims their name with as much pride as possible. The participant must put an action with his or her name. This can be any action. Encourage people to let go of themselves. The more extreme or strange the better. Once the participant has stepped back, all the other participants copy the action and repeat the name together. Watch out for people repeating the same action as others. Suggest that people choose something personal to them, and different to everyone else.

Variation

The action is described so each person says what they can do, or are doing, or know how to do. To this the rest of the circle can say 'WOW! You can/you do/you know how to...' and imitate the gesture/action.

Adaptation to Topic

Ask the group to mime an action connected to the subject eg. personal hygiene, the environment or water system.

Age **ALL**

Game 02

Name game: slap clap click click



Ice-breaker / endgame. Co-ordination & rhythm

In a circle, all participants begin the rhythm that follows four beats:

Beat one: Slap thighs. Beat two: Clap hands.

Beat three: Click with right hand. Beat four: Click with left hand.

Once the rhythm has been established, ask participants to call out their name one by one on the first click (beat 3). This can either be done in the order that people are sitting or randomly. Participants can be sat in any arrangement for this game, though a circle works best.

DEVELOPMENT – throw your name:

On the 1st click say your own name, on the 2nd click, call out 'to Chipu or whoever they choose in the circle, like this: 'Chipu to Tawanda' Once your name is called you repeat the same: Slap Clap 'Tawanda to Mike' Slap Clap 'Mike to Precious' Slap Clap 'Precious to Kuda' Slap Clap 'Kuda to Taten-da' etc etc.

Adaptation to Topic

Ask the group to mime an action connected to the subject eg. personal hygiene, the environment or water system.

Age **10+**

Game 03

Name game with balls



Icebreaker. Introducing the use of balls. Spontaneity. Coordination. Sharpening focus.

Ask the group to stand in a circle and throw a ball to each other. As people throw the ball they call out their own name. Next change the instruction to call the name of the person you are throwing the ball to and not your own name. Introduce a second ball and if the group are managing well, introduce a third ball. You can slow the game down or finish it subtly by taking away the balls as you catch them.

Development

Throw a question with the ball. End game. Confirmation of knowledge.

As a participant throws a ball, s/he can direct a question to a person who will catch it. They must answer as quickly as possible, before throwing the ball on with a new question.

Age **10+**

45

Game 04

Clustering



Getting to know each other, again. Observation skills. Defining yourself in your environment. This can be used to start more in-depth reflection exercises.

Step 1

Walk around the room/area – explore it – look at, touch, feel, smell different parts of the environment. Try to do this in silence! Ask the group to notice as much detail as possible: colour, shape, texture, size – to see things ‘as if for the first time’. Try to notice things you have not noticed before. What is your favourite part of the room/area? Go to it now! The group should at this point split into ‘clusters’. Ask the members of the split groups to tell each other why they like this part of the room/area.

Step 2

Walk all over the room/area – filling the gaps. Now call out ways for the group to ‘cluster’ into smaller groups. For example: find people with the same gender, or age as you, born in the same month as you, who has the same favourite food as you, who goes to the same church, who plays the same sports as you, who has the same number of siblings.

Step 3 – Development to topic

Introduce circumstances that relate to hygiene and sanitation. For example, cluster into groups by:

- Finding the others in the group who get water at home in the same way as you
- Finding the others in the group who dispose of rubbish in the same way as in your family
- Find people who last washed their hands at the same time as you

Create your own variations

Age **11+**

Game 05

I am and I can



Icebreaker. Breaking down barriers. Gauging self-image and sense of efficacy.

Similar to game 'your name your action'. Form a circle, ask participants to go round the circle introducing themselves and what they can do: 'I am, 'I', can grow vegetables'. The rest of the group responds enthusiastically, 'Great, growing vegetables. The facilitator can choose whatever word to begin the response: WOW, Wonderful, Excellent. Superb etc. or a participant can suggest a way to admire and praise.

Variations

I am ... and I'm good/bad at...

I am ... and I want to be...

Encourage participants to reveal anything they like about themselves. For example, 'I can make custard' or 'I am a talented singer' or 'I am a very bad dancer' or 'I am a terrible screamer'.

Adaptation to topic

This can also be customised to relate to the subject, for example: I am Tatenda and I'm a speedy handwasher. Or, I am Brian... and I know how to stop disease spreading' ... etc.

...As an endgame/ consolidation of knowledge

– if you use it as an endgame, you could replace what you do with something you've learned during the session. Eg: I am, and I know... or I am, and I can...

As well as being an affirmative experience, initially this allows the facilitator to gauge confidence-how participants value themselves and their abilities, and by the end of the session can be used as a way to gauge knowledge.

Age **8+**



Hurungwe
Primary School
clean up in town

Game 06

Chase and save - tag name game



Energy, focus, using each other's names. Introducing idea of rising tension: useful for understanding how to build a performance.

A tag game – each person has 3 lives – if you are caught you become ‘it’ – you can save yourself by calling another’s name. When another’s name is called s/he becomes ‘it’. Once you have lost your three lives you become a zombie and form a perimeter which encloses the players into a smaller space. Zombies make the playing area smaller moving in on the players, the more people are out.

The experience can also be used for understanding how this relates to the idea of a ‘building’ an exercise, a story, or an experience – as it grows to a climax.

Even when people are ‘out’ they have an active role in the game. Participants of a HHC session are always actively engaged in an exercise, even if they are ‘outside’ it, watching.

Adaptation to topic: The notion of lives being lost, can be applied to the idea of mistakes when not practicing good hygiene and sanitation.

Adaptation to topic: each person chooses a word that relates to the subject and uses this instead of their name.

Age **8+**

Game 07

Keep the ball in the air



Togetherness. Principle of where attention is focused and participation from the whole group.

The group is scattered through the space. People randomly volley the ball up into the air whilst counting the number of times this happens. With each volley, the group calls ‘1, 2, 3, etc...’ The aim of the game is to keep the ball in the air for as many numbers as possible.

Reflection question:

What does the ball mean? What does keeping the ball up mean for our interventions with communities and for personal development?

‘Dropping the ball’ is linked to losing the attention and engagement of the whole group, losing focus, losing energy, forgetting the game...

‘Keeping the ball in the air’ symbolises maintaining interaction and focus.

‘The ball’ can be used to symbolise what the group is focussing upon in an improvisation or problem solution exercise.

This game also brings the group together – and can generate a massive sense of achievement when you reach 100!

Age **ALL**

Game 08

Call and response: KaBOOM, KaCHING!



Energiser. Group engagement and attention.

This works to the very simple principle: you call one thing, the group responds with another. These words can be interchanged. Here we use the example, Kaboom Kaching – you can pick your own words;

You call:

KABOOM
KACHING
KABOOM KABOOM
KABOOM KACHING
KABOOM KABOOM KACHING

The group calls:

KACHING
KABOOM
KACHING KACHING
KACHING KABOOM
KACHING KACHING KABOOM

You can vary this in any way you want, using different words – try thinking of words appropriate to your session or location. Whatever you call, the group calls the opposite. You can build the group's energy by building the volume, speed and frequency.

Make your calls louder and faster and more complicated as you go on. The group will become more excited as the energy grows.

Adaptation to topic - alternative calls:

HANDS!	SOAPY!
SOAPY HANDS	HANDS SOAPY
SOAPY SOAPY	HANDS HANDS etc.

Or:

RE-USE RUBBISH

Create your own



At Zuvarabuda Primary School we created many funny ones using Pese Pese!

Game 09



Active energiser. Playfulness. Character development.

This game develops sense of play and fun.

This is a version of a chase or 'tag' game. The aim of the person playing the 'cat' is to catch the 'mouse'. When the 'mouse' is caught that person then becomes the 'cat'. The mouse must try as hard as possible to run away from the cat and avoid getting caught. But the mouse can also SAVE itself by hiding. Ask the rest of the group to stand in the space, shoulder to shoulder in units of 3, or 2.

The mouse can 'hide' by standing shoulder to shoulder at the end of any of the units. If the mouse does this, the person at the other end of the unit becomes the mouse, and can no longer be in the unit.

This new mouse must run now away from the cat. And so on. You could rename the cat and the mouse – eg: tiger, rabbit, or adapt the names to topic – eg 'Soap' chases 'Germ'. Or 'Germ' chases 'Body.'

Adaptation to topic, development

Ask the group where bad germs may breed or how they may travel: eg. Dump site, Faeces, uncovered food, unwashed snacks. Each unit becomes one of these. Once the one being chased attaches themselves to a unit, the one on the other end is not allowed to move until the unit has called out their 'transmission name'. This means that the one who is being chased is not safe until the unit has called out their name and the other end is released.

Age **7+**

Game 10



Energiser, endgame, bringing people together

A very simple game - perfect for quickly bringing the group together in the middle of a session – it can be repeated throughout the session and is also useful for closing.

Call out a number: everyone must then clap that number of times.

For the end of the session you can finish by calling out a large number (say 68). The group starts clapping and it soon turns into applause, at which point you can take a bow!

Age **5+**

Game 11

Mingle Mingle / Lifeboats



Preparation game. A way to get participants moving, using their bodies, thinking quickly. It's also a convenient way to form smaller groups.

Ask the group to walk freely in the space. Call Mingle Mingle, and the group responds MINGLE. Step up the pace of the call and encourage the group to run, stamp the floor or dance. Call 'TWOS!' – the group must get into 2s. Return to Mingle Mingle. Call 'THREES!' – form groups of 3s. Mingle mingle. 'SEVENS!' groups of 7 are formed, as quickly as possible and so on.

Next say you will call a large object with the number – groups must create this as quickly as possible. EG: 5s Bridge. 2s Flower. 4s Church. 8s Teapot. 2s Charcoal burner. 1s Toothbrush. 3s Tap. 5s Bar of Soap.

Application to topic

Call out structures that relate to your session. EG: Flush Toilet, Water & Salt solution, Treatment plant and invite participants to look at each group's image, say what they can see, and suggest what else needs to be there. This can be used to gauge knowledge as well as provide the starting point for an image or story building exercise.



Game 12

Fish Focus



Group cohesion – technique for using a chorus of people representing society – good preparation for building a performance

A group of between 5 and 10 participants enter the space. Bunch up together as closely as possible. The person at the front of the collection of people is the 'head'. The rest of the group are the 'fish body'. The group's task is to move smoothly around the space, changing direction, as a fish would. The group – the fish body, follow very closely behind the fish's head. If the head decides that the fish should move in a different direction, s/he turns. The rest of the group must turn to face the same 'new' direction. When this happens, the person at the front is automatically the NEW fish 'head' leader... and so on.

Once this pattern has been established so that the fish moves smoothly in the space, the fish head leader can determine the TYPE of movement that the rest of the group must follow. Fast, slow, crawling, side stepping, hopping, swooping... etc.

Allow reflection on what this exercises mirrors in society/community

Adaptation to topic: Theme-based developments

The journey of the 'fish' could be replaced by the journey of food, the journey of rubbish, the journey of water etc.



Game 13

Fizz-buzz



Focus and concentration

In a circle, the group attempt to count to 35. Going round the circle, the first person starts at 1, the next 2, and so on. The only rules are that when the number is a multiple of 5, instead of saying the number, the participant says 'fizz'. If the number is a multiple of 7, the participant says 'buzz'. If the number is a multiple of both 5 and 7, then it is 'fizz-buzz'. More difficult than it sounds, this is excellent for focussing.

Adaptation to topic: Inter-change Fizz with WASH and Buzz CLEAN or Shona equivalents.

Age **10+**

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Game 14

Counting to 20



Focus and concentration

In a circle, the group attempt to count to 20. Anyone can say a number but must not speak at the same time as anyone else. If two or more people speak at the same time, the group has to start again from 1.

This can either be done in a big group, or in small groups

Adaptation to topic development: Instead of counting to 20, this can be the stages in a process learnt in the session.

Age **10+**



Game 15

Greet, Argue and Make up



Improvisation, Building energy, preparation for acting scenes, releasing emotion, practicing conflict resolution

Ask participants to walk freely in the space. Find a partner. Greet the partner as if they are a long-lost friend. Shake hands vigorously. Hug. Ask how they are, how their family is. When you call 'stop' participants continue walking in the space again. Ask participants to meet a new partner, and have a huge argument with this 'character'. Call 'stop' and then 'walk on'. This third time, the participants should meet someone new, and have a new argument, this should go completely over the top, totally exaggerated and extreme. Ask participants to take this third argument to the point of 'forgiveness' – with participants literally on their knees begging for mercy! Ask one pair to show the rest of the group a greeting, an argument, and making up, without words – just using the image of the body.

Note: emphasise that this is a way of releasing tension, and preparing for acting in scenes, that the arguments are not real.

Reflect upon the feelings that came out in the argument and **ask** when **or if** there was forgiveness

Acknowledge real feelings that take place in the room and thank participants for being brave and 'going in' to the reality of the argument.

Age 11+

Game 16

Laughing slinky



Acting exercise playing with laughter. Preparation for scene-development. Discussion about shame, embarrassment, bullying.

This can either be done in a big group or in small groups.

Form two lines facing each other – make partners: AB. A begins by laughing at B, moving towards B and towering over them. B physically travels down to the floor. In their own time, B begins to laugh and the process is reversed.

Encourage the group to be as extreme as they can! Using gesture and building their laughter in volume and intensity. As this is happening, watch out for couples who are playing with the most energy and conviction.

Pick out a few couples for the whole group to watch. Discuss what is happening. Which is the most entertaining part? Why is this entertaining? How does it feel being laughed at? In what situations does this happen?

The most entertaining part is when the person on the floor laughs. When change happens. We love to watch change happen. Stories are about change. Moments of change are moving for an audience to watch.

Age ALL



A preparation game. Develops expression, ability to utter words (in song) Develops use of gesture, text, introduces conflict and story. Can progress into a scene in a forum theatre play.

First learn the song in a circle. Use a popular folk tune under the words. Each line is repeated three times with a precise gesture. The third time it is repeated use long drawn out the notes, to emphasise the point being made.

You will need to be sure of the song! Then people will learn the song if you give them the first line and they copy.

Where did you go Baba Joe?
Where did you go Baba Joe?
Where did you go Baba Joe?
Where did you go OH-Baba Joe?

Use a questioning hand gesture.

I went to the market Gogo Chipo
I went to the market Gogo Chipo
I went to the market Gogo Chipo
I went to the market OH-Gogo Chipo!

Using descriptive hand gesture - indicating direction or place

For doing what Baba Joe? X 3 Questioning gesture
To buy a hat Gogo Chipo x 3 Mime hat on head
How much it cost Baba Joe? x 3 Indicate money with your hand
10,000 hands Gogo Chipo! x 3 Show with hands.
That's too expensive Baba Joe! x 3 Angry negative gesture.
That's not your business Gogo Chipo! x 3 Arms fly in the air.
Then we are going to fight Babajoe! x 3 Make fist
But you will win Gogo Chipo! x 3 Fearful gesture.
So let's make peace Baba Joe! x 3 Arms out in affection.

Once you've gone through the song once, form two lines – with partners facing each other, at a 2-3 meters distance. One line takes the character of Baba Joe and one takes Gogo Chipo. When the lines are sung, the one character walks towards the other. This time people can choose their own gestures. Encourage players to go for it!

Help the group by calling out the first line of each text. Swap roles. Encourage extreme acting! Congratulate the group for going for it.

Reflection: Did you enjoy that? Which parts did you particularly enjoy? How did it feel when you swapped roles? Did you know you could perform so well?

Adaptation to topic: Co-create a song with the group based on conflicts that arise in reference to a specific hygiene or sanitation issue.



Group work
 Health and Hygiene Club
 in session at Nyamhuka
 Primary School

continued...

Note: Choose characters and a conflict in which both have a solid argument, and let it play out fully, and build in stages. e.g.

- Where have you been Baba Joe?
- I went for a walk Gogo Chipo
- In the BUSH, Baba Joe?
- Who wants to know? Gogo Chipo!
- Why you go there, Baba Joe?
- To relieve myself Gogo Chipo
- That's why we have a toilet! Baba Joe?
- But it's blocked Gogo Chipo!
- Ah you are stupid BabaJoe?
- Where else I can go Gogo Chipo?
- I do not know Baba Joe!
- Oh who's stupid now Gogo Chipo?!
- But not in the bush Baba Joe!
- So what's the solution Gogo Chipo!
- Fix the toilet Baba Joe!
- But how can I? Gogo Chipo!

This would lead naturally on to questions to the audience such as:

- How can we help Baba Joe and Gogo Chipo resolve their dispute?!
- Whose side do you feel more inclined to support?
- Can you extend the argument by giving more words to the pair?
- Can you make up lyrics for the pair, to help the situation?

Age **11+**

Game 18

Change the action



A preparation game. Introduces mime, physical action, develops confidence and understanding of creating images that change.

A technique for entering into the action of Forum Theatre.

Ask the group to stand in a circle. A volunteer enters the circle and begins to mime an action. The next person enters the circle and has to copy the action and then change the context of the mime, for example the action of climbing a ladder could be changed to someone doing aerobics. The physical action will shift slightly each time, as it has a new meaning – this is fine. Continue until everyone has had a turn.

Adaptation to topic

Ask two people to form an image. Ask 'What do you see?' The group of observers define what's happening in the story. 'What could they be saying to each other?'

Age **8+**

Game 19

Change the rhythm



A preparation game. Introduces freedom to propose new ideas. Good preparation for co-creating a song and for a technique

Ask the group to form a cluster at one side of the space. One person stands in front, facing the same direction as the group and proposes a rhythm and a physical action which everyone copies. Whenever anyone feels like it, they can come and stand opposite the group and propose a new rhythm and action. People, as and when they feel it, then move to join the new rhythm, until everyone has joined the new rhythm. Then as and when anyone feels it, they move out in front of the group and propose a new rhythm, which others join until the whole group has moved and repeats that action.

And so on...

This game is not only fun and develops musical expression, it provides a technique for improvised interaction in forum theatre role plays. In which an audience member, who becomes an active participant, can follow an impulse to change the direction of the story at any given time by proposing an alternative course of action.

Age 9+

Game 20

Change the object



A preparation game. Develops use of image and mime, as well as a transformative way of thinking.

Ask the group to stand in a circle. Introduce an object, such as a chair, to the circle and ask people one by one to enter the circle and mime a use for the object which is different from its real use, for example as a typewriter or a piano or a shoe. Encourage people to be as imaginative as they can be and not to censor their ideas.

Development: You can focus the exercise by giving the object a status, for example, it is valuable/dangerous etc. Encourage people to express an emotion in their mime.

Adaptation to topic: Develop the sequence to show how people relate to sanitation or hygiene objects. The first person in plays the object, such as water pipe, pump, toilet, flush, toothbrush or comb. The second person in plays the person relating to this.

Encourage the player who enters to 'relate' to the object to narrate when and how they do what they do... eg: Its early in the morning and after getting dressed I take a long time brushing my hair.

This develops performance and narration skills that will be useful when playing to school or community audiences to raise awareness.

Age 9+

Game 21

Guess the object



Body transformation – preparation for becoming the ‘setting’ of a scene. Develops the group’s performance skills and could be used to warm up an audience in assembly or in the community.

This can evolve easily out of ‘Mingle mingle / Lifeboats’

Invite 5 participants into the space. Ask each of them to choose an object from the home (chair, cooking pot, teapot, table, TV, bed, a pumping sound system etc.) One by one ask the actors to demonstrate their object to the audience – who must guess what each actor is.

Topic based progression:

Groups create an image which relates to the topic to be explored that day, the rest guesses what the object is.

Age **9+**

Game 22

Making landscapes



Body transformation – preparation for becoming the ‘setting’ for a scene.

Same as ‘Guess the object’, but ask participants to work in groups of 4 or 5. Then ask participants to choose large objects from the landscape – tree, bridge, building, road, for example. What are we? This is a good team building exercise, and also encourages creative thinking and can be used in creating performances.

Development: Once a few landscapes, or three-dimensional pictures, have been created, ask the groups to place a person in the ‘setting’. You can play with this to develop characterisation skills which will be useful when you create Forum Theatre plays. For example:

- Someone is doing something naughty
- Someone is doing something playful
- Someone is doing something industrious or hardworking
- Someone is doing something embarrassing
- Someone is doing something mean
- Someone is doing something kind
- Someone is doing something powerful

Age **9+**

Game 23

Finding character using stereotypes



Depending on how many in the group, and how many times you repeat. Skills building for characterisation in forum theatre plays.

Invite 5 participants into the space. Secretly give the 'actors' the following characters and activities, for instance:

- An angry robber putting on the trainers he has just stolen.
- A kind and gentle nurse giving an injection to a baby.
- An old work man fixing a burst pipe, who is cheerful, or hopeful, or ashamed.
- An arrogant shop teller serving a customer in a bored manner.
- A bossy manager who is counting money which his subordinate has just given him.

Give the actors a few minutes to act out their character and their action. Encourage the actors to explore their emotion to the full – let it go further.

Ask the actors to carry on their task, showing off their character and feeling the emotion. Ask the audience, which one is the angry robber? Which one is the kind and gentle nurse? Which one is the old workman? And so on.

Adaptation to topic:

- A shy girl who is nervous about asking for water to wash her hands after using the toilet
- An outgoing girl who confronts her mother about dumping pampers
- A studious book-worm boy asks a local authority worker why the water pipes are bursting.
- A naughty boy tips over rubbish bins
- An artistic teenager who rummages through piles of litter to find plastic to make hand bags

Repeat with different characters and emotions. Create your own.

Age **11+**

Game 24

Image Game – Wander, Grab, Tab



Preparation for using image.

Ask the group to 'WANDER' about the space. Then ask them to get into groups of two, three, four, or whatever – 'GRAB'. In their groups, give them an idea, issue, object or location, which they have to express in a frozen picture or tableau 'TAB'.

Examples might be: the number six, the letter K, a football match, a party, parent and child, teacher and pupil, friendship, home, trust, conflict, etc.

Ask the groups to stay frozen, while you quickly move around checking and affirming their work, highlighting any particularly inventive choice you can immediately see. Repeat four or five times, using different words and different sized groups.

Age **9+**

Game 25

Mirror exercise



*Responsiveness – non-verbal communication – trust – leadership.
Performance skills*

Get the group into pairs. Standing opposite each other, one person in each pair is the 'leader' and starts a slow movement, which the other copies or mirrors – that is, as if looking in a mirror. The movements can gradually be built to be more complicated but not faster. Ask the pairs to swap leaders, without breaking the movement.

Ask one pair to show their mirroring to the audience. The pair must change who is leading the movement – without the audience noticing. Ask the audience to work out who is leading the movement and when the leader changes over.

Adaptation to topic:

Ask pairs to mirror each other's grooming, personal hygiene, food hygiene habits. Or this could become a more abstract exercise where the pairs physicalise the journey of germs, water, or processes such as water purification.

Age **7+**

Game 26



Icebreaker. Coordination. Togetherness. Energy.

Standing in a circle. One person starts by saying 'hep' at the same time as clapping their hands in the direction of the person standing next to them. The next person then does the same, passing the 'hep' on. Once everyone has got the idea, you can start introducing more rules (listed below). When someone makes a mistake, they are out. This game is for energy and concentration.

The rules are:

- HEP:** pass a clap on round the circle: clap hands in one direction and say 'hep'.
- HAH:** passes the clap back around the circle in the opposite direction. Face the person who passed you a 'hep', raise your arms, palms facing out, and say 'hah'
- POW:** passes the clap across the circle. Put your hands as if firing a gun and say 'pow'
- BOING:** passes the clap back across the circle, when you've been 'powed'. Push your chest out, raise your hands up with fists and say 'boing.' The body can reverberate here allowing the 'boing' to go on and on 'bo-yoing-yoing-yo-yo-yo-yo-yoing'.
- SHLACK:** throws the clap into the middle of the circle. Someone else must pick the clap out of the circle, claiming it with 'mine'. The first to get it carries on. Anyone who says 'mine' too late, is out, and if two or more people say 'mine' at the same time, they are out.
- DIP DIPPADI:** misses out the next person in the circle. You raise your arm and make small circles in the air with a pointed finger to indicate this, saying 'dip dippadi' and landing somewhere in the air pointing in the direction of the person one along from you.

Passing the clap can be used to describe how action and response happens in improvisation. The immediacy and urgency developed here is useful to note.

Age **9+**



Icebreaker, making images with the body – preparation image theatre

The group divides into two teams, one at each end of the space. Each team confers and decides which group role they will take on first: Rabbit, Spear or Wall, then lines up facing the opposite team. At a signal, each team takes three steps towards each other and then at another signal take on the group role they have chosen, all making the same gesture and noise:

Rabbit: Bending down, fingers by ears, sniffing and squeaking noise.

Spear: Leaning forward, clutching a mimed spear in right hand, making HA! noise

Wall: Hands up stretched above head. Making a low HMMM! Noise.

How a team wins: each character ‘beats’ the other character like this:

Rabbit beats the wall (by climbing over it)

Spear beats the rabbit (by killing it)

Wall beats the spear (by blunting it)

Play this several times – the fun comes in trying to guess what the other team might choose. It is also possible to customise the game by choosing different characters or objects – for instance other well known versions are ‘paper scissors stone’ and ‘wizard dwarf ogre.’

Adaptation to topic

Bacteria wins against water by infecting it

Water wins against soap by washing it away

Soap wins against Bacteria by cleansing it

Development

Out of the heat of teams winning or losing, discussion might arise about whether bacteria should win against water, as water could wash dirt, and some germs away. The only way to rid water of harmful bacteria is to boil it, or treat it.

Age 5+



Game 28

Rainstorm



Endgame – focusing the energy of the group – building cohesion and calm

All participants in a circle. Go through the following actions with the group.

Rubbing the palms of hands together
 Clicking fingers
 Slapping thighs
 Stamping feet

The group should close their eyes. Tell participants that they must repeat the sound that they hear being made to their right. They must continue this sound until it changes to a new one. You begin with the first sound – rubbing your hands together. Watch it build throughout the circle, then change to clicking fingers, then slapping thighs, then stamping feet. Then go back to slapping thighs, clicking fingers and then back to rubbing hands and finally silence. The effect is of creating the build and then calm of a storm.

Note: if is a particularly large group, just ask the group to start the new sound and action when they hear it, otherwise it can take too long to wait until it has reached everyone.

Application to performances... this effect can be used directly to create the coming and down-pouring of rain, or abstractly to create an atmosphere of building tension. You can also get creative with some other sound effects – natural or manmade sounds – to build the mood and tone of a scene.

Age 5+

Game 29

Heartbeat



Endgame – focusing the energy of the group – building cohesion, togetherness, calm

Standing in a circle. Everyone crosses their arms across their front and holds hands with their eyes closed. Explain that you will send pulses or heart beats through the group by squeezing hands. When you feel a pulse or a squeeze in your left hand, you pass it on by squeezing your right hand. Once the first one has gone round the group, you can send more heart beats, and in different directions.

Adaptation to topic: A discussion can be generated:

- What does a heart-beat do?
- What is happening when the heart 'pulses'?
- What happened to you when the 'pulse' came through you in the circle?
- How did it make you feel?
- Can you think of other life sources?
- What are the 'heart-beats' of your family?
- What are the 'heart-beats' in the community?
- What are the 'heart-beats' in the environment?

Age 5+

Scale in the space



An exercise which can be used to identify knowledge, attitude and behaviour – both in the HCCs and with audiences. Phase 1 deals with opinions or perceptions. The development deals with knowledge. Turning the space into a scale.

Clearly state that one side of the space means 'AGREE'. The opposite side of the space means 'DIS-AGREE' and the middle means 'NOT SURE'. Invite 10 participants up. Make the statements and ask the participants to respond by moving to the area of the space that explains their answer.

- I love football.
- I can swim.
- Men wear skirts.
- Women can drive trucks.
- Washing hands 5 times a day is excessive
- If you put a child suffering from diarrhoea in the sun, it will cure them

Make up your own... encourage audience or participants to make statements.

Development: This time make a line along the back of space – 10 is at one end 1 is at the other end. 10 means YES, absolutely. 1 means NO, absolutely not. 5 means absolutely no idea. This time participants can take up any position along the scale – in response to the following statements or questions such as:

- It is only the local authority that must clean up rubbish.
- It is correct to be fined for urinating in a public place.
- It's ok to fetch water from the river for cooking.
- Our main water source is (DAM / RIVER / SPRING teacher insert)
- If someone is using the bush toilet, it is not their fault that they have to do this.
- Residents are responsible for clearing overflowing waste on the streets
- Do all trees have green leaves?
- Is water blue?
- Is water from the river safe to drink?
- If I don't have soap can I use ash to wash my hands?

Make up your own

Age 7+



Game 31

Chipo says (Simon says)



The facilitator says: “Chipo says...” and announces an action, which is followed with his/her body, for example, “put your hands on your head”. The participants then copy and put their hands on their head. The facilitator continues the same with different actions. If the facilitator gives an instruction WITHOUT saying “Chipo says” the participants must not move. Any one who does is out.

Adaptation to topic:

Begin the sentence with ‘I must wash my....’ and change it to ‘I don’t need to wash my...’ to trick the group. If the statement is correct the group must copy and touch the particular body part, if the statement is incorrect they should not follow physically.

Age 7+

Game 32

Slow motion fight competition



Developing safe fight-for-improvisation skills

Invite 5 pairs into the space. Each pair must perform a fight in slow motion. The audience must demonstrate the level of their appreciation for each fight with applause. The pair who get the most applause are the winners. Alternatively, you can judge the fight with scores taken from the audience.

Adaptation to topic – Development

Ask pairs to choose a dispute that might arise between people within the context of washing, cooking, cleaning, fetching water, paying for services, disposing of rubbish, buying fruits at the market, having a child who is sick with diarrhoea etc.

This will hopefully result in a scene that can be played during a performance.

Age 8+



Game 33



Slow motion skills – Physical skills – uplifting – experiencing the energy of a performance.

Participants stand behind a line. The objective of the race is to be LAST runner across the line at the opposite side of the space. This means that runners must run in slow motion. The rules for movement are that each runner must lift their legs, with their knees to hip height with each step, each step itself must at least 2 footsteps long, and bodies must move continuously forward.

This skill can be applied to the rehearsal of scenes – slowing the action right down, or speeding it up.

Age 8+

63

Game 34

Songs as energiser and learning games

Zimbabwe has an abundance of songs and both children and adults alike know very many and enjoy singing. Songs are like games in that there are multiple uses of them for learning.

Songs are unifying. Create your own songs that relate to the subjects in each session, or to statements that people want to make about themselves; draw out known songs from the group.

Particularly encourage songs from different parts of Zimbabwe.

GENERAL SONG GAME: A ROUND - FRUIT SALAD

You can find the vernacular names for the song, or create new nonsense words:

Avocado, avocado (make small round avocado shape with hands)

Papaya, papaya (make bigger round papaya shape with hands)

Chiki chiki chiki, chiki chiki chiki (wiggle from side to side)

Fruit salad, fruit salad (put hands out as if presenting a fruit salad)

You can split the group into two to face each other. One group starts. The second group starts when the first group has finished the second 'avocado'. Each line has an accompanying movement, and the sheer silliness of it has everyone laughing and energised.

ALTERNATIVE SONG GAME: INTERNATIONAL, LOCAL, GOSPEL

Split the group into 3.

The facilitator then conducts the group – using his or her arms as conducting sticks and indicating 'Local', 'International' 'Gospel' – the groups have to switch, finding a new song from the genre, as fast as possible. The facilitator can play by giving the same group another genre.

Age 8+

Game 35

Sound and fury



*Energiser, endgame. Organic creation of music.
Preparation for making songs.*

Choose a participant to start a rhythm using finger clicking, clapping, stamping, voice – anything they can think of. Once the rhythm is established, point at someone else to join in with their own rhythm. Then bring in everyone else, one at a time or in groups until everyone is contributing to the music. You can then ‘conduct’ – raising hands to make it louder, bringing them down to make it quieter, or bringing up one side of the room and bringing down the other side finally bringing it to an end with a round of applause.

Age **5+**

Game 36

Story-telling and applause exercise



Developing safe fight-for-impovisation skills

Invite a group into the space. Tell the audience you will tell a story and the group are going to act out **WHATEVER** you say, as convincingly as possible. If the audience agrees that the group has successfully acted out each sentence, the audience must reward the ‘actors’ with an applause.

Use the following, or create your own.

There was a maize field. (have they jumped into this image? Is it convincing? Encourage the audience to applaud if it is. Do the same after each of the following sentences.)

The sun was beating down on the field.

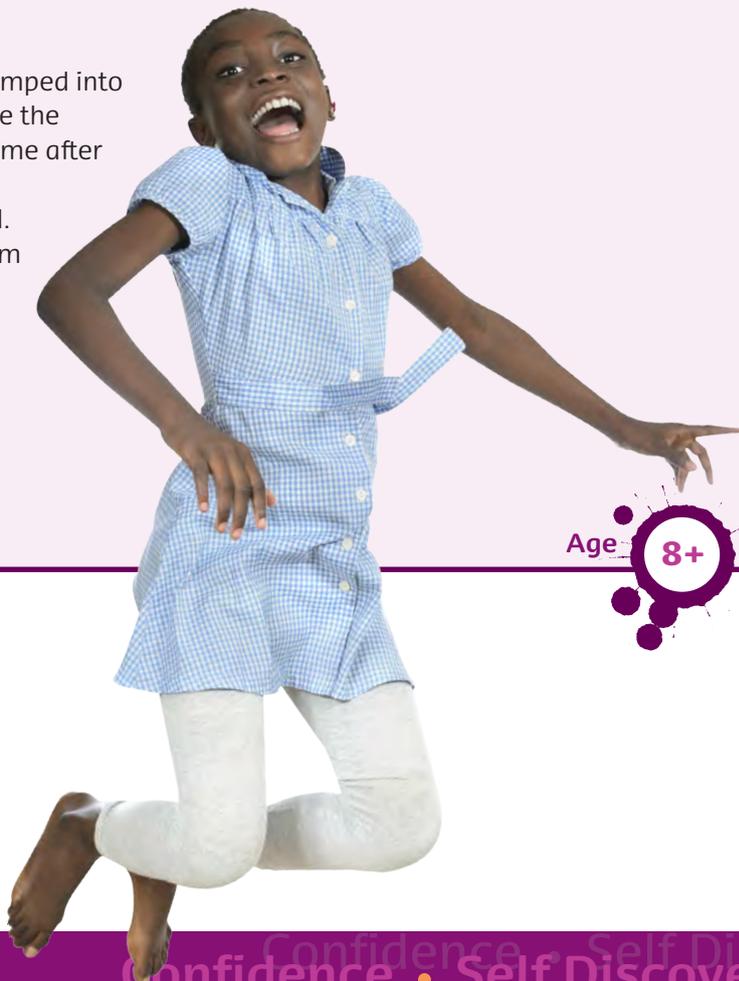
The wind began to blow the plants from side to side.

Thunder cracks and the rain begins to pour.

A flood runs through the maize field.

A farmer rushes out into the field.

He tries to stop the flood.



Age **8+**

Game 37

Treading on feet



Icebreaker / energiser

Everyone takes their shoes off and forms a large square area with the shoes. The aim of the game is to be the last person in the playing area – the way you get other people out is to touch another person's foot with your foot, without letting anyone touch your own feet. You must stay within the square marked out by the shoes. If your foot is touched by someone else's, you are out. This is an extremely amusing game which gets everyone laughing as they hop about the playing area.

Age **5+**

Game 38

Walk / Run / Sit / Freeze...



Introduces freeze. Reactions. Preparation for narrated role plays.

Everybody in the space must respond as quickly as possible to your instructions of run, walk, freeze, sit, freeze, run etc.

You can extend and vary the instructions here:

Jump (all together)

Favourite place (run and sit in your favourite place in the space)

Point (at another person in the space)

Clear (run to the sides of the space)

Centre (having established where the centre of the room is, everyone runs there, bunches up in a cluster close together and, once in the centre, rests their head on another person's shoulder)

Person (grab the nearest person and give them a hug)

Cry (fall to the ground and weep)

Laugh (cluster into 3s and laugh wildly together)

Push (dive into pairs and push each against each other)

Pull (find someone and pull them)

Wait for a bus

Pray

Sleep

Wash

Call the instructions slowly to start with, and then call with more speed, to the point where one instruction might quickly follow another one.

This can be used as a rehearsal technique to create a quick sequence of physical movements, chorus actions, different settings or a series of interactions or emotions in a scene.

Age **8+**

Game 39

Darling if you love me



Introduces speaking, role play and fun!

The group sits in a circle. The person who is 'it' is in the centre and they go to someone of their choice and sits in (or as close as possible) to their lap and says: 'Darling, if you love me, won't you please, please smile?' The person responds by saying 'Darling, you know I love you, but I just cant smile. This person must say this line three times, without smiling. If the person smiles, they become 'it'.

This also develops the performance technique of 'not corpse-ing' or coming out of role.

Age **10+**



Game 40

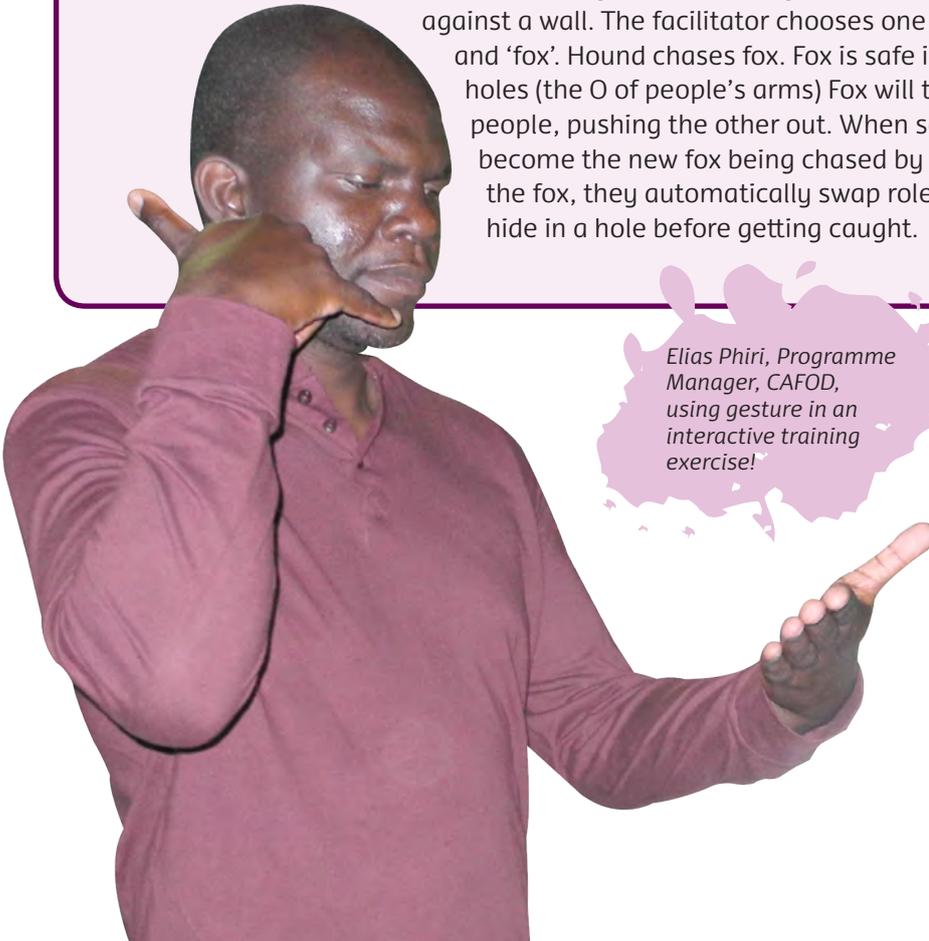
Fox in the hole



Energy and fun. Similar to Cat and Mouse

Everyone needs a partner. Stand facing your partner, holding his/her hands so that the two of you create an 'O' with your arms, everyone spread out in the room but no one against a wall. The facilitator chooses one of the pairs to be 'hound' and 'fox'. Hound chases fox. Fox is safe if he gets into one of the holes (the O of people's arms) Fox will take the hands of one of the people, pushing the other out. When someone is pushed out, they become the new fox being chased by the hound. If the hound gets the fox, they automatically swap roles and the new fox has to hide in a hole before getting caught.

Age **5+**



Elias Phiri, Programme Manager, CAFOD, using gesture in an interactive training exercise!

Game 41

What's the time Mr Hyena?



An adaptation of 'What's the Time Mr Wolf?'

One person, who is the Wolf/Hyena, stands at one end of the space with their back to everyone else. The aim is to creep up on Mr Hyena and be the first to tag him, without him seeing you move and without being caught. The hyena is allowed to turn their head around at any time during the proceedings. If the Hyena turns around then the creeping group should keep absolutely still – you will be sent back to the start line if you move. Whilst the group approaches, they say in unison, 'What's the time Mr Hyena?' The Hyena replies 1 o'clock, 2 o'clock and so on. If the Hyena replies 'Dinner time' s/he can move and chase the oncoming players – who will only be safe if they cross the start-line.

When a player is caught, they become hyena. An alternative is that the Hyena is joined by those s/he caught.

Adaptation to topic

Adding Critical Handwashing times into the mix: After Toilet, Before preparing food, Before Eating, After diaper changing. These can be interchanged with times, and also non-essential handwashing times eg: after getting home, after getting up, before leaving the house, etc.

When the Hyena says an 'essential' handwashing time, all the players must immediately start washing their hands – any who the Hyena catches not washing their hands is sent back to the start line. When the Hyena says 'non-essential' handwashing times, the players should stand still as statues. If, when the Hyena turns around, a player is moving they are sent back to the start-line.

All the other rules apply.

Age 8+

67

Game 42

In my suitcase I packed...



Memory, learning or storytelling exercise

A story telling or a memory exercise. Standing in a circle the group lists items they will pack in their suitcase. Person A says 'In my suitcase I packed... a frog' for example. The next person adds to this 'In my suitcase I packed a frog and a toothbrush' and the next person lists the previous items and adds their own, so on.

Adaptation to topic

This can be adapted to many different topics in this guidebook. Eg starting the sentence with:

- For good health I need...
- To create a clean environment we need to...
- Happiness is...
- With my hands I can...

Age +

IN THIS Section

3.2

Symbolic games – entry points

1. Bombs and shields
2. Tangles and knots
3. I am, and... (I feel, I am, I have experienced...)
4. In my heart... In the world...
5. Guess the status
6. Guess the family member
7. Acting circle
8. Choose a leader
9. Sock game
10. Yes, and...
11. Throw a massive rock
12. Point and turn

Not exhaustive – keep adding to your toolkit of games!





Including reflection - Leading to self-reflection and identifying risks, solutions, behaviours, people, situations that are symbolised by 'bomb' and 'shield'.

This has multiple uses in sessions, and when the HTC does awareness raising within the school, at assembly, or in the community.

Ask everyone to secretly decide (without telling anyone who it is) on one person in the group who is their 'bomb'. Then ask them to choose someone to be their shield, again without letting anyone know who they've chosen. Explain that you are going to count down from 20, and when you reach zero the bomb will explode, at which time everyone must stop where they are and not move. The only way to survive is to make sure that your shield is between you and your bomb. When your count reaches zero, say 'bang!!' or beat a drum loudly, and remind everyone to stay where they are, FREEZE! All those who have kept their shield in between them and their bomb are **safe**. All those who have not kept their shield in between them and their bomb are **dead**. ENCOURAGE A DRAMATIC DEATH! Cheating defeats the object of the game!

You can build the thrill and tension of the game's outcome by asking everyone to point at their shield with one hand, and their bomb with the other and theatricalise the moment further by creating a further countdown to an explosion.

This can be followed with discussion about what the 'bomb' and 'shield' could represent. Specific topics where this is appropriate include: Personal Hygiene, Household Hygiene, Faecal-oral transmission, Disease, Nutrition, Solid Waste Management, Menstruation.

It is also a useful game for finding out what the group's attitude is towards the problems affecting hygiene and sanitation. It can be used in the set-up session.

Age: **ALL**



Game 02

Tangles and knots



Icebreaker, togetherness, problem solving, working as a team.

The group stand in a circle. Each person must remember who is standing on his left and his right. Ask the group to spread out around the space and walk freely about. Call out instructions, for example 'walk with those with the same coloured trousers as you,' 'those with the same coloured shirt.' 'Those the same gender'. Call different instructions – 'create 3 circles' or '4 squares' or '2 triangles' or 'one star' and individuals must form themselves into groups to make this happen. Next ask everyone to 'freeze' where they are standing. Ask the group to remember the original circle, and to point to the person who was standing to their right with their right hand. While still pointing with their right hand, ask them to point with their left hand to the person who was standing on their left, without moving. Ask the group to stretch very slowly and then move towards their two neighbours until the entire group are holding hands. This will be a tangle. The group must then try to untangle themselves and form a circle again, without letting go of their neighbours' hands. 9/10 times it does work!

A variation of the game is to send 1 or 2 members of the group out of the room. The rest of the group form a circle holding hands, then get themselves into a tangle. The people outside the room are then asked back into the room and told to untie the knot using their voices only. The tangled people follow the instructions. This usually takes some time. Then ask the whole group to form a circle and tangle themselves up. Once they're in a huge tangle ask them to untie themselves (without breaking hands!). This will often take no more than 30 seconds. The lesson is of course that problems are easier solved working together.

The experience of untangling often reflects the experience of problem solving as a group. If you spend 10 minutes hearing from each person what they went through, it will be seen that different group members had different perspectives on the way forward, some will have felt others were working against them; others will have felt they saw clearly how to get out of the tangle, some will have felt there was no way. Problem solving as a group can feel the same.

Age **ALL**



I am, and... (I feel, I am, I have experienced...)



Icebreaker. Breaking down barriers.

This is an extension of Game 4 PAGE 45

DEVELOPMENT – this can become a longer 30 minute exercise for sharing stories and experiences, and can also be used at the end of a session to reflect.

In a circle, in turn, participants take one step in to the circle, say who they are, and share something about how they feel, or what they want. If anyone else in the circle, shares the same feeling, they too step inside (but no one has to).

Once a person has come forward and made a statement, and all the others that are going to step in have done so, ask those in the centre to check in with each other – look at each other in the eyes. They share something.

Always thank participants for their openness. This can be done with a number of different statements:

- I am ... and I am really bad at
- I am ... and I love ...
- I am ... and I've always wanted
- I am ... and I have never had...
- I am ... and I have experienced...

This exercise establishes a technique for reflection. It can be adapted to sitting on the floor, with participants putting their hand into the circle on the ground when articulating and if others agree or feel the same, they can also place their hands inside the circle.

This can be used as a way of opening up personal experience in relation to a topic. It can be used to find out knowledge in the group and brainstorm ideas to action.

Age **ALL**



Game 04

In my heart... In the world...



depending on the size of the group. Sharing. Opening up. Articulating a personal inner feeling and world view – as it is at that time.

You need: A stone or ornament to represent the heart, a glass ball, different coloured stone or ornament to represent the world. A musical instrument or drum.

In turn, each person holds the 'heart' in one hand and the 'world' in the other, and in their own time, speaks to the group – 'in my heart I am, or I feel...' 'In the world I see...' The person sitting to the left of the person speaking, plays the instrument during their articulation. This is passed on when the person speaking has passed on the objects to the next person. The facilitator can also have an instrument gently playing background beats or notes.

Encourage people to connect to each other when they are speaking. Really listen. And really tell. Ask people to note for themselves if they connect with what someone else has mentioned. No judgement, just acknowledgement of each other's feelings.

Afterwards note similarities or common themes that exist in the group.

This can be done in a completely open way, and also specifically related to the environment, the body, and the self.

Age **ALL**

Game 05

Guess the status



use gesture and repeated body action to express character

You need to prepare small pieces of paper with numbers from 1 – 10 on each.

Ask participants to enter the space – give each a piece of paper that has a number between 1 and 10 on it. Ask them to keep the number secret. The number tells the actors what 'level' their status is – with 10 being the highest, most important status, 1 the lowest. Get an improvisation going set at a party. Each participant must find ways to 'act' their status without ever saying what number they are. After the group have interacted at the party call FREEZE! And ask them to strike a position, a 'pose' that expresses their status. Go to each person and ask the rest of the group to guess what status level they are.

An alternative way to end this game is to ask people to club together, according to their status - *without telling each other what status you are* and then see if people managed to find others with the same status.

This is useful preparation for character work when developing a performance or forum theatre play.

Guess the Status is also useful as a preparation game for thinking about solving problems – and the roles that different people might play.

Age **5+**

Guess the family member



Confidence, role playing, relationships, preparation for discussion about roles in maintaining good sanitation and hygiene in home.

Secretly give each participant a family member – mother, father, son, daughter. Without talking, each participant must find repeated actions that express which family member they are - rocking a baby, counting money, kicking a football, for example. Ask the group to walk amongst each other in the space, repeating their gestures and actions. Counting down from 10 to 1, tell the group they have to find all the other family members who are the same as them – all the mothers must get into a group – all the fathers must find each other etc. Call FREEZE when you reach 1. Ask each participant to reveal who they are – and see if they got it right.

Repeat the game – giving each participant different family-member characters. This time – the group must form complete families of 4 on the countdown.

Note: Encourage participants to exaggerate their gestures and movements to make their characters as CLEAR as possible.

This will allow you to assess the way in which people see different key family roles. You can focus the direction by asking the group to perform specific actions that relate to hygiene behaviour in the home or actions that ‘inter-act’ with sanitation infrastructure (such as creating waste).

Age **ALL**



Acting circle



Preparation for role-play, and brainstorming interventions to improve hygiene and sanitation in the family, school or community.

Participants form an inner and outer circle – making pairs. Roles are given to the outer and the inner, for example, the outer repeats, ‘Please’ and the inner repeats ‘I’m not listening’ – the aim is to say this with truth to the other person and build whatever emotion the words provoke. The outer circle moves round so the pairs change. And the roles and text can be changed again and again. Once participants are fully committed to the exercise the roles can become closer to situations that relate to the subject: a person not able to wash their hands/brother student/family member, person going to the toilet in the bush/community police etc.

Other options for text:

- ▶ Stop it / I don’t understand you...
- ▶ It’s easy / No it’s hard
- ▶ You Need my help / Go away
- ▶ Do it like this / Don’t do that

And so on... create your own.

This exercise develops emotional range as participants will experience a range of intensity with each person through the exchanges.

You can develop the conflict situations – building stories around the disagreements. Ask pairs to decide where they are and what they are arguing about...

Age **ALL**



Choose a leader



Phase 1

Everyone stands tight in a circle, shoulder to shoulder. Eyes closed. The facilitator walks around the circle saying that he or she will tap a person on the shoulder – and that this person is to be the leader. (The facilitator is going to lie however and not tap any one on the shoulder.) The facilitator tells the group the leader must hide the fact that s/he is a leader. It is the job then, of the rest of the group to try to discover who the leader is and follow that person. When you think you know who the leader is, stand in front of that person. Leader, you must do whatever you need to deflect attention of the group away from you.

Ok – go – open your eyes – walk around – who is lying, who is hiding?

Phase 2

Repeat the same – invite all into a circle again and ask everyone to close their eyes. This time the leader must BE A LEADER! (again, the facilitator does not tap anyone on the shoulder)

What does a leader do? What does a leader look like?



Sock game



An interactive game, with wide application. Preparation for role play. Brings out the idea of intention – ‘on the surface’ and ‘underneath’; establishes the principle of ‘the game’ – which is useful preparation for an interactive role play where you ask the audience to pay attention to what characters ‘are doing’ or what they ‘want’...

Each person has a sock or a towel or scarf, tucked into his/her waist band at the back. The aim is to get as many socks as possible, whilst keeping your own from being taken. If yours is taken you are out. The one with the most at the end, is the winner. You are not allowed to use your hands to protect your sock from being taken.

You can interchange socks with strips of material, paper or toilet paper.

This is then developed into a scene. Two people greet at a bus stop. The conversation is normal. But both want to get the other’s ‘sock’.

This reveals that there are two layers to our experience. The surface level. The words we speak, or the apparent situation, and a level underneath: an INTENTION or MOTIVATION – the driver of ACTION – this is where ‘the game’ is.

The scarf can then be used as a symbol to ask the audience, ‘what is this character trying to do?’ or ‘what is the game?’ ‘What is the sock’?

This symbol has relevance for facilitation of role plays in group sessions, and also with role plays or when forum theatre is used in a public setting: the facilitator is teaching, without telling people directly, or didactically what they need to know – guiding participants towards getting the ‘sock/strip’. ‘The game’ must always be played by everyone, even when there’s a sitting audience of 80 or 200 watching – meaning when an exercise or a drama happens, what are the actors doing, what is the audience doing?

This game can also be used to introduce the idea to audience members that they have to watch what characters are ‘trying to do’ – it may not be revealed obviously. eg: He says he wants to help her, but what is his intention? What is he trying to do?

The discussion about intention, and naming what it is, is crucial for forum theatre interaction. For example, when constructing a story about the obstacles that a girl faces to achieving her dream of being top of the math’s class – the ‘sock’ becomes a way of describing what motivates her to pursue particular course of action.

Age 5+



Game 10

Yes, and...



Encourages creative thinking and spontaneity

Standing in a circle, each person contributes one sentence to a story. Begin: “One day, the lion made his way into the church...” the next person continues the story. “Yes, and...”

The only rule is that each person must say ‘Yes, and...’ before speaking the next bit of the story.

Watch out for people ‘planning’ what they are going to say!

This game encourages spontaneity and thinking on your feet. It is also about letting the group, not the individual, control the outcome of the story. It develops listening and basic improvisation skills by encouraging each person to build upon what has been said/come before. All the above are key to the process of dialogue and interactive learning.

Yes, and... is good preparation for instantly creating a story, or establishing further facts to a situation.

Yes, and.. is also used in sessions here to brainstorm ideas and test group knowledge.

Age: **ALL**

Game 11

Throw a massive rock – mime



Developing confidence in performance. Physicalizing the idea of enormous effort in pursuing an ultimate dream. Affecting the world around you. Imagining change. Projecting the change you want to make on to the world.

Find a space. Imagine there is an enormous boulder or rock behind you. With all your strength, pick this rock up and throw it as far as you can into the distance.

Let participants practice this a number of times. Encourage time and full expression at each stage of the action. Imagine the rock hurl into the air, fall through the air, land, shatter into a thousand pieces . Watch this. See it.

Next invite volunteers to perform this act one by one. Ask ‘can we, the audience see the rock that s/he is throwing? Can we see it fly through the air, can we see it land? Can we imagine the distance?’

Let a few people have a go – encourage massive effort! Let sound come out! Hold the moment to the very end of the end.

Did you know you could be strong? Affect the world around you? That you could imagine enormous possibility?

Age: **ALL**

Point and turn



Imagination. Self-belief.

Everyone find a place to stand in the room where you can swing your arms and not hit anyone. With your eyes open, from standing in neutral with your arms by your sides, lift your right arm, point in front of you and then twist around as far as you can without straining. Remember where you got to and put your arms back to your sides. Then, just in your mind, see yourself raise your arm, point, twist ever further than before, and put your arms back down. Once again, imagine in your mind, raising your arm, pointing and twisting – even further than before. Go mad. Pointing as high as you can imagine, twisting as far round as you can – further! Do the impossible! See it!

Next open your eyes and using your body, raise your arm, point and twist.

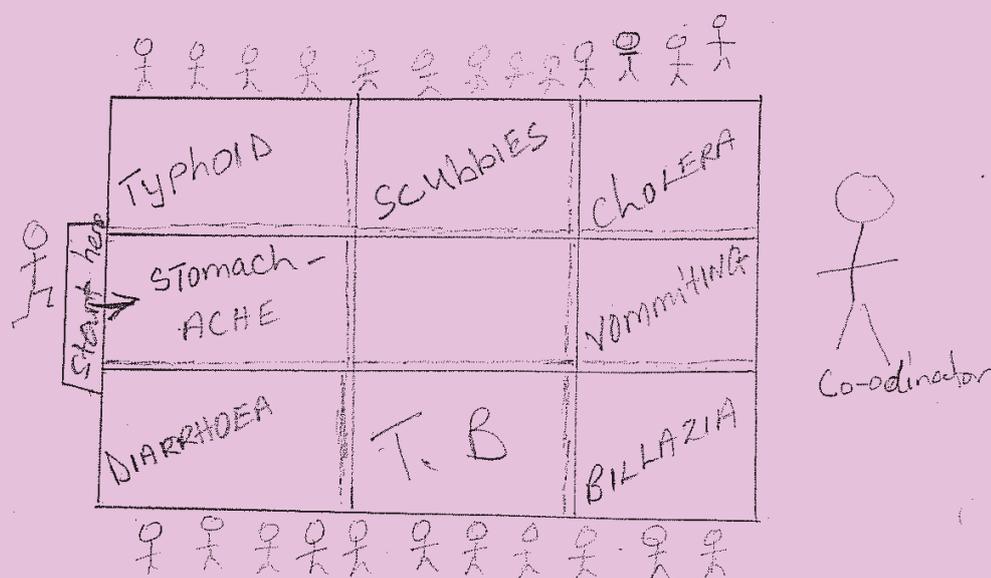
What happens? (*Arms are usually always raised higher and pointing further away into the distance*)

When your imagination meets your action?!



Example of game designed by Mr Tsvayi

"Am I?", Am I?"



- starting pupil goes to the starting point.
- Is blindfolded / close eyes
- Asks as he/she moves into the square boxes written diseases.
- If he/she is in the box the group will say "yes" and will read the disease / or ask the blindfolded pupil to guess the disease in which she is in.
- If pupil steps on the line the group will say "NO" and someone get in to play.

IN THIS Section

3.3

Blind And Trust Games

All blind work explores and builds trust. People are vulnerable when they close their eyes, so it needs to be facilitated gently. Blind work in and of itself is a powerful tool for self reflection and these exercises can bring out many issues for participants.

Always follow blind exercise with a reflection circle to allow people to express their experience.

Important note: Both roles – of being blind, and being the guide, driver, manipulator or protector of the blind, refer to both the role that the participant may fulfil, as well as other key roles he or she may identify from their life.



Blind driving



Including reflection. Listening. Brings out what is needed in order to trust someone. Reflection leads towards developing self-worth and value

The driver moves the car forward by tapping his/her head. The driver turns the car left by tapping the left shoulder. Turns the car right by tapping the right shoulder. The car is stopped by stopping the tap of the head. The aim is to not hit other cars!

Swap cars/drivers over. Afterwards give pairs a chance to reflect with each other on how it felt to be driven, and to drive.

Bring the reflection in to a circle. What happened when you collided with other cars? Was the car listening to the driver? How can the car make it easier for the driver? Did the car trust the driver? Why, or why not?

This can be related to real experience – and relationships. Who do you trust? Who can help guide and support you? Who trusts you? Who do you guide and support?

This can lead to relationships/situations that could be played out in a forum – the aim of which would be to help the lead character to trust or to encourage trust in others. What is required so that other people trust you?

Age **ALL**



Game 02

Blind obstacles



Brings out notion of a destination or goal, a life journey, obstacles,

Invite 5 pairs to play. Invite 5-10 people to be 'obstacles' in the space. Invite one person to represent the destination.

Person A in each pair closes their eyes, Person B will be the protector. B must navigate A through the space to the 'destination' protecting A from being touched by 'Obstacles'. If Person A is touched – they must go back to the start. The winning pair is the one that makes it to the 'destination'.

'Obstacles' are allowed to use any part of their body to touch the 'blind' person in any pair. But obstacles are not allowed to move from their spot. If obstacles move, they are out.

Person B using whatever physical means necessary (except violence!) to protect Person A from being touched.

Follow this with a reflection circle. What did it feel like to be each of the roles? What could this symbolise in life? What could the 'destination' represent? What could the 'obstacles' represent? Again, this can bring out scenarios that can turn into a forum.

Pick one 'destination' or 'goal' and one 'obstacle', flesh out the situation using **Yes and...** and play this out with the aim of helping the lead character overcome the obstacle and achieve his or her 'goal'.

Age **ALL**

Game 03

Vampires



Preparation for rainbow of desires and fears

Everyone finds a place to stand, eyes closed. And start to walk. The facilitator is going to choose one to be a Vampire, by squeezing the person gently on their shoulders. When someone is squeezed they let out a blood curdling scream and raise their arms in the air. If the vampire encounters someone, s/he squeezes that person's shoulders. The person lets out a blood curdling scream and now we have two vampires. If a vampire encounters another vampire, there will then be a biting of that vampire and a big sigh of pleasure released, and the one bitten is released from the spell until they are bitten again.

Encourage people to push the need of the vampire to find people to squeeze/bite, and for others to play the fear of being squeezed.

What did this feel like? Does this relate to anything in your own lives? What could the vampire represent? How did it feel when you heard screams of people being bitten by the vampire. What did it feel like when you heard Vampires being released from the spell and letting out sighs of pleasure?

Age **ALL**

Catch me



Running into the unknown, being taken care of, protected.

The rest of the group form an inverted 'U' shape with their arms soft and outstretched, palms facing outwards. The person runs as fast as they can and jumps into the group. The group absorbs and lifts the person.

Now do the same thing. This time the person running has their eyes closed. Keep arms by the side, or across the chest and head up.

What did this feel like. What does the person running symbolise? What do the group represent?

Age

ALL



IN THIS Section

3.4

From Game & Image Into Theatre

1. What can you see? Complete the image
2. King and Slave
3. Change the image
4. Exchange 'oppressors'
5. Complete the image – development
6. Causes of conflict-situation image
7. Transforming the conflict-situation image
8. Intelligent clay – sculpting body image



What can you see? Complete the image



Preparation Image theatre.

Phase 1

The facilitator comes into the centre of the circle – strikes any frozen pose/shape with his/her body. ‘What do you see?’ Wait for as many answers as you can get.

Whatever the group sees is right! What you see is what you see. If the facilitator titles the image, then this is telling people what to see, robbing participants of their imagination and creativity.

You can take this moment to explain that you will be using ‘image’ to express situations, feelings, thoughts or actions. It’s very important that we don’t impose meaning upon these images, that we allow different interpretations to be seen by the whole group. You can also explain that when you come to create images, or sculpt other people’s bodies, that you allow the body to speak, that we don’t tell people what they should be thinking, feeling or expressing. Encourage as many different interpretations of the image as possible – saying ‘great, what else...?’

Phase 2

CRUCIAL PREPARATION FOR IMAGE WORK, RAINBOW OF DESIRES AND FEARS

Invite someone into the circle to make a shape with their body. It doesn’t have to mean anything – just be a shape. Then invite a second person to join and just add another frozen shape to the first, to ‘complete the image’. This can tell a story, or it can remain abstract. Ask ‘what do you see?’ and allow different interpretations to come out. Tap the first person on their shoulder to indicate that they should leave, with the second person remaining in their exact position, someone else then comes in to change and ‘complete the image’ and so on.

Remind people not to censor themselves – don’t worry or think too much – there is no right or wrong!



King and Slave



One player is the king, placed in a central position on a chair. The king has (to begin with) 4 slaves. Without talking the King signals for the slaves to do *whatever* the king wishes. The slaves must do their best to work out what the King wants. At any time, if any of the slaves displease or annoy the King, the King may kill the slave with a click of his/her fingers. At which point the slave must die a dramatic death.

The aim of the game is for the slaves to stay alive as long as possible.

For younger groups the King may talk. To start with the facilitator can play the king to give players some idea of what can be done. Be as imaginative as you can with your demands!

Adaptation: The game can be adapted to represent good and bad germs in the body, or germs traveling along the faecal oral transmission route. The King can represent a disease who commands bad germs to attack an immune system, for example. This can be narrated by the facilitator to begin with.



Change the image



Contact and response. Interpretation. Ways of seeing.

Phase 1

In pairs, person A makes contact with person B – using any part of their body and makes contact with any part of the other person. Person B moves away from this contact and comes to a stop point somewhere in any position, at which point Person A makes new contact with the Person B. Let this continue. Once people are comfortable with the sequence, encourage more adventurous movement and reaction, ask sound to accompany the movement. Swap roles.

Single out a couple of pairs and let the whole group watch. You are looking out for movements that carry story and emotional reaction.

What is happening here? What's the relationship? What changes in the relationship?

Phase 2

Bring one pair and ask them to stand in a frozen image, shaking hands.

What is happening here? How do they feel about each other? What are these people thinking? Who are they to each other? What does person A want to achieve? What does person B want?

Allow as many different interpretations of the same image as possible. This is about opening up interpretation, not closing it down.

As in exercise 1, new volunteers tap one person out of the image and puts themselves in to make a new picture.

Each time a new picture is made, ask participants to move around it, see it, say what they see, imagine what the characters are saying and who they are to each other.



Exchange 'oppressors'



Character building. Establishing difficult relationships to work through. Preparation for forum theatre on dealing with oppressive characters.

Oppressors are not necessarily 'bad' characters but someone either in a position of authority who has the power to control people, or someone who takes oppressive, controlling action over another person. Other words used to describe oppressive actions are: unfair, cruel, domineering, repressive.

Phase 1

Everyone walk around the space. Fill the space. Bigger steps! Be as big as you can. How quickly can you fill all the spaces? Take all the space. Lead the movement from your hips. Now lead the movement from your knees. Next lead from the head, then the chest. BIGGER! And walk normally.

Now think of a person in your own life (you never have to tell anyone who this is) who has been unfair, repressive, domineering or controlling of you. Make sure this is a real person. See that person clearly. How does he or she walk? Where do they lead from? (knees chest waist forehead) where is his or her centre of gravity? What size steps to they take? Add a gesture – one movement that represents the oppressor, or something that s/he actually does. Next add sound – not necessarily language – something you can make with your breath. Repeat the sound, gesture, and walk making a caricature of this oppressive person.

Start to watch other oppressors, and relate to them. Pair up with another oppressor, and after observing each other, exchange. Once you are satisfied that the other person has got your oppressor, you can go on your way, with a new character.

Find someone new, and swap oppressors again. Without talking.

This time give your new oppressor a name, and one sentence to say. Go with what you feel this character would say.

Phase 2

Stand all oppressors in a line. One by one each person walks from one end of the line to the other – to show their walk and gesture, introduce themselves to the group and speak the one sentence using 'the voice' created for this character.

If you spot your original oppressor you can say, 'That's mine!'

You can then take one of the oppressors, flesh out the story, what are the outcomes of this oppression? The consequences? How could these be avoided? In this way, the situation is developed and participants help the main character created, to deal with the oppressive situation.

Complete the image – development



Development of exercise 1 & 2. Dealing with causes of conflict or problem.

Phase 1

Put people into groups of three and work with tapping each other out and in to the picture. As this is happening, choose images that you feel have potential as the starting points for story – where a strong conflict is present. Select three or four images.

Phase 2

Now you will work with fleshing these images out. Look at the first one and open up interpretations. Then – let's decide on who they are. What is the situation?

It may not be decided upon yet. Who else is in the picture? Ask for another person to go in – this will help decide the story. Add another, and another. Until the picture is complete.

Ask the group, what is happening? Indicating each character – who is she? Who is he? What do they want? Not all the characters need to be real. Some of them might be spiritual, symbolic, invisible. Once the situation is established, ask the group to give each character lines. What is she saying? What is he saying? Take 4 or 5 suggestions from people. Repeat the words that people give, with the emotion that would be underneath these words.

When every character has words – the scene will PLAY! There is no specific order for people to speak, just ask the players to give each other space.

Applaud the group when they are finished. Go through the other groups in the same way.

There are various options for what you could do here. You can identify the problems, power relationships, issues and work towards addressing them. You can use the scene as the basis for creating a forum theatre play.

It is useful for the group to establish what caused this situation, and to consider what the image might look like if it were to be transformed into the IDEAL situation.

It might seem as if the story doesn't relate directly to hygiene or sanitation but if you are going to create a forum theatre play around a scene in the market and look at finding solutions to the use of water there, it will be crucial to explore the power relationships between all the players in the story.



Circle work
Health and Hygiene Club
in session at Nyamhuka
Primary School

Game 06

Causes of conflict-situation image



The ideal – problem management – development of exercises 1-6

Keeping groups the same, ask them to identify a cause of the situation portrayed in their first image, and play this back to the group – with movement and text. Not just a still image.

What happened here? Ask the observers to articulate the cause of the situation

This can turn into a much longer exercise of analysing causes and playing them out to see where potential exists to change the outcome, in a forum.

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Game 07

Transforming the conflict-situation image



The ideal – problem management – development of exercises 1-6

Ask the same groups to portray the ideal situation in a frozen image.

Activate this image and ask each character to tell the audience their inner thoughts or feelings.

Discuss the proposition. Is this ideal image achievable? Or would it require a magic solution?

Again, this could be used as the basis for a forum.





Intelligent clay – sculpting body image

Invite participants to get into pairs. Person A is a sculptor, person B is clay. Person A is going to mould or sculpt person B – this can be done in two ways: either by using hands to shift body parts into different positions, or by attaching and using ‘invisible strings’ to different parts of the body and ‘pulling’ them.

Encourage this to happen in silence. The job of the ‘clay’ is to be ‘intelligent’ meaning that s/he can fill the shape created by the sculptor with relevant thought or emotion. Swap the pairs over. Ask the pairs to discuss how the exercise was for them – how did it feel to control another person? Were there any differences in the interpretation of emotion, action or thought? Did the intelligent clay create new emotions or meaning? How did the sculptor feel when the clay came to life? Was this what the sculptor wanted? Was this surprising, or distressing?

This can open up a discussion about control and power.

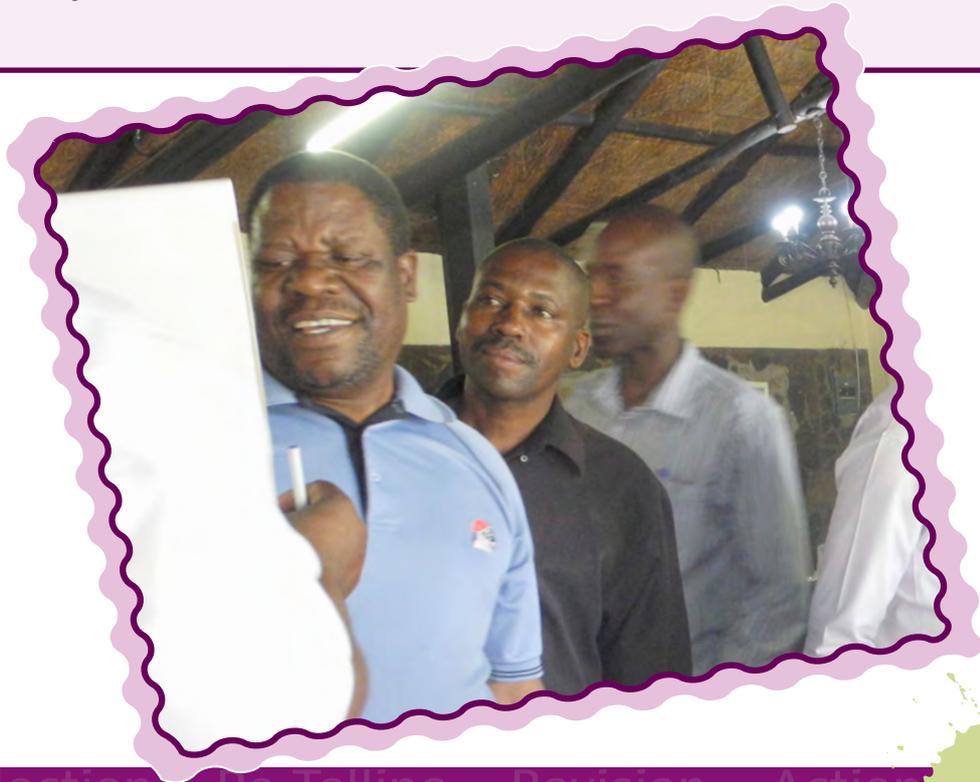
Bring a few of the statues forward and ask the group what they see. What situation? What emotion? What might the characters be saying to each other?

You can go further and ask the group to come forward one at a time to move different statues in relation to each other to make scenes.

Keep asking the group – what do you see? What is s/he doing? What is s/he feeling? What is s/he thinking?

A situation may emerge out of this that can lead to a forum.

This can be used as an exercise in isolation or it can be developed further into constructing images of ‘problems’, ‘relationships’, or ‘difficult situations’ that relate to different topics, and either put into a forum theatre session.



3.5

Steps to co-creating a forum theatre role play

WHAT IS A FORUM THEATRE PLAY?

A forum theatre play will tell a story about people in conflict, or of something going horribly wrong and after the story is played out to its devastating end, it will be re-played. During the second playing of it, the audience is invited to stop the action, get up and play characters in the story, in order to change the course of events.

A forum theatre play can either be created in the moment with participants, or pre-prepared and performed to audiences. The point is that spectators become **spect-actors** and do not sit passively watching a story, but get up into the action and determine new outcomes for the main character or group. The steps below describe a process you can use to create a performance with your HCC, as well as what could be done with an audience group outside the HCC, such as assembly or a community gathering.

A forum theatre story is usually centred on the plight of an 'oppressed' person whose situation is made increasingly worse by an 'oppressive' person and/or the circumstances that unfold around the person.

BASIC CONSTRUCTION OF A FORUM THEATRE ROLE PLAY

Easy steps to co-creating a forum theatre play – either to be pre-prepared and performed, or created in the moment with the audience.

1. Introduction
2. Set the scene (the situation)
3. Establish the facts (setting two people in a conflict of wills)
4. Establish the game
5. PLAY!
6. FORUM.

Step 1: Introduction – What is it? What is the point of it?

- ▶ Whether the play is to be created in the moment or pre-prepared, it's important for everyone to know what the forum theatre play intends to specifically look at. A problem can have many causes, and human stories have many possible directions or outcomes and this is where the magic change-potential can be, but it can also be overwhelming if the process is left too open.
- ▶ For example: If a play explores **barriers to good personal hygiene**, there are many possibilities for what this could focus on, and one forum theatre play will not be able to handle all of them. Narrowing it down to one, maximum two barriers out of a range that might include: young age of a person, lack of knowledge about germs, poor access to water, hierarchy of water use in the house means they always get left out, the person is an orphan and treated badly in the house, not enough money for all personal hygiene items etc. etc.
- ▶ Focussing the audience or group's attention towards tackling a particular dilemma or issue faced by a character is more likely to lead to audience members being able to engage with the character's precise needs and, in the end, find solutions.

What is the point?

If you're introducing a forum theatre performance, briefly state why forum theatre role play is being used – for example:

This is different from watching a normal performance where you just observe... the events you will see here will move you so much you will want to get up and change how things turn out for the characters – and you must! Through coming up and acting the role of the main character you will help them solve their problem...

Generally, through engagement with forum theatre, audiences will discover strategies for solving problems, resolving conflict, overcoming fears, coping with pressure, or realising a dream.

Some outcomes may be:

- How to negotiate problematic relationships in the family.
- How to deal with bullying in the school
- How to assert hygiene needs
- How to discuss sanitation
- How to improve sanitation
- How to be better understood
- How to express needs, desires and fears: honesty
- How to get what you need from a relationship or situation
- How to overcome a problem
- How to improve a situation

STEP 2 Set the scene – Who are they? Where are they? What are they doing?

Note: You could go into this following 'Complete the Image', and 'Image into Theatre' exercises.

Once a clear problem or issue has been defined in Step 1 ask:

- ▶ **Who is needed in the scene?** Establish characters: e.g. brother, etc.
- ▶ **Who plays the characters:** decide which characters should be played by facilitators – the character who could have a transformative role could be played by the facilitator – but this is not necessary.

- ▶ **Where the scene takes place:** e.g. the market, the bush, the street, someone's home.

Optional: go further to establish the time of day, describe the atmosphere.

This is led by the facilitator who asks for volunteers.

Example:

- Facilitator asks 'what characters do we need?' Participant calls out 'the brother.'
- Facilitator responds, 'Thank you, who would like to play the brother?!'

STEP 3: Establish the facts

The facts can be established through exploratory games, image theatre or suggested by the participants in the moment, guided by the facilitator. The facilitator asks for example:

- What's the story?
- What are the circumstances in which this situation occurred?
- What is the family circumstances, the type of person?
- What does the main character, or protagonist, want?
- Who is blocking this because they have a different 'want' 'desire' or 'will'.
- Which other people are involved in or important to the situation? '
- Is there anyone else who could influence the situation?

These facts can also be established through '**hot-seating**' the character, or the '**Yes and...**'

Important note: There needs to be a clash of 'wants' or 'wills' – meaning that the main character wants something different to another character, or the 'antagonist'. This leads to a 'clash of wills' that builds the conflict. This could be as simple as a small child wanting to play rather than wash, or bigger and more profound as in: the main character wants to save the family's money to build a flush toilet but the partner (husband or wife) has completely different ideas about how the family's money should be spent.

STEP 4: Establish 'the game'

FOCUS: Make sure you give both actors and audience something specific to do.

- ▶ **What will the actors do** during the role play? What are their characters aiming to achieve? For example, the young boy Chris wants to be liked by everyone, or Tawanda wants to be a nurse, or Mai Kuda wants to protect her 1 year old baby.
- ▶ **What will the audience do** during the role play? For example, the audience watches the action carefully and thinks of ways the main character could achieve his or her aims more effectively, or improve his or her situation.

STEP 5: PLAY!

Begin the drama. Build suspense in the audience with a count down (3, 2, 1) to saying, 'ACTION!' or 'PLAY!' or '123 Go!'

OPTION: Freeze the action at appropriate moments to ask the audience how the characters are doing. For example: how well is the main character doing at being understood or getting what they want? Is there anything else they could say? Ensure questions are specific.

STEP 6: Developing the FORUM:

The Forum is where audience members or other participants come up into the action of the play and try and change the devastating outcome. The forum theatre role-play game can become a competition between participants – where people come up and try and do better than the last person. The other performers in the story, work on making it ‘difficult but not impossible’ for the audience member to change the outcome.

Performed forum theatre play to an audience

- ▶ **Perform the story**
- ▶ **Ask the audience** what went wrong and why. Ask the audience to identify the causes of the problem. Allow discussion to begin around solutions.
- ▶ **REPLAY the play from the beginning** inviting the audience to shout STOP! At any point, take on a role and try to change the outcome.

Improvised and created in the moment

- ▶ Follow 1-5 steps as above
- ▶ Once the story has reached its crisis point facilitate discussion around the problem
- ▶ Invite participants up into the action to try and solve the problem
- ▶ Follow each interaction with reflection – ‘how did they do?’ ‘how did that feel?’

Plot structures for developing plays:

- ▶ 2 people, hero and anti-hero, want different things and through the course of the story come into conflict, over 5 scenes. *See below for outline.*
- ▶ The main character, or hero’s main desire is met by a series of obstacles over 3 scenes and ends in total disaster in the final scene.
- ▶ A disastrous event is followed by a number of character’s perspectives on that event. For example, a pipe bursts, and everyone has different perspective on why this happened and whose responsibility it is to fix it. These perspectives differ considerably and lead to conflict.
- ▶ 3 scene structure: cause – problem – consequence. This can be created through image theatre techniques.
- ▶ 2 scene structure: a problem is shown in one scene, an ‘ideal’ situation is shown in another, the Forum is then about how to move realistically from one to another.

BASIC FORUM THEATRE PLAY STRUCTURE

Scene 1: reveals the main character’s dream/desire/want

Scene 2: reveals another character’s desire which conflicts with the main characters, or alternatively reveals something which may act as an obstacle to the main character’s dream.

Scene 3: shows the main character taking action in order to achieve what they want.

Scene 4: shows the other character doing something to achieve what they want or need, that conflicts with the main character.

Scene 5: the resulting conflict.

FACILITATING FORUM THEATRE

Some key points to follow when facilitating Forum Theatre:

- ▶ **THE FACILITATOR IS NEUTRAL.** Make sure you do not influence the audience. When you are facilitating forum theatre you should avoid all actions which could manipulate or influence the audience. The audience should never be confronted with the facilitator's own personal interpretation of events.
- ▶ **THE FACILITATOR BOUNCES QUESTIONS.** Facilitators personally decide nothing. They must keep relaying doubts back to the audience. i.e. does this solution work or not? Is this right or wrong?
- ▶ **CHECKING REALITY BY BEING WATCHFUL OF "MAGIC SOLUTIONS"** The facilitator can interrupt the action if an unrealistic or 'magic' proposal made by an audience member when in action. Being careful to make the decision that the action is in fact 'magic' the facilitator can defer to the audience's point of view and ask 'is this indeed possible?' 'What do you think?'
- ▶ **A 'MIDWIFE' ASSISTING THE BIRTH OF IDEAS,** the facilitator works through questions, throwing 'the ball' back to the audience, encouraging participation and brainstorming. In this way the facilitator does not control in any way how the interaction will develop, nurturing audience members into action – even if they doubt themselves. "We can learn through mistakes" (Teacher)
- ▶ **CREATING DEBATE** about the problem is more important than actually finding a solution. The facilitator of Forum Theatre is deepening understanding of reality in the audience. This means the facilitator is also assuring the audience that whilst they must try to look for solutions, that the discussion which arises is also valuable.
- ▶ **REMAINS ALERT BUT OUTSIDE THE ACTION** The one facilitating forum theatre remains separate from both the audience and the action in performance – but is physically alert and dynamic at all times. If the facilitator is tired or confused, she will transmit a tired and disorientated image to the audience.
- ▶ **FLEXIBILITY ACCORDING TO YOUR AUDIENCE IS KEY!** Flexibility whilst remaining true to the aims of the forum, is important. Being aware of the audience's intentions will help the facilitator know if the audience members who get up to perform care about the outcome of events. The people getting up in the action may just be concerned with showing off, putting other people down, self-promotion, or just having fun by getting on stage with friends, for example. If this happens the facilitator can be strict and not allow this.

Using song and music – co-creation



Songs are an excellent way to learn information and can also be used as icebreakers, energisers and endgames.

As an ice-breaker –there are some hilarious songs outlined in the games section of Part 3. Each line has an accompanying movement and the sheer silliness of it has everyone laughing and energised.

It works well to pre-plan a song before the session but participants are more likely to remember the facts in the book if they've created it themselves.

Steps to co-creating a song

- ▶ Decide on an appropriate tune that everybody knows – take this from the group, or prepare it – use traditional / popular songs.
- ▶ Pick the words and write the lyrics.
- ▶ One line at a time, repeat the new words with the song.
- ▶ Add actions to each line of the song.
- ▶ Repeat all the way through until the whole group has got the song, and clearly enjoys singing it.

Note: try not to stop before the group has got the point of knowing the song and having fun singing it with actions. It takes time but it's worth waiting to get there.



Using visual art techniques

Creating Comics as a Tool for Youth Education

Comic books have worked successfully as a tool for learning in many other countries for WASH education. One book, created in Ghana, has an opening scene showing the final minutes of a competitive football game between two schools. A player blasts a kick of the ball, launching it so far it lands in the D-zone (defecation zone), the “dirty and smelly place” where pupils of the home school go to the toilet.

“Who will go for the ball?” a player asks, and another player who doesn’t know about the area and focused on the goal, chases the ball in the D-zone, where he slips and falls.

The incident shames the student and prompts them to action: The school sets up a new school toilet and forms a watchdog group to stop open defecation in the D-zone: soon, the zone has been transformed from a no-go area into a green zone. When the two teams meet again a few months later, the teammates are impressed to see the clean area, complete with a new toilet and handwashing facilities.



Pull Out

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Full comic

Another example:



Making posters

Making posters is both a learning tool for groups and also a way to raise awareness and communicate information to the rest of the school and the wider community. Elements of a good poster:

- ▶ Clear central image
- ▶ Positive and clear message
- ▶ Appealing to people's dreams and desires
- ▶ Speak from the perspective of the people you wish to communicate with.

For example, if you want to design a poster on Washing Hands with Soap, think of how can draw out the most appealing message from the following:

To take care of ourselves and others we need to clean our hands effectively following everyday tasks/ activities and shows the correct procedure for handwashing.

I LOVE MYSELF, MY FRIENDS AND FAMILY (To take care of ourselves and others)

PICTURE OF TWO FRIENDS HOLDING HANDS (showing one reason clearly why hands should be kept clean)

SO I WANT TO HUG and TOUCH and HANDSHAKE SAFELY! (a message showing the need to follow the correct procedure for handwashing)

Pull Out

265 - 270

Poster Samples

Making puppets

Making large life size puppets and small toy puppets is a great way to get creative with rubbish and re-use it.

Pull Out

281 - 283

Examples



Health club school and community projects

ASSEMBLY

An Assembly “performance” or activity can engage the whole school. You may also choose to invite parents and other community members to attend or participate in the assembly. Each assembly aims to raise awareness and promote understanding of how germs can be easily transmitted around school or the home, the role of good hand hygiene practice in the prevention of the spread of infection.

Throughout the year the club could do 16 assemblies – one based on each session subject.

Reinforcing Key Messages

Transfer of germs – select one or two pupils or members of staff to dust their hands with chalk or flour before entering the room to demonstrate how easily germs on hands are transferred.

Write a Prayer / Reflection

If it is felt appropriate and usual practice in your school, a small group of children could be given the task of writing a short prayer or reflection. This could focus on helping us to understand how to care for ourselves and others. It might also consider thanks for those who make discoveries that help us to be healthy and safe.

Introduction (pupil led / delivered)

Before the assembly the group will need time to rehearse the performance activity.

Explain to the audience they will be watching a number of scenes. Each will show a right or wrong way of cleaning hands after an activity. Judges, picked from the audience or the class (teacher to select), will have to spot the right and wrong way for each short scene by holding up a tick or cross card.

Pupil Performance

In small groups, children perform a variety of up to 4 short scenes. Some will show people cleaning their hands correctly after an activity, with soap and water and then drying. In other the hand cleaning will be incorrect for example, rubbing hands on clothing, not using soap, wiggling finger tips under a tap.

Scene suggestions:

- ▶ Child eating food
- ▶ Using or flushing the toilet
- ▶ Coming in from outside (playing sport, break time etc) and then preparing food
- ▶ Child sneezing into hands
- ▶ Child helping mother change a baby's nappy

Messages (pupil led / delivered)

Using **Healthy Hands Leaflets** or posters made during handwashing club sessions, pupils remind audience of the key messages regarding handwashing when / where / how before demonstrating the correct method.

Other sessions suggest doing posters as well.

BREAK TIME ACTIVITY OR EVENT

- ▶ Short instant theatre role play
- ▶ Short pre-prepared forum theatre
- ▶ Theme-based game
- ▶ Research exercise with other kids.

CAMPAIGN IN THE SCHOOL OR COMMUNITY

Using the combination of techniques developed during the full course of sessions such as: interactive games, practical exercises, image theatre performance, posters, co-creating a song, forum theatre etc. develop a full campaign to work towards building knowledge, shifting attitudes or behaviour. Following some simple steps:

- ▶ Decide on the main problem you want tackle
- ▶ Decide on your overall message
- ▶ Plan your activity.
- ▶ Decide roles and split the HCC into teams to create the different campaign materials and actions.
- ▶ Use the Sample Timetable of the CHOOSE SOAP campaign in Teacher Materials as the template for planning activity. Create your own.

Note: use the research questions below to find out more detail about the specific problem you'd like to tackle.



Research projects in school and at home – example questions

Subject area	Knowledge	Attitude towards	Behaviour
Safe environment	<p>What is a 'safe environment'?</p> <p>What makes a safe environment?</p>	<p>Whose responsibility is this?</p> <p>What can you do to create this?</p>	<p>What do you do to keep the environment safe?</p> <p>What do others do?</p> <p>What do you/others do to make the environment unsafe?</p>
Burden of disease	<p>What diseases are there in our community?</p> <p>How does disease affect people?</p>	<p>What are common causes of disease and how easily are most diseases treated?</p>	<p>Have you ever done anything that has made yourself, or others, sick?</p> <p>Do you know of other people doing things that have caused themselves or other people to be sick.</p>
Handwashing	<p>How many times a day should a person wash their hands?</p> <p>Do you know what the critical times for handwashing are?</p>	<p>Is it OK to not wash hands in certain circumstances? What might these be?</p> <p>Is it necessary to always wash hands with soap?</p>	<p>How many times do you wash your hands a day? (it's ok, you can be honest!)</p> <p>How often do you use soap?</p> <p>To your knowledge how often do other people wash their hands/use soap?</p>
Home hygiene	<p>Can you list the ways we should be hygienic in our homes?</p>	<p>Who's responsibility is it to maintain hygiene in the home?</p>	<p>Are there challenges to keeping the home hygienic?</p> <p>Is there anything you can do about these?</p> <p>Do others do unhygienic things? Such as?</p> <p>Do you ever do unhygienic things? Like what?</p>
Safe water source	<p>Can you name safe water sources?</p>	<p>Why do people not use safe water sources?</p> <p>Whose responsibility is it to provide you with safe water?</p> <p>What do you need safe water for?</p>	<p>Do you know if you've ever used unsafe water for drinking or cooking?</p> <p>Have you ever had a 'water-borne' disease? What was it, and how did you get it?</p> <p>In what ways do people contribute to the existence and consumption of unsafe water?</p>
Safe water usage	<p>How do we use water safely?</p> <p>How do we store water safely?</p>	<p>Are you aware of how people use or store water unsafely?</p> <p>How?</p> <p>Why is this risky?</p>	<p>What can be done to ensure water is used and stored safely?</p>
Drinkingwater	<p>What kind of water is safe to drink?</p>	<p>Who is responsible for ensuring you have safe water to drink?</p>	<p>Do you always know that the water you drink is safe?</p>
Germs – harmful and good	<p>What are the different types of germs?</p> <p>Where can harmful bacteria be found?</p>	<p>Where does harmful bacteria come from?</p> <p>Are you aware of different ways that bacteria can be passed from person to person?</p>	<p>What do you currently do to avoid harmful bacteria?</p>

Subject area	Knowledge	Attitude towards	Behaviour
Diarrhoea	Do you know what causes diarrhoea? (virus, bacteria or parasite)	What stops people becoming infected with the viruses, bacteria or parasites that cause diarrhoea?	When was the last time you had diarrhoea? Did you know what caused it? Would you know how to avoid being infected by the viruses, bacteria or parasites that cause diarrhoea? To your knowledge, what do others do that puts people at risk of infection?
Sugar Salt Solution	Do you know what sugar-salt solution does? Do you know how to make it?	Are you and your family aware of sugar-salt solution?	Have you ever known sugar-salt solution to work?
Safe sanitation	Please say what you think safe sanitation involves? What is sanitation?	Are you aware of the results of poor sanitation? Why does poor sanitation happen?	In what ways do people contribute to bad sanitation? What can be done to improve sanitation in this area?
Bilharzia	Do you know what Bilharzia is? What is it?	Are you aware of how bilharzia is contracted and treated?	What can be done to avoid catching bilharzia?
Malaria	Do you know what Malaria is? What is it?	Are you aware of how malaria is contracted, and treated?	What can be done to avoid catching malaria?
Nutrition	What is nutrition? What are the signs of poor nutrition?	What essential nutrition do you need to stay healthy? Are you aware of the effect of poor nutrition?	What do people do that leads to malnutrition? How do people deal with malnutrition?
Worms	What do you know about that can live and breed inside you? Do you know how to cure yourself of worms?	Are you aware of how to get rid of worms?	Have you or anyone you know ever had worms? Were they easily cured?
Skin Disease	Do you know what scabies and ringworm are?	How are scabies and ringworm prevented?	Do you know anyone who has had a skin disease? How did they handle it?

HEALTH CLUB COMMUNITY ACTION PROJECTS

In addition to what is listed above, other activities could include:

1. MAPPING (homes / institutions / business / council)

▶ INFRASTRUCTURE

Mapping sanitation infrastructure would give students a picture of the situation in their town and result in understanding of the interconnectedness of the system.

▶ KNOWLEDGE ATTITUDE BEHAVIOUR

Using the research table outlined in this section as a basis, groups can design a research exercise to find out what people know and how different people behave.

Design questions with your group that find out:

- ▶ How often sanitation related diseases occur in adults and under 2s by half in community groups.
- ▶ How much open defecation happens.
- ▶ How much solid waste dumping there is.

These relate to the main aims of the Sanitation for Success programme. It would be great if the HCC findings of these things were done again and again to see if there are any changes over time.

The findings can also be fed back to CAFOD and CARITAS to add to their understanding of the impact of the project.

2. CLEAN UPS

Work together with associations to clean up areas that are heavily affected by dumping.

3. PUBLIC PERFORMANCES

Using the steps to creating forum theatre, the group can work on a holding a public performance once a term.

You can coordinate with the local church or the football association and perform before or after a service or game.





PART

4

A young boy with a joyful expression is shown from the chest up, wearing a light blue shirt. He is holding his hands cupped together under a white tap, with clear water pouring into them. The background is a soft-focus green wall. The entire scene is framed by a white, scalloped-edged border.

Session
Plans

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Basic Hygiene and Sanitation 1, knowledge of bacteria and disease prevention

TERM 2

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Basic hygiene and sanitation 2, knowledge of water, safe practices, waste disposal and personal hygiene and sanitation

Introductory Session

Club set-up



Facilitator Notes

The purpose of this session is to assess knowledge and understanding amongst the group before you start the official sessions. This will provide your benchmark against which you can assess the impact of the club at the end of each term, and year. It also serves as an introduction to the purpose of the club.

Pull Out

245 - 247

Questionnaire to find out basic levels of knowledge understanding

1. FIND OUT BASIC KNOWLEDGE AND UNDERSTANDING

Questionnaire and role play to establish knowledge levels, understanding and behaviour. This acts as a baseline survey to measure the group's learning.

- ▶ Role plays can be left very open – in this way the facilitator will be able to observe how participants relate to the question.
- ▶ Using the questions in the baseline questionnaire, ask groups to demonstrate situations, asking is this what usually happens?

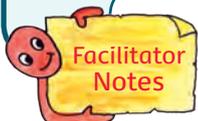
2. WHAT IS A HEALTH AND HYGIENE CLUB?

Make reference to Part 1 on [Page 18](#) outlining what HHCs are

Game 9: Cat and Mouse

Game 1: Your name, your action

Game 30: Scale in the space (Use this exercise to test knowledge amongst the group)



Facilitator Notes

LEARNING THROUGH SCHOOL HEALTH CLUBS

School health clubs often organise sanitation and hygiene games and competitions in school as well as events for parents, families, and the community. School health clubs can be organised in several ways:

- ▶ All pupils of a class may be club members, for example, all class 5 or 6 pupils.
- ▶ A specific number of boys and girls can volunteer from each class.
- ▶ The teacher selects club members in a transparent way, for example based on (generally known) criteria of interest, merit and representativeness.

HEALTH AND HYGIENE CLUB AIMS

Through weekly participation in HCCs students:

1. ... are healthier.
2. ... perform better in school.
3. ... understand how disease is transmitted and avoided.
4. ... know positive hygiene practices.
5. ... understand necessary sanitation infrastructure and behaviour.
6. ... are able to positively influence hygiene practices in their homes, among family members and in the community.
7. ... are able to observe, communicate, cooperate, listen and carry out decisions about hygienic conditions and practices for themselves, their friends and younger siblings.
8. ... demonstrate changes to their current hygiene behaviour, if necessary and demonstrate likelihood to continue better hygiene practices in the future.
9. ... learn about menstrual hygiene and physical and emotional changes during puberty.
10. ... are able to practice gender-neutral division of hygiene-related tasks such as cleaning toilets, fetching and boiling water and taking care of the sick.



School health clubs can help participatory learning in a number of ways. They can:

- ▶ Help children to develop skills to organise and plan, implement and evaluate action;
- ▶ Stimulate safe hygiene behaviour;
- ▶ Help to achieve the proper use of SSHE facilities;
- ▶ Help the proper maintenance of SSHE facilities;
- ▶ Be a means through which the community can be reached with health, hygiene and sanitation education.
- ▶ Develop gender and social equality in how children understand and define hygiene-related work and decision-making: this means, for example, that maintaining hygiene in the home is the responsibility of both girls, boys, men and women.

Introduction to Hygiene and sanitation

"Participatory Health and Hygiene Education (PHHE) is about the process of changing behaviour and has as its starting point, the home. It is therefore family focussed with the mother being at the centre of the activities of the home. Being a 'process' rather than an 'event' we use PHHE for awareness creation to motivate people to adopt new hygienic patterns of behaviour. An example of this is the 'pour method of handwashing/ run-to-waste' as opposed to the 'communal bowl method of handwashing'.

Zimbabwe 2002 PHHE Field guide

TIPS

Early sessions can serve as a baseline assessment for knowledge, understanding and behaviour.

ADMIN

At the start of each term, start a file for the group's knowledge and provide pads for students to keep a diary.

LEARNING OUTCOMES



KNOWLEDGE

- ▶ What is meant by hygiene and sanitation?
- ▶ What is meant by sanitation?
- ▶ What is meant by hygiene?



AWARENESS

- ▶ Why are these things important?



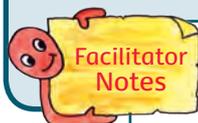
ACTION

- ▶ What is a health and hygiene club and what does it do?



WELL-BEING

- ▶ What is a hygiene monitor?



Facilitator Notes

Well-being refers to psychological and social well-being which can be seen as internal processes.

PARTICIPATORY TECHNIQUES

- ▶ Games
- ▶ Art work
- ▶ Role play
- ▶ Image work
- ▶ Co-creation of song



ACTIVITY PLAN

1. INTRO

WARM UP SUGGESTIONS:

Game 26: Passing the clap - Hep [Page 58]

Game 24: Image game – wander, grab, tab [Page 57]

INTRODUCING TOPIC:

- ▶ Game 5: I am and I can... [Page 46]
- ▶ Co-create song: 'Heads shoulders knees and toes, knees and toes.'
- ▶ Create a variation linked to body parts that it is essential to wash everyday!
Eg:

*Face, teeth and hands and nails, hands and nails.
Ears and armpits and don't forget the hidden parts!
Face, teeth and hands and nails, hands and nails.*

Make up Shona versions of these, and if there are other languages in the group, explore these also!

ALTERNATIVE OPTIONS:

- ▶ **Pair work:**
Describe yourself and your appearance.
In pairs.
Each pair presents back to the group what is particular about the appearance of their partner.
- ▶ **Circle work:**
Begin with **Game 43** "Yes... and?"
Continue using this technique starting the first sentence with:
When I wake up I wash my..

ADMIN

Teachers work in pairs to note down measuring group knowledge.

2. EXPLORE

CIRCLE GAME

- ▶ Using the circle game, In my suitcase I packed, go around the circle starting the sentence with:
 1. Sanitation is...
 2. Hygiene is...
 3. Being hygienic is...
 4. Good sanitation is...



EXHIBITION

Create An Exhibition - Individual or group work – depending on the age and ability.

- ▶ Ask students to draw all the items needed for personal hygiene.
- ▶ Students can draw themselves.
- ▶ Or photocopy and hand out the neutral girl and boy bodies and the group can draw hygiene items.

Pull Out



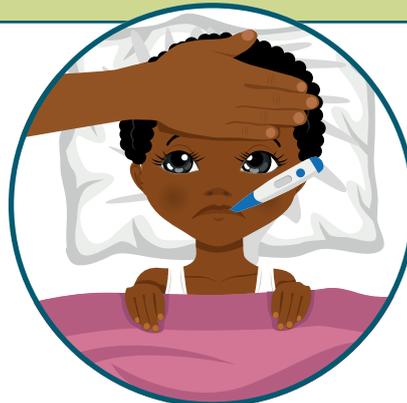
Neutral girl and boy bodies

IMAGE THEATRE INTO ROLE PLAY

- ▶ Form groups and ask each group to create 3-5 still physical images of what is needed for human beings to survive.
- ▶ Deepen this by asking groups to create additional physical images of what is needed to protect against disease and death?
- ▶ Ask the groups to say what the role of hygiene and sanitation might be in protecting against disease and death.

TIPS

Encourage the group to think outside the hygiene and health framework. Consider these questions to the fullest.



Ringworm

3. ACT

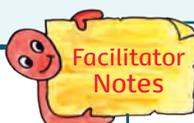


GROUP WORK: PRIMARY AND SECONDARY:

- ▶ Split into 10 small groups
- ▶ Using the aims outlined in section 1.3.2, give each group 1 specific aim on pre-written cards. You can simplify these as in the examples given at the end of this session on [Page 116]
- ▶ Ask each group to think of the aim they've got as a dream, and to represent this as imaginatively as they can, through image, dance, song or drawing/picture. Give 10 minutes for the creative process.
- ▶ Each group performs or presents and the rest of the group names what they see.

Development – Secondary School

- ▶ Using Section 3.4, exercise 1 and 3 create physical images of how poor sanitation and hygiene affect people's lives, and especially pupils.



Facilitator Notes

Use Yes... and? principle to facilitate the group to go further with their ideas.

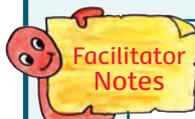
TIPS

The discussion which arises from the group adjusting the picture is more important than the accuracy of the picture itself.

4. REFLECT

CIRCLE DISCUSSION

- ▶ Why is hygiene and sanitation so important?
- ▶ What is the role of the Hygiene and Health Club?

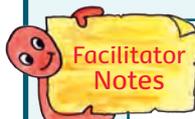


Facilitator Notes

Draw out the overall aims of SANITATION FOR SUCCESS in Section 1, ensuring that the group understands that the club is part of a wider programme

GROUP WORK

- ▶ In groups, create motivating slogans for the purpose of the HHC.



Facilitator Notes

The aims of the whole programme outlined in the goals in Section 1 should come out more deeply here in this activity. Discuss the actions that demonstrate the reasons for becoming aware of hygiene and sanitation practices.

5. KNOW IT!

SONG

- ▶ Ask groups to create a song about what good hygiene and sanitation practice is, and what clubs aim to achieve.
- ▶ Remind the group of the overall programme goals, and the specific HHC aims.
- ▶ Next add a verse on who the hygiene ambassadors are, and what their role is in school.



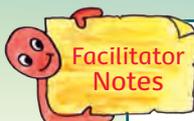
BEFORE THE END OF THE SESSION:

GET DIARIES GOING

- ▶ Hand out books for club members to keep a diary of their activity, and to make notes about Hygiene and Sanitation in their home and area.
- ▶ **Homework Option – Primary Research At Home.** What is understood by good hygiene and sanitation – using the same questions as asked in the session to family members.
- ▶ **Homework Option – Asking Personal Questions.** When was the last time you had a running stomach? (to help children to ask family and close relatives difficult of personal question, they can say it's a research project for school, and no names will be mentioned.)



Ringworm



Facilitator Notes

Advanced: Wash activity in Schools usually focuses on diarrhoeal and worm infections. These are the two main diseases that affect school aged children and can be drastically reduced through improved water, sanitation and hygiene in schools.

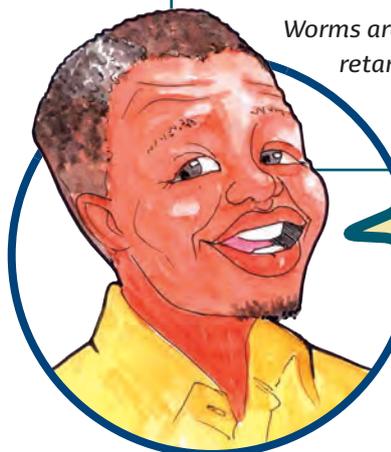
The effect of Diarrhoea upon attendance at school

A study in Brazil followed 73 Brazilian children to assess their school performance. This study showed a relationship between the effects of early childhood diarrhoea on later school readiness and school performance, revealing the potential long-term human and economic costs of early childhood diarrhoea.

The effect of intestinal worm infections

Intestinal worm infections including hookworm, whipworm, roundworm and schistosomiasis affect roughly one in four people around the world. Worm infections are spread through unhygienic environments in soil or water and unhygienic behaviour via food or hands. School-aged children have the highest infection prevalence of any group. Such diseases are thought to be entirely attributable to inadequate sanitation and hygiene. Worms are easily spread among groups of children because they play together, touch each other, visit the toilet and often do not wash hands with soap afterwards.

Worms are one of the most important causes of physical and intellectual growth retardation. SOURCE: UNICEF



Handwashing with soap can reduce the incidence of diarrhoeal disease by 42 to 48 per cent.



EXAMPLES OF HOW TO SIMPLIFY THE AIMS OF HHCS

CHOOSE YOUR OWN AND PUT INTO SHONA.



1. ... are healthier

Feel better in our bodies



2. ... perform better in school

Do better



3. ... understand how disease is transmitted and avoided

Know about disease



4. ... know positive hygiene practices

Know how to keep clean



5. ... understand necessary sanitation infrastructure and behaviour

Know about how clean water is made and delivered.



6. ... are able to positively influence hygiene practices in their homes, among family members and in the community

Have the power to change others.



7. ... are able to observe, communicate, listen, cooperate and carry out decisions about hygienic conditions and practices for themselves, their friends and younger siblings.

Able to look, engage, listen and act to improve hygiene and sanitation.



8. ... demonstrate changes to their current hygiene behaviour, if necessary and demonstrate likelihood to continue better hygiene practices in the future.

Change for the better.



9. ... learn about menstrual hygiene and physical and emotional changes during puberty.

Know about how girls and boys change as they get older.



10. ... are able to practice gender-neutral division of hygiene-related tasks such as cleaning toilets, fetching and boiling water and taking care of the sick.

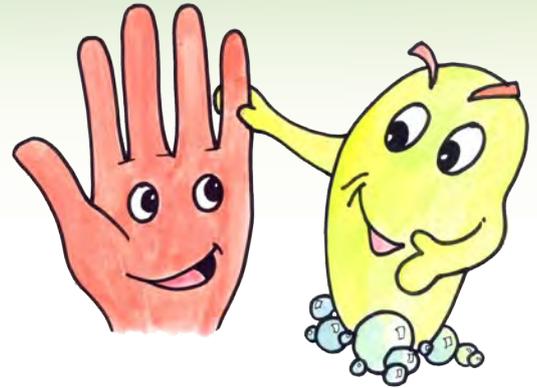
Can split up tasks fairly between girls and boys, men and women.

Hygiene – personal cleanliness

POEMS FOR CLEANLINESS

*Oh you smart and lovable Cleanliness,
An attractive virtue - are you next to godliness?
You are the easiest, cheapest, and most important duty
To the body, to good health and let's not forget beauty;
Tell me what human would refuse you?
When just soap and water arrives at you?!*

*It make appy to be smart and clean!
I just don't want to make other people scream.
From the dirt and the smells,
People can tell,
And will never agree to be on the
same team, as me.*



Create your own!

Create a competition in the school for the best poem about keeping clean.



LEARNING OUTCOMES



KNOWLEDGE

- ▶ What is meant by good grooming, and keeping clean?
- ▶ Can you name body parts?
- ▶ Can you match washing needs to different body parts?



AWARENESS

- ▶ What are good personal hygiene practices – in myself, and others?
- ▶ How willing, are we to wash our hands and keep our bodies clean?



ACTION

- ▶ Can we all demonstrate how to wash/clean hands and different body parts?
- ▶ What are the crucial times hands must be washed?



WELL-BEING

- ▶ Is it possible to seek help when problems with personal hygiene are experienced?
- ▶ Do you understand the link between poverty and hardship in hygiene?
- ▶ Can you discuss challenges to cleanliness, without being judgemental?

PARTICIPATORY TECHNIQUES

- ▶ Games
- ▶ Singing and miming
- ▶ Pair work
- ▶ Game (Combi/Train Game)
- ▶ Pick a question from the basket

MATERIALS

Water, soap, ashes, commercial toothbrush, stick toothbrush, nail cutter, comb, toothpaste, flash cards, slips of paper/cards/slates, (felt-tipped) pens or chalk, beans or seeds.



ACTIVITY PLAN

1. INTRO

SUGGESTIONS:

Game 31: Chipu Says [Page 62]

Game 6: Chase and Save [Page 47] – tag name game substitute students' names for body parts, internal organs. (if there are more children than possible names, add items that are used in personal and household cleanliness)

Game 27. Rabbit spear wall: [Page 59] Interchanged with germs or bacteria, soap and water.

Symbolic Game 7 – Adapted Guess the family member: [Page 47] game. Interchange as follows: 'Teeth' find 'toothbrush', 'Hands' find 'soap', or 'ash'. 'Nails' find 'cutters', 'hair' finds 'comb' etc.

POEM EXAMPLE

by David Tsvayi, Nyamhuka Primary school

"I am a fly"

I am a fly, I am a fly
I visit people's kitchens after feasting on
waste
I am a fly, I am a fly,
I sing my little song all day.
Buzzing in babies' faces,
When they are trying to sleep.
I am a fly, I am a fly
Zzzz Zzzz Zzzz Zzzz
I am a fly, I sing my little song,
I am a fly, I am a fly wandering.
From house to dustbin
To rubbish dump to toilet and house again.
I am a fly, I am a fly I spread diseases,
What would you like to have, Eye sores,
diarrhoea, Typhoid or fever.
Zzzz Zzzz Zzzz Zzzz
I am a fly, I am a fly, I am off to
the brack to lay my eggs.

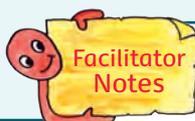
SONG LYRIC SUGGESTION

Zvenhunzi, Zvenhuzi, zvandikanganisa
mai Mudumbu Baba Manyoka maiwe!!
Zvandikanganisa.. etc..

2. EXPLORE

PERFORMANCE ROLE PLAY

- ▶ Good 2 minute preparation for this is **Game 19: Change the Rhythm [Page 55]**
- ▶ Then invite group members one by one to act, sing and/or mime what they have done before coming to school – from waking up to leaving the house. Encourage rhythmic repetitive actions for each stage.
- ▶ Invite the rest of the group to jump in and perform the action with the person, if they themselves did the same action. Encourage the group to be specific about the ‘way’ they did these actions.
- ▶ After a few people have performed their journey from waking up, to leaving the house, generate a group discussion, for example,
 - a) Is every action performed here important? Which actions are crucial? Why?
 - b) What do you need to perform the crucial actions?
 - c) If necessary items are not available, what else could you use, e.g. certain twigs for a toothbrush, ashes for soap?
 - d) For older children: what ages do their brothers and sisters start the different habits? Is there any need to help children when they get older? In what ways?



Initially, make sure you don't limit the group to performing only hygiene or sanitation related actions. This will generate material for creating performances, as well as help develop performance skills.



3. ACT

PAIRS INTO TEAMWORK

- ▶ Ask pairs to work together to draw implements used for personal hygiene on paper or slates, or pull out sketches from the end of this session.

Alternative:

Bring some real implements, and use local material such as a brush made from a dried plant, a twig for a toothbrush or ashes instead of soap.

- ▶ Ask the pairs to form teams and match the pictures or the implement with the parts of their body on which they should be used.
- ▶ Ask pairs to explain to each other how they are used and why.
- ▶ Ask older pupils to write and read out cards or slates with the names of the implements, the parts of the body and the verbs for the hygiene practices: to comb, to cut, etc. This also helps develop language skills.

VARIATION

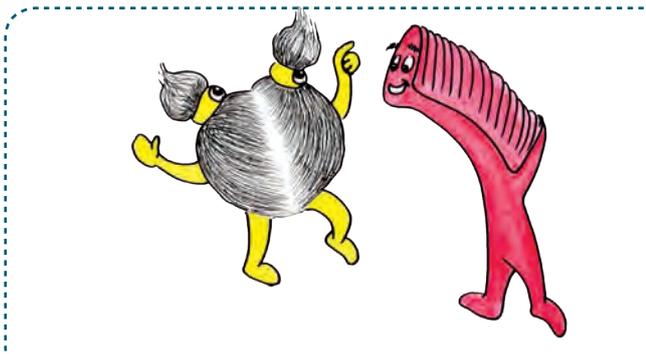
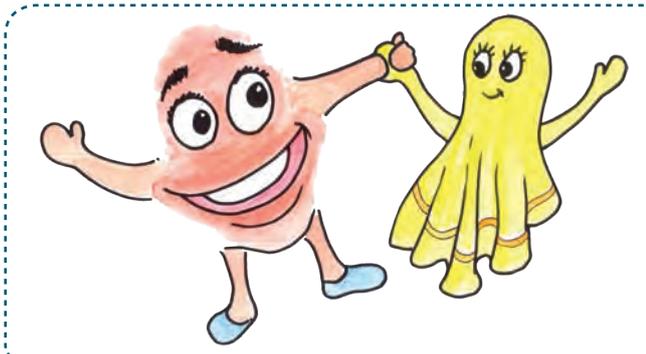
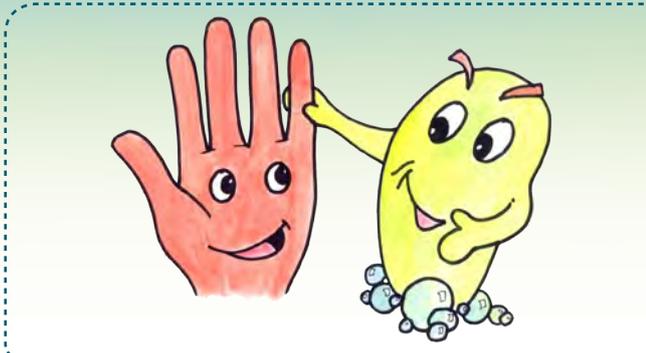
To vary the activity, or as a **refresher exercise**, ask the group to put the cards/slates showing the implements in a pile or mix them up. Now ask the group to match them with the right parts of the body.

For another variation, misspell the words and ask the group to spot the errors.

PRIMARY SCHOOL ADVENTURE ROLE PLAY

- ▶ Using whatever has been used or created in the session so far – either items for personal cleanliness or pictures, as groups to imagine a story of two friends:
 - The comb and the head of hair
 - The toothbrush and the teeth
 - The nail-cutter and the nail
 - The towel and the face
 - The soap and the hands





- ▶ Ask groups to bring these things to life, and create characters, turning them into imaginary friends, with names, personalities and dreams.
 - ▶ Imagine how these two best friends have fun together – play this out
 - ▶ Imagine how these two deal with trouble – play this out
 - ▶ Imagine what would happen if these two lost each other – play this out
 - ▶ Give time to the groups to create an exciting story of friends who go on an adventure together, encounter dangers, and have enormous fun in the form of other characters – animals, or other objects who are alive.
 - ▶ Imagine how these two best friends make promises to each other, and then how they might lose each other.
 - ▶ What happens to them when they lose each other?
 - ▶ For an ending, how will they find each other again?
- ▶ After the groups have played their way through these ideas, ask one group to perform what they have done to the rest of the group.



Facilitator
Notes

This might work as the basis for a performance in assembly



SECONDARY SCHOOL ROLE PLAY

- ▶ Help pupils in early puberty to discuss body hygiene by working in small groups of their own sex.
- ▶ Ask the groups to make drawings, write a story or develop a role-play about an imaginary friend or friends.
- ▶ Work with the groups to create stories with happy endings that describe how someone overcame a problem. Use IMAGE TO THEATRE on PAGE 84 exercises to develop 5 scene stories. The following structure could work:

1st image/scene - Introduce the main character, and show their 'main desire'. (Eg: "This is Mary and she loves maths! She wants to be top of her class in maths, more than anything!")

2nd image/scene – discovers a change in her body which causes embarrassment – this becomes an obstacle to the main desire that the main character has. (Eg: Mary is afraid to attend school on the day of her maths exam because she has started her menstruation.)

3rd image/ scene – main character does something to overcome obstacle. (Eg: Mary's older sister is able to help her with sanitary pads and gives her encouragement saying these things don't have to stop girls doing anything they dream of.)

4th image/scene – Despite efforts, the main character fails to overcome the obstacle.

(Eg: Mary becomes overwhelmed when she knows she needs to change her sanitary towel in the school, and doesn't feel she has the privacy she needs)

5th image/scene – how she overcomes what is holding her back. (E.G.: Mary recalls the words her sister said to her about menstruation not preventing girls from achieving their dreams – and she takes a rock with her into the toilet cubicle to make sure it stays shut, or she asks a friend to stand and watch. Mary is able to take her exam, and achieves a VERY HIGH grade.)

APPLY STAGES OF 5 STEPS TO CREATING A ROLE PLAY TO THE ABOVE ON [Page 92]

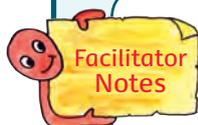
- ▶ Ask the group what discussion points the dramas bring up.
- ▶ What questions could we ask an audience in the school after a performance like this?
- ▶ Is there a point in the play where we could ask the audience to help the main character to overcome their obstacle?

4. REFLECT

LIVE DEMONSTRATION

- ▶ Ask group to prepare a real live demonstration of good and bad personal hygiene habits. They can use actual materials or act the habits out, using mime.
- ▶ Ask the audience to say what each group has shown, and say the reasons why this is good or bad.
- ▶ Finally the group confirms whether the audience got it right.
- ▶ Ask older pupils about specific diseases that may be passed or blocked by these practices, the reasons why such diseases may be passed on and to whom they might be passed.
- ▶ Ask whether good practices are always possible, and why people might not be able to practice them?
- ▶ Brainstorm what can be done to adopt 'good practices' and to stimulate them in others.

In groups or pairs create slogans, messages, inspiring stories or pictures that will encourage good practice.



Facilitator
Notes

The above activity can be done as part of an assembly



5. KNOW IT!

SONG/POEM

- ▶ Prepare a song for young children that allows them to mime specific habits of personal hygiene. For example:

"This is the way we wash our face...we wash our face....we wash our face. This is the way we wash our face...early in the morning. This is the way we comb our hair, etc. Brush our teeth ...Cut our nails," etc. until all personal hygiene activities have been covered.

- ▶ Encourage the group, in open discussion, to describe their personal hygiene habits
- ▶ Teach the group to sing the first couplet of the song.



"Remember" Leave time to check in with the home project, discuss the group's diaries and habits/ behaviours observed at home.



- ▶ As a home assignment, ask older children to list which simple items of personal hygiene are present in their homes, such as a comb, soap, a nailbrush, a nail cutter, etc.
- ▶ In class, ask the children to give the name of the first item, write it on the board (or let the children do this) and then tally, or let them tally how many children have the item at home.
- ▶ Do the same with the next item, until all items have been listed.
- ▶ Use this information to let the children do some numerical exercises, such as counting the tallies and writing the totals in figures behind them, ordering the items from most to least present, and (older children) asking them to calculate the average numbers of each item for the class as a whole.
- ▶ Finally, help them analyse what the findings tell them about strengths and weaknesses of personal hygiene.
- ▶ Discuss where and how improvements can be made.

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Pull Out

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Teacher Materials

Addressing barriers to personal hygiene

LEARNING OUTCOMES



KNOWLEDGE

- ▶ What is exactly is meant by keeping clean?
- ▶ What are the potential risks of not keeping clean?



AWARENESS

- ▶ What are good personal hygiene practices – in myself, and others?
- ▶ How able, are we to wash our hands and keep our bodies clean?
- ▶ How easy is it for everyone to access soap?



ACTION

- ▶ What are the crucial times hands must we washed?
- ▶ How are private parts cleaned?



WELL-BEING

- ▶ Is it possible to seek help when problems with personal hygiene are experienced?
- ▶ Dealing with situations that are not easy
- ▶ Can you discuss and support overcoming challenges to cleanliness, without being judgemental?

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ACTIVITY PLAN

1. INTRO

GAME SUGGESTIONS:

- ▶ Game 41: What's the time Mr Hyena? [Page 67]
- ▶ Game 11: Mingle mingle/ lifeboats [Page 50]
- ▶ Game 32: Slow motion fight competition [Page 62]



2. EXPLORE

COMBI GAME (TRAIN GAME)

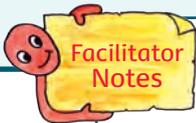
- ▶ This game combines movement with hygiene learning and habit formation.
- ▶ To start off, ask some of the group to self-select who will be the tout at a number of 'stands': the 'hair stand', 'the teeth stand', 'face stand', 'nail station', etc.
- ▶ Make sure that choices are fair so that station staff include girls and boys from all socio-economic and cultural backgrounds.
- ▶ Line the other children up as combi passengers. Tell them that their destination is 'Our Healthy Home'.
- ▶ Ask the group to pass each stand and the tout to check each passenger.

This is a special kind of combi – where the tout pays you, not the other way around!

- ▶ Give each stand tout, a number of beans and ask them to award one or two beans to every child according to their knowledge on questions about hygiene for various parts of the body. Older children can give awards on a scale of 1-5, using slips or beans, depending on whether the children are learning to count or add.
- ▶ When all children have reached their destination, ask them to count or add up their marks.

The higher the score the more questions they answered correctly. The activity also helps children develop their skills in numeracy.

Those who obtained lower scores can now improve their scores because they are better aware of the importance of good habits of personal hygiene.



Facilitator Notes

A note of caution: in the combi game, and all other activities on hygiene, there is a risk of discriminating against children who are less hygienic for reasons of poverty and/or other problems at home. Quality teachers are aware of such problems and encourage and praise them for practising good personal hygiene with simple means. The teacher discreetly helps children with specific problems...



DEVELOPMENT

NARRATED ROLE PLAY

- ▶ Tell a story about a little boy who faces difficulty (follow structure from story outline in previous session)
- ▶ Tell a story about a child who challenges an adult in an unhygienic practice.
- ▶ Use a circle discussion to brainstorm solutions
- ▶ Enact some of the solutions in practice, and interrogate whether they help.

3. ACT



GROUP WORK: PRIMARY AND SECONDARY:

- ▶ Using 5 STEPS TO CREATING A ROLE PLAY [Page 92], or techniques from the IMAGE TO THEATRE [Page 92] section create instant Forum theatre scenarios where personal hygiene is not possible, or difficult to achieve.
- ▶ Examples include: public gatherings such as funerals, political meetings, weddings, water shortages, burst pipes, no facilities at the market or at school.
- ▶ After the problem-scenario is created, ask the groups to discuss solutions and enact.
- ▶ Ask 'How realistic are these?' 'What needs to be done to arrive at these solutions?'

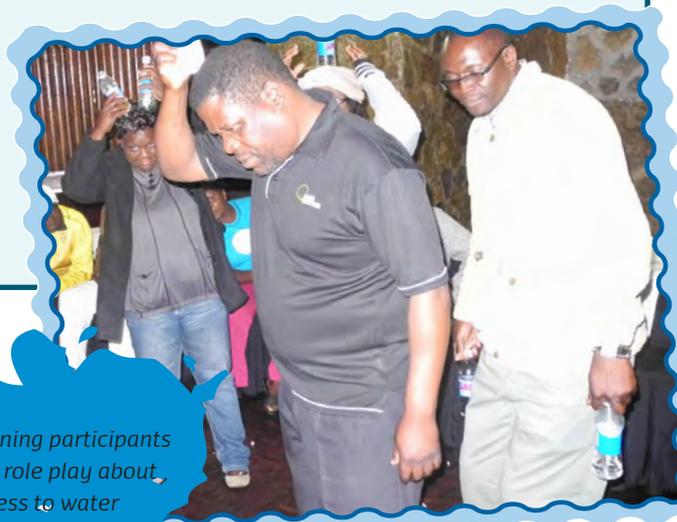
4. REFLECT

CIRCLE BRAINSTORM:

Why is handwashing not always possible?

PAIR OR GROUP WORK:

Design encouraging messages based giving empathetic advice: this means taking people's feelings into account. How can these messages be non-judgemental, kind, encouraging, even enticing and fun?



Training participants in a role play about access to water

5. KNOW IT!

APPLICATION

- ▶ If it is possible to bring equipment for personal hygiene in to school, such as a toothbrush, a comb, a pair of nail clippers. Encourage group members to use the equipment. Supervise pupils in using the equipment and clean it after use.

SONG

- ▶ How we can overcome barriers to good personal hygiene
- ▶ Enlarge gestures and actions in mime during song.
- ▶ Rehearse and perform in Assembly, around the school.



Hands up for Handwashing!



Pull Out

265 + 266

Handwashing and Critical Times for Handwashing

LEARNING OUTCOMES



KNOWLEDGE

- ▶ Critical times when handwashing must happen
- ▶ Items or facilities used in handwashing are known
- ▶ Risks of not washing hands are known.



AWARENESS

- ▶ Appropriate ways and times of handwashing are valued.
- ▶ The importance of everyone practicing good handwashing, is appreciated.



ACTION

- ▶ Correct way to wash hands at critical times is demonstrated
- ▶ They assist younger schoolchildren and brothers and sisters in washing their hands.



WELL-BEING

- ▶ Effective and sensitive communication with others on the value of handwashing at critical times.
- ▶ Positive decisions on handwashing at critical times.
- ▶ Fellow classmates and younger children/siblings can be monitored on handwashing and, communication is possible concerning risks involved in not washing hands.

PARTICIPATORY TECHNIQUES

- ▶ Role-play
- ▶ Storytelling
- ▶ Discussion
- ▶ Demonstration
- ▶ Experiment



Basin, water, jug, container, soap, ashes, salt, other traditional herbs, Handwashing poster, pictures, marker, newsprint paper, manila paper.

Pull Out

267 - 270

Handwashing posters

ACTIVITY PLAN

1. INTRO

HAND CLAPPING GAME IN A CIRCLE

Using clapping patterns that students use in pairs and extend this through the whole circle. Each person claps the person on their right and left.

Game 41: What's the time Mr Hyena [Page67]



2. EXPLORE

ROLE-PLAY

- ▶ Prepare a narrated role-play, for example:



Susanna or Kuda aged between six and eight, is at home with several younger brothers and sisters. S/he gives the brothers and sisters some food. One sibling does not wash his/her hands before eating. The other children do. What does Susanna or Kuda do? Their guardian/parent/elder comes home. What does Susanna or Kuda do now? (Leave this open.)



- ▶ Tell the story and then ask the group who wants to play which role or divide the roles yourself. Make sure that different children get the chance to lead and that the division of 'good' or 'bad' roles will not stimulate discrimination.
- ▶ Ask the rest of the group to observe and to think about their reactions.
- ▶ Discuss the performance. What did the younger children do? How did the older brother or sister react when one of them did not wash hands? What else could s/he have done?
- ▶ Did the choices made by the main characters encourage a negative or positive set of feelings?
- ▶ Help the group to think of other ways to handle the situation. For example, the older child can tell younger children how nice it is to eat food with clean hands, how much fun washing is, can set a good example, or can take the children to wash their hands.

CREATING CHANGE THROUGH POSITIVE AFFIRMATION

- ▶ For older children, the scenario can include a social or economic problem, e.g. the father or mother has died, and there is no water in the house and no money to buy soap. The rest of the procedure (observe and discuss, including alternative solutions) is the same.

3. ACT



STORYTELLING / INSTANT THEATRE ROLE PLAY

- ▶ Form groups of four or five children. Each group chooses their own corner of the class.
- ▶ Ask them to choose four to six pictures, e.g. cut from old magazines, and lay them out on the floor to make a story on handwashing.
- ▶ Ask each group to present their story in turn to the other children. The activity will help and enhance teamwork, analysis of a situation and public speaking.

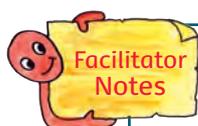
DISCUSSION:

- ▶ Prepare a poster on handwashing, e.g. by using cuttings from old magazines to depict critical and non-critical times for washing hands.
- ▶ Ask the group what they can identify on the poster.
- ▶ Ask them to distinguish between critical and non-critical habits and to explain why.

Pull Out

267 - 270

Refer to Posters In Teacher Materials



Facilitator Notes

Critical handwashing times for health are after toilet use, before preparing food, before eating food, and after cleaning up babies' or infant faeces and cleaning their bottoms.

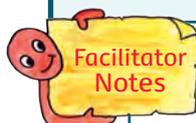
Good habits, but not crucial in blocking transmission of diarrhoea, are washing when getting up, after eating, and after coming home from work or school.

4. REFLECT

ACTIVE REFLECTION THROUGH DEMONSTRATION



- ▶ Find out about current practices by asking the group how they wash their hands.
- ▶ Ask some group members to demonstrate how to wash hands properly.
- ▶ Ask the group to use soap/wood ash/leaves/rubbing and clean running water, e.g. by pouring water from a jug to wet hands and then apply and rinse off soap, using a basin to catch the dirty water and disposing of this water in a safe way.
- ▶ Ask for demonstrations of alternatives to soap, and to show that these require firm rubbing.
- ▶ Ask for explanations of why these methods are correct, and why it is important to use the correct method of washing both hands with an agent or rubbing, and clean running water.



Facilitator Notes

There is seen and unseen dirt. Some harmful bacteria cannot be seen and stays in the cracks and nails of our hands.

ALTERNATIVE EXPERIMENT:

- ▶ Invite group members who think that they have clean hands to come forward.
- ▶ Ask these pupils to wet their hands with water and then dry them on a white cloth.
- ▶ In addition, ask a group to line up and wash their hands in a common basin with water.
- ▶ Fill a transparent glass with this water and another glass with water that has not been used for handwashing. Or pour the used water through a clean white cloth.
- ▶ Let the group observe and analyse the difference. What are their observations and conclusions?
- ▶ To experience the effect of soap, ask some to wet their hands with water and dry them on a white cloth.
- ▶ Invite other children to wash hands firmly with soap and rinse the soap off thoroughly and then dry their hands on a second white cloth.
- ▶ Invite the two groups to compare their cloths to decide the difference made by washing with soap.
- ▶ Find out which alternatives can be used if soap is not available or too expensive.
- ▶ If desired by the group, repeat the experiment with these alternatives.

The above can be done in assembly, in the community setting or demonstrated by group members in a classroom setting.

**5. KNOW IT!****APPLICATION**

Whispering Game – in to the school and/or community

GROUP OR PAIR WORK:

- ▶ Brainstorm with the group the best ways to ask other students if they washed their hands after going to the toilet.

ROLE PLAY:

- ▶ Imagine its break time, as children come out of the toilet, ask them to remind their friends about washing hands.
- ▶ What would you whisper in their friend's ear, for example: "Have you washed your hands?" Whispering avoids embarrassing their friend.
- ▶ Discuss: is this the best way to ask friends?
- ▶ Agree on the best ways to ask friends.
- ▶ Are there things you've learnt that you could say your friends?

TAKE IT INTO THE SCHOOL

- ▶ Having brainstormed the best way to encourage friends to wash hands, or remind them – have a go!
- This is best in small teams of 2 or 3 – so the task-team can be supportive of each other but at the same time, are not intimidating.

6. CONSOLIDATION

ALTERNATIVE

SECRET BALLOT

- ▶ Place two cardboard boxes, each with a slit, or two partly tied bags on the floor in the class.
- ▶ Mark one with YES and the other with NO.
- ▶ Hide the boxes from view with a screen (a large cloth, like a Zambia, and a rope will do) or lace them outside or in another room.
- ▶ Give each participant a small slip of paper, newspaper or a leaf.
- ▶ Invite them to place their voting slip in the appropriate box depending on whether they have washed their hands with soap, ash or another scrubbing agent after toilet use or before eating on that day (choose either one)
- ▶ Invite the group count the votes and discuss the results.



Handwashing with soap:

Handwashing at critical moments reduces the risk of diarrhoeal diseases by 42-48 per cent and significantly reduces the incidence of acute respiratory diseases.

Handwashing with soap drastically reduces diarrhoeal diseases and acute respiratory diseases.

Children understand the importance of handwashing with soap after toilet use, before and after eating, before preparing food and after cleaning babies.

Hands are washed with soap after toilet use, before and after eating, before preparing food and after cleaning babies.



Alternative Handwashing

THIS COULD BE CARRIED OUT IN THE “HYGIENE LAB” AND SO REACH MORE STUDENTS.

MATERIALS

Paper / card, Pencils, crayons or marker/coloured pens, paint, scissors.



ACTIVITY PLAN

1. INTRO

WHAT DO WE DO WITH OUR HANDS?

- ▶ In a circle use an existing hand-clapping sequence played as a game by students, to get a rhythm going where each person claps the person to their right then to their left altogether. Develop a call and response where the leader (teacher or pupil) calls ‘What do we do with our hands?’ and going round the circle, each player answers. Eg: We wave, and the whole group repeats, We wave! etc.....
- ▶ Play a version of Game 42 In my suitcase I packed. Interchange ‘In my suitcase I packed...’ with ‘with my hands, I can....’

PREPARATION

- ▶ Invite students to draw around their hands, and then also draw their nails and any lines and creases that they can see on the back of their hands. Ask them to cut their outlines out. These will be used later in the lesson.



2. EXPLORE

- ▶ Split the group into three and provide each group with a large piece of paper and a marker pen.
- ▶ Assign tasks per group:

Group 1: should think of, discuss, agree on and write up five places or activities in which they are likely to get their hands dirty. Answers can be presented on a spider diagram.

Examples could be painting, playing outdoors, in the toilet, cleaning...

Group 2: should think of, discuss, agree on and write up five actions or activities that they need their hands for. They should present their answers on a spider diagram.

Examples could include tying shoelaces, playing on the computer, typing, writing, clapping, eating, peeling, tickling, scratching... etc...

Group 3: should think of, discuss, agree on and write up five good or nice/pleasurable things they do with their hands. They should present their answers on a spider diagram. Examples could include giving someone a hug, holding a friend's hand, helping someone who is hurt.

Allow a few minutes per group for feedback. Other members of the class can make suggestions of things to add to the lists. These should be added on to each group's spider diagram.



3. ACT

GROUP WORK: PRIMARY AND SECONDARY:

- ▶ In the same groups, get creative.
- ▶ **Group 1:** think of, discuss, agree on and write up five reasons to wash hands. They should present their answers on a spider diagram. Examples could include not making things we touch dirty, not putting germs in our mouths.
- ▶ **Group 2:** think of, discuss, agree on and write up five actions or activities they can do without hands. They should present their answers on a spider diagram. Examples could include, sleeping, walking, watching TV, listening to music, playing football.
- ▶ **Group 3:** think of, discuss, agree on and write up five bad things that they can do with their hands. They should present their answers on a spider diagram. Examples could include punching, hitting, smacking, passing on germs.

Each group should feedback their ideas and discuss them with the rest of the group.

New suggestions should be added on to the diagrams.



4. REFLECT

WHERE MIGHT GERMS HIDE ON OUR HANDS?

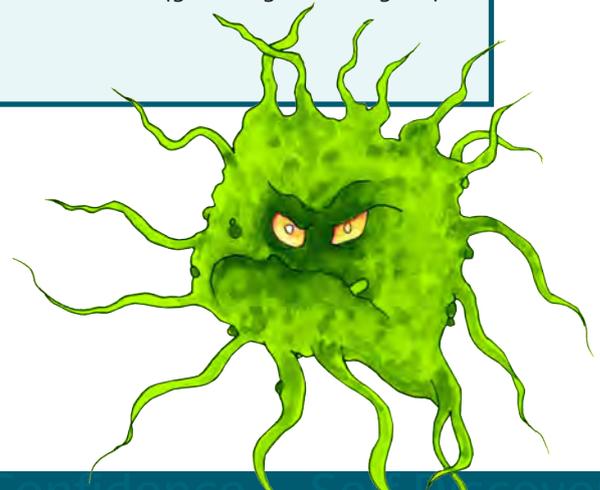
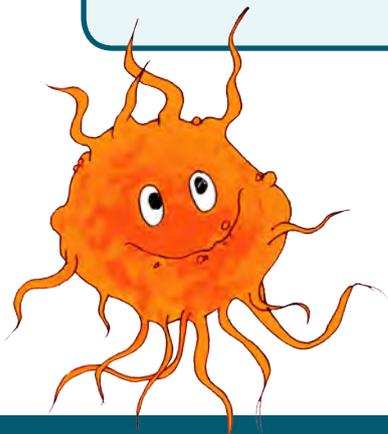
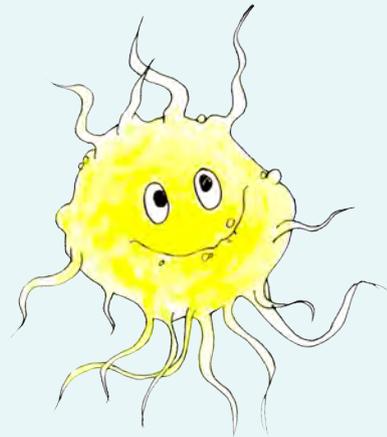
- ▶ Invite the group to look closely at their hands. Think about where germs might be hiding? If they are uncertain, ask the group to imagine they have dug their hands into some soil. Where does the soil stick to on their hands – under nails, in the creases (this could be demonstrated using wet sand or soil).



- ▶ On the hand cut-outs, invite the group to draw where germs could be hiding. Come up with ideas about how they should draw germs (for example they may draw tiny bugs or shade the areas).
- ▶ Invite the group to look at their hand cut-outs with all the germs.
- ▶ What needs to be done to ensure that all the germs are gone when they wash their hands?
- ▶ Would just using water be enough? They need to think about washing their hands thoroughly – under the nails, the front and back of hands and using soap.

- ▶ Ask why it's important to get rid of germs from our hands.
- ▶ What do germs cause? Explain that once the germs get into our bodies they can cause illness like diarrhoea.
- ▶ Invite the group to look at their lists of things that they can do with their hands – which of these might cause germs to spread to others or get into our bodies?
- ▶ Lets' try – act out a few of the things you can do with your hands from the list.

- ▶ Invite the group to draw conclusions from this. Reinforce that this is why it is very important that hands are washed straight after doing something that might make them dirty (refer to group 1's list) as even when something nice is then done (refer to group 3's list), it might become something bad by passing on an illness (you may refer to group 3's list if appropriate).



5. KNOW IT!



CREATE A POSTER

- ▶ In pairs, invite pupils to join their hand cut-outs together and stick them on to a piece of coloured paper to create a poster to inform others about handwashing.
- ▶ Ask groups to come up with a rhyme or a catchy slogan, even a poem to spread this very important hygiene message. They will also need a good title for their poster. As a group, they could think of words to do with cleanliness, germs and washing. Key messages they may want to include are:
 - Critical handwashing times are after toilet, before preparing food, before eating, after changing a baby's nappy.
 - Handwashing is important at all times – at school, at home and when you are out.
 - How to wash hands.
 - Handwashing helps you stay healthy.
 - Handwashing means you can do NICE things SAFELY with your hands
 - Handwashing gets rid of the germs that make you ill.

WHERE SHOULD WE SHARE OUR IMPORTANT HANDWASHING MESSAGE?

- ▶ Invite the group to where they think they could display their posters.
- ▶ Think about the places where hands get dirty: the toilets, the playground, garden etc. Ask them to list where the posters could be displayed and have the posters laminated and displayed in their chosen spots.





PULL OUT MATERIALS

1. *Questionnaire to find out basic levels of knowledge understanding*
2. *Neutral girl and boy bodies*
3. *Teacher Materials*
4. *Handwashing and Critical Times for Handwashing*
5. *Refer to Posters In Teachers Materials*



Food Hygiene – Traditional Snacks

LEARNING OUTCOMES



KNOWLEDGE

- ▶ It is known that food hygiene and disease are linked.
- ▶ The difference between safe and unsafe water is understood.
- ▶ It is known that germs are not visible and obvious but are very dangerous.



AWARENESS

- ▶ It is understood how important safe food protection and handling is.
- ▶ Potential transmission routes for disease can be observed.
- ▶ It is understood when unsafe food risks being consumed.



ACTION

- ▶ Traditional snacks and food bought at the market must be washed.
- ▶ Raw fruits and vegetables and raw meat, poultry or fish are treated and stored appropriately.
- ▶ Only safe food is eaten.



WELL-BEING

- ▶ Active listening is encouraged
- ▶ Analytical and creative skills developed
- ▶ Being critical, seeing consequences is encouraged
- ▶ How to speak up and negotiate sensitive situations

PARTICIPATORY TECHNIQUES

- ▶ Games
- ▶ Illustrations
- ▶ Instant forum theatre
- ▶ Story without an ending
- ▶ Image theatre
- ▶ Song

MATERIALS

Pull Out

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Illustration 1: Risky situations in a market scene

ACTIVITY PLAN

1. INTRO

WARM UP SUGGESTIONS:

- Game 6: Chase and Save [Page 47]**– using food names.
Symbolic Game 1: Bombs and Shields [Page 69]– using Germs and Germ-busters.
Game 9: Cat and Mouse [Page 49] – interchanging Germ and Body.



2. EXPLORE

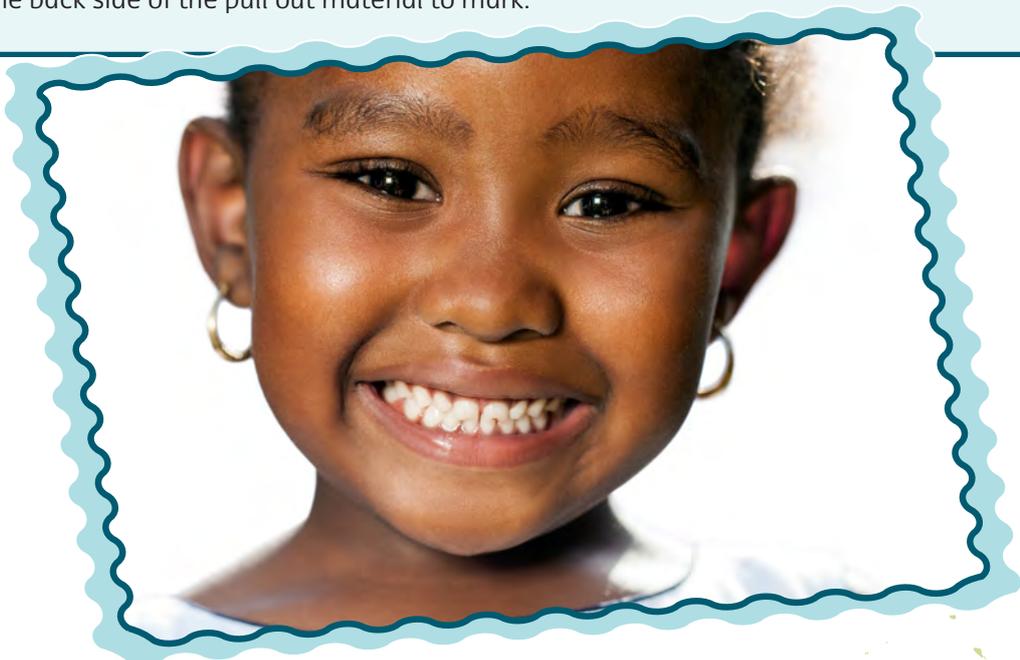
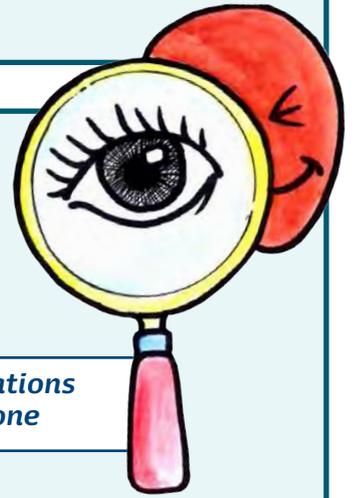
- ▶ Pull out and photocopy the front side of illustration 1. On the back page is the same image with

Pull Out

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Illustration 2: Number the amount of risky situations on the back page of the pull out market scene one

- ▶ Investigating in pairs or in groups, ask students to spot as many risky situations as they can (keep this deliberately open to begin with)
- ▶ After 5 or so minutes, check in with the group's progress – how are you thinking about risk? Are you thinking about things you can see with your eyes, as well as things that might not be visible to the eye? Look as closely as you can...
- ▶ When everyone's finished ask each group to count how many risky situations have been identified.
- ▶ Use the back side of the pull out material to mark.



3. ACT

STORY TELLING – INSTANT THEATRE ROLE PLAY

- ▶ Either tell this story, or invite a few students to enact instantly, as you narrate!
- ▶ Listen, or watch carefully! There will be some questions at the end.



The story of Samuel the snack seller and Susan the samosa and sausage maker.

On a dusty afternoon Samuel, a wild and easily excitable samosa and sausage vendor, stood in the shade of a guava tree.

“Samosas!” he hollered, “Samosas and Sausages!!” He was an eye-catching figure wearing wide flowery trousers, a huge oversized pink jacket, large, dark sunglasses and a big, bright red hat with a wide rim that flapped in the wind. “Sweet scrumptious Sausages and Samosas! Made by sweet and scrumptious Susan!! You cannot imagine the super succulence I promise you!”

Even though there was cold bite to the air that moved through the market, the sun was still able to work its magic, and made Mufaro hot around his collar reason he had a sheen of sweat on his brow and every once in a while this would accumulate into a droplet which he would casually brush away with his fingertips. The samosas and sausages stood before him in a high pile. The samosas were bulging with meat, and the sausages glistened in the sun. They had attracted the attention of numerous flies that swarmed madly and energetically around them. A family passed by with a mother, father and two little girls.

“Sweet scrumptious sausages and samosas sold by the one and only Samuel the snack seller! Made by my Sweet Susan. Come ssssmell, and sssavour and taste sssensation!!”

“Buy me a samosa, mama,” said the older girl. “I’m hungry.”

“We are almost home,” responded mother gently. “Wait until we reach home.”

“Why do you refuse her food?” asked the father. “In fact I too will have one.”

Mother looked doubtfully at Samuel, who suddenly turned around and disappeared into a latrine on the other side of the guava tree. “Sssssory!”

He said in a hoarse whisper. “Excuse me for a one minute!”

He was bending over and clutching his stomach.

After a while he reappeared, wiping sweat from his forehead and hastily explained that he had a problem with his tummy. Grabbing two of the samosas at the top of the pile, put them in a small blue plastic, and handed them to the father and daughter. The family walked away happily, two of them eating the samosas.



- ▶ What were the choices made by Samuel in handling the food?
- ▶ What would you have done in the same situation?
- ▶ Next ask the group to write it down from memory. (Alternatively this can be acted out, or drawn in pictures.)
- ▶ Then invite students to write an end for the story in not more than ten lines, imagining what may have happened after the father and daughter ate the samosas.
- ▶ Invite the children to share the ending of their stories in the group. (these can either be acted, or read out)

INSTANT FORUM THEATRE

- ▶ Pick one of the story endings which showed the father and daughter getting sick.
- ▶ Next invite group members to play the characters in the story (if this hasn't happened already)
- ▶ Decide on a character that will try and change the course of events for the better.
- ▶ Play this a few times until the whole situation is improved, and everyone gets what they want, without the risk of infection.
- ▶ With new knowledge go back into the encounter between Samuel and the family – what could be said here to improve the situation?
- ▶ Questions that will help steer players towards problem solving and handling the situation with sensitivity:
 - What needs to happen so that all the characters get what they want? (Samuel still manages to make a sale, and the father and daughter get their snack?)
 - Are there other characters in the story that could get involved (ie. Susan?)
 - Interrogate the problem. (What are the problems here, is that really the problem? etc.)



4. REFLECT

CIRCLE

- ▶ Facilitate a discussion about food vending near the school. Is this food always safe? If not, why not?
- ▶ What can happen? What can be done?
- ▶ Invite group members to put some of their ideas into action – to try them out. Are these realistic?
- ▶ What could the group do at the market to raise awareness to customers and vendors of the importance of hygiene?
- ▶ Is there a setting such as a Vendors Association meeting, or the next meeting of Councillors, where ideas to stop the spread of germs and infections at public places could be addressed?

5. KNOW IT!



SECONDARY: COMMUNITY ACTION RESEARCH

- ▶ Who would like to do a research project to find out what vendors, customers, and the authorities know about the risks of spreading germs at market places?
- ▶ Give students who want to do this 5 photocopies of the market scene each. In groups they can go out and use the picture as part of their interview process. Each group should interview 5 people, give the interviewees the picture of the market and ask them the same questions as was asked in this session. Can they identify the risky situations/exchanges?
- ▶ Interviewees should record what people identify as a problem, and then ask what they think can be done to solve the problems that have been spotted/identified.
- ▶ Present these findings back to the club next time.

SECONDARY/PRIMARY: COMMUNITY ACTION



- ▶ Develop the performance of Samuel the Samosa Seller so that it builds a full picture of the problem.
- ▶ Use Image into theatre [Page 84] techniques to create the clearest and most dramatic build of the story – taking it to the point of devastating conflict.
- ▶ Depending on how much time you have, you could also make posters advertising the public performance with discussion, create songs that can be sung during the event, and even build large puppets made out of rubbish (See example of puppet structure in Teacher Materials [Page 281], to create a stunning visual awareness raising tool. Huge puppets could either be rubbish monsters, or Clean-police characters who battle with rubbish like super heroes.
- ▶ Find the most appropriate setting for the intervention – perhaps a performance at the market place is possible, if you can create a performance area, and convince an audience to stick around to deal with the problem the students will present. Perhaps there is a meeting of a society or group to which vendors could be invited. It might work to ask for Local Authority support for this – so that you are assisted with inviting people to the small problem-solving event.
- ▶ Encourage the audience to brainstorm solutions to the problems identified, and try these out in practice. Just in the same way you have been doing in the club sessions.

PRIMARY: TAKE HOME THE ILLUSTRATION



- ▶ Give everyone a photocopy of the market scene.
- ▶ Ask group members to sit with the families in the evening and play the same game as they did today.
- ▶ Remind pupils not to tell their families where the trouble-spots or risky situations are – they want to find out what their families understand about spreading germs and disease.
- ▶ Bring back the pictures and present to the club at the next session.

SONG

- ▶ Create a song about the ways food could be contaminated, what can happen when contaminated food is eaten, and how to avoid eating risky food.
- ▶ You could adapt the Baba Joe and Gogo Chipi song for this.
- ▶ Or, take a traditional, local, gospel or known international song and change the lyrics.

Pull Out

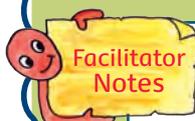
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Illustration of a market scene

Song



*This is an advice from Samuel the Snack Seller!
Watch out! For how food is handled.
You don't know where my hands have been!
You don't know if my hands are clean!
Watch out! For where the hands have been - that are handling the food
You don't know where my hands have been!
You don't know if my hands are clean!
Watch out! For the flies near the food that is handle by the hands that
have not been a-washed-eeeeh!
You don't know where the flies have been!
How do you know that they are clean?*



Facilitator Notes

Food hygiene: Eating healthy food is essential for the well-being and survival of each human being. Eating 'contaminated' food (also known as 'food poisoning') can be a significant source of diarrhoeal diseases.

Food should be stored appropriately.

There are recognizable signs when food is spoiled.

Children know how to store food appropriately and recognize common signs of spoiled food.

Traditional snacks in urban centres are big business and snack vendors are found at every street corner and many houses. Traditional snacks include maize, round and ground nuts, indigenous fruits such as tsubvu, mazhanje, masawu and hacha, meats such as ishwa, madora, crickets and harurwa that are eaten raw, unwashed, cooked or roasted. Standards for how traditional snacks are prepared differ from place to place and quality is rarely guaranteed.

Pull Out

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Illustration of a market scene

CHECKLIST FOR WHAT SHOULD BE NOTICED AS 'RISKY' IN ILLUSTRATION 1

- ▶ Wild fruits and traditional snacks being sold at the local market: Masau, mazhanje, ishwa, harurwa, madora, hacha, tsubvu
- ▶ Some stored in dirty, unhygienic containers
- ▶ Some packed in unhygienic newspapers, plastics
- ▶ Being handled by unhygienic hands of the seller
- ▶ Fruits are eaten immediately after buying, without washing (exchange of money in one hand, eating the fruit with the other)
- ▶ Faeces close to the tree where the fruits are picked in rural areas
- ▶ Flies seen hovering over fruits, nuts and vegetables at the central market due to rotting
- ▶ Someone roasting maize at a corner and the place is dirty including where the maize is stored before cooking/roasting it.
- ▶ Garbage

Germs and household hygiene

LEARNING OUTCOMES



KNOWLEDGE

- ▶ What virus, bacteria and parasites are – that there are good micro-organisms, and bad.
- ▶ It is known that we cannot see microorganisms.
- ▶ It is known how to keep and prepare food and water safely



AWARENESS

- ▶ Understanding of how to stop bacteria spreading at home
- ▶ Understanding of how to address hygiene issues in the home
- ▶ Being hygienic in the home has nothing to do with how wealthy someone is



ACTION

- ▶ Ability to address stopping bacteria, viruses or parasites spreading in the home
- ▶ Ability to find affordable solutions



WELL-BEING

- ▶ Ability to use knowledge to keep everyone in the family safe from disease and diarrhoea.



PARTICIPATORY TECHNIQUES

- ▶ Song
- ▶ Role Play
- ▶ Observation
- ▶ Circle and group work
- ▶ Instant Forum Theatre

MATERIALS

- ▶ Prepare pictures of living organisms which can and cannot be seen.

Pull Out



299 - 300

Germs in the home

ACTIVITY PLAN

1. INTRO

Game 26: Game 16: Greet, argue, make up [Page 52]

Game 15: Laughing slinky [Page 52]

Game 21: Guess the object [Page 56]

Game 22: Making landscapes [Page 56]



GAME 32: SLOW MOTION FIGHT – BACTERIA AND THE BODY'S DEFENCES

**DEFENSES INCLUDE: SKIN, MINIATURE HAIRS
IN THE NOSE & EARS**

This game will prepare the group for playing as germs, and antibodies.

- ▶ Narrate the following over a slow motion fight:

*COMRADE Jake, is a good guy in the stomach!
COMRADE Jake is a Probiotic!
He's a mini micro dude
What he does is very GOOD!*

*COMRADE Jake helps to keep us healthy
He fights off bad micro dudes like Pat-o-Jenni!
Pat-o-Jenni is a wicked and cruel germ
If she multiplies too much, she can cause a lot of harm.*

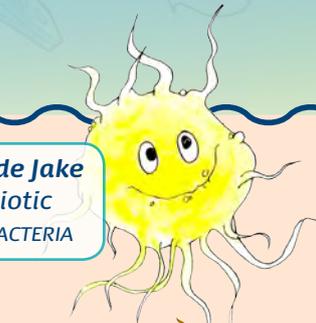
*COMRADE Jake can be found in DAIRY
And if you take enough of him, he can be SCARY
To fend off Pat-o-Jenni, attack her to the end
To protect our BODIES and keep us on the mend
Steering us clear of feeling ill
Of being sick and needing pills
Comrade Jake has what it takes
To destroy Pat-o-Jenni with his killer fighting skills.*

*Comrade Jake does not work alone
He's got our skin, and a system to the bone,
And tiny fighter hairs in our noses and ears
That block and stop bad germs when they come near.*

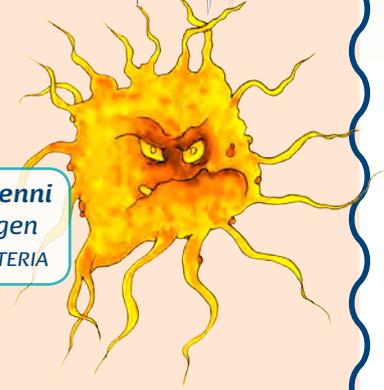
*Comrade Jake and his micro dude friends
Are part of our defence team with the white blood cells.
Together they form a powerful army
Preventing disease from doing harm to you and me.*

- ▶ Try this a number of times, encouraging students to play the characters of a heroic fighter in battle when playing COMRADE JAKE, and evil, mean, dangerous, sly and cruel when playing PAT-O-JENNI.

Comrade Jake
Probiotic
GOOD BACTERIA



Pat-o-Jenni
Pathogen
BAD BACTERIA



2. EXPLORE

WHAT ARE MICRO-ORGANISMS?

- ▶ Using illustrations of organisms we can see, and organisms we cannot see, ask group members to guess from the options available, which are which.

VIRUS, BACTERIA, PARASITE



A virus



E. Coli bacteria



A pinworm



Giardia lamblia A protozoan

- ▶ Discuss what is known, what has been seen before, and what is not known, or has not been seen before.
- ▶ Have you ever seen bad bacteria on food? Describe what this looks and smells like?
- ▶ Explain what good and bad bacteria are, and invite pupils to be creative about either drawing what they imagine good or bad bacteria look like, or in groups create the bodies of good and bad bacteria and build a dance performance, with a song. How does bad/good bacteria move, sound, what shapes does it make? How would good and bad bacteria talk to each other? How would they fight?
- ▶ Following presentation of the creations show some examples of good and bad bacteria and allow pupils time to refine their creations if they wish.

Pull Out

299 - 300

Where do germs live in the home?

- ▶ Photocopy front and back pages of pull out illustration 2 and 3, and give one to each group member.
- ▶ Give the group the front sides of each pull out - Individually or in pairs, ask students to spot where germs may be, and discuss the differences, if any between the pictures.
- ▶ Present to the rest of the group, and discuss.
- ▶ Next show the backside of the illustrations and ask groups to spot the differences.





3. ACT

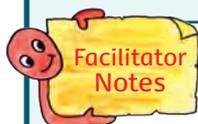
INSTANT FORUM THEATRE

- ▶ Ask groups to pick one of the settings – rural or urban / communal or detached house setting.
- ▶ How is it possible to move from the front page where many problems and risky situations are shown, and transform to the situation on the back?
- ▶ Using **IMAGE TO THEATRE** techniques **PAGE 159** Encourage the development of the worst possible outcome or consequence of the problem shown in the original 'risky' picture.
- ▶ Ask 'How can we move from one to the other?' 'What obstacles might there be to achieving the perfect scenario?'
- ▶ Ask groups to add images which show the obstacles to achieving the perfect scenario.
- ▶ Look at these, test them with the rest of the group 'Is the obstacle clear?'; 'Do we agree that this is real, that this happens?'; 'Is there more to the obstacle than we are seeing here?'; 'Can we add to this obstacle to make it worse, more obstructive?'
- ▶ Allow groups time to develop their images further – and to practice the flow between them.
- ▶ Using **Story with a Gap** technique. Encourage the development of the worst possible outcome or consequence of the problem shown in the original 'risky' picture.

'FORUM THE OBSTACLES'

- ▶ Play out each story – activating each image.
- ▶ Using Forum Theatre techniques, identify the problems you wish to tackle, and brainstorm how the situations can be transformed from the bad ending presented, to the 'perfect' image.
- ▶ TRY IT! And Remember, No Magic Solutions!

Remember to '*problematise*' the solutions 'can this really work?', 'Let's see', 'Let's try', 'Is that realistic?', 'What might get in the way of that happening?'



Facilitator Notes

It is far more important to negotiate and discuss how the situation can be improved within what is possible, rather than leap to the perfect image. The negotiation of obstacles and issues is in itself more valuable as learning exercise, than arriving at the perfect picture because it is in the navigation of reality that real life-learning happens.

PERFORMANCE OPTION

- ▶ Those that want to could be invited to create a physical journey of harmful bacteria approaching and entering the body and being met by the body's defences.
- ▶ Using your knowledge of the body's defences outlined in the facilitators notes below suggest different 'outside' and 'inside' defences that the body uses to fight against germs.
- ▶ Invite players to imagine how the different types of germs travel through space, and fully explore what happens when they come into contact with different defences. Those that are playing defences should be encouraged to be as playful as possible – and be free to interpret the 'defence' in as playful a way as possible. If it is not known, for example, exactly how the tiny hairs in the windpipe, ears and nose move, or what they look like, this doesn't matter! The point is they defend the body, and move germs back outside it!
- ▶ Encourage freedom! Encourage imagination, encourage possibility through attending to details – eg 'What energy does a good bacteria like COMRADE JAKE move with? What colour is he? How does he speak? How loud is he? What speed does he move at? If he was an element (water, fire, earth or air) what would he be?'

GET REALLY CREATIVE!

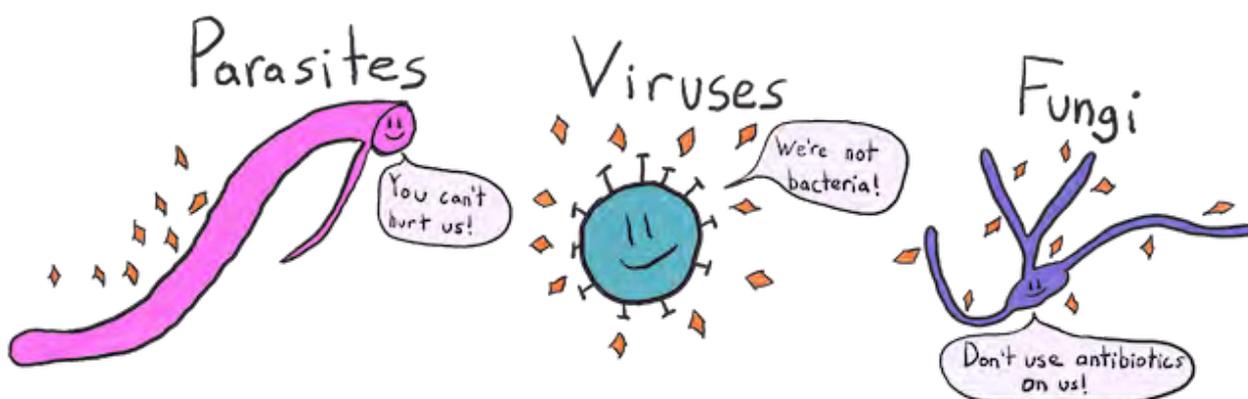
- ▶ This experiment with performance could be taken further to characterise the different types of harmful bacteria and the body's defences to become recognisable characters – like SUPER HEROS and Villains in films, cartoons, story books or folk tales.
- ▶ Develop story lines of these characters on adventures and in battle.
- ▶ Create flamboyant names and costumes.
- ▶ Give the characters signature theme songs that introduce who they are and what they are doing.
- ▶ Present to the rest of the school!
- ▶ Invite the rest of the school to guess what these strange creations could possibly represent!



4. REFLECT

CIRCLE

- ▶ Using the **In my suitcase I packed** technique (**Game 42 [Page 67]**) starting the sentence with 'GERMS ARE...' and invite the group to think of all the things they know about germs. Eg:
 - 'Germs are not all bad'...
 - 'Germs are not all bad, and live both inside and outside the body...'
 - 'Germs are not all bad, and live both inside and outside the body, and cannot be seen.'
 - 'Germs are not all bad, and live both inside and outside the body, and cannot be seen, and can travel through the air...' etc.
- ▶ After this has gone round the whole circle, pick up on gaps in understanding or knowledge, and bounce questions back to the group until full understanding is reached.
- ▶ Next invite the group to form pairs to tell each other what good hygienic practices happen at their home, and which things they would like to try and change.
- ▶ Using instant theatre role play ask a few volunteers to try out how they might negotiate improvements.



5. KNOW IT!

- ▶ What needs to be taken care of to stop diarrhoea transmission or the spreading of infectious germs in the home?
- ▶ Is it possible to disinfect places where harmful germs may congregate and multiply?



Song



Examples:

When you store your water safely: Happy Home!

When your pots are stored correctly: Happy home!

When your hands are fresh and clean and your food is germ free: It's a happy home, happy home, happy home.

(Tune: When your happy and you know it, clap your hands)

What can we do with contaminated water?

What can we do with contaminated water?

What can we do with contaminated water?

Boil it until its cle-ean.

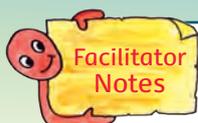
(Tune: What shall we do with the drunken sailor)

CREATE YOUR OWN!



SESSION END

- ▶ Check in with HOME BASED RESEARCH projects and DIARIES
- ▶ These may benefit from some refinement after today's session.
- ▶ Would people like to add questions, or activities to ask/try at home?
- ▶ Following reflection on what has been learnt/recorded, encourage the group to go further, try to influence activity, attitude or behaviour more strongly, or find out more about habits and knowledge...



Facilitator
Notes

HOW GERMS ENTER THE BODY

When harmful germs enter the body, they multiply and cause disease. This is called an infection. The body's defences usually do a great job of stopping or killing harmful germs. But sometimes they multiply faster than the body can handle and then we get sick. We come in to contact with harmful germs in many ways, including:

Contaminated blood: Harmful germs can enter the body through the bloodstream.

Infected food or water: Dangerous germs can enter through the mouth if we drink untreated water or swallow food that's under cooked or unwashed.

Disease carrying animals: harmful microbes can enter the body through close contact with infected animals

Germly air: dangerous microbes can enter the body through close contact with infected creatures.



HOW THE BODY DEFENDS AGAINST GERMS (PATHOGENS)

Our bodies have a two-line defence system against pathogens (germs) that make us sick. Pathogens include bacteria, viruses, toxins, parasites and fungi. The first line of defence (or outside defence system) includes physical and chemical barriers that are always ready and prepared to defend the body from infection. These include skin, tears, mucus, tiny hairs in the nose, ears and windpipe (cilia), stomach acid, urine flow, 'friendly' bacteria like 'Comrade Jack' and white blood cells called neutrophils.

Germs, or pathogenic (disease-causing) microorganisms must make it past this first line of defence. If this defence is broken, the second line of defence within our bodies is activated.

SKIN

The skin is the largest organ of our body. It acts as a barrier between germs (pathogens) and your body. Skin forms a waterproof mechanical barrier. Microorganisms that live all over our skin can't get through the skin unless it's broken.

TEARS, MUCUS AND SALIVA

Our noses, mouths and eyes are obvious entry points for pathogens. However, tears, mucus and saliva contain an enzyme that breaks down the cell wall of many bacteria. Those that are not killed immediately are trapped in mucus and swallowed. Special cells line and protect the nose, throat and other passages within the body. The inner lining of our gut and lungs also produces mucus to trap invading pathogens.

CILIA

Very fine hairs (cilia) lining our windpipe move mucus and trapped particles away from our lungs. Particles can be bacteria or material such as dust or smoke.

STOMACH ACID



Stomach acid kills bacteria and parasites that have been swallowed.

URINE FLOW

Our urine flow flushes out pathogens from the bladder area.

'FRIENDLY' (BENEFICIAL) BACTERIA – COMRADE JAKE

We have beneficial bacteria growing on our skin, in your bowel and other places in the body (such as the mouth and the gut) that stop other harmful bacteria from taking over.

NEUTROPHILS

These are white blood cells that can find, kill and ingest pathogens seeking an entrance into the body.

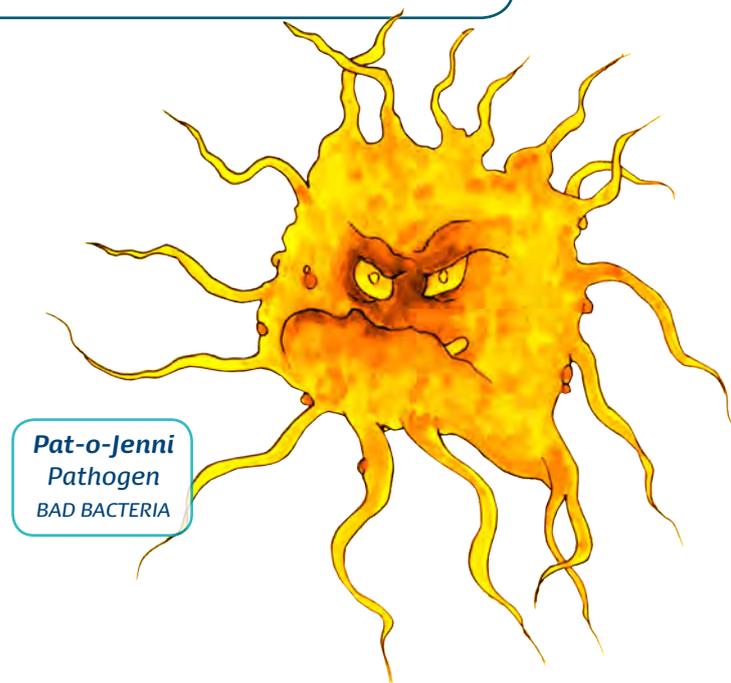
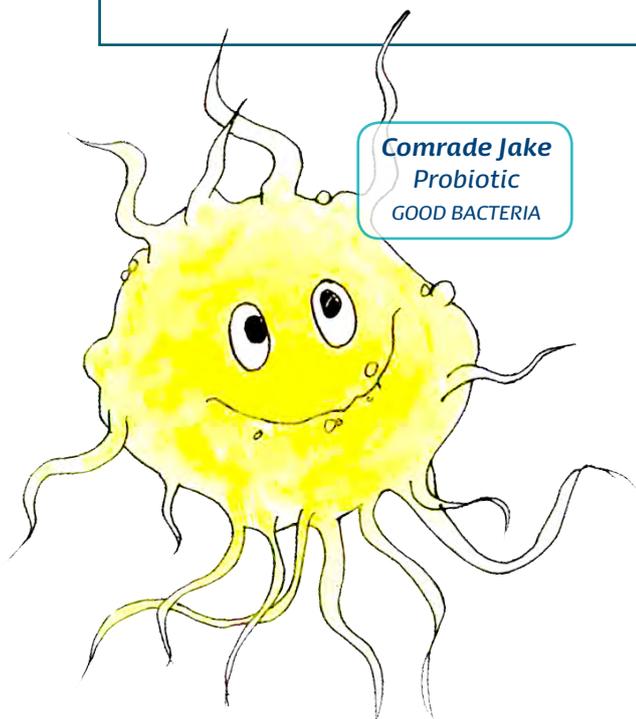
GOOD AND BAD BACTERIA

COMRADE JAKE: GOOD BACTERIA

Bacteria aren't all bad, in fact we couldn't survive without some bacteria! Good bacteria in our stomachs, probiotics like "COMRADE JAKE", help digest food and fight invading microbes. Good bacteria are used in making some of the dairy products we like to eat and also some types of medicines! Bacteria are some of the best decomposers – they break down dead and decaying organic matter from leaves to insects.

Microbes are micro-organisms. They are so tiny that you can't see them without a microscope! Microbes are the tiniest friends, and enemies, that we have! They are sometimes called 'bugs' because they can cause problems like disease but they are not all bad.

Some of the best friends you have are microbes like COMRADE JAKE that help to keep us healthy and fight disease.



MICROBES ARE REALLY PRETTY COOL DUDES! ARI BHO! AKANAKA!

IN OUR STOMACHS WE NEED BACTERIA TO BREAK DOWN FOOD.

Our stomachs are a very busy places! The stomach *processes* food, turns our food into *nutrients* that our body's cells use for energy and growth. In the stomach, friendly bacteria like COMRADE JAKE help with digestion and also help to fight microbes to make sure we stay healthy. As mentioned above, the body also has amazing *defences* outside and inside the body which work together to fight microbes. Our clever defence systems even remember microbes they have seen before - if they try to invade again, our bodies are ready.

NORMALLY: all of us have 20% bad bacteria and 80% good bacteria in our bodies.

If we come to have more than 20% bad bacteria in our stomachs, our bodies try to flush out the bad bacteria – this is when we have an upset stomach.

Different types of bad mini organisms:

- ▶ **Viruses** are pieces of nucleic acid (DNA or RNA) wrapped in a thin coat of protein that replicate only within the cells of living hosts. Viruses cannot be cured by antibiotics: immunisation and anti-virals work against viruses.
- ▶ **Bacteria** are one-cell microorganisms with a simple cellular organization whose nucleus lacks a membrane.
- ▶ **Parasites** may be protozoa, yeasts, or multicellular organisms such as fungi or worms that live in or on a host to obtain nourishment without providing any benefit to the host.

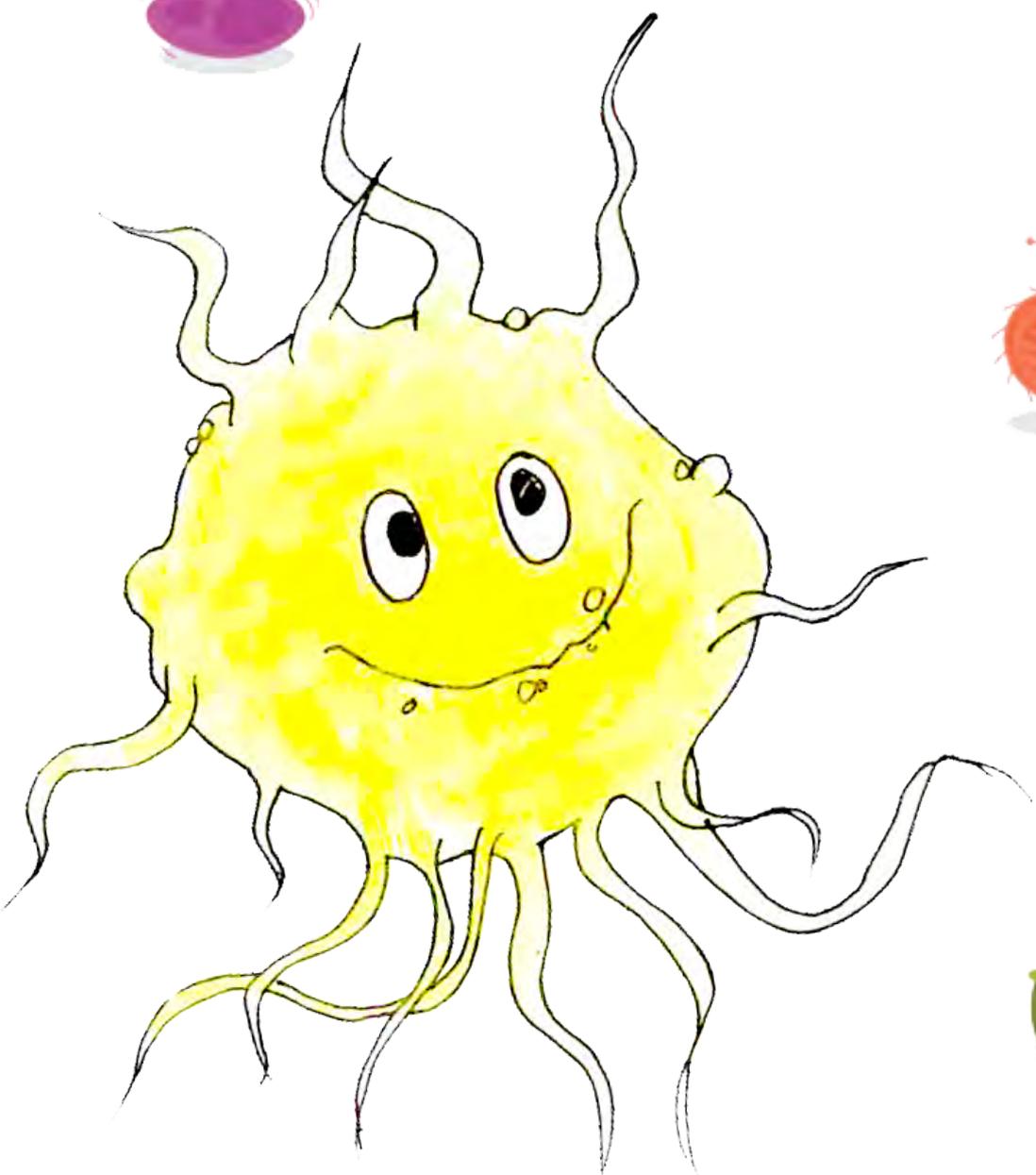
There are many bacteria living in our stomachs – helping to break down the food. Bad viruses, bacteria or parasites may disrupt bodily functions, poison the system, so the body's reflex kicks in to empty the stomach – this is why diarrhoea can happen quickly and violently, and the reflexes of vomiting can continue until after all the food has gone.

Washing hands, food and cooking utensils with soap removes oils and breaks up dirt particles so they may be washed away, whereas cooking and boiling kills harmful organisms that cannot be removed by washing. You can prevent diseases caused by viruses, bacteria, and parasites by keeping a clean environment and by handling food in a sanitary manner. Most intestinal parasites are transmitted by contact with faeces from an infected person or pet.

For more teaching material and fun activity around bacteria: <http://microbemagic.ucc.ie/>



“Zvembudzi! Zvembudzi,
Zvandikanganisa
Murume ndebvu mukadzi ndebvu”
‘Zvenhunzi, zvenhunzi zvawarisa
Mwana kurwara,
Baba kurwana zvandikanganisa!’



Diseases

LEARNING OUTCOMES



KNOWLEDGE

- ▶ The group can tell how common diseases spread through poor personal hygiene practices.
- ▶ Primary school children learn the basic facts about diarrhoea, eye and skin infections and worms.
- ▶ Secondary school students learn the correct names of diseases, transmission, prevention processes and treatments.



AWARENESS

- ▶ How to detect symptoms of specific infections.
- ▶ We are not always passive victims of illness – we have the power to prevent disease, and often the power to cure ourselves.
- ▶ Illness is not caused by religious or supernatural forces: such as God, or by witchcraft.



ACTION

- ▶ Knowing what to do when symptoms of some common eye and skin infections are detected.



WELL-BEING

- ▶ It is possible to seek help when problems with personal hygiene are experienced.
- ▶ Dealing with situations that are not easy.
- ▶ You can discuss and support overcoming challenges to cleanliness, without being judgemental.
- ▶ Observation skills developed.

PARTICIPATORY TECHNIQUES

- ▶ Games
- ▶ Circle work
- ▶ Mix and match pictures and words
- ▶ Exhibition
- ▶ Forum theatre

MATERIALS

- ▶ Prepare cards with titles of diseases, and cards with lists of symptoms that are linked to the disease titles and the images from teacher materials.
- ▶ Use teacher notes for this.

ACTIVITY PLAN

1. INTRO

WARM UP SUGGESTIONS:

Game 30: Scale in the space [Page 61]– using facts from the facilitator notes below.

Game 39: Darling if you love me [Page 66]

Game 40: Fox in the hole [Page 66]



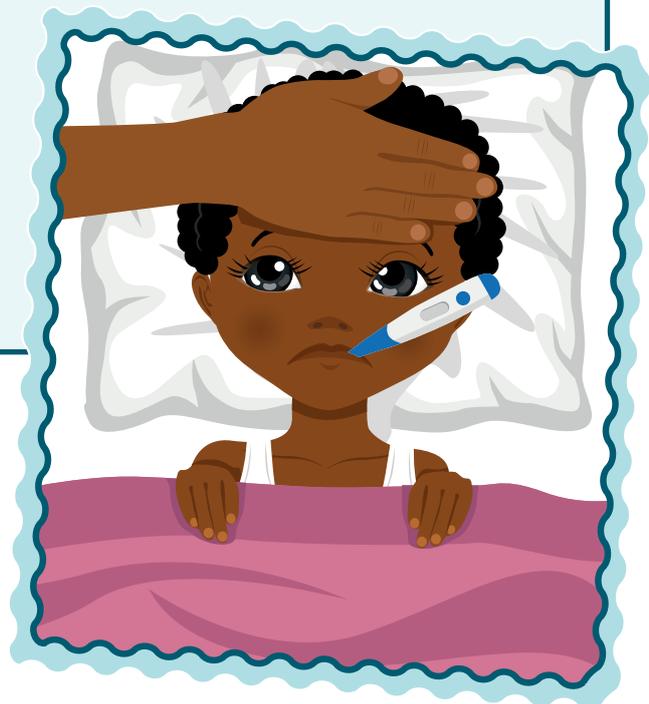
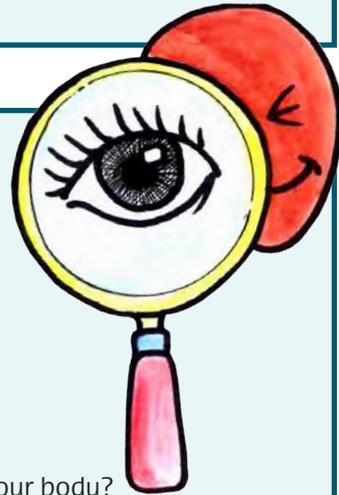
2. EXPLORE

CIRCLE DISCUSSION

- ▶ How many people around us get sick?
- ▶ What are signs of health/ illness that we know?
- ▶ Who here has been sick recently, how?
- ▶ Which illnesses have you had? Do you know why you got sick?
- ▶ How does illness affect your life? And your family's life?
- ▶ Where do illnesses come from? Do you think that illness comes from your body? Are infections and illnesses controllable?
- ▶ Do you think disease is connected to magic, witchcraft or God?

MIX AND MATCH PICTURES AND WORDS

- ▶ Photocopy and distribute 10 sets of cards/sheets. Each set has three separate elements: a picture of the disease, the title and the list of symptoms. Ask the groups to match these to each other and present them on a floor area, a table, or a board.
- ▶ When each group has finished assigning each visual illustration of the disease a title and a list of symptoms, invite the whole group to view each groups' work and discuss – like walking through an exhibition.
- ▶ The facilitator can use the knowledge of the diseases in the notes to discuss symptoms, prevention and treatment for each. Encourage the group to ask questions and find out what was correct what was not in their selections.



3. ACT

INSTANT FORUM THEATRE



- ▶ Ask groups to select an infection or a disease and using **Image to Theatre** techniques, create a short forum theatre play. The following is an example of a structure that could be used:

Image/Scene 1: Character A picks up harmful germs.

(Create the full circumstances of the incident, create character details such as name, particular likes and dislikes, a big dream, who they are in the family, what kind of friendships they have, how they are doing in school. Decide what traits this character possesses. eg. kindness, impatience, naughtiness, mean tempered, bossy, playful etc. We can learn a few significant details of what this character cares about in this first scene.)

Image/Scene 2: Character A does something which could result in his/her germs spreading. (Depending on the circumstances and the character traits, they can either be aware, or unaware of the fact they have an infection, and whether they are infectious.)

Image/Scene 3: Character B picks up the germs.

Image/Scene 4: Character B develops symptoms.

Image/Scene 5: Character A does not, or is unable to seek medical treatment (determine the reasons for this.)

Image/Scene 6: Character B is able to get treatment and does so.

Image/Scene 7: Character A and B meet. (Decide if the story ends well, or badly.)

- ▶ Follow forum theatre facilitation steps once the plays have been created and performed.



4. REFLECT

CIRCLE DISCUSSION

- ▶ Using photocopies of the two household pull outs, ask groups to reflect again upon where germs may be in both scenes.
- ▶ Does physical clutter automatically mean that harmful bacteria are on every surface? Does physical tidiness mean there are no germs?
- ▶ The only way to be sure is to disinfect.

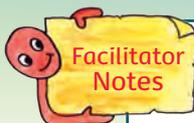


5. KNOW IT!

COMPETITION

- ▶ Create teams and generate a competition out of the facts in the facilitator notes.





Facilitator
Notes

CHILDHOOD DISEASES

Children have maturing immune systems and are often in close proximity to one another, such as in day-care centres, classrooms, and on school busses. This makes the transmission of contagious diseases particularly easy and explains, in part, why these diseases are so common in children. Contagious diseases are often caused by the spread of bacteria (such as in scarlet fever) or viruses (such as in chickenpox, measles, hand-foot-and-mouth disease, and quite a few others) in droplets of saliva and mucus, especially when coughing or sneezing. Contagious diseases may also occur by coming in close personal contact with another infected person or even by sharing personal items of an infected person, as in the case with infestation caused by insects (such as with lice and scabies) or a fungal infection (such as in tinea infections, commonly called “ringworm”).

Fortunately, many childhood diseases, once contracted, result in lifelong immunity in the infected person. However, this is not always the case. Vaccinations also provide immunity. (SOURCE: SKINSIGHT)

DIARRHOEA

The causes of diarrhoea include a wide array of viruses, bacteria and parasites. Diarrhoeal disease affects far more individuals than any other illness. Eighty-eight per cent of diarrhoeal disease is caused by unsafe water supply, inadequate sanitation and hygiene. Diarrhoea is a significant reason why children are absent from school. A recent campaign promoting handwashing with soap in 30 primary schools in Egypt reduced diarrhoea-related absenteeism by 30 per cent. Similar results have been found in China and Colombia.

Diarrhoea also causes chronic undernutrition and stunted growth.

Each episode contributes to malnutrition, reduced resistance to infections and, when prolonged, to impaired growth and development. (Source: UNICEF)

SYMPTOMS

- ▶ Stomach ache
- ▶ Feeling sick
- ▶ Watery stool
- ▶ Frequent need
- ▶ Dehydration
- ▶ Stinging sensation around anus



Facilitator
Notes**EYE INFECTIONS – TRACHOMA**

Trachoma, an eye infection affecting both eyes, is the world's leading cause of preventable blindness. Trachoma is caused by a bacteria.

In its early stages, trachoma causes conjunctivitis (pink eye). Early symptoms, which begin to appear within five to 12 days of exposure to the bacterium, can include mild itching and irritation of the eyes and eyelids and a discharge from the eyes. As the infection progresses, it causes eye pain and blurred vision. If the infection is untreated, scarring occurs inside the eyelid. This leads to the eyelashes turning inward toward the eye, a condition called trichiasis. The eyelashes brush and scratch against the cornea, the clear covering at the front of the eye. This continual irritation turns the cornea cloudy and can lead to the development of corneal ulcers and vision loss.

Having one episode of trachoma rarely causes problems. It is thought that experiencing repeated infections is what leads to the scarring and blinding complications. Generally, it takes years before trachoma can cause vision loss.

It is very contagious and is spread by direct contact with someone infected with the bacteria or with contaminated objects, such as towels.

The World Health Organization estimates that 41 million people worldwide, mostly women and children, have active trachoma infection.

TRANSMISSION

Trachoma is a potentially blinding infectious eye disease spread by direct or indirect contact with infected individuals.

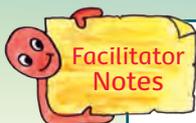
SYMPTOMS

- ▶ Itching and irritation of the eyes and eyelids
- ▶ Discharge from the eyes
- ▶ Eye pain
- ▶ Blurred vision
- ▶ Whites of the eyes are pink
- ▶ Eyelashes turn inward at more advanced stages
- ▶ Eyeball is scratched by eyelashes

TREATMENT

Blindness from trachoma is preventable by screening and treatment with an antibiotic.





Facilitator
Notes

EYE INFECTIONS – CONJUNCTIVITIS

Conjunctivitis, also known as pink eye, is an inflammation of the conjunctiva. The conjunctiva is the thin clear tissue that lies over the white part of the eye and lines the inside of the eyelid.

Pink eye has a number of different causes, including:

- ▶ Viruses
- ▶ Bacteria (such as gonorrhea or chlamydia)
- ▶ Irritants such as shampoos, dirt, smoke, and pool chlorine
- ▶ Allergies, like dust, pollen, or a special type of allergy that affects some contact lens wearers

TRANSMISSION

Pink eye caused by some bacteria and viruses can spread easily from person to person, but is not a serious health risk if diagnosed promptly. Pink eye in newborn babies, however, should be reported to a doctor immediately, as it could be a vision-threatening infection.

SYMPTOMS

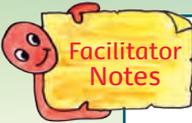
- ▶ Redness in the white of the eye or inner eyelid
- ▶ Increased amount of tears
- ▶ Thick yellow discharge that crusts over the eyelashes, especially after sleep
- ▶ Green or white discharge from the eye
- ▶ Itchy eyes
- ▶ Burning eyes
- ▶ Blurred vision
- ▶ Increased sensitivity to light

See the doctor, or even an eye doctor if you have any of these symptoms of pink eye. Your doctor will conduct an examination of your eyes and may use a cotton swab to take a sample of fluid from the eyelid to be analyzed in a lab. Bacteria or viruses that may have caused conjunctivitis, including those that can cause a sexually transmitted disease or STD, can then be identified and proper treatment prescribed.

TREATMENT

The treatment for pink eye depends on the cause.

- ▶ Bacteria. Pink eye caused by bacteria, including those related to STDs, is treated with antibiotics, in the form of eye drops, ointments, or pills. Eye drops or ointments may need to be applied to the inside of the eyelid three to four times a day for five to seven days. Pills may need to be taken for several days. The infection should improve within a week. Take or use the drugs as instructed by your doctor, even if the symptoms go away.
- ▶ Viruses. This type of pink eye often results from the viruses that cause a common cold. Just as a cold must run its course, so must this form of pink eye, which usually lasts from four to seven days. Viral conjunctivitis can be highly contagious.


 Facilitator Notes

Avoid contact with others and wash your hands frequently. If you wear contact lenses, you should throw away contacts worn while you have pinkeye and wear glasses. The same applies to any makeup you used.

- ▶ Irritants. For pinkeye caused by an irritating substance, use water to wash the substance from the eye for five minutes. Your eyes should begin to improve within four hours. If the conjunctivitis is caused by acid or alkaline material such as bleach, immediately rinse the eyes with lots of water and call your doctor immediately.
- ▶ Allergies. Allergy-associated conjunctivitis should improve once the allergy is treated and the allergen removed. See your doctor if you have conjunctivitis that is linked to an allergy.

SKIN INFECTIONS RINGWORM

Ringworm (or *tinea corporis*) is a common fungal infection resulting from dermatophytes, which are microscopic organisms that live on the dead outer layer of skin. There is no actual worm involved. The fungus that causes the ring-shaped rash remains outside of the body at all times.

Ringworm can affect anyone at any time. The estimated lifetime risk of developing any superficial fungal infection is significant if one lives in a warm, humid climate, has direct contact with active fungal infections on someone else (or a pet), or has a weakened immune system (as a consequence of medical problems such as diabetes, leukemia or other cancers, or HIV/AIDS.)

TRANSMISSION

Ringworm is a fungus that cannot be seen by the naked eye. Ringworm spreads by indirect contact through clothes and bedclothes.

SYMPTOMS

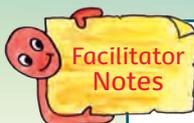
- ▶ Round areas of pale skin on the face
- ▶ Patches of baldness on the head where hair does not grow
- ▶ Ring-shaped sores on the body with central healing
- ▶ Thickness, discoloration, brittleness of nails
- ▶ Scaling and cracking of the skin between the toes

TREATMENT

- ▶ Scrubbing daily with soap and water
- ▶ Fungicidal ointment applied every day for three weeks
- ▶ Treat everyone who stays in the same house to prevent recurrence
- ▶ Wash all bedclothes and clothes

(SOURCE AFRICAAHEAD)





SKIN INFECTIONS - SCABIES



Scabies is a parasitic infestation caused by *Sarcoptes scabiei* var *hominis*. The mite, barely visible to the naked eye, burrows into the top layer of skin, (the epidermis) and lays eggs, triggering a host immune response that leads to intense itching in response to just a few mites. Scabies infestation is frequently complicated by bacterial infection, leading to the development of skin sores that, in turn, can cause more serious consequences such as septicaemia, heart disease and chronic kidney disease.

Scabies is one of the commonest dermatological conditions, accounting for a substantial proportion of skin disease in developing countries. Globally, it affects more than 130 million people at any time. (SOURCE: WHO)

TRANSMISSION

A tiny female mite, just visible with the naked eye, transfers from one person to another. It enters the skin and tunnels just below the surface. It lays eggs which hatch within 4-5 days. The larvae leave the tunnel and rebury themselves in other places to start the cycle again. The mites are spread by direct contact from person to person or by indirect contact through infested clothes or bedclothes.

SYMPTOMS

Severe itchy rash, especially at night, on the body where the skin is thin and wrinkled such as:

- ▶ Between fingers and toes
- ▶ On the belt line
- ▶ Wrists and elbows
- ▶ Genitalia
- ▶ Thighs
- ▶ Buttocks
- ▶ Nipples



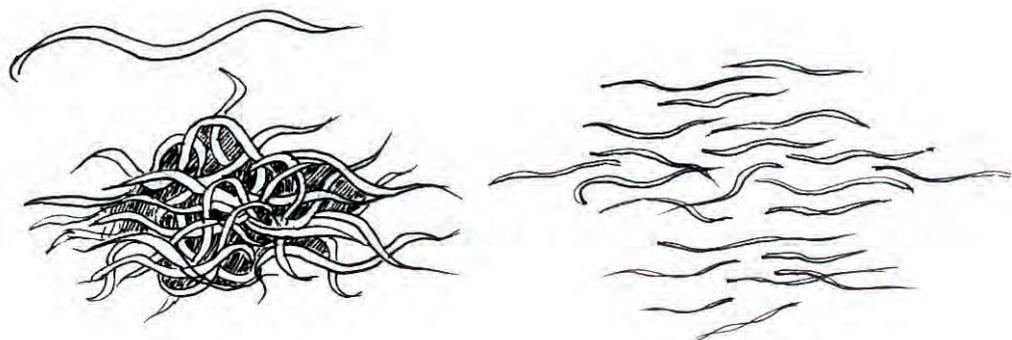
TREATMENT/CURE

- ▶ Calamine lotion to stop itching
- ▶ Go to the clinic for medication
- ▶ It is essential to treat the whole family repeatedly
- ▶ Wash all the bedclothes and clothes regularly with soap (*SOURCE: AFRICA AHEAD*)

INTESTINAL WORMS

Worm infections are one of the major health problems confronting millions of school-age children. These parasites consume nutrients from the children they infect, thus aggravating malnutrition and retarding physical development. They also destroy the tissues and organs in which they live. They cause abdominal pain, diarrhoea, intestinal obstruction, anaemia, ulcers and various other health problems. These ailments can impair learning and slow cognitive development, ultimately resulting in poor school performances of a child. It is not uncommon for heavy or long-term infection to result in death, if treatment is not given in time. It is especially important to note that the stunting of children's growth due to worm infections is not easily recognized because it occurs almost imperceptibly over time. Thus, the full impact of intestinal infections is often greatly under-reported or overlooked.

Intestinal worm infections destroy the well-being and learning potential of millions of children in many developing countries. (*SOURCE: UNICEF*)



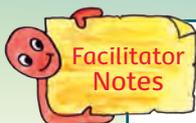
ROUNDWORM

Roundworms can infest the human gut, where they live, feed and reproduce. They don't often cause any symptoms, but are more likely to be in large numbers.

A roundworm infection – also sometimes known as ascariasis or ascaris – is usually easy to treat but doesn't usually cause any noticeable symptoms. People usually see their doctor because they've seen a worm in their stools (faeces).

Less common symptoms can include a high temperature and dry cough 4-16 days after swallowing the eggs.

If a large number of eggs have been ingested, or if the worms move from the small intestine to other parts of the body, they can cause serious complications, such as a bowel obstruction.



Facilitator
Notes

TRANSMISSION

Large roundworms live in the stomach and eat a person's food. Thousands of eggs leave the body in the faeces.

A roundworm infection can occur if you swallow the microscopic ascaris eggs in contaminated food or water, from faeces on fingers which then get into a person's mouth.

It's also possible for eggs to be transferred from your hands to your mouth after touching contaminated soil.

After the eggs mature into adult worms, the worms produce more eggs. The eggs are released from the body through the bowel, and can go on to infect other humans. The more roundworms there are inside your body, the worse your symptoms are likely to be.

SYMPTOMS SUMMARY

- ▶ General tiredness
- ▶ Irritating tickling feeling in the throat
- ▶ Coughing without having a cold
- ▶ Without realizing, coughing up mucus lumps (which are in fact worms) and swallowing them
- ▶ Occasionally vomiting up a worm
- ▶ Occasional worms in faeces
- ▶ Swollen stomach without reason
- ▶ Child looks malnourished although they eat well

See a doctor if you notice a roundworm in your faeces or you have unexplained asthma-like symptoms.

A roundworm infection can be diagnosed by examining a small sample of faeces under a microscope. Infection is confirmed by the presence of eggs or a worm in the sample.

(SOURCES: NHS & AFRICA AHEAD)

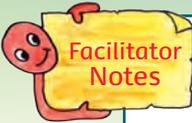
THREADWORM

Threadworms are small, white worms that infect the intestines of humans. They are between 2 millimetres to 13 millimetres long and look like a piece of cotton thread, hence the name. They are sometimes known as pinworms.

TRANSMISSION

Children touch and then swallow the tiny worm eggs without realising it. The worms hatch in the gut, then wriggle out of a person's bottom at night to lay more eggs. The female threadworm lays tiny eggs around the anus and vagina (in females). It also secretes mucus that makes you scratch the area.

The eggs get stuck to your fingers or under your nails and then they can be transferred to the mouth for the whole process to start again. Or you could transfer the eggs to someone else by touching them or touching a surface, which they then touch.


 Facilitator Notes

They are passed on by poor hygiene, not washing your hands after going to the toilet or coming into contact with objects contaminated by the worm's eggs. Dirty fingers are put into the mouth; then the eggs grow into worms in the intestines.

Sometimes you don't even know you have them but the main symptom is an itchy bottom which is worse at night and can disturb sleep.

The eggs can be transferred from your bottom to underwear, bed sheets towels and carpet.

Once the eggs are on your hands they can be transferred to anything you touch like children's toys, a toothbrush, furniture or a kitchen worktop.

Threadworm eggs can survive on surfaces for up to three weeks. It is also possible to breathe in the eggs and then swallow them. The eggs are so small that they can become airborne, for example, if you shake a towel or bed sheet that has eggs on it.

Humans are thought to be the only host for threadworms. Animals cannot catch or pass on threadworms, unless the eggs are transported on the animal's fur after human contact.

SYMPTOMS SUMMARY

- ▶ The main indication is itching around the anus even when cleaned well.
- ▶ Children will be noticed to be constantly scratching their anus

TREATMENT

Medicine without prescription.

If one person in a family has them, others may well have them too. So it's best to treat the whole household to prevent re-infection.

You get rid of them by following strict hygiene measures for up to six weeks.

You can also get treatments from your Doctor or over the counter from pharmacies.

Treatment may not be suitable for everyone and you should always follow the manufacturer's instructions.

Treatment alone does not kill threadworm eggs - good hygiene is the only way to prevent eggs from spreading and causing another infection. (SOURCE: *BOOTS MD SUPPORT*)

The body and disease

LEARNING OUTCOMES



KNOWLEDGE

- ▶ Building on learning from session 7 Symptoms, transmission and treatments of common diseases.
- ▶ Younger children confirm knowledge of the human body.
- ▶ Common routes of waterborne diseases and hookworm.



AWARENESS

- ▶ Good hygiene in themselves and others is appreciated.
- ▶ Barriers to seeking help with hygiene or medical issues are addressed.



ACTION

- ▶ Ability to put preventative measures in place to stop disease transmission and to seek out treatment.
- ▶ Use music to raise awareness in the rest of the school and community.



WELL-BEING

- ▶ Creative skills are strengthened.
- ▶ Awareness of personal responsibilities towards others.
- ▶ Understanding about poverty and gender developed in older group.
- ▶ Cooperation and problem solving skills developed.

PARTICIPATORY TECHNIQUES

- ▶ Games
- ▶ Image competition
- ▶ Circle work
- ▶ Song, mime

MATERIALS

- ▶ Paper, sticky tape, marker pens
- ▶ Musical instruments, or the group can use home-made musical instruments, such as sticks, drums and, when available, ready-made instruments to accompany the song: even recycled waste items such as tins, bottles, cans, plastic containers.
- ▶ Blackboard or large flip chart paper and markers.

ACTIVITY PLAN

1. INTRO

WARM UP SUGGESTIONS:

Game 27: Rabbit Spear Wall [Page 59] changed to DISEASE MEDICATION BODY

Disease wins against the body because it infects it
Medication wins against disease because it combats it
The body wins against medication because it consumes it

Game 18: Change the action [Page 54]

Game 19 Change the rhythm [Page 55]

Game 20: Change the object [Page 55]

Game 34: Songs as energiser games Avocado, Avocado. And Traditional, gospel, international

Game 17: Fight song and action [Page 53]



2. EXPLORE

IMAGE COMPETITION

- ▶ Split the group into teams with about 7 in each.
- ▶ You call out the name of the disease and teams have 2 minutes to create individual physical images for different symptoms, write down the symptom that each person is representing and stick this on them with sticky tape. Groups can huddle to discuss, and as in the Rabbit Spear Wall game, when time is up the groups turns to face each other, presenting their images, and labels of symptoms.
- ▶ 1,2,3 ACTION!
- ▶ Encourage huge, extreme gestures.
- ▶ Note each group's symptom list and give marks for each correct symptom.
- ▶ Keep score and repeat with a different disease.
- ▶ Discuss symptoms that were missing from group presentations at the end of the game.



3. ACT

SONGS



- ▶ For the PRIMARY group, create a simple song about hygiene habits that will prevent locally prevalent diseases, such as eye diseases (trachoma and conjunctivitis), skin disease (scabies), diarrhoea, intestinal worms and hookworm (in feet).
- ▶ The song should include the names of those parts of the body that may be infected by a waterborne disease (eyes, skin, stomach, bottom, feet) and the parts of the body involved in transmission or prevention (hands, feet).
- ▶ In the SECONDARY group, ask group members to make their own song, individually or in small groups. Tell them the parts of the body that should be mentioned in the song.
- ▶ Invite group members that are already familiar with faecal-oral infections and water-borne diseases to make a song about these diseases that feature affected parts of the body and those parts of the body involved in transmission and prevention.
- ▶ Alternatively, ask older children to transform the music of an existing song into different music styles, E.g: traditional, gospel, **ZIM DANCE HALL!** or rap.
- ▶ Teach the song. Ask the singers to point at, move or shake the relevant parts of the body.
- ▶ In the secondary group, invite students to present their songs with accompanying body movements.
- ▶ Ask volunteers to list on the blackboard, or on a big sheet of paper, the critical parts of the body (affected and transmitting).



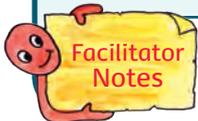
CIRCLE DISCUSSION

- ▶ After singing, facilitate a discussion about the different diseases and their symptoms, transmission, prevention, treatment. Ask the group for example, if anyone here or in their family or amongst friends have ever had an eye, skin or worm infection.
 - What did you feel?
 - What could others see?
 - What is the infection called? (Local names, and, for older group, the medical names.)
 - How long did it last?
 - What did you/your parents do?
 - Why do you think you got it?
 - Did other people also have it?
 - Why could that happen?
- ▶ For the secondary school group, give the causes, symptoms, treatment and draw the diagrams of transmission on the blackboard, or large flip chart paper.
- ▶ Ask the group to identify practices that block the spreading of the diseases.
- ▶ Ask the group what can deter people from poor hygiene practices. (Examples of obstacles include drought, water points that are too far away, not all families can or want to buy sandals/slippers for children, etc.) What can be done to overcome such problems?
- ▶ Ask the group to analyse which of their songs were the most complete. Children can perform the most complete and attractive songs for the rest of the school, in the playground at assembly or at parents' days and so forth.

4. REFLECT

GROUP DISCUSSION & IMAGE THEATRE

- ▶ Invite groups to discuss situations in which infections happen.
- ▶ Ask groups to pinpoint the reasons why infection takes place, and the barriers to stopping the routes of transmission.
- ▶ In groups present situations through images.
- ▶ Following the presentation of each, ask the rest of the group to share how this relates to their own experiences. Consciously develop understanding amongst the group of how this affects the lives of students, families and communities.

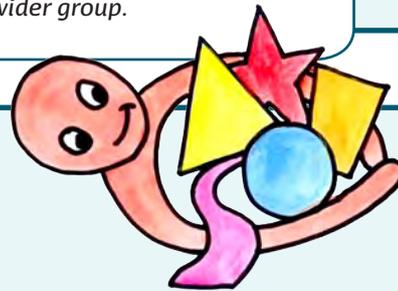


This technique can be used in school/assembly and/or community settings to develop this awareness and understanding amongst a wider group.

5. KNOW IT!

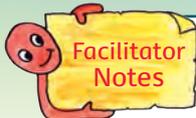
OBSERVATION

- ▶ Using the neutral body pull-out [Page 293], and/or whichever participatory technique you wish, check that the whole group are able to name three parts of the body subject to infections through poor hygiene and water-borne diseases.
- ▶ Ask groups to explain at least three locally prevailing water-borne diseases how these are transmitted and how their transmission can be prevented.
- ▶ Apply the same process to the other diseases that have been learned about in Session 7.



Hurungwe
Primary School
clean up in town





WATER-RELATED ILLNESS

Half of the world's hospital beds are filled with people suffering from a water related disease. In developing countries, about 80% of illnesses are linked to poor water and sanitation conditions. 1 out of every 5 deaths under the age of 5 worldwide is due to a water-related disease. Clean and safe water is essential to healthy living.

Tiny worms and bacteria live in water naturally. Most of the bacteria are pretty harmless. But some of them can cause devastating disease in humans. And since they can't be seen, they can't be avoided. Every glass of dirty water is a potential killer.

Most of these waterborne diseases aren't found in developed countries because of the sophisticated water systems that filter and chlorinate water to eliminate all disease carrying organisms. But typhoid fever, cholera and many other diseases still run rampant in the developing parts of the world. (SOURCE THE WATER PROJECT)



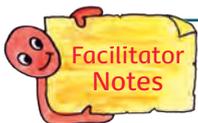
Revision



This session is left open for HCC facilitators and clubs to choose what requires revision. You may want to take longer than one session to recap all the subject areas. You may wish to test how much your group understands and then decide what needs the most revision.

We've covered a lot in term 1! The main areas covered by term 1 are:

Personal hygiene
Household and food hygiene
Handwashing
Germs
Risk of infection
Diseases



Facilitator Notes

A revision session aims to look over what's been learned, refresh memory, and think creatively about how the knowledge gained can be shared. It's important for the group to say what they feel they need to know more about, and this to be listened to and followed by the facilitator.



TESTING LEARNING OUTCOMES

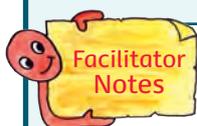
QUESTIONNAIRE

Use the 1st questionnaire in the M&E section to gain an overview of how the group's knowledge and understanding has grown.

INTERACTIVE METHODS FOR TESTING LEARNING OUTCOMES

These are suggestions

- ▶ Split the group into 6 and give each a subject area. Ask them to first list all the things they know now that they didn't know before the start of the term (relating to the specific subject): what are the most important things you learnt about the risk of infection (for example).
- ▶ Split the group into 6 and give each a subject area. Ask the group to consider the most important things that should be shared with the rest of the school. A next step is for each group to create their own way of sharing this with others: whether through a play, or a game, creating a poster, or an exercise. Encourage groups to think of what their young siblings or cousins might need to know, or what younger pupils in the school would benefit from knowing.
- ▶ Go through the 'Know it!' section of each session with the whole group. Then ask the group how well they think they did. How well did you remember things? This allows the group to assess their own achievement.



**Facilitator
Notes**

The younger the group the more support you can give them, to remember content.

CREATIVE REVISION IDEAS

1. Create a poster on how to stop germs spreading
2. Compose a song on what germs are, where they can be found and how to stop them spreading.
3. Use market scene pull outs to revise knowledge of how germs are spread.
4. Create a series of images showing the different ways that disease spreads.
5. Create small dramas that show how to stop disease spreading.
6. Create images that show the symptoms of specific diseases.
7. Create banners with important messages to put up on the school building.
8. Create a forum theatre play that presents a problem related to hygiene and sanitation.

Testing Learning

Using the Monitoring and Evaluation framework in Section 5 design a test that will fairly assess the growth in knowledge, attitude and behaviour of your group.

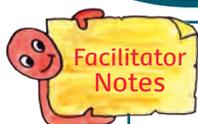
The test should be both written and practical.



This session is left entirely up to you to measure the achievement of your club.

It is also a space for you to work on school or community interventions.

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Keep a record of your club's achievements, and share with the rest of the school, this will encourage more support from school management to allow space for the club in the school timetable!



Water Cycle, Sources & System

LEARNING OUTCOMES



KNOWLEDGE

- ▶ The water cycle is learned.
- ▶ Water sources in general, and water sources for the specific area are known.
- ▶ The main parts of a basic water system, from source to tap, is known.



AWARENESS

- ▶ The cost and the processes involved in a water system.
- ▶ The process which leads to the provision of water in the school, and the community.
- ▶ The responsibility for safe, clean water provision.



ACTION

- ▶ Decisions and plans that could lead to improving the water supply into school are made.



WELL-BEING

- ▶ A sense of agency is achieved through understanding oneself in relation to a system.
- ▶ A sense of empowerment is experienced through thinking about what could improve water supply.

PARTICIPATORY TECHNIQUES

- ▶ Games
- ▶ Image and movement exercises
- ▶ 'Mingle mingle'
- ▶ The Hat Game
- ▶ Story Telling
- ▶ Circle work

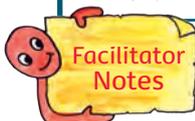
MATERIALS

Pull Out

304

Water Cycle

- ▶ Photocopy water-cycle work sheet, water source, and water system from Teacher Materials.
- ▶ Prepare cards for The Hat Game with descriptions of water sources.
- ▶ You could prepare additional pictures of water sources, or ask club members to help by drawing sources such as an open well etc.



This session deals with three subject areas in one: The Water Cycle, Water Sources and The Water System. You may wish to spread this subject out over two or three sessions. Alternatively, these subjects can also be covered in Geography and Science classes.

ACTIVITY PLAN

1. INTRO

WARM UP SUGGESTIONS:

Game 20: Change the object [Page 55].

Game 21: Guess the object [Page 56].

Game 12: Fish Focus – develop and encourage the ‘fish’ to travel through fire, water, earth and air [Page 50].



2. EXPLORE

HOW OLD DO YOU THINK WATER IS?

- ▶ Get a glass of water and put it on the table next to you.
- ▶ Take a good long look at the water. Now -- can you guess how old it is?

Use facilitator notes to pull out and extend knowledge in the group

THE JOURNEY OF WATER



Pull Out

273 - 276

Various types of water sources

- ▶ Using the facilitator notes of the water cycle, draw the basic movement of water on a large piece of paper and ask pupils to fill in the gaps and describe the processes.
- ▶ Physicalize this process through enacting what happens to water. Each student is a water droplet and they physically transform through the space, through the processes of evaporation, condensation, precipitation.
- ▶ Encourage the use of extreme body movements as the group ‘become’ these different bodies of water. Encourage sounds and different speeds of movement.

WATER SOURCES

Open well
 Dam
 Surface rain or rainwater collection
 Unprotected spring
 River
 Stream
 Rock catchment
 Blair handpump
 Bush pump
 Bucket pump
 Protected well
 Unprotected well
 Protected spring
 Rain water harvesting
 Piped tap
 School sand filter tank
 Bottled water
 Tanker truck

- ▶ Hand out images of UNPROTECTED SOURCES and PROTECTED SOURCES OF WATER, photocopy 5 copies of each source.
- ▶ Using 'Mingle mingle' as the starting point, invite the group to walk around and find out who has got the same card as them, without using the words – only describing the water source.
- ▶ Specify that each person must keep their card secret, and only use descriptive words to explain what their source is. Allow about 5 minutes for people to find each other.
- ▶ Once groups are formed, find out if they got it right.
- ▶ Choose a few groups and hear how they described the water source to each other.

ALTERNATIVE: SECONDARY SCHOOL THE HAT GAME



- ▶ Invite the group to form 2 – 4 teams.
- ▶ Put the water sources, with their images folded in a bin, basket or hat.
- ▶ Each team is timed for 1 minute, during which time a representative from the team describes as many of the water sources as they can, without using the actual words on the paper.
- ▶ Teams win 1 point for each source that is guessed correctly. Teams play in rotation. Every time it comes back around again, a new 'speaker' represents the team, and tries to get as many sources described and guessed correctly as possible.
- ▶ For example, Tendai is the speaker for team A. The whistle goes, the minute has started. Tendai pulls out the first piece of paper from the bin/basket/hat. It's 'Open Well'. Tendai must describe this without using the words 'Open Well' ... ie: "It's an unprotected source... it might not be manmade.
- ▶ It's often round, out in the open, no pump, often you use a bucket on a string to get the water at the bottom..." As soon as someone from Tendai's team gets 'Open Well' Tendai puts the piece of paper to the side, and pulls out another one – repeating the same process until the minute is up.
- ▶ Tendai's' team will get one point for each correctly guessed water source.

Round 2

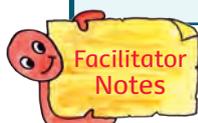
- ▶ Once the teams have gone through the whole set of sources in the hat, round 2 begins. All the slips of paper are put back in the hat, and the same process is played – except this time, team reps can only use one word to represent the source written. This cannot be the same as any of the words written on the slip of paper.
- ▶ For example, Tendai picks out 'Open Well' again. He chooses to use the word 'ROUND' to remind his team how he described 'Open well' last time.

Round 3

- ▶ The same as above, except this time no words are allowed, only mime and sounds if necessary.

ALTERNATIVE: PRIMARY SCHOOL THE HAT GAME

(This will require preparation)



Set teams up as in the game described above.
The difference is the teacher reads out the description for each water source, and teams must guess the name of the water source described.

THE WATER SYSTEM

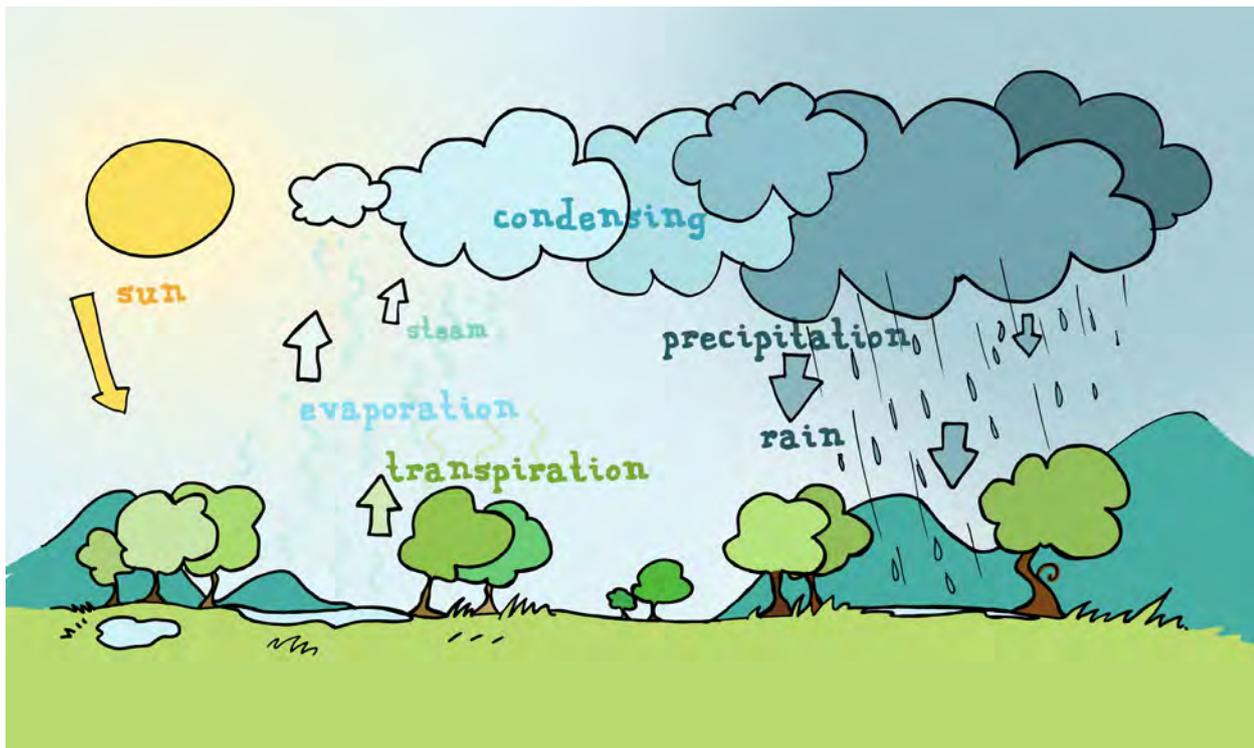
- ▶ Using the WIDZO THE WATERMAN pull out, ask groups to guess what needs to happen to water from raw form to being clean and safe
- ▶ Use Facilitator notes to discuss the process as it happens in your area.



Pull Out

305 - 306

Widzo the Waterman



3. ACT

SONG/PERFORMANCE – PRIMARY

Using WIDZO THE WATERMAN, create a performance around his journey from the raw water source to the state where he is safe to be consumed by people.

SECONDARY SCHOOL ALTERNATIVE: CREATE A NEW WATER MYTH

Tell this creation myth story:



God created Mwedzi (the moon) in a deep pool of water. The moon begged to be allowed to live on land. Once on land, Mwedzi was lonely, so God sent Hweva (Morningstar) down to become his wife but warned that after two years he would have to return her to the sky. Hweva stayed with Mwedzi and gave birth to all the vegetation on earth. After two years, a reluctant Mwedzi sent her back to the sky.

Mwedzi became lonely again, so God sent him Venekatsvimborume (Eveningstar) and again told him that she must return to the sky after two years. Venekatsvimborume stayed with Moon. She gave birth, first to herbivores and birds and then to boys and girls. After two years God asked the Mwedzi to return her.

Mwedzi refused. On the next day Venekatsvimborume gave birth to lions, scorpions and other predators.



EXPLANATION

Shona traditions have deep respect for natural bodies, like the water. In this myth, Man is created in a deep pool of water. Dzivaguru is one of the praise-names used for the creator and the literal translation of the word is “deep pool of water.” Dzivaguru is also the name of one of Zimbabwe’s most important shrines.

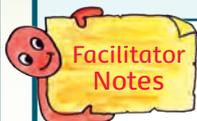
After telling this story ask the group what they think.

- ▶ Does the grand, symbolic, almost majestic tone make a strong impression?
- ▶ Can we do something similar with the journey of water?
- ▶ Encourage groups to find a way of narrating this story of water – as if they are speaking like a great big drum. Groups can choose any journey of water they like – the different ways that water moves from source to tap, or through the water cycle, or through a water purification process.
- ▶ Treat ‘water’ like a person – a character – and describe his, or her journey through the different stages, using images, words, song.



4. REFLECT

CIRCLE DISCUSSION



Facilitator Notes

Teacher-facilitators should write this down to measure pupil knowledge. But also to map this over time. In the next few years this may change.



What is the school's main water source? Which of the following exists in our school?

- Piped water into school building
- Piped water to school plot
- Public tap/standpipe
- Borehole
- Protected dug well
- Unprotected dug well
- Protected spring
- Unprotected spring
- Rainwater collection
- Bottled water
- Cart with small tank/drum
- Tanker-truck
- Surface water (river, dam, lake, pond, stream, canal, irrigation channel)
- No water available in or near school
- Other



Is it functional now? Yes No

Is there enough water for the school? Yes No

Is water treated before drinking? Yes No

Are water facilities accessible to children with disabilities? Yes No

Explain that the aim of above questions is to find out if a functional water point is available at or near the school, and encourage the group to apply new knowledge to their surroundings.

IDEAL: A functional water point is available at or near the school that provides a sufficient quantity of water for the needs of school, is safe for drinking, and is accessible to children with disabilities.

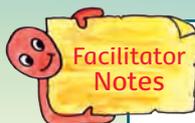
Discuss with the group what could be done to improve water supply in school.

5. KNOW IT!

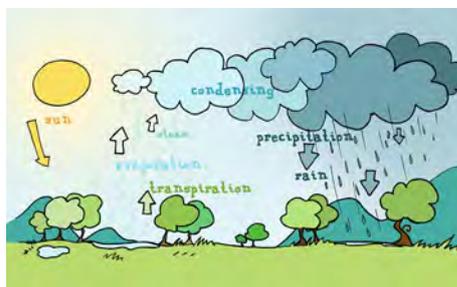
COMPETITION

- ▶ Create teams. Ask teams to give themselves names.
- ▶ Based upon facilitator notes, create a competition that tests learning about the water cycle, water sources and water systems from source to tap water.





WATER CYCLE IN MORE DETAIL



The water in your glass may have fallen from the sky as rain just last week, but the water itself has been around as long as the earth has!

When the first fish crawled out of the ocean onto the land, your glass of water was part of that ocean. When the Brontosaurus walked through lakes feeding on plants, your glass of

water was part of those lakes. When kings and princesses, knights and squires took a drink from their wells, your glass of water was part of those wells.

Pull Out

303 - 304

The Water Cycle

And you thought your parents were OLD!!

The earth has a limited amount of water. That water keeps going around and around and around and around and (well you get the idea) in what we call the “Water Cycle”.

This cycle is made up of a few main parts:

evaporation (and transpiration)
condensation
precipitation
collection



Evaporation



Condensation



Precipitation



Collection

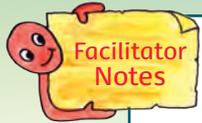


Evaporation: Evaporation is when the sun heats up water in rivers or lakes or the ocean and turns it into vapour or steam. The water vapour or steam leaves the river, lake or ocean and goes into the air.

Do plants sweat? Well, sort of.... People perspire (sweat) and plants transpire. Transpiration is the process by which plants lose water out of their leaves. Transpiration gives evaporation a bit of a hand in getting the water vapor back up into the air.

Condensation: Water vapour in the air gets cold and changes back into liquid, forming clouds. This is called condensation.

You can see the same sort of thing at home... Pour a glass of cold water on a hot day and watch what happens. Water forms on the outside of the glass. That water didn't somehow leak through the glass! It actually came from the air. Water vapour in the warm air turns back into liquid when it touches the cold glass.

Facilitator
Notes

Precipitation: Precipitation occurs when so much water has condensed that the air cannot hold it anymore. The clouds get heavy and water falls back to the earth in the form of rain, hail, sleet or snow.

Collection: When water falls back to earth as precipitation, it may fall back in the oceans, lakes or rivers or it may end up on land. When it ends up on land, it will either soak into the earth and become part of the “ground water” that plants and animals use to drink or it may run over the soil and collect in the oceans, lakes or rivers where the cycle starts all over again. (SOURCE: KIDZONE - www.kidzone.ws/water/)

WATER SOURCES

Pull Out



305 - 306

The Water System

UNPROTECTED SOURCES

Open well
Dam
Surface rain
Unprotected spring
River
Stream
Rock catchment

PROTECTED SOURCES

Blair handpump
Bush pumps
Bucket pump
Protected well
Protected spring
Rain water harvesting
Piped tap
School sand filter tank

Water purification denotes the process of making water safe for human consumption, but the term is also used for other cleansing processes to make water suitable for e.g. industrial or agricultural uses. To make water safe for human consumption, contaminants such as **organic material**, pathogens or chemical substances have to be removed from raw water.

Water purification should combine both **software** (behavioural change, e.g. social marketing) and **hardware** approaches (technologies based on physical, chemical or biological processes, e.g. slow sand filtration).

Waterborne Diseases

LEARNING OUTCOMES



KNOWLEDGE

- ▶ The possible causes of water contamination between the source and the mouth of a river are known.
- ▶ It is known that water can look clean and clear but might still be unsafe to drink.
- ▶ Possible sources of contamination are known, if water is not stored safely.
- ▶ Knowledge is gained about the safe water chain.
- ▶ Faecal-oral disease transmission, and the concept of germs is revisited.
- ▶ Waterborne diseases are known by Secondary school clubs.



AWARENESS

- ▶ Use of contaminated water sources is rejected.
- ▶ Having safe drinking water sources and safe methods of collection are perceived as being important.
- ▶ Confidence in articulating preventative measures for waterborne diseases is grown.



ACTION

- ▶ At least two ways of safely transporting water can be demonstrated.
- ▶ Monitoring and guiding fellow students and younger brothers and sisters is encouraged.
- ▶ Ability to act on understanding about preventative measures and treatment of waterborne diseases.



WELL-BEING

- ▶ Critical thinking is practiced.
- ▶ Alternatives are thought of and communicated.
- ▶ Communication about alternatives and behaviour with adults is achievable.
- ▶ Confidence is developed.

PARTICIPATORY TECHNIQUES

- ▶ Games
- ▶ Instant theatre role-play
- ▶ Group observations – reflection on home projects

ACTIVITY PLAN

1. INTRO

WARM UP SUGGESTIONS:

Game 4: Clustering [Page 45]

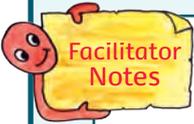
Game 23: Finding character through stereotypes [Page 57]

Game 15: Greet, Argue and Make up [Page 52]



2. EXPLORE

NARRATED & INSTANT THEATRE ROLE PLAY

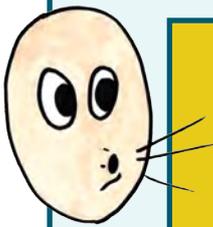


This can be prepared and used for interventions in the school eg. Assembly – or in the community.

This example is a role-play which the teacher can prepare. Older students can make their own dramas.

The play has the following Characters:

Mai Precious, two elderly men, a thirsty and tired traveller, a husband, a baby child.



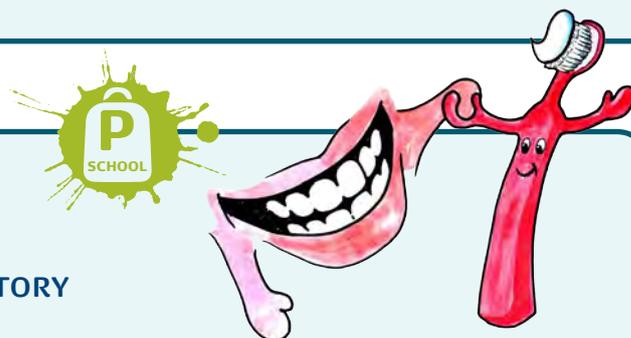
The role-play is set in a rural village where the water source is located two kilometres from the village. Mai Precious travels with a bucket without a cover to collect water. When she reaches the water source, she draws the water into her bucket. She does not clean the bucket first. In the meantime one gentleman is relieving himself in the nearby bush. A few minutes later a drunken man staggers near the same bush and pauses to blow his nose into his fingers. He stares at the contents in his hands, makes a face and mumbling under his breath proceeds to wipe his hands on the leaves at the top of the bush. He then staggers away.

Mai Precious has filled her bucket, and reaching the bush, stops to collect her leaves. She needs these leaves to prevent the water from splashing, and also to reduce dust and the number of insects that may get into the water. She picks the nearest leaves on the bush, clearly the same leaves that were used previously by the two men. She goes on her way home. On the way, she meets a traveller who is very thirsty and asks her for some water. Mai Precious gives him some water from her bucket. The traveller walks on. After some time he is violently sick.

Mai Precious continues home and serves the water to her husband and the little baby at home to drink.

She also drinks herself. Sometime later the baby, her husband and she herself are seen to be unwell.

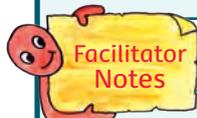
- ▶ Ask for five volunteers and give each his or her role separately.
- ▶ After the performance ask questions to encourage the group to reflect critically, for example:
 - What kind of container did Mai Precious use? Was it suitable or unsuitable? Why?
- ▶ What should she have done before putting the water in the container?
- ▶ Where else did the water get contaminated? Why?
- ▶ How would you have done better?
- ▶ What could Mai Precious's husband have done?



3. ACT

PRIMARY: FORUM THE MAI PRECIOUS STORY

- ▶ Invite group members to play key characters in moments where they feel they could change the action and the outcome could have been different.
- ▶ Following **Facilitating Forum Theatre**, interrogate where the power is in the relationships between characters in this situation and brainstorm realistic ways to negotiate change.
- ▶ Keep asking 'Would that work in your home?', 'Is that the best strategy?', 'How can you improve the situation without causing conflict?', 'Do you want to try?'.



Facilitator
Notes

This can also work for secondary.

SECONDARY: CREATE NEW FORUM THEATRE PLAYS



- ▶ Using the details of waterborne diseases in the facilitators notes, invite groups to pick a disease and create a story similar to Mai Precious's story that shows a number of scenes where actions could lead to contamination of water.
- ▶ Invite groups to take the story further to the point where the waterborne disease has taken hold in a person. From here the groups can go into telling the story of ways that the family and community handle the sickness. Eg: a character does something which is a barrier to seeking medical treatment.
- ▶ This means when the plays are formed with the rest of the club, and also in the school, negotiation about prevention, and treatment of waterborne diseases takes place.

4. REFLECT

REFLECTING UPON, AND DEVELOPING HOME PROJECTS

- ▶ To what extent have the current home based research projects included water sources, water collection, water storage? And whether or not the family or surrounding families have experienced waterborne diseases?
- ▶ Is it possible for pupils to accompany their parents in the process of water collection? For some this might not be applicable. Whatever the water source used at home, ask group members to observe practices at home – by their family and even by other households where a different water source is used.
- ▶ Come up with strategies to discuss water sources and water collection and storage practices with the family, in an acceptable way.
- ▶ Secondary school groups could do a simple observational survey in groups at the village water sources.



SECONDARY

- ▶ Groups can, for example, list the following – for up to 5 people using the water source
 - the types of container
 - the sex of the person collecting
 - the perceived age group of the person collecting (agree in advance how to divide age groups)
 - whether the collector rinsed the container before filling
 - whether they washed hands or not
 - whether they put leaves on top or not
 - whether their hands touch the water during transport or not.



In the club, help the children enter their observations into an overall table.

- ▶ Use the assignment to facilitate a group analysis and draw conclusions on the characteristics of water collectors and safe and risky collection behaviours. Some sample questions:
 - What type of person did you see most often collecting water?
 - What may that mean for the lives of this person?
 - Did most collectors use safe practices? What do you see in the table?
 - What kind of person used safe practices?
 - What do you conclude about hygienic water collection in your village?
 - Do the observations give the true picture or could it be different at other times?
 - What could the users have done better?
 - Use the data also for arithmetic (adding, percentages, etc.).

Ask the children to work out, individually or in small groups, the total of safe and unsafe water practices for each group and write these down in a table.



5. KNOW IT!

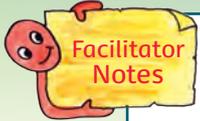
CIRCLE DISCUSSION

- ▶ Can you list containers that are safer and less safe to transport water?
- ▶ Can you describe ways in which water contamination can take place?
- ▶ For secondary group: Can you articulate your observations, and analyse water-collection behaviour?
- ▶ Are you aware of how to combat barriers to prevention, know symptoms of waterborne diseases and encourage treatment of waterborne diseases amongst friends, family and community?

ALTERNATIVE: COMPETITION

- ▶ Using the facilitator's notes create a competition to consolidate learning.





WATER-RELATED DISEASES

Water-related diseases can be described as:

- those due to micro-organisms and chemicals in the water people drink;
- diseases like schistosomiasis which have part of their lifecycle in water;
- diseases like malaria with water-related vectors;

These include:

- ▶ CHOLERA
- ▶ THYPOID
- ▶ HEPATITUS
- ▶ DIARRHOEA

Inadequate drinkingwater, sanitation and hygiene are estimated to cause 842 000 diarrhoeal disease deaths per year, and contribute substantially to the other diseases listed above. (SOURCE: WHO, 2014)

CHOLERA

Cholera outbreaks can occur sporadically in any part of the world where water supplies, sanitation, food safety and hygiene practices are inadequate. Overcrowded communities with poor sanitation and unsafe drinking water supplies are most frequently affected.

Cholera is an acute infection of the intestine, which begins suddenly with painless watery diarrhoea, nausea and vomiting. Most people who become infected have very mild diarrhoea or symptom-free infection. Malnourished people in particular experience more severe symptoms. Severe cholera cases present with profuse diarrhoea and vomiting. Severe, untreated cholera can lead to rapid dehydration and death. If untreated, 50% of people with severe cholera will die, but prompt and adequate treatment reduces this to less than 1% of cases.

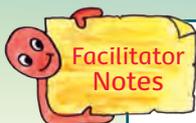
Cholera is caused by the bacterium *Vibrio cholerae*. People become infected after eating food or drinking water that has been contaminated by the faeces of infected persons. Raw or undercooked seafood may be a source of infection in areas where cholera is prevalent and sanitation is poor. Vegetables and fruit that have been washed with water contaminated by sewage may also transmit the infection if *V. cholerae* is present.

Cholera cases and deaths were officially reported to WHO in the year 2000 from 27 countries in Africa, 9 countries in Latin America, 13 countries in Asia, 2 countries in Europe, and 4 countries in Oceania.

Control of cholera is a major problem in several Asian countries as well as in Africa. In the year 2000, some 140 000 cases resulting in approximately 5000 deaths were officially notified to WHO. Africa accounted for 87% of these cases.

To prevent the spread of cholera, the following four interventions are essential:

- ▶ Provision of adequate safe drinkingwater
- ▶ Proper personal hygiene
- ▶ Proper food hygiene
- ▶ Hygienic disposal of human excreta



Facilitator Notes

Treatment of cholera consists mainly of replacing of lost fluids and salts. The use of oral rehydration salts (ORS) is the quickest and most efficient way of doing this. Most people recover in 3 to 6 days. If the infected person becomes severely dehydrated, intravenous fluids can be given. Antibiotics are not necessary to successfully treat a cholera patient. (SOURCE: WHO)

TYPHOID

Typhoid and paratyphoid fevers are infections caused by bacteria which are transmitted from faeces to ingestion. Clean water, hygiene and good sanitation prevent the spread of typhoid and paratyphoid. Contaminated water is one of the pathways of transmission of the disease.

Typhoid fever is a bacterial infection of the intestinal tract and bloodstream. Symptoms can be mild or severe and include sustained fever as high as 39°-40°C, malaise, anorexia, headache, constipation or diarrhoea, rose-coloured spots on the chest area and enlarged spleen and liver. Most people show symptoms 1-3 weeks after exposure. Paratyphoid fever has similar symptoms to typhoid fever but is generally a milder disease.

Typhoid and paratyphoid fevers are caused by the bacteria *Salmonella typhoid* and *Salmonella paratyphoid* respectively. Typhoid and paratyphoid germs are passed in the faeces and urine of infected people. People become infected after eating food or drinking beverages that have been handled by a person who is infected or by drinking water that has been contaminated by sewage containing the bacteria. Once the bacteria enter the person's body they multiply and spread from the intestines, into the bloodstream.

Even after recovery from typhoid or paratyphoid, a small number of individuals (called carriers) continue to carry the bacteria. These people can be a source of infection for others. The transmission of typhoid and paratyphoid in less-industrialized countries may be due to contaminated food or water. Where water quality is high, and chlorinated water piped into the house is widely available, transmission is more likely to occur via food contaminated by carriers handling food.

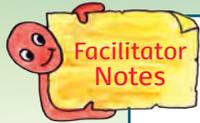
Typhoid and paratyphoid fevers are common in less-industrialized countries, principally owing to the problem of unsafe drinkingwater, inadequate sewage disposal and flooding.

The annual incidence of typhoid is estimated to be about 17 million cases worldwide.

Public health interventions to prevent typhoid and paratyphoid include:

- ▶ health education about personal hygiene, especially regarding handwashing after toilet use and before food preparation; provision of a safe water supply;
- ▶ proper sanitation systems;
- ▶ excluding disease carriers from food handling.

Control measures to combat typhoid include health education and antibiotic treatment. A vaccine is available, although it is not routinely recommended except for those who will have prolonged exposure to potentially contaminated food and water in high-risk areas. The vaccine does not provide full protection from infection. (SOURCE WHO)

Facilitator
Notes

HEPATITIS

Hepatitis, a broad term for inflammation of the liver, has a number of infectious and non-infectious causes. Two of the viruses that cause hepatitis (hepatitis A and E) can be transmitted through water and food; hygiene is therefore important in their control.

Among the infectious causes, hepatitis A and hepatitis E are associated with inadequate water supplies and poor sanitation and hygiene, leading to infection and inflammation of the liver. The illness starts with an abrupt onset of fever, body weakness, loss of appetite, nausea and abdominal discomfort, followed by jaundice within a few days. The disease may range from mild (lasting 1-2 weeks) to severe disabling disease (lasting several months). In areas highly endemic for hepatitis A, most infections occur during early childhood. The majority of cases may not show any symptoms; fatal cases due to fulminant acute hepatitis are rare. Nearly all patients recover completely with no long-term effects.

Hepatitis A and E viruses, while unrelated to one another, are both transmitted via the faecal-oral route, most often through contaminated water and from person to person. Hepatitis A could also be transmitted via food contaminated by infected food-handlers, uncooked foods, or foods handled after cooking. Hepatitis A has also caused outbreaks transmitted through injecting or non-injecting drug use.

Both hepatitis A and E are found worldwide. Hepatitis A is particularly frequent in countries with poor sanitary and hygienic conditions (in Africa, Asia, and Central and South America).

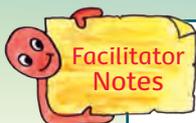
The mortality rate is low (0.2% of icteric cases) and the disease ultimately resolves. Occasionally, extensive necrosis of the liver occurs during the first 6-8 weeks of illness. In such cases, high fever, marked abdominal pain, vomiting, jaundice, and hepatic encephalopathy (with coma and seizures) are the signs of fulminant hepatitis, leading to death in 70-90% of the patients. In these cases mortality is highly correlated with increasing age, and survival is uncommon over 50 years of age. Among patients with chronic hepatitis B or C or underlying liver disease, who are superinfected with hepatitis A virus, the mortality rate increases considerably.

As there are no specific antiviral drugs against hepatitis A and E, prevention of these viral diseases remains the most important weapon for their control, such as:

- ▶ providing education on good sanitation and personal hygiene, especially handwashing;
- ▶ adequate and clean water supplies and proper waste disposal;
- ▶ vaccination against hepatitis A for persons at risk, e.g. travellers visiting areas where the disease is common. (SOURCE WHO)

DIARRHOEA

Diarrhoea occurs world-wide and causes 4% of all deaths and 5% of health loss to disability. It is most commonly caused by gastrointestinal infections which kill around 2.2 million people globally each year, mostly children in developing countries. The use of water in hygiene is an important preventive measure but contaminated water is also an important cause of diarrhoea. Cholera and dysentery cause severe, sometimes life threatening forms of diarrhoea.



Facilitator Notes

Diarrhoea is the passage of loose or liquid stools more frequently than is normal for the individual. It is primarily a symptom of gastrointestinal infection. Depending on the type of infection, the diarrhoea may be watery (for example in cholera) or passed with blood (in dysentery for example).

Diarrhoea due to infection may last a few days, or several weeks, as in persistent diarrhoea. Severe diarrhoea may be life threatening due to fluid loss in watery diarrhoea, particularly in infants and young children, the malnourished and people with impaired immunity.

The impact of repeated or persistent diarrhoea on nutrition and the effect of malnutrition on susceptibility to infectious diarrhoea can be linked in a vicious cycle amongst children, especially in developing countries.

Diarrhoea is also associated with other infections such as malaria and measles. Chemical irritation of the gut or non-infectious bowel disease can also result in diarrhoea.

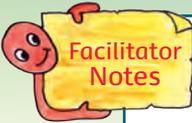
Diarrhoea is a symptom of infection caused by a host of bacterial, viral and parasitic organisms most of which can be spread by contaminated water. It is more common when there is a shortage of clean water for drinking, cooking and cleaning and basic hygiene is important in prevention.

Water contaminated with human faeces for example from municipal sewage, septic tanks and latrines is of special concern. Animal faeces also contain microorganisms that can cause diarrhoea.

Diarrhoea can also spread from person to person, aggravated by poor personal hygiene. Food is another major cause of diarrhoea when it is prepared or stored in unhygienic conditions. Water can contaminate food during irrigation, and fish and seafood from polluted water may also contribute to the disease.



I wish I had done this session before I drank unsafe water! I would not be so ill.


 Facilitator Notes

The infectious agents that cause diarrhoea are present throughout the world. Diarrhoea is a rare occurrence for most people who live in developed countries where sanitation is widely available, access to safe water is high and personal and domestic hygiene is relatively good.

World-wide around 1.1 billion people lack access to improved water sources and 2.4 billion have no basic sanitation. Diarrhoea due to infection is widespread throughout the developing world. In Southeast Asia and Africa, diarrhoea is responsible for as much as 8.5% and 7.7% of all deaths respectively.

Amongst the poor and especially in developing countries, diarrhoea is a major killer. In 1998, diarrhoea was estimated to have killed 2.2 million people, most of whom were under 5 years of age (WHO, 2000). Each year there are approximately 4 billion cases of diarrhoea worldwide.

Key measures to reduce the number of cases of diarrhoea include:

- ▶ Access to safe drinkingwater.
- ▶ Improved sanitation.
- ▶ Good personal and food hygiene.
- ▶ Health education about how infections spread.

Key measures to treat diarrhoea include:

- ▶ Giving more fluids than usual, including oral rehydration salts solution, to prevent dehydration.
- ▶ Continue feeding.
- ▶ Consulting a health worker if there are signs of dehydration or other problems.

(SOURCE WHO)



Drinkingwater Safety



LEARNING OUTCOMES



KNOWLEDGE

- ▶ The importance of safe drinking water and the risks of drinking water that is less safe are known.
- ▶ Knowledge about safe and unsafe water sources is developed further from session 12.
- ▶ The local water environment is known (geography).
- ▶ Water treatment processes are known and can be described (science and technology).



AWARENESS

- ▶ Understanding who is responsible for providing safe clean water.
- ▶ Every club member strongly prefers to drink safe water, and is aware of the utmost importance of this.
- ▶ It's not worth the risk drinking water when you can't be sure if it is safe



ACTION

- ▶ The ability to distinguish between safer and less safe sources is put into practice.
- ▶ The group are able to purify water.
- ▶ Practical skills such as drawing, cutting out and modelling are developed.



WELL-BEING

- ▶ Self-reliance is developed in knowing how water is treated, and being able to do this
- ▶ Free expression and interpersonal communication is developed
- ▶ Analytical skills grown.

PARTICIPATORY TECHNIQUES

- ▶ Drawing/finger-painting and questioning. For older groups also other forms of image making, such as cutting and pasting, and making paper or clay models.
- ▶ Purifying water.

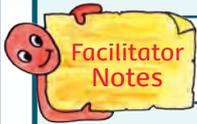
MATERIALS

- ▶ Paper and pencils, paint or markers, slates and chalk or paper, scissors and glue, or modelling clay.
- ▶ RAW WATER – from an unprotected source.
- ▶ Clear 2 litre water bottle with the top cut off.
- ▶ Alum from the water treatment plant. (A tiny amount – as in a tablespoonful.)
- ▶ Pebbles, coarse sand.
- ▶ Drinking cups; glass bottles for solar disinfection; utensils to boil water.
- ▶ A sheet, a pot with gravel and sand, or other materials for filtering water, according to local feasibility and practice.

ACTIVITY PLAN

1. INTRO

WARM UP SUGGESTIONS:



Keep the introduction very short, just a focussing exercise is recommended.

Game 13: Fizz-buzz [Page 51]

SONG IDEA:

"I hear thunder, I hear thunder
Pitter Patter rain drops, I'm wet
through..."

2. EXPLORE

ARTWORK: EXHIBITION

- ▶ To start with get a discussion going about where group members get their drinking water from.
- ▶ Ask each group member to draw/model/cut and paste his or her drinking water source (adjust techniques according to age).
- ▶ Let them display their drawings on the wall or floor; older students can group drawings by type of water source.
- ▶ Facilitate a discussion about what people in the group and others do with these sources, e.g. swim, wash clothes, bathe, water animals, wash cars/lorries, take drinkingwater, etc.
- ▶ Encourage the group to discuss what this means for the cleanliness of the water and what this may mean for their stomachs if this water is drunk.
- ▶ For SECONDARY: Ask pupils to write the names of waterborne diseases in local and official languages on the blackboard/slates/cards/notebooks.



These are practical exercises that could be done in science classes as well. Coordinate with the science teacher!



3. ACT

1. PRACTICAL DEMONSTRATION OF WATER TREATMENT

Using the equipment, demonstrate or guide students through whichever purification process is feasible.



- ▶ **PRIMARY:** For younger students, show the preparation of safe water according to what can be managed practically. For example, where people may not have access to enough fuel and/or time to boil water, focus on solar disinfection or water filtration, e.g. using a sand filter or a three-folded cloth. (The cloth will not purify the water, only sift out larger particles.)
- ▶ **SECONDARY:** You can either demonstrate or provide guidance for students to carry out the process of filtering water as follows:



1. Pour your “RAW Water” into the two litre bottle with a cap. Have students describe the appearance and smell of the water.
2. **Aeration** is the first step in the treatment process – this adds air to water. It allows gases trapped in the water to escape and adds oxygen to the water. Place the cap on the bottle and vigorously shake the bottle for 30 seconds.

Continue the aeration process by pouring the water into another bottle or the beaker, then pouring the water back and forth between them about 10 times. Once aerated, gases have escaped (bubbles should be gone). Pour the aerated water into the bottle with its top cut off.

3. **Coagulation** is the process by which dirt and other suspended solid particles chemically “stick together” into floc (clumps of alum and sediment) so they can easily be removed from water. Add two tablespoons of alum to the aerated water. Slowly stir the mixture for 5 minutes. You will see particles in the water clinging together to make larger clumps. This makes it harder for them to get through a filter at the treatment plant.
4. **Sedimentation** is the process that occurs when gravity pulls the particles of floc to the bottom of the cylinder. Allow the water to stand undisturbed in the cylinder. Observe the water at 5 minute intervals for a total of 20 minutes. Write down what you see - what is the appearance of the water now? At a treatment plant, there are settling beds that collect floc that floats to the bottom, allowing the clear water to be drained from the top of the bed and continue through the process.



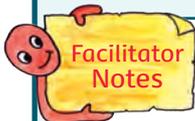
5. **Construct** a filter from the bottle with its bottom cut off as follows:
 - a. Attach the coffee filter to the outside neck of the bottle with a rubber band. Turn the bottle upside down placing it in a beaker or cut-off bottom of a two litre bottle. Pour a layer of pebbles into the bottle - the filter will prevent the pebbles from falling out of the neck.
 - b. Pour the coarse sand on top of the pebbles.
 - c. Pour the fine sand on top of the coarse sand.
 - d. Clean the filter by slowly and carefully pouring through 3 L (or more) of clean tap water.
 - e. Try not to disturb the top layer of sand as you pour the water.
6. **Filtration** through a sand and pebble filter removes most of the impurities remaining in water after coagulation and sedimentation have taken place. After a large amount of sediment has settled on the bottom of the bottle of swamp water, carefully - without disturbing the sediment - pour the top two-thirds of the swamp water through the filter. Collect the filtered water in the beaker. Pour the remaining (one-third bottle) of swamp water back into the collection container. Compare the treated and untreated water. Ask students whether treatment has changed the appearance and smell of the water.

7. PURIFICATION USING ULTRAVIOLET RAYS

Get a transparent bottle and fill it with filtered water and close the container.

Lay the bottle horizontally in strong sunlight on a flat surface, preferably black in colour (e.g. a piece of black plastic). After five hours in strong sunlight the water is safer to drink, because the ultraviolet rays destroy some of the micro-organisms that cause illness.

The water is now ready for the next step of treatment being SODIS, or addition of disinfectants.



Facilitator Notes

Advise students that the final step at the treatment plant is to add disinfectants to the water to purify it and kill any organisms that may be harmful.

Because the disinfectants are caustic and must be handled carefully, it is not presented in this experiment. The water that was just filtered is therefore unfit to drink and can cause adverse effects. It is not safe to drink!

4. REFLECT

DISCUSSION

- ▶ What are the ways of purifying water in the home? Eg. Boiling water?
- ▶ How feasible are the various treatment methods, ask for examples?
 - What may be a challenge for people to boil their drinkingwater?
 - What makes it hard for some children to bring safe(r) drinking water to school?
 - What alternatives can they think of to solve/reduce problems?



5. KNOW IT!



1. GET CREATIVE: DESIGN MESSAGES & POSTERS

- ▶ Invite group members to make a drawing on the importance of safer drinking water in whatever way they wish (being mindful of allowing free expression). Ask literate students to add messages.
- ▶ Ask the group to take their drawings home to show and, if agreed, put it on the wall at home.
- ▶ The next day/session, facilitate an open discussion about what they have done at home with the drawing and how their parent(s) reacted.
- ▶ For SECONDARY group, link the activity with an experiment (e.g. solar disinfection (SODIS) of drinking water or sand filtration, link with a visit to the local water facilities.)

2. HOME PROJECTS: MONITORING SOURCES OF DRINKINGWATER

- ▶ Use the diaries to monitor practices in class. If water is brought in from home, do students bring safe water? If not do not blame students but find out why and follow up with parents. Or, perhaps there is no need for students to bring water from home, because the water source in school is safe.
- ▶ For SECONDARY school club, do a pocket voting exercise, as described below.
 - Draw, photocopy or let the group member make drawings of the different local sources of drinkingwater.
 - Lay them out on the floor, or hang them on the wall, always at the back of the class.
 - Fix or place a paper bag or any other receptacle under each drawing.
 - Give each group member a bean, seed or slip of paper for voting. Let each person go to the back of the class and then place the bean or slip in the receptacle under the source which their family generally uses for drinkingwater.
- ▶ At the end of the exercise, help the group display the contents of each bag on the floor, count the numbers and write them in a table on the blackboard.
- ▶ Facilitate a discussion on safe and unsafe sources and ways of solving the problem of using unsafe water sources.

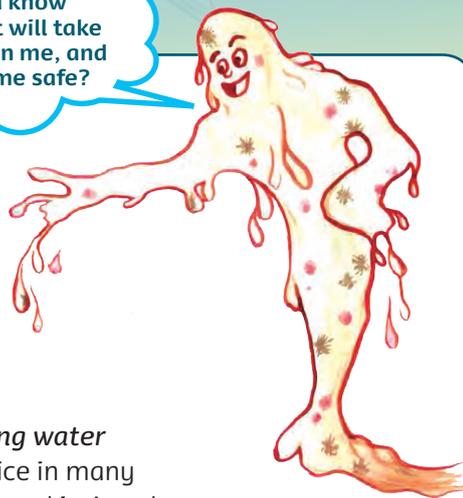


The reality in many schools, communities and homes is that it is still difficult to have 100% safe drinkingwater. The teacher can focus on which are the safest sources of drinking water locally, and what might be done to use these for drinkingwater, and how other drinking water can be made safer.



WATER PURIFICATION – SOME ADDITIONAL INFORMATION

Do you know
what it will take
to clean me, and
make me safe?



SOME PURIFICATION TOOLS

CHLORINATION

Chlorination of drinking water within the *drinking water* network or at the *point-of-use* is common practice in many Sub-Saharan African countries. It is for example used in Angola, Cameroon, Ethiopia, Guinea, Kenya, Madagascar, Malawi, Mozambique, Nigeria, Rwanda, Tanzania, Uganda, and Zambia. The city of Cape Town, South Africa, for instance, adds chlorine to *drinking water* to ensure the prevention of bacterial re-growth in holding water reservoirs and the network of pipes that transport water from treatment plants to homes (city of Cape Town N.Y). In Kenya, an innovative dispenser system has achieved remarkable and sustained use. The dispenser is filled with dilute chlorine and placed near a communal water source, allowing individual users to treat their water with the correct dose of chlorine in their jerry cans after it has been collected from the source (ipa 2011). A similar approach has been developed by the Swiss Organisation In Burkina Faso, Cameroon, Kenya, Guinea, Mali, Mozambique, and Rwanda: a special device producing chlorine solution from salt is placed in *water kiosks*.

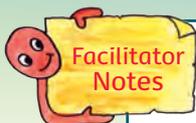
SOLAR WATER DISINFECTION

SODIS stands for solar disinfection. Its goal is to use the sun's UV light and heat to disinfect water to potable standards. This is dependent on the turbidity of the sample, the strength of the available sunlight (cloud cover, length of day, etc.), how hot it gets, and the size of sample bottle. Pasteurization refers making water "safer" to drink by bringing it up to a temperature of 65 deg C for a few minutes. This will kill the majority of harmful pathogens but is contrary to the typical boiling (100 deg C) recommendation of 20 minutes that kills everything.

The advantage of pasteurization is that it can be done with a reflective solar cooker so doesn't require wood or charcoal for fuel. The advantage of boiling is that the bubbles are a visual indicator of it is boiling and therefore safe.

BIOSAND FILTER

Biosand filters (BSF) are a small, household sized adaptations of *slow sand filters*, with the advantage that they can run intermittently. This technology has been successfully applied in several sub-Saharan countries, such as: Cameroon, Ethiopia, Kenya, Namibia, Niger, Nigeria, Sudan, Tanzania, Uganda, Zambia.



BOILING

Boiling is considered the world's oldest, most common, and one of the most effective methods for treating water. If done properly, boiling kills or deactivates all bacteria, viruses, *protozoa* (including *cysts*) and *helminths* that cause diarrheal disease (Cawst 2012). The rates of water boiling vary regionally – 90.6 percent of households in Indonesia boil, whereas only an average of 4.5 percent use this technique across 22 African countries. Within Africa, the range is still high in those countries that have been studied - with 39.8 percent in Uganda, while almost non-existent in some of the other countries. In South Africa, for example, boiling (ca. 51%) and *chemical treatment* (ca. 42%) are the most commonly used treatment methods among rural households having unclean *drinking water* sources and treating their water. (SOURCE: SUSTAINABLE WATER MANAGEMENT AND SANITATION)

WATER PURIFICATION PRESENTATION:

http://www.epa.gov/safewater/kids/flash/flash_filtration.html



Sewage system

LEARNING OUTCOMES



KNOWLEDGE

- ▶ Knowing what's involved in sewage treatment and the safe disposal of wastewater.
- ▶ Knowing the geography of the surrounding area.
- ▶ Knowledge of the costs involved in sewage treatment.
- ▶ Knowing what the safe disposal of human excreta involves.



AWARENESS

- ▶ Understanding the geography of the surrounding area.
- ▶ Understanding how safe disposal of wastewater is achieved.



ACTION

- ▶ Ability to ask the Local Authority for information regarding the provision of services.



WELL-BEING

- ▶ Analytical skills developed.
- ▶ Confidence developed.
- ▶ Seeing oneself as an active citizen with a role to play in how services are delivered to the community.

PREPARATION

- ▶ Organise a trip to the local water treatment plant.



ACTIVITY PLAN

1. INTRO

WARM UP SUGGESTIONS:

Game 24: Image Game – Wander, Grab, Tab [Page 57]

Game 25: Mirror exercise [Page 58]

Game 26: Passing the clap- Hep [Page 58]

Game 32: Slow motion race [Page 62] Asking students to play BEING SLUDGE! BEING POO! being all the things that humans throw away into the sewerage system.

Allow rude sounds and groaning – encourage students to have as much fun as they can imagining the journey of their own waste.



2. EXPLORE

DISCUSSION

- ▶ What do you know about the surrounding area?
- ▶ What do you know about different ways to dispose of human waste and waste water?

ARTISTIC MAPPING

- ▶ (Depending on age and ability) draw or copy an overview of the area (using water treatment pull out as an example) and then draw what you imagine needs to happen to waste water and human excreta for the water to become clean again.
- ▶ At this stage let the group go wild in their imaginations!

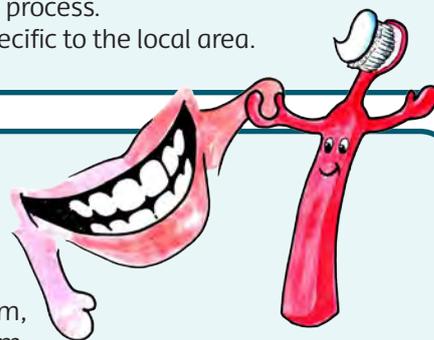
TREATMENT WORKS VISIT

- ▶ Engage the local authority, and go out and visit the Waste Stabilisation Ponds. Ideally, an engineer or a water works official talks the group through the process.
- ▶ Use the trip as an opportunity to describe some of the issues specific to the local area.



3. ACT

- ▶ Integrating knowledge gained from the trip and the facilitator notes, split the club into groups. Using their choice of artistic form, invite the groups to create the journey of Sewage Treatment from waste through to flowing back into the raw water system.
- ▶ This can be song, a dance, a poem, a picture. Encourage a variety in the group. Encourage each group to consider as much detail as possible, including the specific issues in your area.
- ▶ Using a process of show, interrogate, reflect and feedback – see each group present work and push their presentations to become clearer, more dramatic, dynamic etc.
- ▶ When each group is happy with what they have created, categorise the presentations into those that show the problems and those that show a perfectly working system.



4. REFLECT

CIRCLE DISCUSSION

- ▶ What are the challenges in your area for a fully functioning sewage treatment process?



5. KNOW IT!

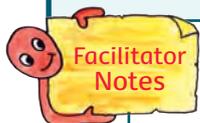
COMPETITION

- ▶ Using the notes below split the group into teams and hold a competition to test and consolidate knowledge!

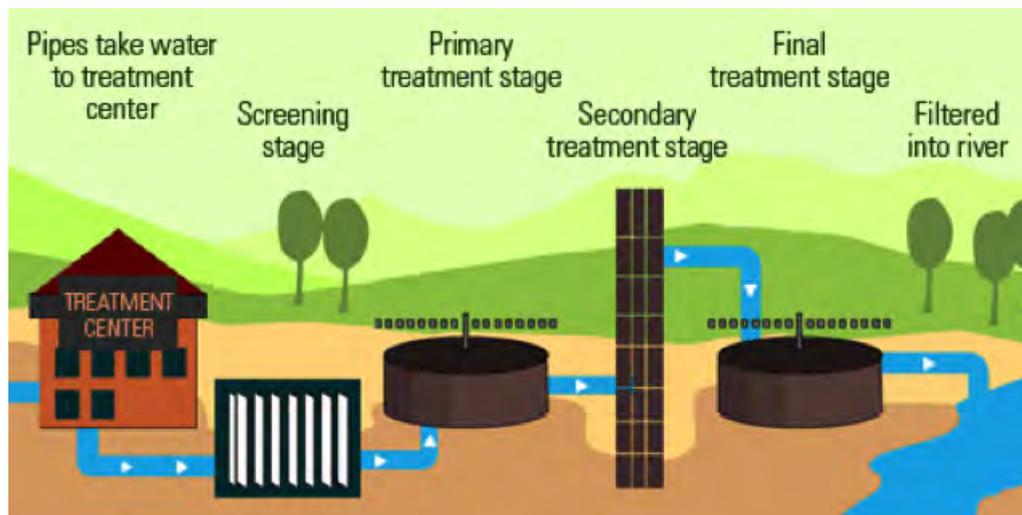


IMPORTANT TEACHER NOTE BEFORE THE END OF SESSION:

In preparation for the next session on nutrition; make sure club members know to bring one or two common food items in for the next session.



Facilitator Notes

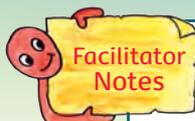


LIQUID WASTE (SEWAGE/WASTEWATER) TREATMENT

Wastewater (liquid waste) from flushing the toilet, bathing, washing sinks and general cleaning goes down the drain and into a pipe, which joins a larger sewer pipe under the road. This pipe joins a major pipe that leads to the treatment centre.

STAGE ONE: SCREENING

Screening is first stage of the wastewater treatment process. Screening removes large objects like diapers, nappies, sanitary items, cotton buds, face wipes and even broken bottles, bottle tops, plastics and rags that may block or damage equipment. Special equipment is also used to remove grit that gets washed into the sewer.



Facilitator Notes

STAGE TWO: PRIMARY TREATMENT

This involves the separation of organic solid matter (or human waste) from the wastewater. This is done by putting the wastewater into large settlement tanks for the solids to sink to the bottom of the tank. The settled solids are called 'sludge'. At the bottom of these circular tanks, large scrapers continuously scrape the floor of the tank and push the sludge towards the centre where it is pumped away for further treatment. The rest of the water is then moved to the secondary treatment.

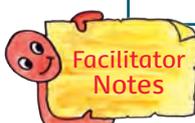
STAGE THREE: SECONDARY TREATMENT

The water is put into large rectangular tanks. These are called aeration lanes. Air is pumped into the water to encourage bacteria to breakdown the tiny bits of sludge that escaped the sludge scraping process.

STAGE FOUR: FINAL TREATMENT

Next the 'almost' treated wastewater is passed through another settlement tank. Here, more sludge is formed at the bottom of the tank from the settling of the bacterial action. Again, the sludge is scraped and collected for treatment. The water at this stage is almost free from harmless substances and chemicals. The water is allowed to flow over a wall where it is filtered through a bed of sand to remove any additional particles.

The filtered water is then released back into the raw water source, e.g. a river.



Facilitator Notes

This description is not a standard for all treatment plants, but the principle is similar.

REHABILITATION OF SEWAGE WORKS IN NYANGA & MUREHWA

Even though Nyanga and Murehwa have different terrains, they face the same problem of poorly functioning sewage treatment works resulting in untreated effluent entering the receiving waters. This has led to pollution of the environment and the risk of disease amongst both local inhabitants and downstream water users. Both towns use waste stabilisation ponds which have been poorly maintained over the years and are now overgrown with vegetation and even breached in some sections.

In Nyanga the terrain is hilly and rugged such that it will be very expensive to connect some settlements to the conventional sewage collection system as these settlements are upstream. This is the case with Gonakudzingwa peri-urban settlement. The second problem in Nyanga is that not all developments can be connected to the existing treatment facilities as they are separated from the sewage catchment area by insurmountable mountains. This is the case with Mangondoza peri-urban area where sewage flows directly to a nearby stream without treatment.

In Murehwa, the old part of Magamba high density suburb is sewered with the intention to treat all wastewater at a central waste stabilization pond system. The outfall sewer from Magamba and other parts of town collects into a sump from where the sewage is intended to be pumped to the ponds. The pump is no longer


 Facilitator Notes

functioning, is now of inadequate capacity and needs complete replacement to increase capacity as well as provide standby capacity and power back-up. Consequently, the waste stabilisation ponds are not working as no sewage is reaching them. The sewage currently spills out of sump and manholes along the sewer line and finds its way into the nearest water course. In the newer parts of Magamba there is no sewer reticulation in place and residents use self-constructed pit latrines, septic tanks and other forms of on-site sanitation systems, usually of a poor construction standard.

In both towns, the worst affected are the urban and peri-urban poor who are left with no service as their wealthier neighbours can construct on site sanitation facilities and do not depend on the central service.

CAFOD SUPPORT FOR THE ASSESSMENT OF SEWAGE PONDS, UNDER SANITATION FOR SUCCESS

In order to address this challenge, CAFOD will engage competent sanitation engineers who will undertake an assessment and determine the best solution to deal with the sewage problem and prevent further pollution of the river courses in these areas. The assessment will determine the actual quantity of sewage being generated and its quality and analyse the various options for managing sewage so that the urban poor are served.



HHC ACTION!

The Club can engage the local NGO, and the local authority and discover what has been recommended.

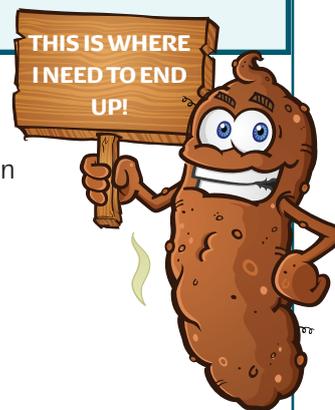
The pump station in Murehwa needs a constant supply of energy by way of a dedicated power supply and increased standby capacity. In Nyanga, some areas lie downstream of sewage treatment facilities. CAFOD and the authorities in the towns of Nyanga and Murehwa feel there is an opportunity to improve the power challenges that affect water and sewage pumping by installing BIOGAS DIGESTERS at institutions to generate electricity for local use. CAFOD will commission a feasibility study in order to determine the best options for such pilots. The pilots are expected to provide a sustainable solution to counter the unavailability of electricity on the national grid for WASH related service delivery.

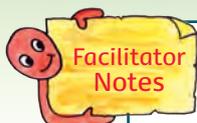
REHABILITATION OF SEWAGE PONDS

Following the technical assessment, rehabilitation work will begin in line with its recommendations. This will be done in the two locations, Murehwa and Nyanga. The envisaged work includes:

- ▶ Desludging and cleaning the ponds.
- ▶ Repair works to pond embankments.
- ▶ Relining as necessary.
- ▶ Rehabilitation of auxiliary works as necessary.

CONNECT THE HHC to THE SANITATION FOR SUCCESS PROJECT: HHC can see some of this work in action: giving the pupils a sense of the scale of rehabilitation, what costs would involve, and develop a sense of citizen responsibility for ensuring this service exists, including the need to pay rates.





CONSTRUCTION OF COMMUNAL SEPTIC TANK IN NYANGA

In Nyanga, stakeholders suggested the development of communal septic tanks to serve households that cannot be connected to the sewage collection and treatment system. CAFOD and its partner will support Nyanga Council in the design and installation of these communal systems that will serve over 70 households. An engineer will assist the local authority with the design and Caritas Mutare will manage the actual construction of the communal septic tank systems.

This represents an opportunity for exposing the club to what's involved in the rehabilitation of treatment works.

REHABILITATION/RECONNECTION OF SEWER LINE

The outfall sewer from Magamba in Murehwa is choked and damaged leaving raw sewage to spill out of manholes and sewer sections into the nearest water course. A similar situation prevails regarding the sewage from the Messenger's Camp in Nyanga where whole sections of the sewer line have been removed leaving raw sewage to flow into river courses. Caritas Harare (for Murehwa) and Caritas Mutare (for Nyanga) will work together with CAFOD to engage a suitable contractor to rehabilitate the main outfall sewers to direct all sewage to the treatment plant. The rehabilitation will also include upgrading the capacity of the sewerage reticulation system to cater for increased flow volumes as a result of population growth.



Nutrition

This session complements home economics and sciences. This session could be done in class time.



LEARNING OUTCOMES



KNOWLEDGE

- ▶ The four major food groups are known.
- ▶ What constitutes a balanced diet is known.
- ▶ Knowledge about dieting habits in yourself and in others.
- ▶ Knowledge of the impact of poor nutrition.



AWARENESS

- ▶ Awareness of healthy and unhealthy eating habits.
- ▶ Awareness of how healthy and unhealthy eating habits come about.
- ▶ Understanding barriers to achieving a healthy diet.
- ▶ A healthy balanced diet is viewed as important.



ACTION

- ▶ Ability to prepare a balanced meal (across genders)
- ▶ Ability to add healthier food options to the family's existing one.
- ▶ Ability to facilitate the assessment of vulnerable children's nutritional level.
- ▶ Ability to investigate the health of the area at the hospital through investigating the nutritional levels recorded there, the stunting records, and diseases related to poor nutrition.



WELL-BEING

- ▶ Ability to discuss diet with family members and friends.
- ▶ Ability to share negative impact of poor nutrition upon health.



ADJUST THE SESSION ACCORDING TO THE EXISTING KNOWLEDGE OF THE GROUP. If food groups have already been learned in class, then use this knowledge to create an intervention in the school and/or community.

PARTICIPATORY TECHNIQUES

- ▶ Games
- ▶ Forum Theatre
- ▶ Questionnaire development
- ▶ Interviewing other students
- ▶ Circle work

MATERIALS

- ▶ Photocopied food pictures – you will need to write label cards.
- ▶ Food brought in by students from home.



Pull Out

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Nutrition Poster

PREPARATION

- ▶ Food picture-cards will need to be organised into groups for the Race to the Place game – unless food can be brought in from home and there will be enough from each food group to have four teams.

ACTIVITY PLAN

1. INTRO

WARM UP SUGGESTIONS:

Symbolic Game Number 6: Guess the Family Member:

[Page 73] Vary this game as follows:

- Photocopy and give out small pieces of paper with a food drawn and labelled on each.
- Without saying exactly what they are, players have to clump themselves into food groups.

Use games which encourage the group to physicalize different shapes such as

Game 21: Guess the object [Page 56] or

Game 22: Making landscapes [Page 56]



2. EXPLORE

GUESS THE FOOD GROUP

- ▶ Give each person a food-slip.
- ▶ Each person comes forward and strikes an image of their food.
- ▶ The rest of the group has to guess what they are.
- ▶ After each answer, for a further point – which food group is that?

ALTERNATIVE: USING DESCRIPTIVE POWERS

- ▶ Descriptions are given of the food, without using the food name, instead of striking the image.
- ▶ The rest of the group guesses what they are.
- ▶ After each answer, for a further point – which food group is that?

FOOD GROUPS

- ▶ Using the food that group members have brought in, place all the food in the centre of a huge circle.
- ▶ Divide the circle in to four- name these with the four main food groups.
- ▶ One by one students place food items in the correct segment of the circle.

ALTERNATIVE: RACE TO THE PLACE! COMPETITION

- ▶ Turn the above into a game where relay teams are positioned (at equidistant points from the centre of the circle,) at four points around the edge of the circle.
- ▶ Each section of the circle represents a food group: Protein, Carbohydrate/fat, Vegetable, Fruit.
- ▶ Each team has an equal number of foods, from the same food groups as other teams: these can either be real foods, or photocopied food-cards. Each team should have for example; Milk, Sugar, Bread, Meat, Egg, Beans, Cucumber, Banana.
- ▶ Teams race to place their foods in the correct segment of the circle. This is a team game where one team member runs at a time to place one food in the circle. The next person in the team cannot run until the previous member has come back – like a relay.

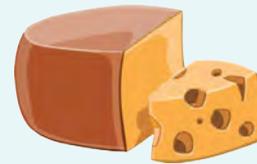


- ▶ (To avoid confusion, and to ensure correct point scoring, ask each team to label their food, or food card somehow – with a colour or a marker-pen sign)



CIRCLE DISCUSSION

- ▶ Why do we need proteins?
- ▶ What do we need carbohydrates for?
- ▶ Why do we need fruit and vegetables? What kinds of foods are these?



DEVELOPMENT

- ▶ Using the circle as a plate once more, dividing it into food-group sections. Jumble up the foods. Invite students to pick out foods, one at a time, and place them on the plate until a 'balanced meal' is created.
- ▶ Discuss as a group:
 - Is the recipe practical?
 - What is a balanced meal?
 - Why is a balanced meal important?
 - What are the challenges of eating a balanced meal?
 - How can we overcome these challenges?
 - Can we grow some of the food we need?
- ▶ This can be taken further by splitting the group into 4s. Each group of 4 creating their own circle, and either using the actual foods, or the slips of paper with food groups on them, repeat the same procedure and discuss the questions in more detail.



RESEARCH EXERCISE

- ▶ Design questions to ask other students, family members and the community to find out about people's knowledge of nutrition, diets and eating habits.
- ▶ Practice these on each other using forum theatre techniques, interrogate whether these questions lead to an understanding of knowledge, behaviour and thinking amongst family/community.
- ▶ Develop these further until the group is satisfied that the questions will discover:
 - ▶ General eating habits
 - ▶ Whether the respondent has a healthy or unhealthy diet
 - ▶ Knowledge about basic nutrition
 - ▶ Knowledge about the impact of poor nutrition
 - ▶ Ability to have a balanced diet





3. ACT

RESEARCH EXERCISE IN THE CLUB, AND IN THE SCHOOL

- ▶ Using the questions the group have designed, ask them to interview each other.
- ▶ Next, invite groups of 4 to go out and interview at least 5 fellow students.

RESEARCH EXERCISE IN THE COMMUNITY

- ▶ Carry out research with at least 5 adults in the immediate community.
- ▶ Visit the hospital and ask management at the hospital to provide information and statistics on nutrition in the area, and illnesses related to poor nutrition.



4. REFLECT

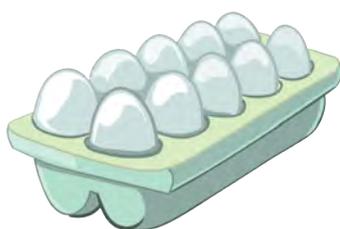
- ▶ Feedback findings to the club.
- ▶ Each group should present their research to the rest of the group – providing an analysis of the situation for the people they interviewed.
- ▶ Discuss as a whole group what kind of picture of the school and wider community is painted through these findings?



5. KNOW IT!

IMAGE THEATRE AND SONG

- ▶ Create images that could be used to make forum theatre plays for presentation of the issues
- ▶ Create a song that draws out the most important learning points around nutrition.
- ▶ Barriers to achieving a healthy balanced diet. Tackle barriers before.
- ▶ Address problems that they feel they may have discussing diet with family members.



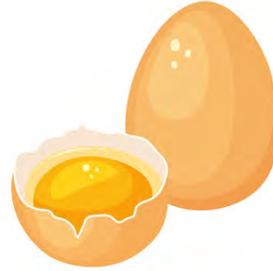

Pull Out

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1. Food Group Cards
2. Nutrition Poster

BODY BUILDING FOODS: PROTEINS

Milk
Beef
Goat
Rabbit
Soya Beans
Chicken
Birds
Eggs
Flying Ants
Caterpillar
Beans
Kapenta
Fish


ENERGY-GIVING FOODS: CARBOHYDRATES & FATS

Rice
Potatoes
Sweet Potatoes
Millet
Peanut Butter
Cooking oil
Maize Meal
Bread
Avocado Pear
Beer Scud
Margarine
Sugar

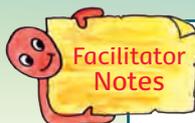

PROTECTIVE FOODS: VEGETABLES

Carrots
Cabbage
Green Beans
Pumpkin
Onions
Wild Cucumber
Okra
Lettuce
Rape
Tomatoes
Spring Onion
Peas


PROTECTIVE FOODS: FRUIT

Bananas
Guava
Cream of Tartar
Matowe
Orange
Matamba
Pineapple
Mango
Paw Paw
Mahobanhoba





Facilitator
Notes

PROTEINS

Proteins supply the building material for the body and help repair tissues, hence they are called 'Body Building Foods'. Proteins are obtained from both animals: meat, fish, eggs, and plants: beans and nuts.

Muscles, organs, and many of the body's hormones are made up of proteins.

Proteins are also needed to make red blood cells and to create antibodies that fight infection and disease.

Protein deficiencies in small children include Kwashiorkor, and withering can lead to poor growth and reduced brain function.

FATS AND CARBOHYDRATES

Foods that contain carbohydrates, fats and oils, and proteins are known as 'Energy giving Foods' they provide the body with fuel.

Carbohydrates are divided into two groups: starches (rice, maize) and simple sugars (fruit, peanuts). Both create glucose, which the body uses for energy.

The body also obtains energy from fats and oils. There are two main sources of fats: animals and vegetables. Too much fat or oil in the diet can contribute to heart problems.

Energy Giving Foods provide the fuel for the body to do work and maintain regular body functions.

PROTECTIVE FOODS: VEGETABLES

Vegetables are 'Protective Foods' because they provide the body with important nutrients like vitamins and minerals.

Vegetables can be divided into green/leafy vegetables, roots/tubers, and legumes, each of which provides different vitamins and minerals.

Vitamins found in vegetables include A, B, C, D, and K, while the minerals include calcium, iron, zinc and potassium.

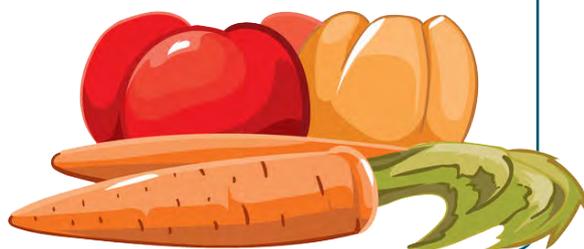
PROTECTIVE FOODS: FRUIT

Fruits are also 'Protective Foods' because they provide the body with important protective vitamins and minerals.

Common vitamins found in fruits include A, B, C and K while minerals include calcium, iron, zinc and potassium.

There are many different types of vitamins and minerals, each having its own specific benefit to bodily functions.

Both fruits and vegetables lose vitamins and minerals the longer they are cooked, so raw (washed) fruits are the best.



Solid waste management

LEARNING OUTCOMES



KNOWLEDGE

- ▶ Various types of solid waste can be identified.
- ▶ How we generate waste is known.
- ▶ How solid waste is disposed of is known.
- ▶ Places where different types of solid waste are found and disposed of are known.
- ▶ Negative implications of careless disposal are known.



AWARENESS

- ▶ Awareness of negative implications of illegal dumping is developed.
- ▶ The idea of waste as a resource is understood.
- ▶ Positive attitudes to a clean environment and waste as a resource are developed.



ACTION

- ▶ Household, school and personal waste can be disposed in a safe way, where possible for re-use.
- ▶ Practical skills are developed and at the same time skills in geography (mapping), numeracy (simple statistics), science and technology (solid waste recycling).
- ▶ Items for recycling are brought in to school.



WELL-BEING

- ▶ Cooperation/teamwork skills are strengthened.
- ▶ Relationship building with the community.
- ▶ Self-awareness/ skills to assess personal behaviour.
- ▶ Skills for critical and creative thinking, problem solving.
- ▶ Learn to generate alternative methods; gather and evaluate information; and to exercise self-control.

PARTICIPATORY TECHNIQUES

- ▶ Song
- ▶ Group work with objects
- ▶ Environmental mapping

MATERIALS

- ▶ Pull-out materials needed in prep
- ▶ Paper
- ▶ Drawing materials
- ▶ Locally available waste materials – don't forget to remind group members to bring in rubbish items, especially items that could be reused or recycled.
- ▶ Glue, scissors, wire, string, large plastic sheets

PREPARATION

- ▶ **SECONDARY SCHOOL** Work with CAFOD local partners to find out how the solid waste management programme with the council is going. Depending on the stage and phase, you may be able to have a field trip with the Local Authority to understand the system being used by the town.



ACTIVITY PLAN

1. INTRO

WARM UP SUGGESTIONS:

Game 17: Fight song and action [Page 53]

Symbolic Game 9: Yes...and? [Page 76]

Symbolic Game 10: Sock Game [Page 77]

Complete the image [Page 85] Development of complete the image [Page 89]

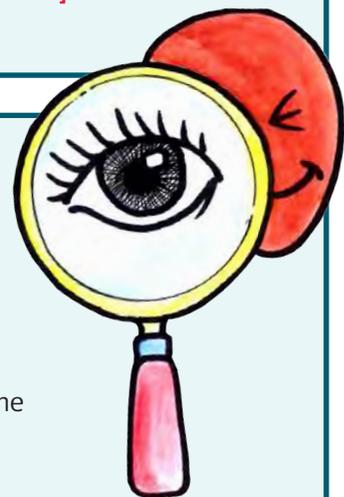
Change the image [Page 87]



2. EXPLORE

PRACTICAL / CIRCLE DISCUSSION

- ▶ Ask the groups to go out and bring different types of waste materials from around the school environment.
- ▶ Alternatively, the group could bring materials to school, from home.
- ▶ Exhibit all the materials that have been brought in, and let the group sort the same materials together (cans with cans, paper with paper, etc.).
- ▶ Facilitate a discussion on which materials are perishable and which are non-perishable.



COMPLETE THE IMAGE

- ▶ Play a **complete the image** game where students bring items into the centre of the circle, and other players act out risks or irritants that might happen as a result of the waste.
- ▶ Facilitate a discussion about the various risks and nuisances: e.g. bad smell, insects breeding, rats, and implications for health (e.g. vector-borne diseases, insect-breeding and insect-borne diseases. e.g. when mosquitoes breed in water in empty cans, drums, etc. and spread dengue and malaria), accidents (cuts, falls), general contamination and degradation of the environment.

CHANGE THE IMAGE

- ▶ Play another version of **change the image**: encouraging play with the items, doing as many things as possible with them. eg: miming a tin can as a hairbrush, miming a plastic bag as a hat, etc.
- ▶ Take each item brought in and using **Yes.. and?** go round the circle and brainstorm all the different things that each item could be turned in to or used for.
- ▶ Allow discussion about reusing and recycling in the home.
- ▶ Recycling is when we take materials that we were going to throw away and put them through a process so they can be reused.
- ▶ Many things can be recycled such as paper, metal, plastic, glass and electrical equipment.
- ▶ Recycling saves energy, is good for the environment, saves natural resources and saves space in landfills.



3. ACT

MAPPING

- ▶ Invite groups to prepare environmental maps of solid waste deposited in and around the school.
- ▶ During the presentation ask:
 - Why is rubbish put here?
 - Who is responsible for clearing this up?
 - What can we do to reduce the amount of waste in the school?
 - What can be done to clean up the school?
- ▶ Older students can show their maps to the more junior classes in the school and facilitate a discussion.
- ▶ Students and teachers show the maps and report their findings and analysis to the school management and community leaders.
- ▶ This is followed by action planning in the school and the community to address solid waste problems.
- ▶ Suggest that the school practises some form of waste recycling and/or re-using.

IMAGE TO FORUM THEATRE

- ▶ Create images that show situations where waste is carelessly thrown away.
- ▶ Using the Image to Forum Theatre technique to build a story around these images.
- ▶ Apply Forum Theatre techniques to troubleshoot how to negotiate with adults in various situations about discarding rubbish.

BUILDING A BIG RUBBISH MONSTER!

Pull Out

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Ideas For Making Rubbish Monsters

- ▶ Following the instructions in teacher materials – use basic rubbish materials to make either small or big rubbish monsters.
- ▶ These can be used to attract attention for community awareness-raising initiatives.
- ▶ Build story lines around the rubbish monsters. How could they terrorise the community? What kind of havoc could they reap? And what kind of super hero would be require to battle the rubbish monster?
- ▶ Perhaps there's a good rubbish monster who guzzles all the waste that won't decompose and turns into amazing gifts, bags, hats and so forth!

ALTERNATIVE: FIELD TRIP

SECONDARY SCHOOL clubs would learn a great deal from a field trip with CAFOD's partners and the council. Ask the council to take the HCC on a tour through the town's waste collection system.



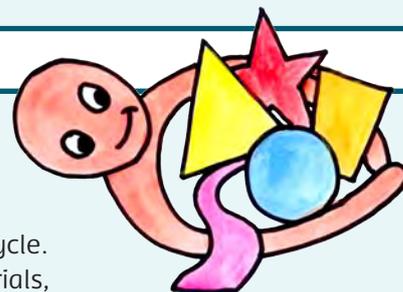
4. REFLECT

CIRCLE

- ▶ Can everyone list at least five types of waste in their area?
- ▶ Can the group distinguish between organic and inorganic waste?
- ▶ Can the group provide examples of reusing waste and describe at least one recycling method?
- ▶ How are we throwing away waste at school – are we using bins/compost pit?
- ▶ Is solid waste seen in the school yard or in bushes around the school? If yes, are we able to deal with this?
- ▶ Can we commit to doing the mapping exercise again in the future to assess the impact of the action planning?



5. KNOW IT!

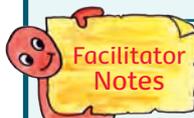


- ▶ **PRIMARY:** Create a song using the words: Reduce, Reuse, Recycle.
- ▶ **SECONDARY:** Pull out the Recycling Sheet from teacher materials, and task groups to fill in the gaps.

Pull Out

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Design for Recycling

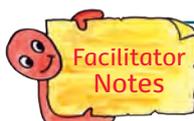


Facilitator
Notes

Landfill is the same as dumpsite.

CREATE A POSTER OR A SONG

- ▶ Using what has been learnt during the session create a poster or a song which includes:
 - What waste is.
 - Where waste collects.
 - How waste disappears.
 - Whose responsibility it is to collect waste.
 - What different types of waste are there?
 - What can be done to REDUCE, REUSE and RECYCLE.



Facilitator
Notes

Think about what Waste Management solutions have been put in place in your area? How can you, your family and your school help these?



Make a
poster

SOLID WASTE MANAGEMENT IN NYANGA AND MUREHWA

Solid waste is a problem in both Nyanga and Murehwa. In both towns there is no solid waste management programme as the councils do not have sufficient resources to implement such a programme. In Nyanga most institutions, notably schools, manage their own solid waste by collecting and burning it. Other institutions simply dump solid waste in public areas or on the way to the town dumpsite, resulting in papers, plastic bags and other forms of solid waste contaminating the environment notably in drains, gulleys and ditches.

The Sanitation for Success programme has been working on a solid waste management programme in collaboration with the council.

At the time of writing, Murehwa household solid waste is collected by a council tractor as and when the tractor is available and taken to a dumpsite which is an old quarry pit near the medium density suburb of Murehwa Caves. At the town centre, heaps of solid waste with no sign of collection is evident suggesting that the council is overwhelmed and needs to be supported in managing the solid waste.

In addition, both areas need to have properly designed dumpsites. Nyanga has an unlined but designated dumpsite and Murehwa is using an old open quarry pit. The pit was never properly designed as a dumpsite and has been contributing to environmental pollution over the years. Both councils have often been fined by the Environmental Management Agency (EMA).

CAFOD and partners have carried out a review of current solid waste management strategies. Ask Caritas to provide the school club with an update of this – it will help with this session.

The current solid waste generation and management approaches in Murehwa and Nyanga have been documented and recommendations for appropriate measures and facilities to deal with and managing solid waste, put forward.

SECONDARY SCHOOL clubs would learn a great deal from a field trip with CAFOD's partners and the council. Ask the council to take the HCC on a tour of the town's solid waste management system.



Improved solid waste management, including construction of proper dumpsites, will create a clean environment and reduce risk of sanitation related diseases which improves the quality of life of the urban poor. In addition, the Sanitation For Success project will also reduce the incidence of fires at dumpsites which contribute to CO₂ emissions.

Under the programme, people have been trained to facilitate training of communities to manage waste at household level. The training will provide basic skills of separating waste, treatment or value addition in terms of composting appropriate waste and proper dumping of waste. The training will focus on changing the behaviour and inappropriate solid waste management practices such as burning.



Remember, our clubs don't work alone! You could ask someone who has been trained in waste management to come in and talk to the group..."



LINK UP TO STUDY FINDINGS

Sanitation for Success has done a study to find out the amount and type of waste that is generated at household level, to look at how waste is re-used, and to know what the potential markets are.

HCCs can help the programme by coming up with strategies to promote waste recycling at household level which will minimise the waste that is eventually taken to the dumpsite.

Paper, tin and bottle waste can be targeted for resale whilst organic waste such as food leftovers can be targeted for household composting to make manure for household level nutritional gardens or for sale to nearby small scale horticulture concerns including those neighbours with sufficient land.

HCCS CAN CONTRIBUTE POSITIVELY TO THE AWARENESS CAMPAIGNS FOR PROPER WASTE MANAGEMENT.

HCCs can find out from the Sanitation For Success project who the possible buyers of waste products are. There are known companies who collect some waste such as paper for recycling, which could be approached by the club to participate.



Sanitation - Infrastructure

LEARNING OUTCOMES



KNOWLEDGE

- ▶ The group learn to identify various type of sanitation infrastructure.
- ▶ The implications of using different types of sanitation facilities are known.



AWARENESS

- ▶ A positive attitude towards using improved sanitation facilities is developed.
- ▶ Ways of maintaining sanitation facilities are developed.



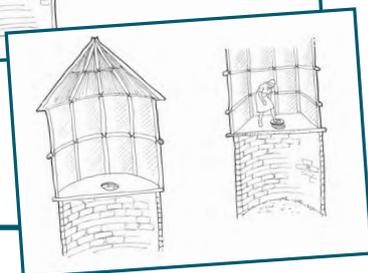
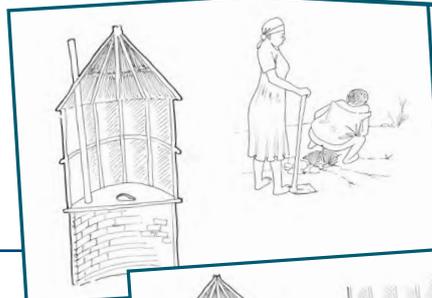
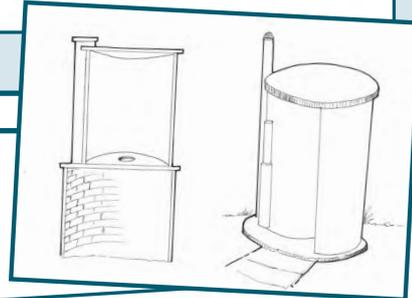
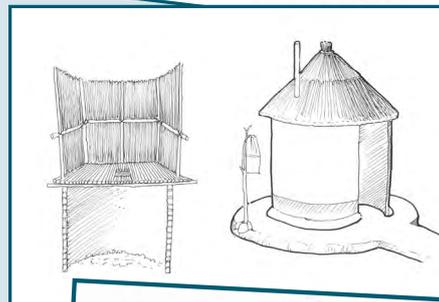
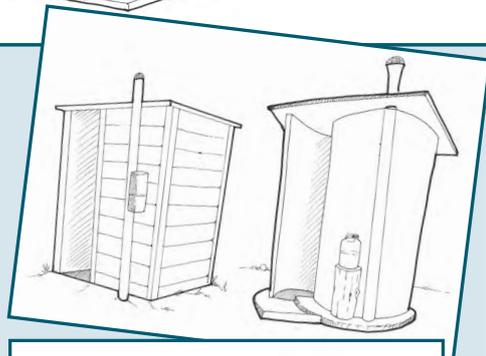
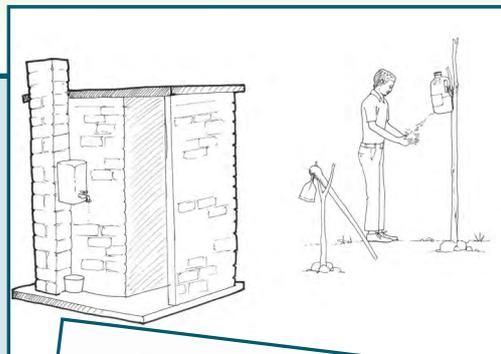
ACTION

- ▶ Correct usage of toilets.
- ▶ Practical skills for maintaining toilets are developed.
- ▶ Ability to encourage people to upgrade sanitation facilities.



WELL-BEING

- ▶ Cooperation skills are developed.
- ▶ Teamwork and relationship building.
- ▶ Self-awareness and self-assessment skills.
- ▶ Dignity is upheld
- ▶ Problem solving and assessment of risks is possible.
- ▶ Self-control.



PARTICIPATORY TECHNIQUES

- ▶ Games
- ▶ Pair work
- ▶ Competition
- ▶ Sanitation Ladder
- ▶ Forum Theatre
- ▶ Poster making

MATERIALS

Pull Out

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1. Sanitation illustrations
2. Sanitation Ladder

- ▶ Flip chart, markers
- ▶ Poster making materials

ACTIVITY PLAN

1. INTRO

WARM UP SUGGESTIONS:

- Game 21: Guess the object [Page 56]
- Game 27: Rabbit Spear Wall [Page 59]
- Game 25: Mirror exercise [Page 58]
- Game 16: Laughing slinky [Page 52]



2. EXPLORE

PAIR WORK

- ▶ Ask pairs to tell each other the kind of sanitation facilities they have at home.
- ▶ Encourage pairs to ask each other if they have any particular feelings about this- whether positive or negative. And share these with the group.

RESEARCH & MAPPING

- ▶ Ask the group to identify sanitation facilities in their areas.
- ▶ Rank the most appropriate and the least hygienic/adequate practice in their area.
- ▶ In groups, invite students to draw a map of their community and locate the types of sanitation facilities (eg. toilets) in public and private spaces.
- ▶ Invite groups to present back their findings to the whole group.
- ▶ Facilitate a discussion with the group on their observations of sanitation facility usage.
- ▶ Discuss the way forward in order to obtain proper sanitation facilities in the area.





3. ACT

GUESSING GAME

- ▶ Give out the Sanitation Ladder pictures - which are made up of pictures of different types of sanitation, split the group in to teams and play a guessing game.
- ▶ In round one tell students they can use words to describe the type of sanitation facility.
- ▶ In round two each group uses their bodies to make still images and the rest have to guess what kind of toilet it is.

THE SANITATION LADDER

What is it?

The sanitation ladder helps people to identify options for improving sanitation in their community and understand that this can be a gradual process.

Why use it?

This activity helps participants to:

- ▶ Describe the community's sanitation situation
- ▶ Identify options for improving sanitation
- ▶ Discover that improvements can be made step-by-step

How to use it

Pull Out



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Sanitation Ladders

- ▶ Print and photocopy 4 of each of the Sanitation Ladder cards in the Teacher Materials.
- ▶ Split the group into 4, and give each group the pictures depicting the various methods of disposing of human waste. Have some paper and pens available so that participants can draw other methods which are not included in the set of cartoon drawings.
- ▶ Ask the participants to sort the pictures into steps according to improvements in sanitation practices. Participants can take 15 – 20 minutes for this work.
- ▶ When the groups have completed this task, ask the group to explain its sanitation ladder to the rest of the group.
- ▶ After the presentations, encourage a group discussion covering:
 - The similarities and differences in the ways the options have been arranged as steps.
 - The options that have been identified as best for the community.
 - The advantages of each option.
 - The difficulties or obstacles that would make moving up the ladder difficult.
 - How these decisions were reached.

Explain to the group that the next activity will help to develop a plan to get from where it is now to the situation it would like to have in the future.

Alternative Methods

Split the group up and have one group of 16 standing up in the playing area: give one illustration to each participant. Have the participants arrange themselves in a line, in order from worst sanitation practice to best. Starting from the worst end of the line, ask each participant to explain to the group why their illustration is a better practice than the previous illustration. The group and the facilitator then discuss whether they agree with the order.



The Sanitation Ladder can be used to build knowledge of different sanitation infrastructures and where the community is currently, where the school is – what are the implications of different options...

Before you begin this activity it would be helpful to have information on:

- ▶ The design principles of different sanitation options.
- ▶ The effectiveness of different options.
- ▶ The use and maintenance of each option.
- ▶ The cost of different options.
- ▶ The durability and sustainability of each option.

The sanitation ladder shows that improvements can be made step by step. The idea that a community can progress up the ladder at different rates can be very appealing to groups. They realize that changes can be made over time, at a pace that is appropriate and manageable to them. When groups discover this, it can inspire them to become more involved. Some options are equally good. Two options can be placed side by side so the ladder has “branches”. The idea of progression and choosing for the future is more important than the shape of the ladder. *(Adapted from WHO, 1998)*



4. REFLECT

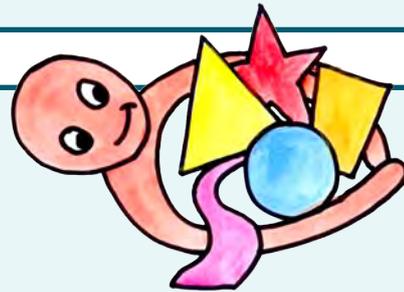
- ▶ Create scenarios where 'improper' use of toilets is taken to the extreme.
- ▶ Forum theatre techniques, Part 3.5, interrogate how these problems might be caused.
- ▶ Brainstorm how to maintain toilets.
- ▶ Design plans for building a toilet, or upgrading the current system in school (SECONDARY)



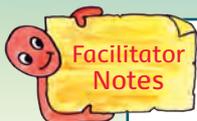
5. KNOW IT!

CREATE A POSTER

Make a poster with direct messages about using and maintaining toilets properly.



Make a poster



Facilitator Notes

SANITATION FOR SUCCESS: CONSTRUCTION/REHABILITATION OF LATRINES

This activity will be led by Caritas Mutare in Nyanga and Caritas Harare in Murehwa. The initial assessment shows that the wastewater collection systems in both Nyanga's peri urban areas and Murehwa urban are not functioning properly.

In Gonakudzingwa (Nyanga) main sewers have been laid by the council, but the residents have to connect using their own resources and often hire their own plumbers. As the area has steep gradients, some latrines have been connected to up gradient sewers resulting in backward flow of sewage into the household latrines. In Mangondoza (Nyanga) families use communal latrines that are overloaded and are now overflowing. In both cases, poor households have resorted to open defecation as they cannot afford to construct new sanitation facilities. The public has also resorted to open defecation near public places such as market places and community halls. At Nyamhuka primary school 1,217 students share 18 toilets and there is serious overcrowding: 68 students per toilet.

In Murehwa public latrines are either non-existent or in a deplorable state. The latrines at the main terminus and town centre are overwhelmed. The government complex (DA's offices) does not have public latrine facilities and visitors resort to nearby bushes to relieve themselves. The vendors operating by the main Harare-Nyamapanda highway do not have water, latrines and stalls so resort to the bush for their sanitation needs. Most community public gathering places do not have latrines (AFM church in Murehwa Caves MD suburb, Zihute Hall in town). Other areas such as the Catholic Church and the Marange Apostolic Centre have inadequate or poor facilities.



Monitoring facilities put in by the SANITATION FOR SUCCESS project

Proper use of the newly provided facilities is an important criterion for the project's success. Therefore, the use of the newly constructed facilities should be monitored by communities, project partners, the responsible authorities and the Ministry of Health. Community health workers together with environmental technicians from the Ministry of Health will conduct regular inspections of the facilities – this is something the HCCs could request to join in on. The Ministry of Health will be expected to report on the status of the facilities during monthly and quarterly district stakeholder meetings. The Ministry of Health will also carry out educational campaigns aimed at ensuring good use of the facilities.



HCCs could support this process by offering to perform awareness raising in communities.

Monitoring reports will be produced on a monthly basis and submitted to the Project Implementation Committee, shared among partners, and discussed so that remedial action is taken if any issues of poor use are identified. The lessons learnt will be incorporated in the social marketing and PHHE trainings that are part of the project.

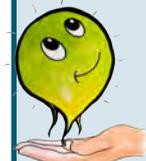
Puberty and Menstruation

LEARNING OUTCOMES



KNOWLEDGE

- ▶ Students know the signs of puberty in both girls and boys.
- ▶ The signs and effects associated with maturing during puberty are known.
- ▶ Girls and boys can list good personal hygiene habits related to sexual maturing: for both boys and girls.
- ▶ The risks, if personal hygiene is not maintained, are known.
- ▶ The menstruation cycle is understood, by both girls and boys.



AWARENESS

- ▶ Both sexes appreciate and respect the processes and changes that occur during puberty.
- ▶ Awareness of what causes embarrassment or anxiety during puberty for both girls and boys.



ACTION

- ▶ Girls are able to safely dispose of sanitary towels.
- ▶ Girls and boys are able to act against taboos that affect girls' school attendance and ability to discuss menstruation openly and without shame.



WELL-BEING

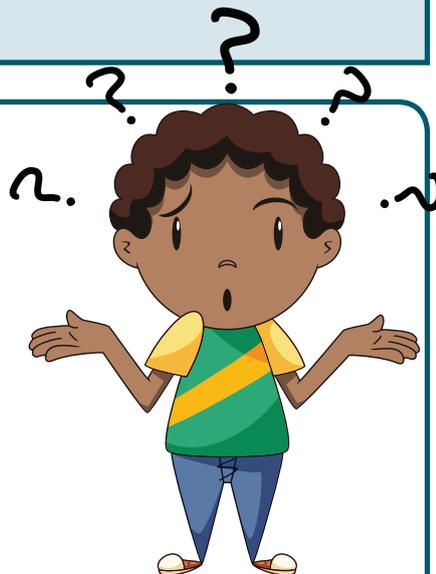
- ▶ Girls and boys build their self-esteem.
- ▶ Support and solidarity can be shown to classmates in case of accidents.

PARTICIPATORY TECHNIQUES

- ▶ Story telling
- ▶ Drawing
- ▶ Discussion
- ▶ Sharing experiences
- ▶ Forum theatre
- ▶ Visiting latrines
- ▶ Observations

MATERIALS

- ▶ Story, drawing paper, chart on menstruation cycle, slips of paper or cards, (felt-tipped) pens/pencils, fixing tape (only if drawings or cards are fixed on walls), blackboard, chalk.
- ▶ Photo copy the plain male/female body.



Pull Out

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Reproductive organs



ACTIVITY PLAN



Facilitator Notes

The exercises here are designed for older children from 11-15 but they can still be carried out with younger groups who may not grasp everything but need to be aware of the changes that will take place in their bodies, and learn the value of these changes. There are social and cultural taboos in Zimbabwe which can lead to both girls and boys not feeling free to talk about perfectly natural physical processes.

There are enough ideas and information here to spread this session out over 2 or 3 sessions. This will depend on age group and needs.

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1. INTRO

WARM UP SUGGESTIONS:

Symbolic Game 3: I am, and... (I feel, I am, I have experienced...) [Page 71]

Symbolic Game 4: In my heart... In the world... [Page 72]



2. EXPLORE

GIRLS

- ▶ Prepare and present an imaginative story about a girl going through physical and emotional changes, e.g:



EXAMPLE 1 – THE DAY THERE WAS A BREAK IN GRACE’S SINGING

“Grace was a singer in the church choir, and was always singing around the house. Singing in the bedroom, singing in the sitting room, singing when washing, she even tried her best to sing and eat at the same time. She made up songs about Sadza, songs about green beans, songs about water, songs about the lines on Gogo’s face, songs about singing songs!! (and on and on.....) One morning, she was getting dressed and singing one of her usual songs - about her clothes – and she suddenly stopped singing. This was very strange. Very Strange indeed. When Grace stopped singing, her sister knew something was wrong...



Grace didn’t know what the red blood was in the night-clothes she’d just removed – she thought something was wrong with her. Her sister asked her why she stopped singing. ‘It’s nothing’... ‘What is that in your hands, why are you holding it strangely?’ asks her sister. ‘It’s nothing!’ Grace runs out crying. Grace’s sister runs out calling after her. ‘WAIT!’

- ▶ Ask the group if they know why Grace is upset?
- ▶ What should her sister do?
- ▶ What would you do in this situation?
- ▶ Do you understand why Grace is upset?
- ▶ What can be done to bring back Grace’s singing?

HOW CAN WE ACHIEVE A POSITIVE OUTCOME?

For an uplifting affirmative ending, bring the story to a point where Grace is back to singing stronger than ever: confident, comfortable, proud of her transition into being a woman, and able to handle her monthly menstruation with ease without holding back from going to school.

EXAMPLE 2: HELP GRACE OVERCOME SHAME AND DIFFICULTY

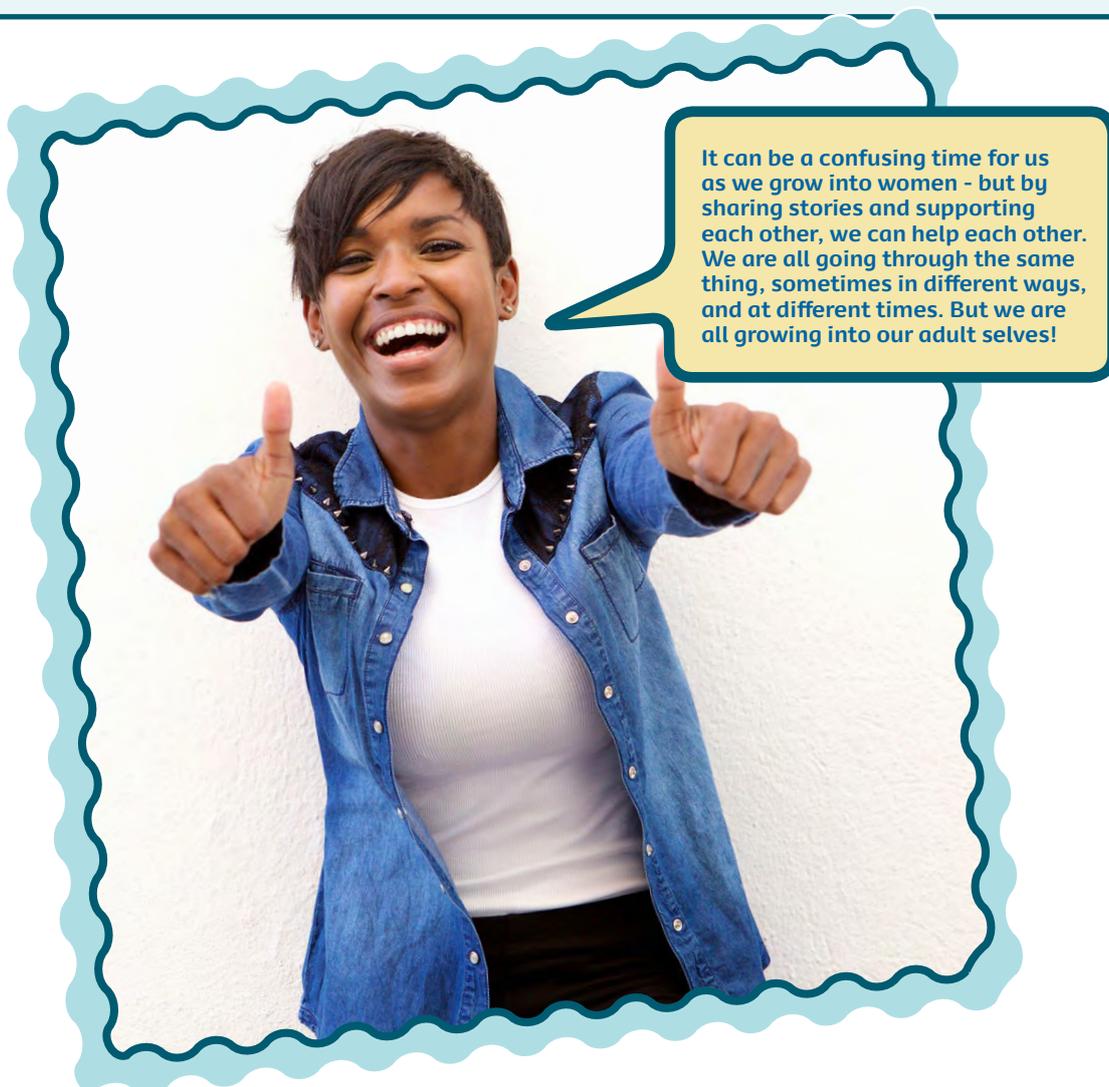
Grace’s blood has soaked her menstrual pad in school. It has gone through on to her school dress. The boys in class start laughing and making remarks at her. She goes to the toilet to change, but there is no water, nowhere to throw the pad, there is no emergency towel to use in the school. In order to avoid further embarrassment, she disappears from school without telling anybody.

- ▶ Ask the group if they understand what Grace has gone through?
- ▶ What does Grace feel?
- ▶ What does this story tell you about the school?
- ▶ What could have helped Grace cope with the situation?

Facilitate the discussion and help the group to share experiences. It may be helpful to split up boys and girls for more open discussion, but it's important that girls and boys also discuss this topic together.

- ▶ Tell or invite other stories related to body development, e.g. about the embarrassment and teasing of Grace, or teasing a boy whose voice is the first (or last) in the class to change, or the embarrassment and teasing of Grace, the first (or last) in her class to develop breasts.

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It can be a confusing time for us as we grow into women - but by sharing stories and supporting each other, we can help each other. We are all going through the same thing, sometimes in different ways, and at different times. But we are all growing into our adult selves!



BOYS

Tell a story about a boy experiencing changes but not realising what these changes are about, and thinking that the changes are only happening to him. Adapt the story for the age group. Go into more detail for older participants:

One day Tinevimbo woke up with something (his penis) having grown in size, and the bed was wet and he didn't know why. He had felt a strange and pleasant sensation, but didn't know what that was about. His uncle wandered into his room looking for a bucket. He quickly covered himself up with a blanket. His uncle stared at him with what he thought was a suspicious look. He was so embarrassed he took his favourite book, his most trusted toy: a car made out of wire and ran away to the mountains. His sister saw him packing things into a bag, and leaving the house in his bed-clothes and asked Tinevimbo why he was not dressed for school? Tinevimbo ran away in a panic.

He found a cave nearby, and hid away there – during this time, he grew hair on his chest, on his pubic bone and he thought he might be turning into a hairy animal like a baboon or a lion – 'What is happening with me?' he thought.

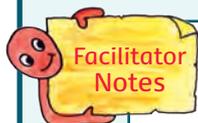
One day an old man was walking, and found Tinevimbo cooking up a small bird he'd found to eat, on a fire he'd built himself. Luckily he'd learnt how to do that from his mother. 'Hello young man, what are you doing here, all alone?' said the old man. When Tinevimbo tried to answer his voice jumped to a very high pitched note! **What had happened to my voice?** He thought, in panic. Is this what happens when you don't speak to anyone for months and months? He tried to make his voice come down to its normal level, but a low growl came out. **Oh NO! I am turning into a lion after all,** he thought, panic rising.

He found himself shouting out at the old man, '**What is happening to me?**'

The old man sat with Tinevimbo and shared the bird, '**Well, let me tell you all about it...**' Said the old man.



- ▶ *What did the old man explain to Tinevimbo?*
- ▶ *What could the old man say to Tinevimbo to convince him that he is normal, and that he must return to his home and carry on with school?*
- ▶ *What would you say to Tinevimbo to make him come out of his cave and back to his life?*



Through telling these stories and discussing them, the group should learn the basics of what happens during puberty, and address some of the issues that adolescents face when their bodies are changing.

COMPETITION

Refer to the facilitator notes at the end to make sure the group knows the facts.

3. ACT



Pull Out

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The Menstrual Cycle

- ▶ Using the materials on the menstrual cycle in Teacher Materials, create posters which show the main stages in the monthly menstrual cycle.
- ▶ Have fun thinking of symbolic or creative names for each stage of the cycle. Choose words that can celebrate that stage:

- **BRILLIANT BELOVED BEAUTIFUL BLOOD**
- **WONDERFUL WINNING & WISE WOMB THICKENS TO GET READY FOR THE EGG**
- **EAGER ECSTATIC EGG GETS READY TO EXIT**
- **OFFICIAL ONCOMING and OPTIMISTIC OVULATION! ITS OK! OBEDIENT OVULATION!**
- **EXCELLENT EGG ESCAPES!**

- ▶ Get creative with the naming: think up interesting or inspirational names for each stage. Or use words that begin with the same letter.

- ▶ PRIMARY take the bodies and label where and how different parts of the body change.



SECONDARY: FORUM THEATRE

Using Forum theatre techniques build a story that can be told in assembly about a girl or a boy who experiences difficulty and confusion during puberty.

This will encourage strategies to break taboos, understand what's taking place physiologically and develop support between peers.

PROBLEM TREE

- ▶ Make up or invite stories that relate to conditions and problems at home, as in the following:

Kudzai is twelve years old. She has grown a lot and her body has changed. She now feels curious about boys and no longer likes to play her old games with her girlfriends. At home, she lives in a small house together with her mother, father, brothers, uncles and cousins. One night when she thinks she is alone she goes to the kitchen to have a bath. When she has undressed, her cousin Tinashe comes into the kitchen and sees her naked. He looks at her with desire. Kudzai tries to cover herself and runs out.

- ▶ What happened to Kudzai and how did it make her feel?
- ▶ What would you have done in her situation?
- ▶ What can her family do to avoid such situations?
- ▶ Ask the class to use the case study to build a problem tree. Write the central theme on a slip of paper or card and stick this on the wall or places it on the floor:

“Inappropriate housing conditions for the hygiene needs of adolescents in the family.”

Invite the children to write the related problems and consequences on other slips or cards, giving one message per slip/card.

- ▶ Help the children to work in groups to identify solutions for the identified problems.
- ▶ In plenary, help the groups to prepare jointly a final list of possible actions, for example on the blackboard.

DRAWING

- ▶ Drawings can help students to open up on a sensitive issue.
- ▶ Ask the group to draw about an event or a development during puberty that embarrassed them.
- ▶ The drawing may be about themselves or about someone imaginary.
- ▶ Ask the students to display their drawings on the wall or lay them out on the floor.
- ▶ Discuss the drawings in a circle. Invite participants to explain their drawings if so wanted.
- ▶ Facilitate a discussion, asking for example:
 - ▶ Do others in the class recognise the situation/feeling?
 - ▶ What can be the reactions of fellow pupils?
 - ▶ What would help you and your fellow pupils in these situations?



4. REFLECT

- ▶ Take the group to visit the school toilets/latrines. Both sexes will visit both types of toilets/latrines and observe the facilities.
- ▶ Ask them to make a list of pro's and con's on the conditions, as individuals or in groups.
- ▶ In circle discussion, help them to consolidate the findings in one list.
- ▶ Discuss and make decisions on follow-up action to deal with the negative points.
- ▶ Decide on a time table and monitoring of effectiveness.
- ▶ Possible points that may emerge:
 - Presence of water in/near all toilets for personal hygiene
 - Reliability of supply of water
 - Equity in water collection
 - Bucket available in girls' toilets for hygienic disposal of sanitary towels
 - Wrapping materials available, e.g. old newspaper
 - Bucket and wrapping materials in use
 - Presence of cover for bucket; cover seen on top
 - Safe final disposal of contents (burning or deep burial)
 - Sanitary pads available in school in case of emergencies
- ▶ Design and location of toilets does not encourage abuse (bullying, smoking, drug use, vandalism)
- ▶ The school has rules on the proper use of toilets and monitors their application

5. KNOW IT!



CIRCLE DISCUSSION

- ▶ Check that the group can mention physical changes in girls and boys during puberty.
- ▶ Make sure that girls can describe how and when to clean private parts, with reasons, to a female teacher. Boys can do the same to a male teacher. (Boy and girl adolescents should know how women and men can safely clean their private parts. Both boys and girls need to keep clean to avoid infections, and to know that when they are adults infections can be passed between sexual partners.)
- ▶ Facilities, e.g. water, bucket, wrapping material are available in toilets/latrines and used correctly for disposing of sanitary towels. Bucket contents are disposed of in a timely and safe way.
- ▶ Discuss what can be shared with the whole school. Ask the HCC what they feel is important for all the other students to think about, know about and take care of...
- ▶ Plan assembly action.

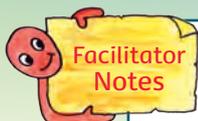
PUT WHAT YOU KNOW IN TO A SONG OR A POEM

*My legs are getting longer
My feet are growing too
I'm starting to get pimples
I'm glad that you are too!*

*The boys are talking 'six packs'
The girls discussing bras
Make-up, fashion, friendships
Boys are mad on cars.*

*Confusing and exciting
The self I feel and see
I guess that I am changing
Into an adult me.*





Facilitator Notes

Puberty can be a confusing time for teenagers. Not only is the body changing, but emotional changes are happening also – as a result of new hormones raging through the body helping the child's body transform into an adult body. This is quite often experienced as a time of emotional distress or anxiety, especially for girls. Changes take place at different times for different people and can be a source of worry, shame or conflict. The HCC should encourage openness to discuss any difficulties that people are facing. And brainstorm strategies for how to cope with difficulties if they are being experienced.

It is important to see this time as positive, and to treat changes in girls with the same kind of pride and positive energy as there tends to be amongst boys. Although of course not all boys experience puberty in a positive way!

The Club must encourage a positive attitude to changes that happen, and can develop a repertoire of strategies to cope with problems or worries that group members experience. This is sensitive and will be difficult for some participants to be open about.

LET STUDENTS KNOW THEY CAN COME TO YOU FOR ADVICE IN PRIVATE IF NECESSARY

You know how everyone says that puberty is all about raging hormones? It's true! Hormones that were hibernating suddenly awaken and signal your body to enter puberty. You might think this doesn't mean a lot, but hormones cause the changes that are associated with puberty.

Timing of Puberty

Puberty starts at different times and lasts for different periods of time for everyone. It can start as early as 8 years of age to as late as 13 years of age. The sequence of puberty – from breast development to complete physical maturation – may take a year and a half or last as long as 6 years.

This is sometimes very difficult for girls as some of their peers may have entered and completed puberty before they have even started. However, there is no way to slow or speed up the process, but puberty happens to everyone. If the question of WHEN is worrying you, relax, it will happen, don't worry.

THIS PROCESS HAPPENS TO EVERYONE – WITH THE SAME BASIC CHANGES FOR GIRLS AND BOYS

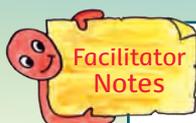
IT JUST HAPPENS AT DIFFERENT TIMES, AND IN DIFFERENT DEGREES

You may have heard that girls mature more quickly than boys, and that is somewhat true, since girls usually enter puberty about 2 years earlier than boys.

Below is a general time line for physical changes that occur during puberty (for girls):

Puberty Event	Age at which it happens
Growth of breasts	8-13
Growth of pubic hair	8-14
Body Growth	9 1/2-14 1/2
First Period	10-16 1/2
Underarm Hair	2 years after pubic hair shows up
Acne	Around the same time as underarm hair

Remember, puberty is not the same for everyone, so some girls will grow pubic hair before they develop breasts, and that is absolutely normal.



Facilitator
Notes

MORE INFORMATION ON EACH PHYSICAL CHANGE

Breasts

Breast development begins between 8 years of age and 13 years of age and continues through puberty.

Breast development starts with the flat area around the nipple (areola) becoming enlarged and some breast tissue forming under the nipple. When breast development is complete, each breast is distinct and the areola no longer appears swollen.

Breast size varies from woman to woman, and there is no way to try to make your breasts larger or smaller other than going through plastic surgery, which is not always a very safe or healthy alternative.

Pubic Hair

Pubic hair starts along the vaginal lips, the outer opening of your private parts. The hair becomes darker and coarser and grows like an inverted triangle. Sometimes, the hair spreads to the insides of thighs, as well.

GROWING AND CHANGING SHAPE

Puberty also causes you to go through a growth spurt, which results in an average growth of about 3.5 inches a year.

Your head, hands, and feet are the first things to grow. Then you grow in your arms and legs, and finally your torso and shoulders catch up with the rest of your body.

If it's any consolation, everyone goes through that awkward phase, so you are not alone! Height growth is, of course, accompanied by an increase in weight.

Girl's bodies become curvier and hip bones widen. There is weight gain on the hips. Girls muscles also get bigger and stronger, but not the same as for boys.

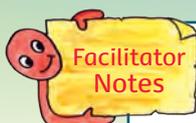
This weight gain is perfectly normal and a part of puberty. Without gaining this weight, you cannot grow taller, develop breasts, or get your first period.

Acne

Finally, underarm hair begins to grow, and your sweat and oil producing glands also start developing, which eventually results in acne when these glands are clogged.

In order to avoid breakouts, you should wash your face twice daily. If you still regularly break out, you may want to speak to a doctor.

Some girls may get some whitish jelly coming from the vagina before or in between periods. (Don't worry it's just the body's way of cleaning itself.)



Facilitator
Notes

CHANGES IN GIRL'S BEHAVIOUR

When a female goes through puberty, many changes occur in the body. In addition to affecting a female's appearance, these changes can also lead to some of the following:

- ▶ Sleeping a lot
- ▶ Feeling moody
- ▶ Masturbation
- ▶ Some women experience premenstrual syndrome (PMS) around the time of their periods. PMS can include headaches, back pain, irritability or moodiness, feeling sad or emotional, bloating, and breast tenderness. Some women don't have any of these symptoms, while others have all of them and perhaps a few more.
(Cutting back on salty foods and caffeine may help reduce the symptoms.)

INFORMATION TO GIVE TO BOYS

Timing of Puberty

Puberty starts at different times and lasts for different periods of time for everyone. It can start as early as 9 years of age to as late as 13 1/2 years of age. The sequence of pubertal development usually ranges from 2 to 5 years.

This is sometimes very difficult, as some of your peers may have entered and completed puberty before you have even started. There is no way to slow or speed up the process, but puberty happens to everyone, so never fear, it will happen to you!

Below is a general time line for physical changes that occur during puberty (for boys):

Puberty Event	Age at which it happens
Growth of testicles & scrotal sac	10-13 1/2
Growth of pubic hair	10-15
Body Growth	10 1/2 -16 1/2
Growth of penis	11-14 1/2
Change in voice	About the same time as penis growth
Facial & Underarm Hair	About 2 years after pubic hair appears
Acne	About the same time as underarm hair appears

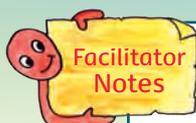
MORE INFORMATION ON EACH PHYSICAL CHANGE

Genitalia & Pubic Hair

In the early stages of puberty, the scrotum grows larger and you might experience some reddening of the skin and notice texture change in the scrotal skin. Pubic hair might start appearing at the base of your penis.

While the scrotum grows, the penis increases in length and has a smaller increase in width. About a year after your penis starts growing, most boys have their first ejaculation. This is at times scary or worrisome to boys, but it is perfectly natural and a part of the pubertal process.

At the same time, you might also be noticing that more pubic hair is growing and that it is becoming darker, coarser, and curlier. The penis continues to grow, and the head of the penis develops. The scrotal skin gets darker and the scrotum also continues to grow.



Facilitator Notes

When the penis is fully developed, pubic hair will have grown like an upside down triangle around your penis and will probably have spread to your thighs as well. There is no healthy or natural way to increase penis size, and it is true: size does not matter.

Secret Boy's Business: Erections and Wet dreams

You get erections sometimes because you're nervous or excited and other times when it just happens by itself! This can be a bit embarrassing at first but other people don't usually notice them as much as you do and if you don't think about the erection or you concentrate on something really boring (like saying the alphabet backwards) things will settle down again.

You may have 'nocturnal emissions' or wet dreams while you are sleeping. The 'wet' stuff is semen and you haven't wet the bed! It is also a normal part of growing up.

GROWING

Puberty can also cause you to go through a growth spurt, which results in an average growth of about 4.1 inches a year. Your head, hands, and feet are the first things to grow. Then you grow in your arms and legs, and finally your torso and shoulders catch up with the rest of your body.

Possible Breast Development

During puberty, some boys do experience slight breast growth, but this is usually temporary and disappears after a while. However, if it does not disappear after puberty and continues to worry you, you might want to consult your doctor about it.

'Adam's Apple' and Voice Change

Your voice deepens, and while the process is gradual, you might experience your voice breaking at times. This is normal and natural, so don't worry about it.

You may notice that you are getting an 'Adam's apple'. This is your larynx or voice box getting larger and sticking out at the front of your throat. Your voice may seem to be all over the place, squeaky then deep or even sound like it is cracking. Don't worry - when your larynx has finished growing your voice will sound 'normal' again and probably a bit deeper than before.

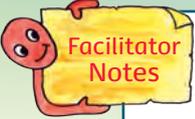
Body Hair

Facial hair first appears at the corners of your upper lip and then spreads across the upper lip, to the upper parts of the cheek, below the bottom lip, and finally to the sides of your face and your chin. Underarm hair is also growing at this time as well.

Acne

Accompanying underarm hair growth, your sweat and oil producing glands also start developing, which eventually results in acne when these glands are clogged. In order to avoid breakouts, you should wash your face twice daily. If you still regularly break out, you may want to speak with a dermatologist.




Facilitator Notes
BOTH GIRLS AND BOYS HAVE TO DEAL WITH

- ▶ Changing body shape.
- ▶ People responding to you differently. If you are tall for your age, people may think you should 'act older,' or if you are small for your age they may insist on treating you like a little kid. Some people may talk to you in an embarrassing way or touch you when you don't want to be touched. Let them know that you don't like this by saying politely but firmly "I don't like it when you talk/touch me like that."
- ▶ Mixed up feelings and mood changes. This is a hormonal thing and is very difficult for young people and their parents to deal with.
- ▶ One minute you have lots of energy and the next you feel so absolutely dead tired that you just want to be left alone to sleep. This is particularly difficult for parents to understand - especially when the tiredness only seems to happen when it's time to do jobs around the house or homework!



“Do you know the story of the ugly duckling that turned into a swan?”

There may be times during puberty when you feel that you have a lot in common with the duckling! Gradually though, you will turn into a swan! Well perhaps not, but you will turn into the wonderful, unique adult that is you.



Revision



This session is left open for HCC facilitators and clubs to choose what requires revision. You may want to take longer than one session to recap all the subject areas. You may wish to test how much your group understands and then decide what needs the most revision.

We've covered a lot in term 2! The main areas covered by Term 2 are:

Water system, source and cycle
Waterborne diseases
Drinking clean and safe water
Sewage
Nutrition
Solid waste
Sanitation infrastructure
Puberty and Menstruation



Facilitator Notes

A revision session aims to look over what's been learned, refresh memory, and think creatively about how the knowledge gained can be shared. It's important for the group to say what they feel they need to know more about, and this to be listened to and followed by the facilitator.

TESTING LEARNING OUTCOMES

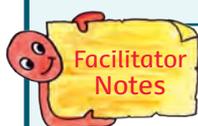
QUESTIONNAIRE

Use the 1st questionnaire in the M&E section to gain an overview of how the group's knowledge and understanding has grown.

INTERACTIVE METHODS FOR TESTING LEARNING OUTCOMES

These are suggestions

- ▶ Split the group into 6 and give each a subject area. Ask them to first list all the things they know now that they didn't know before the start of the term (relating to the specific subject): what are the most important things you learnt about cleaning water (for example)
- ▶ Split the group into 6 and give each a subject area, ask the group to consider the most important things that should be shared with the rest of the school. A next step is for each group to create their own way of sharing this with others: whether through a play, or a game, creating a poster, or an exercise. Encourage groups to think of what their young siblings or cousins might need to know, or what younger pupils in the school would benefit from knowing.
- ▶ Go through the 'Know it!' section of each session with the whole group. Then ask the group how well they think they did. How well did you remember things? This allows the group to assess their own achievement.



Facilitator Notes

The younger the group the more support you can give them to remember content.

CREATIVE REVISION IDEAS

1. Create a poster on the importance of drinking safe, treated water.
2. Compose a song on what waterborne diseases are, where they can be found and how to reduce the risk of infection.
3. Create a comic strip to show the process of water treatment, using the Widzo the Waterman pull out as a starting point.
4. Create a series of images showing the different ways that waterborne diseases spread.
5. Create songs that outline what good nutrition involves.
6. Create images that show the journey of sewage.
7. Create banners, or posters with important messages about rubbish to put up on the school building. Do further work on creating rubbish puppet monsters.
8. Create forum theatre plays that present the confusions and dilemmas faced by young people as they go through puberty.

Testing Learning

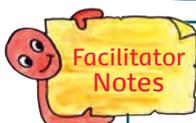
Using the Monitoring and Evaluation framework in Section 5, design a test that will fairly assess the growth in knowledge, attitude and behaviour of your group.

The test should be both written and practical.



This session is left entirely up to you to measure the achievement of your club.

It is also a space for you to work on school or community interventions.



Facilitator
Notes

Keep a record of your club's achievements, and share with the rest of the school, this will encourage more support from school management to allow space for the club in the school timetable!



PART

5



Monitoring & Evaluation

IN THIS Section

OVERVIEW
BASELINE QUESTIONS
KEY QUESTIONS PER SUBJECT

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Overview

The aim of Monitoring and Evaluation is to map the changes that occur in the HCC group, over time.

The M&E process relates to the four learning outcomes that each session aims to achieve:



Growth in Knowledge



Ability to take action



Increased awareness



Enhanced well-being

The M&E process is based upon the Baseline questionnaire and tracks how group members grow throughout the year, and over a longer period if members remain.

The Baseline questions are asked at the beginning and end of each term, and facilitators are also encouraged to use the key questions per subject area as an additional measurement tool. At the end of the two terms the HCC facilitator, with group member input, can then make an assessment of whether group members are indeed:

1. Healthier
2. Perform better in school
3. Understand how disease is transmitted and avoided
4. Know positive hygiene practices
5. Understand necessary sanitation infrastructure and behaviour
6. Are able to positively influence hygiene practices in their homes, among family members and in the community
7. Are able to observe, communicate, cooperate, listen and carry out decisions about hygienic conditions and practices for themselves, their friends and younger siblings.
8. Demonstrate changes to their current hygiene behaviour, if necessary and demonstrate likelihood of continuing better hygiene practices in the future.
9. Know about menstrual hygiene and physical and emotional changes during puberty.
10. Are able to practice gender-neutral division of hygiene-related tasks such as cleaning toilets, fetching and boiling water and taking care of the sick.

Baseline Questionnaire

This is to find out what the group already knows and understands.

1. What are the challenges for hygiene and sanitation in your home? And in our community?

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2. How does poor sanitation affect school attendance? And why?

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3. Have you ever missed school because of a hygiene or sanitation related issue? For example you had to fetch water, were unable to wash, or were suffering from diarrhoea? If so please say what prevented you from attending school.

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4. Do you know how disease is transmitted?

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5. Can you name some positive hygiene practices?

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6. Can you name some sanitation infrastructure?

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7. Could you name some good hygienic actions that happen in your home?

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8. Can you name some un-hygienic actions that happen in your home?

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9. Is there any discussion about keeping clean and eating healthily in your house? Is this something you can talk about easily?

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10. Can you name diseases that occur due to poor hygiene and sanitation issues?

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11. Do you know how water is made safe and clean to drink?

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12. Can you name the food groups that are necessary for a balanced and healthy diet?

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13. Can you name the changes that take place to a body during puberty?

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14. Whose responsibility is it to keep a) the home and b) the town clean? Whose responsibility is it to provide families with water?

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15. What are the water and sanitation systems available at your school?

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TO ADD TO THE END OF TERM QUESTIONNAIRE – ask the same questions and add:

What have you learned this term? Please list in the space provided.

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Do you do anything differently in your in your life, or have you taken any kind of action as a result of what you've learned in the Health and Hygiene club? Please list in the space provided.

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Key Questions Per Subject

Subject area	Knowledge	Attitude towards	Behaviour
Safe environment	<p>What is a 'safe environment'?</p> <p>What makes a safe environment?</p>	<p>Whose responsibility is this?</p> <p>What can you do to create this?</p>	<p>What do you do to keep the environment safe?</p> <p>What do others do?</p> <p>What do you/others do to make the environment unsafe?</p>
Burden of disease	<p>What diseases are there in our community?</p> <p>How does disease affect people?</p>	<p>What are common causes of disease and how easily are most diseases treated?</p>	<p>Have you ever done anything that has made yourself, or others sick?</p> <p>Do you know of other people doing things that have caused themselves or other people to be sick.</p>
Handwashing	<p>How many times a day should a person wash their hands?</p> <p>Do you know what the critical times for handwashing are?</p>	<p>Is it OK to not wash hands in certain circumstances? What might these be?</p> <p>Is it necessary to always wash hands with soap?</p>	<p>How many times do you wash your hands a day? (it's ok, you can be honest!)</p> <p>How often do you use soap?</p> <p>To your knowledge how often do other people wash their hands/ use soap?</p>
Home hygiene	<p>Can you list the ways we should be hygienic in our homes?</p>	<p>Who's responsibility is it to maintain hygiene in the home?</p>	<p>Are there challenges to keeping the home hygienic?</p> <p>Is there anything you can do about these?</p> <p>Do others do unhygienic things? Such as?</p> <p>Do you ever do unhygienic things? Like what?</p>
Safe water source	<p>Can you name safe water sources?</p>	<p>Why do people not use safe water sources?</p> <p>Who's responsibility is it to provide you with safe water?</p> <p>What do you need safe water for?</p>	<p>Do you know if you've ever used unsafe water for drinking or cooking?</p> <p>Have you ever had a 'waterborne' disease? What was it, and how did you get it?</p> <p>In what ways do people contribute to the existence and consumption of unsafe water?</p>
Safe water usage	<p>How do we use water safely?</p> <p>How do we store water safely?</p>	<p>Are you aware of how people use or store water unsafely?</p> <p>How?</p> <p>Why is this risky?</p>	<p>What can be done to ensure water is used and stored safely?</p>

Subject area	Knowledge	Attitude towards	Behaviour
Drinking water	What kind of water is safe to drink?	Who is responsible for ensuring you have safe water to drink?	Do you always know that the water you drink is safe?
Germs – harmful and good	What are the different types of germs? Where can harmful bacteria be found?	Where does harmful bacteria come from? Are you aware of different ways that bacteria can be passed from person to person?	What do you currently do to avoid harmful bacteria?
Diarrhoea	Do you know what causes diarrhoea? (virus, bacteria or parasite)	What stops people becoming infected with the viruses, bacteria or parasites that cause diarrhoea?	When was the last time you had diarrhoea? Did you know what caused it? Would you know how to avoid being infected by the viruses, bacteria or parasites that cause diarrhoea? To your knowledge, what do others do that put people at risk of infection?
Sugar Salt Solution	Do you know what sugar-salt solution does? Do you know how to make it?	Are you and your family aware of sugar-salt solution?	Have you ever known sugar-salt solution to work?
Safe sanitation	Please say what you think safe sanitation involves? What is sanitation?	Are you aware of the results of poor sanitation? Why does poor sanitation happen?	In what ways do people contribute to bad sanitation? What can be done to improve sanitation in this area?
Bilharzia	Do you know what Bilharzia is? What is it?	Are you aware of how Bilharzia is contracted, and treated?	What can be done to avoid catching Bilharzia?
Malaria	Do you know what Malaria is? What is it?	Are you aware of how Malaria is contracted, and treated?	What can be done to avoid catching Malaria?
Nutrition	What is nutrition? What are the signs of poor nutrition?	What essential nutrition do you need to stay healthy? Are you aware of the effect of poor nutrition?	What do people do that leads to malnutrition? How do people deal with malnutrition?
Worms	What do you know about worms that can live and breed inside you? Do you know how to cure yourself of worms?	Are you aware of how to get rid of worms?	Have you or anyone you know ever had worms? Were they easily cured?
Skin Disease	Do you know what scabies and ringworm are?	How are scabies and ringworm prevented?	Do you know anyone who has had a skin disease? How did they handle it?

PART

6

TEACHER
MATERIALS



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Certificate

This certificate is awarded to Hygiene Ambassador:

.....

From:

.....

School

For completion of:

.....

Health and hygiene club sessions

This means you have attained:

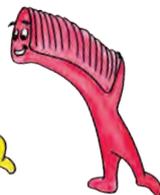
.....
Level of hygiene and sanitation knowledge, action and awareness

Signed:

.....

CAFOD
Just one world

 **Caritas**



LEARNING PER AGE GROUP

The following list comes from the book “Child-friendly hygiene and sanitation facilities at schools: Indispensable to effective hygiene education” by Jaap Zomerplaag and Annemariëke Mooijman, which is available in hardcopy as well as in an Acrobat document from the IRC website at www.irc.nl.

Which skills, knowledge and attitudes children learn and to what extent they can actively participate in school water supply, sanitation and hygiene projects depends on their particular age group.

PRE-SCHOOL AGE (2-4 YEARS)

Although this is younger than the target age group of HHCs this is still useful to know. It will help work with students who have younger siblings at home.

Skills Two- to three-year-olds enjoy learning new skills. They are gaining control of their hands and fingers and enjoy playing with and manipulating objects. Their language is developing rapidly and they act more independently. Three- to four-year-olds have a longer attention span. They like to test their physical skills and courage with caution. They can make choices and take some responsibility when given the opportunity.

Knowledge Adults are the ultimate role model. They can help young children develop good sanitation and hygiene habits. The children respond to praise and encouragement and are quite aware of how others respond to them. They use these experiences to develop their own self-awareness.

Participation In this age group, children are mainly users of water and sanitation facilities. They are generally too young to participate in planning, operation or maintenance. However, they can help with the decoration of facilities. The teacher can also start fun activities to ‘clean’ the facilities or refill the water reservoir of a handwashing facility. These are, however, learning rather than participation activities.

EARLY PRIMARY SCHOOL AGE (5-7 YEARS)

Skills

Children of this age group are very imaginative. They discover the world and their own capabilities in a playful way. In the meantime, they gain self-confidence and make the first steps towards independence. They like to imitate older children and adults.

Knowledge They experience the positive effects of personal care for their appearance (body washing, hair combing, teeth brushing). They tend to value things in a simple way (looking and smelling good means feeling good).

Participation

In this age group, children can start to be actively involved in design, planning, maintenance and operation of SSHE facilities. They are, however, not yet able to take on the responsibilities of adults or older children. Implementation has to be under close guidance of adults, for safety, as well as for learning reasons.

MIDDLE PRIMARY SCHOOL AGE (8-11 YEARS)

Skills

Children of eight years and older show responsibility and interest in their own wellbeing, health and hygiene. They can work well together with others and discuss experiences and practices with friends.

Knowledge

From this age on, boys and girls become aware of the consequences of poor hygiene practices. They begin to see relationships between theory and practice although they still find abstract concepts difficult to understand. They like watching and taking part in practical demonstrations and are very helpful. They also like to be given particular responsibilities. At this age children also learn that different means or practices can lead to the same results and that it is therefore necessary to compare different solutions.

Participation

Students of this age can be involved as groups in activities to plan, maintain and manage Sanitation and Hygiene facilities. They can also be given partial responsibility for implementation, maintenance or operation, such as filling reservoirs, cleaning, painting, etc. Overall responsibility should remain with adults or older children.

LATE PRIMARY SCHOOL AGE (12-14 YEARS)

Skills

Children start to develop social and analytical skills for exploring their position in the community. They can question gender and socio-economic differences.

Knowledge

Children of this age group are aware of their own development and growth. Girls start to menstruate. Their experiences create a desire for gender-related privacy. Girls (and boys) can start to become aware of gender disparities. They start to understand abstract concepts around hygiene, environment and social relations. They like to be given tasks and to be trusted to carry them out. They begin to take responsibility for themselves and to develop a sense of social justice.

Participation

Girls and boys can be actively involved in planning, construction, operation and maintenance, with more responsibility than in younger age groups.

APPENDIX 3 WORKING WITH THE CURRICULUM

HOW THIS GUIDEBOOK COMPLEMENTS BOTH PRIMARY AND SECONDARY CURRICULUMS

This guidebook has been written to dovetail and complement the Zimbabwean curriculum and enhance learning. Specific exercises meet learning objectives of specific aspects of the curriculum. The relationship is reciprocal in that some aspects of the curriculum will provide a solid basis for learning in the health clubs.

Health club leaders should coordinate with teachers to maximise learning impact.

Health club activity supports learning within all but two themes in the Civic education syllabus, and the Integrated Science ZGCE syllabus. Learning in the biology curriculum will be enhanced, or provide solid background to Health Club learning. Geography O level, ZGCE Home economics and Food and Nutrition and Home management. Guidance and counselling syllabus aims are woven throughout sessions.

A SUMMARY OF SUBJECTS THAT ARE COMPLEMENTED BY THE CURRICULUM GEOGRAPHY O LEVEL

HHC activity supports the following aims, written in the curriculum as follows:

- ▶ Promote skills of enquiry, observation, recording and interpretation of information;
- ▶ Make pupils aware of spatial patterns, environmental issues, relationships and the dynamic nature of these patterns, issues and relationships;
- ▶ Stimulate interest in pupils in the sustainable use and conservation of resources;
- ▶ Encourage pupils to apply basic spatial concepts on a range of scales in a variety of environments;
- ▶ Develop in pupils positive attitudes towards people of different communities and cultures and their economic activities within their own societies and elsewhere in the world;
- ▶ Stimulate in pupils interest that will lead to their understanding of relationships and dynamic nature of physical and human landscapes and processes;
- ▶ Develop in pupils skills of informed judgement, decision making and problem-solving in the environment.

INTEGRATED SCIENCE

- ▶ Develop interest, and curiosity, in science;
- ▶ Develop concepts and skills that are relevant to the study and practice of science;
- ▶ Appreciate and enjoy science and its methods of enquiry;
- ▶ Develop creativity, initiative and skills of enquiry;
- ▶ Develop good practices for health and safety;
- ▶ Develop accuracy and precision, objectivity and integrity;
- ▶ Recognise the usefulness and limitations of science;
- ▶ Apply scientific method in other disciplines and in everyday life;
- ▶ Recognise that the study and practice of science are inter-related and are subject to economic, technological, social, political, ethical and cultural influences;
- ▶ Communicate scientific information effectively;
- ▶ Develop interest in, and participate in, caring for the local and global environment.

BIOLOGY

- ▶ Cells and cellular functions.- **important background knowledge for application in sessions dealing with germs and disease;**
- ▶ Nutrition in humans;
- ▶ Micro-organisms and disease;
- ▶ Inheritance;
- ▶ Ecosystems;

CIVIC EDUCATION SYLLABUS –

- ▶ Identity;
- ▶ The socialization process;
- ▶ Norms and values;
- ▶ Nationhood, Sovereignty and Governance;
- ▶ Socio-economic structures;
- ▶ Rights and Responsibilities;
- ▶ Production, Distribution and Consumption of Goods;
- ▶ Global Awareness.

GUIDANCE AND COUNSELLING SYLLABUS

- ▶ Be aware of themselves and have a feeling of self-worth;
- ▶ Work towards fulfilling their basic human needs;
- ▶ Consider their personality and character traits in relation to others;
- ▶ Have a sense of belonging to the family and the larger society;
- ▶ Conserve the social and physical environment for the common good;
- ▶ Contribute to the interdependence of communities within society;
- ▶ Use their resources to improve the quality of life;
- ▶ Be aware of and respect societal rules and laws;
- ▶ Have a positive attitude towards the disadvantaged.

THE RELIGIOUS AND MORAL SYLLABUS AT SECONDARY SCHOOL

- ▶ A positive attitude towards health;
- ▶ An appreciation of well-managed resources;
- ▶ An inquiring mind and the ability to solve problems;
- ▶ Positive attitudes and behaviour towards their families and communities;
- ▶ Creativity, initiative and self reliance.

HOME ECONOMICS

- ▶ Demonstrate ability to prepare and cook food for themselves and others;
- ▶ Clean and maintain the environment;
- ▶ Demonstrate hygienic practices in maintaining health;
- ▶ Conserve, manage and sustain resources;
- ▶ Demonstrate ability to respect their bodies, and those of others;
- ▶ Demonstrate ability to respect themselves, their counterparts and adults;
- ▶ Apply skills and knowledge gained to improve the quality of life for individuals, families and communities;
- ▶ Demonstrate responsible behaviour necessary for protecting themselves against diseases (including HIV/AIDS);
- ▶ Explore problems in their communities and suggest solutions.

ASPECTS OF ENVIRONMENTAL SCIENCE THAT APPLIES – FOR PRIMARY SCHOOL CURRICULUM

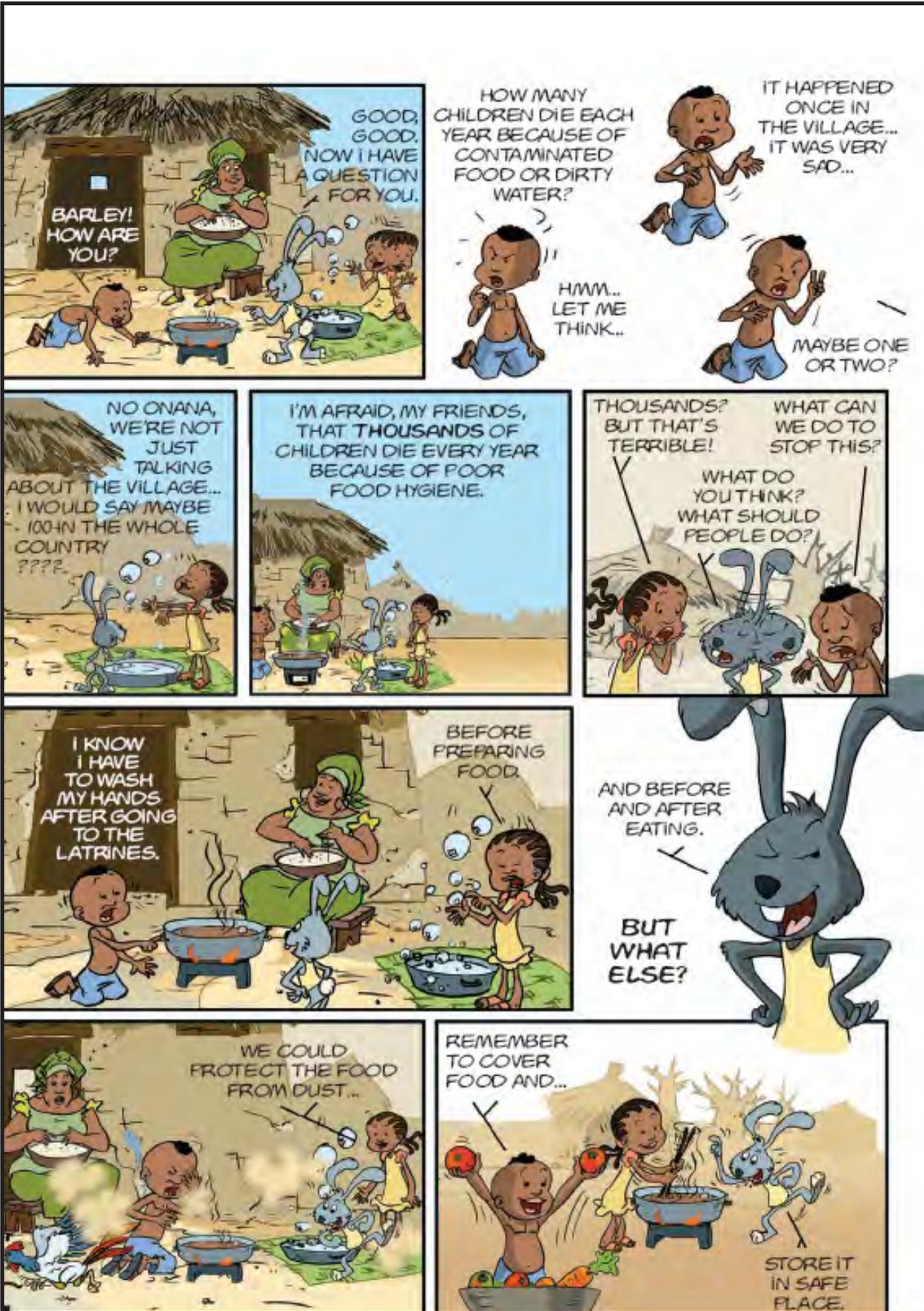
Contributes to the understanding of these aspects of the primary school curriculum and teaches pupils to:

- ▶ Identify and manipulate natural and artificial resources;
- ▶ Identify cycles and systems illustrating the relationships between people and artificial and natural resources;
- ▶ Investigate how people influence and are influenced by the environment, science and technology – in respect of water production;
- ▶ Conserve, manage and sustain the natural and artificial environment for the survival and development of its elements and future generations;
- ▶ Demonstrate an understanding of basic scientific concepts and principles;
- ▶ Apply scientific concepts and skills for environmental sustainability;
- ▶ Use local materials to design and modify simple technological devices;
- ▶ Explore scientific ideas and come up with innovations and conclusions;
- ▶ Apply some basic elements of Primary Health Care in order to improve personal, family and community health;
- ▶ Identify and incorporate local, national and international structures, programmes and organisations that participate in sustaining the environment;
- ▶ Evaluate the modern and traditional ways of sustaining the environment;

SUBJECTS IN ENVIRONMENTAL SCIENCE PRIMARY

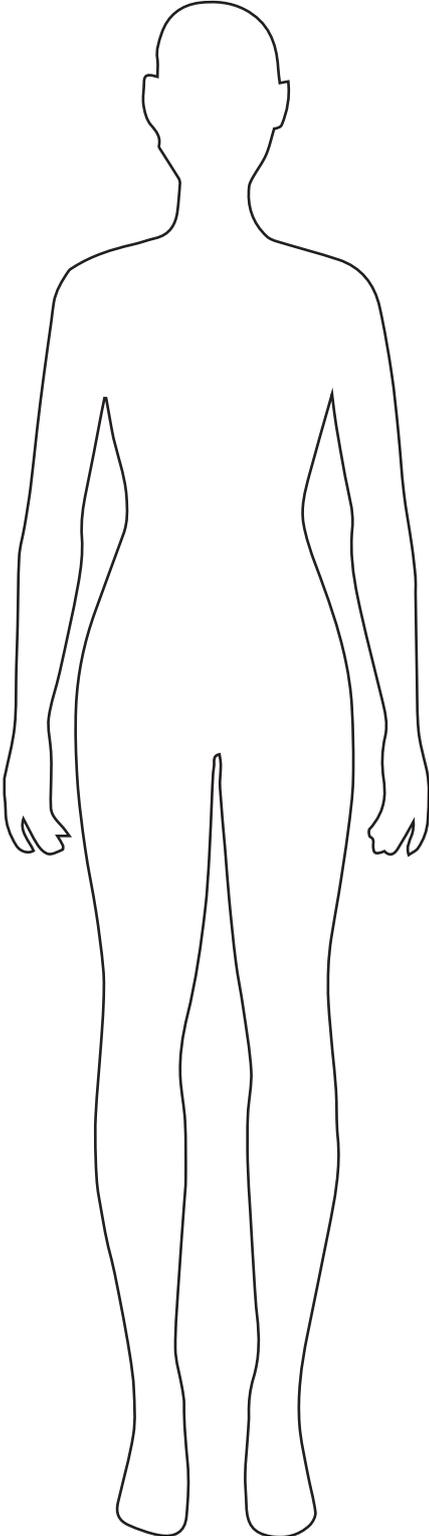
- ▶ Water
- ▶ Health
- ▶ Pollution
- ▶ Weather and Climate
- ▶ Materials and Technology (small sections of this apply to water production and sanitation systems)
- ▶ Landforms and Maps

COMIC EXAMPLE BY PLAN INTERNATIONAL

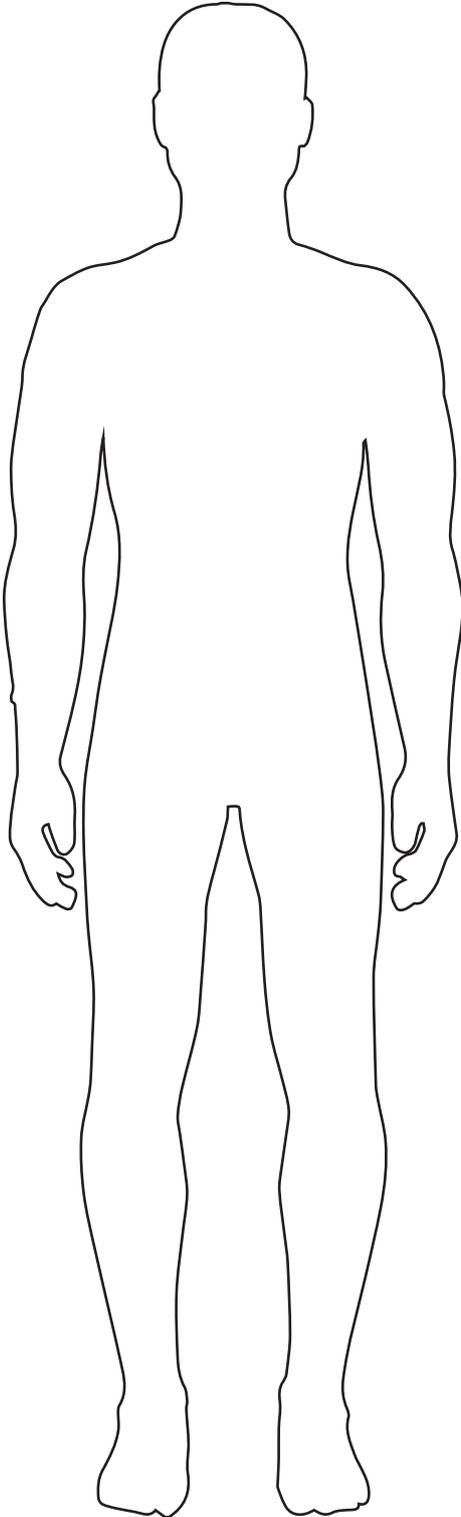


NEUTRAL GIRL AND BOY BODIES

Girl



Boy



POEM EXAMPLE: I AM A FLY

"I am a fly"

I am a fly, I am a fly
I visit people's kitchens after feasting on
waste.

I am a fly, I am a fly.

I sing my little song all day.

Buzzing in babies faces.

When they are trying to sleep.

I am a fly, I am a fly.

Zzzz Zzzz Zzzz Zzzz

I am a fly, I sing my little song.

I am a fly, I am a fly wandering.

From house to dustbin.

To rubbish dump to toilet and house again.

I am a fly, I am a fly I spread diseases,

What would you like to have, Eye sores,
diarrhoea, Typhoid or fever.

Zzzz Zzzz Zzzz Zzzz

I am a fly, I am a fly, I am off to
the kraal to lay my eggs.

SESSION 2 WORKSHEETS: BODY PARTS

Face



Fingers



Hands



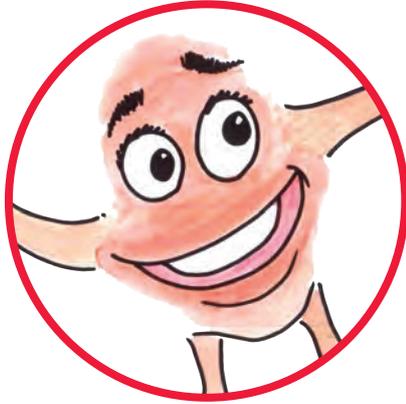
Hair



Teeth



SESSION 2 WORKSHEETS: BODY PARTS



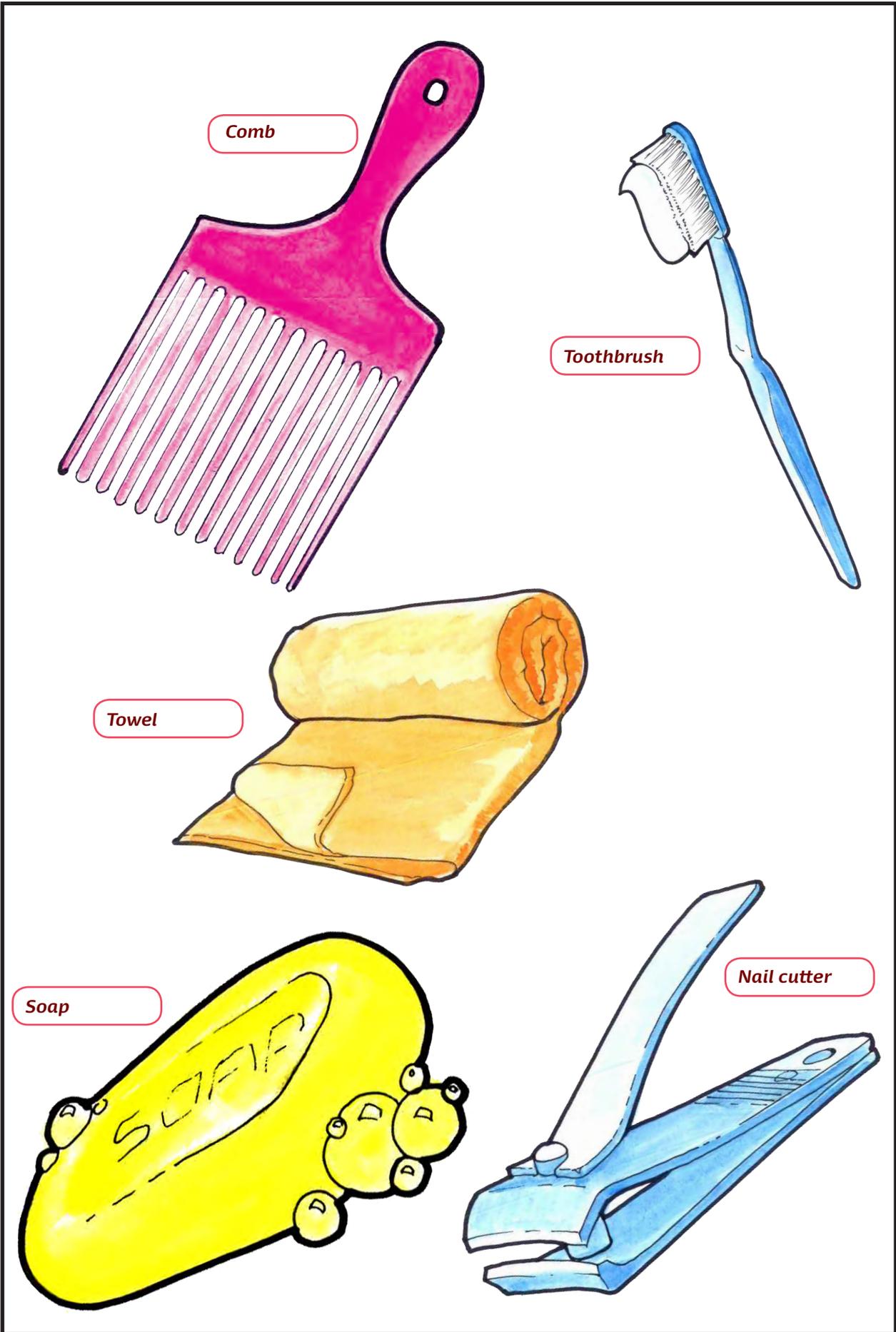




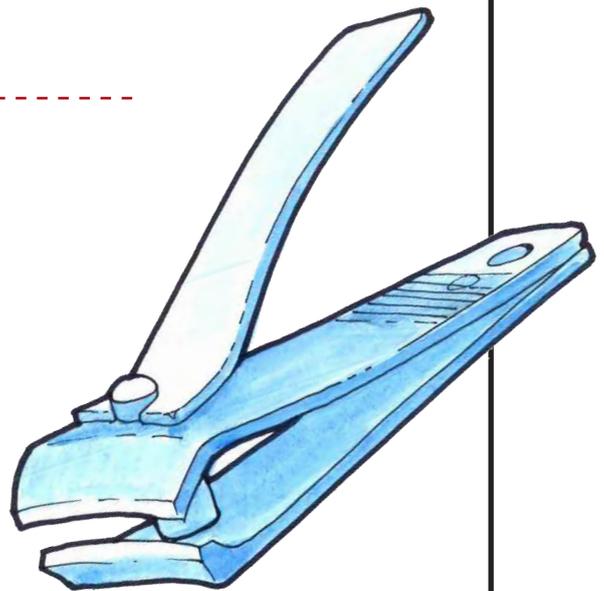
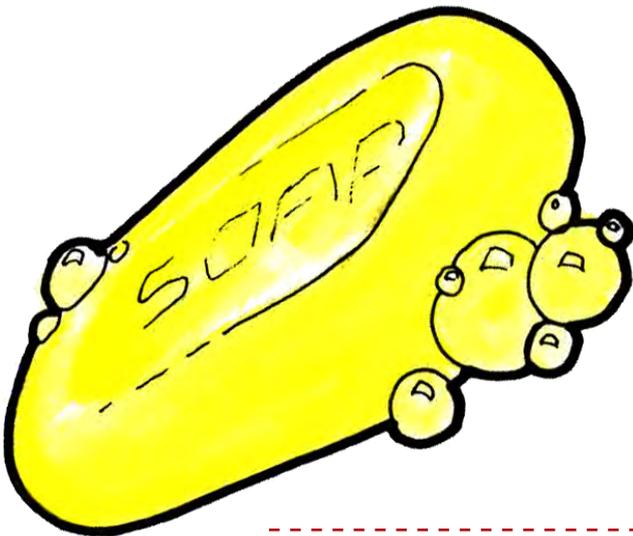
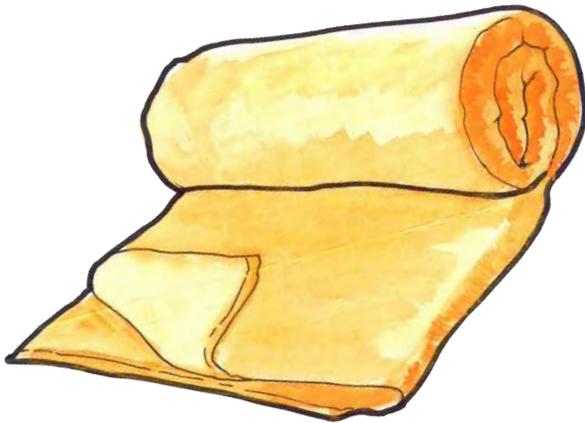
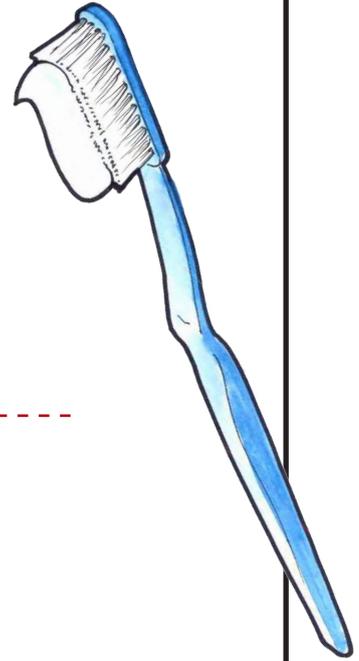




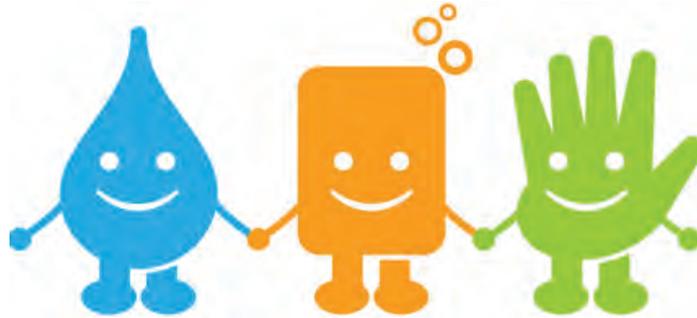
SESSION 2 WORKSHEETS: HYGIENE ITEMS



SESSION 2 WORKSHEETS: HYGIENE ITEMS



SESSION 4 CRITICAL HANDWASHING TIMES



GLOBAL HANDWASHING DAY

OCTOBER 15

ALWAYS WASH YOUR HANDS!



1
**BEFORE
HANDLING FOOD**



2
**AFTER USING
THE TOILET**



A
WET
Just enough
water to cover
your hands



B
LATHER
For 20
seconds



C
RINSE
With running
water

**CLEAN HANDS
SAVE LIVES!**

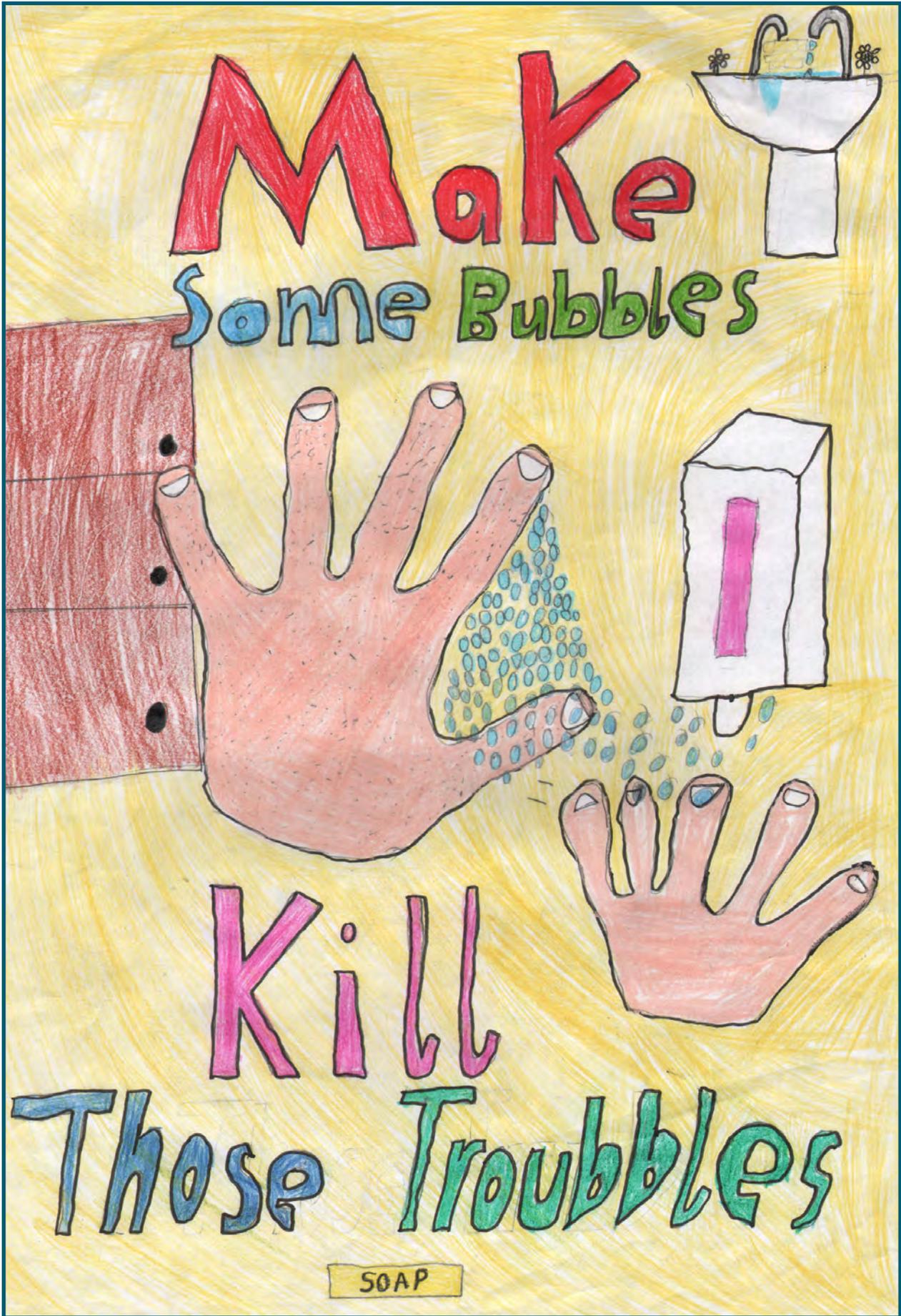
AFTER GOING TO THE TOILET



SESSION 4 EXAMPLES OF HANDWASHING POSTERS



SESSION 4 EXAMPLES OF HANDWASHING POSTERS



SESSION 4 MORE EXAMPLES OF HANDWASHING POSTERS

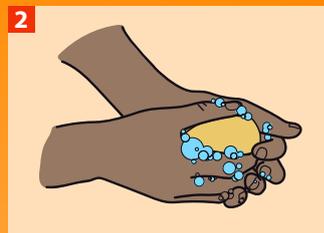


Hand Washing

Wash hands with soap and water for 20-30 seconds. If hands are dirty, wash hands with soap and water, not with hand sanitizers, for 40-60 seconds. Use hand sanitizer or chlorinated water, if soap and water are not available.



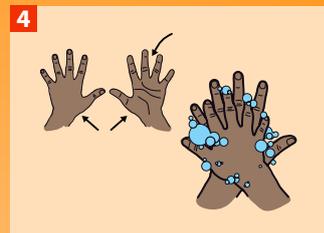
1 Wet hands with water.



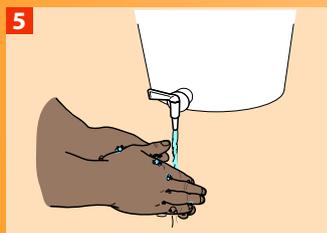
2 Apply enough soap to cover all hand surfaces.



3 Rub hands together and scrub everywhere.



4 Wash the front and back of your hands and in between your fingers.



5 Rinse hands with water.



6 Dry hands completely using a single use towel or air dry.

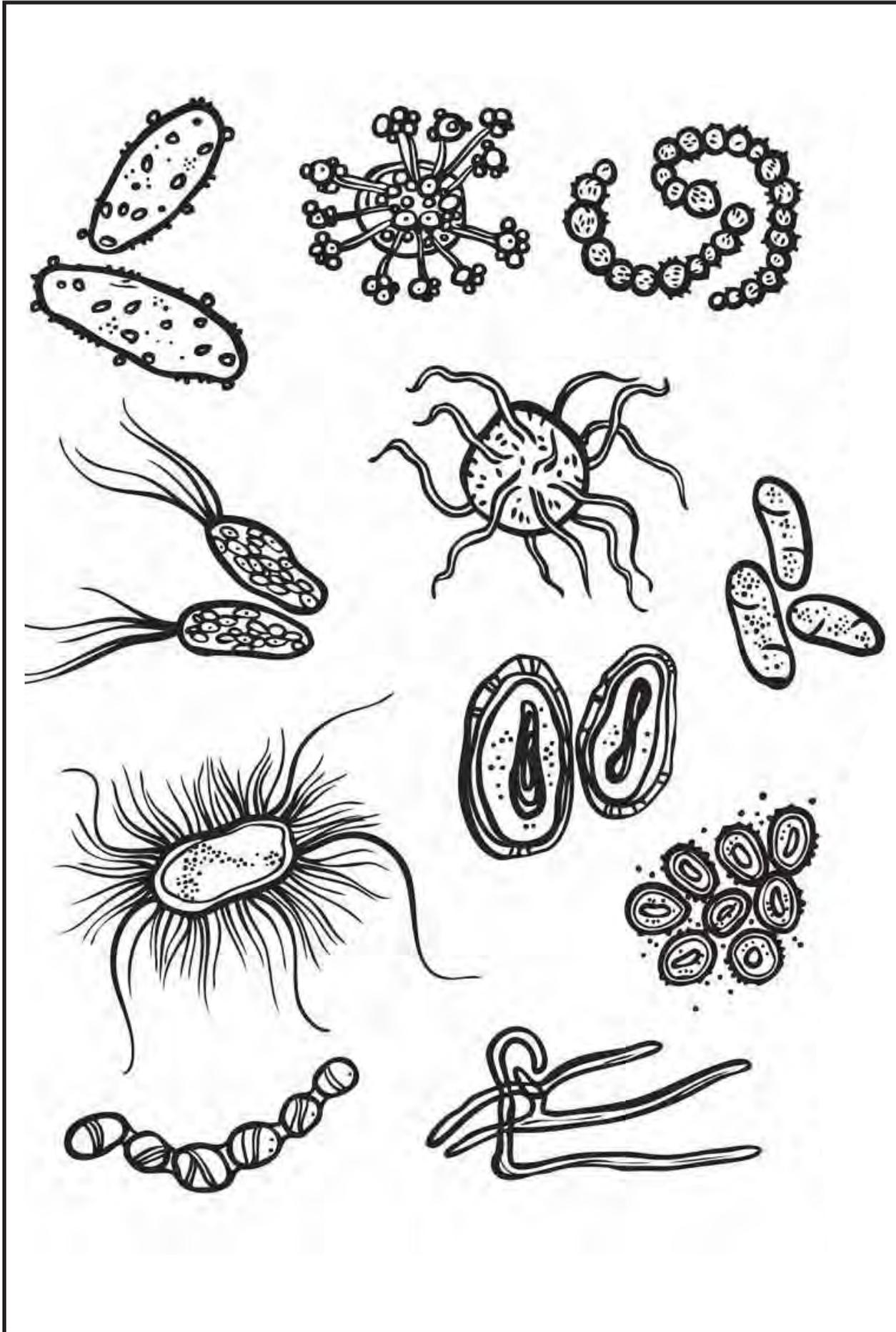
When to Wash Hands

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning a child who has used the toilet
- After blowing your nose, coughing, or sneezing

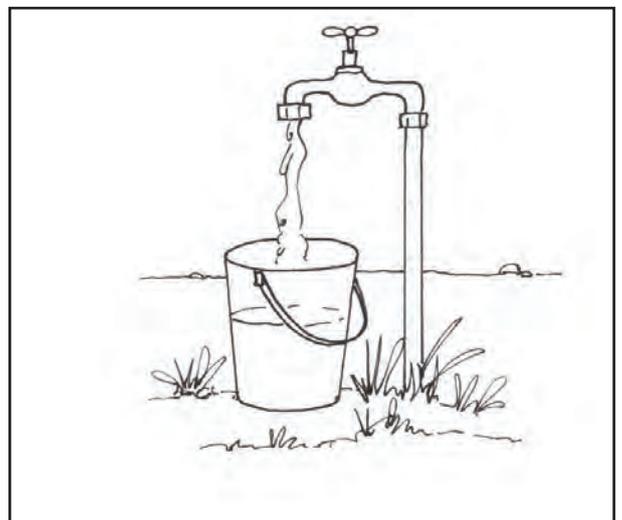
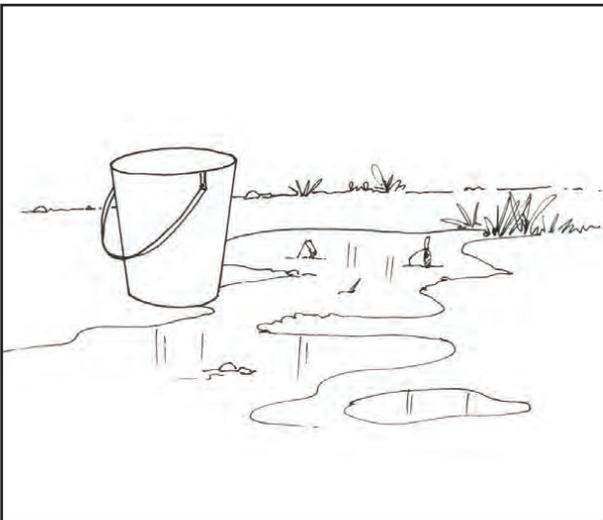
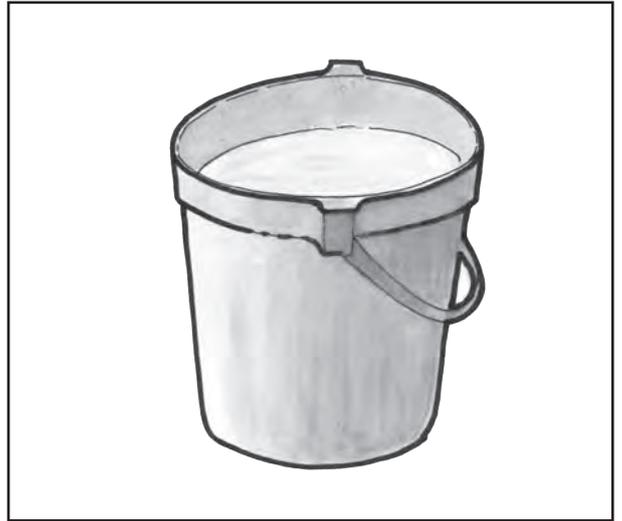
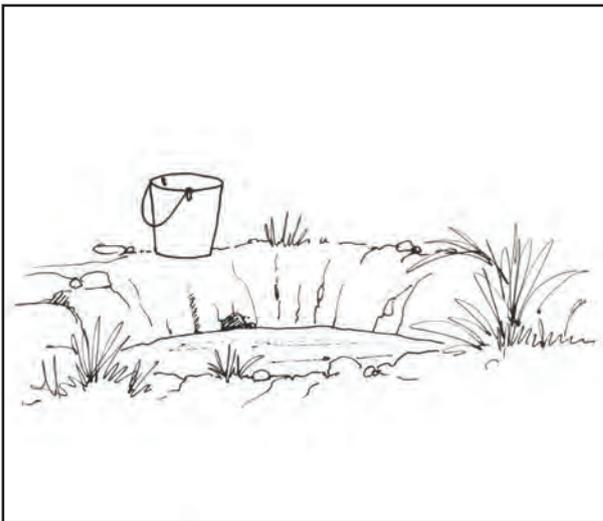
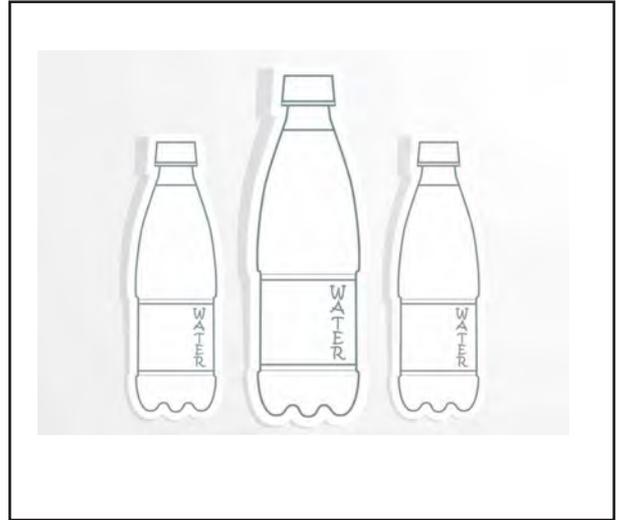
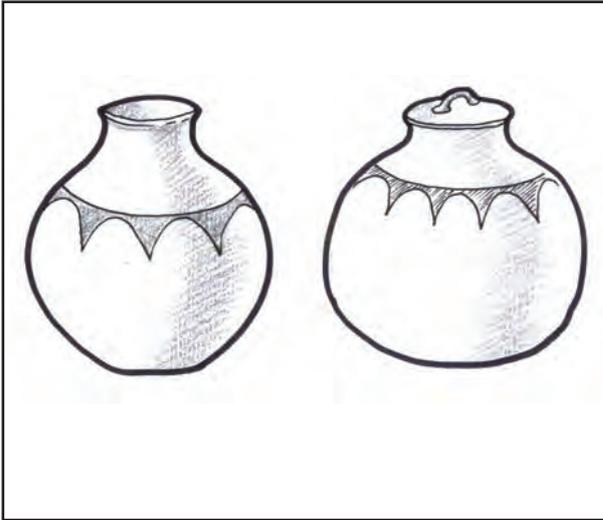
SESSION 6 - ORGANISMS YOU CAN SEE



SESSION 6 - ORGANISMS YOU CANNOT SEE



SESSION 11 - WATER SOURCES



WATER SOURCES

Water stored in traditional pot

Bottled water

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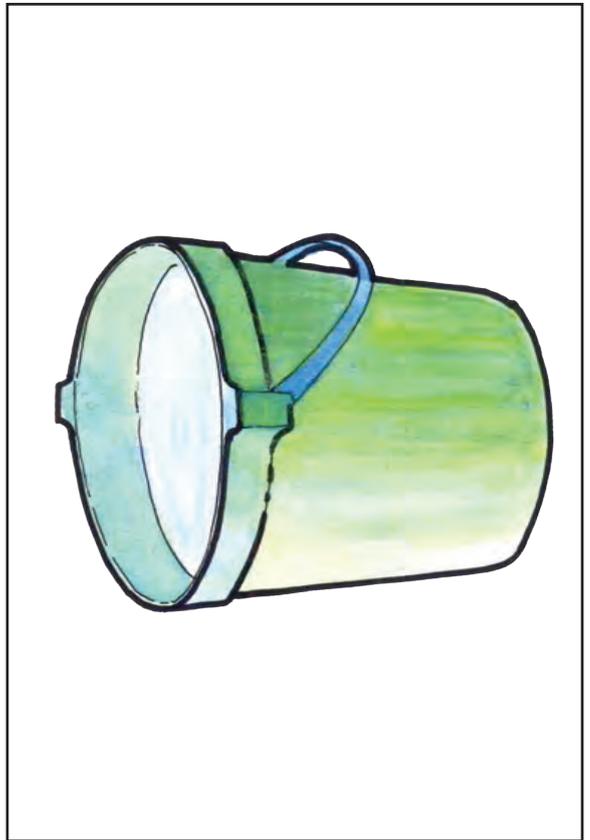
Unprotected spring

Water stored in open bucket

Surface rain

Piped Tap

WATER SOURCES



WATER SOURCES

Borehole

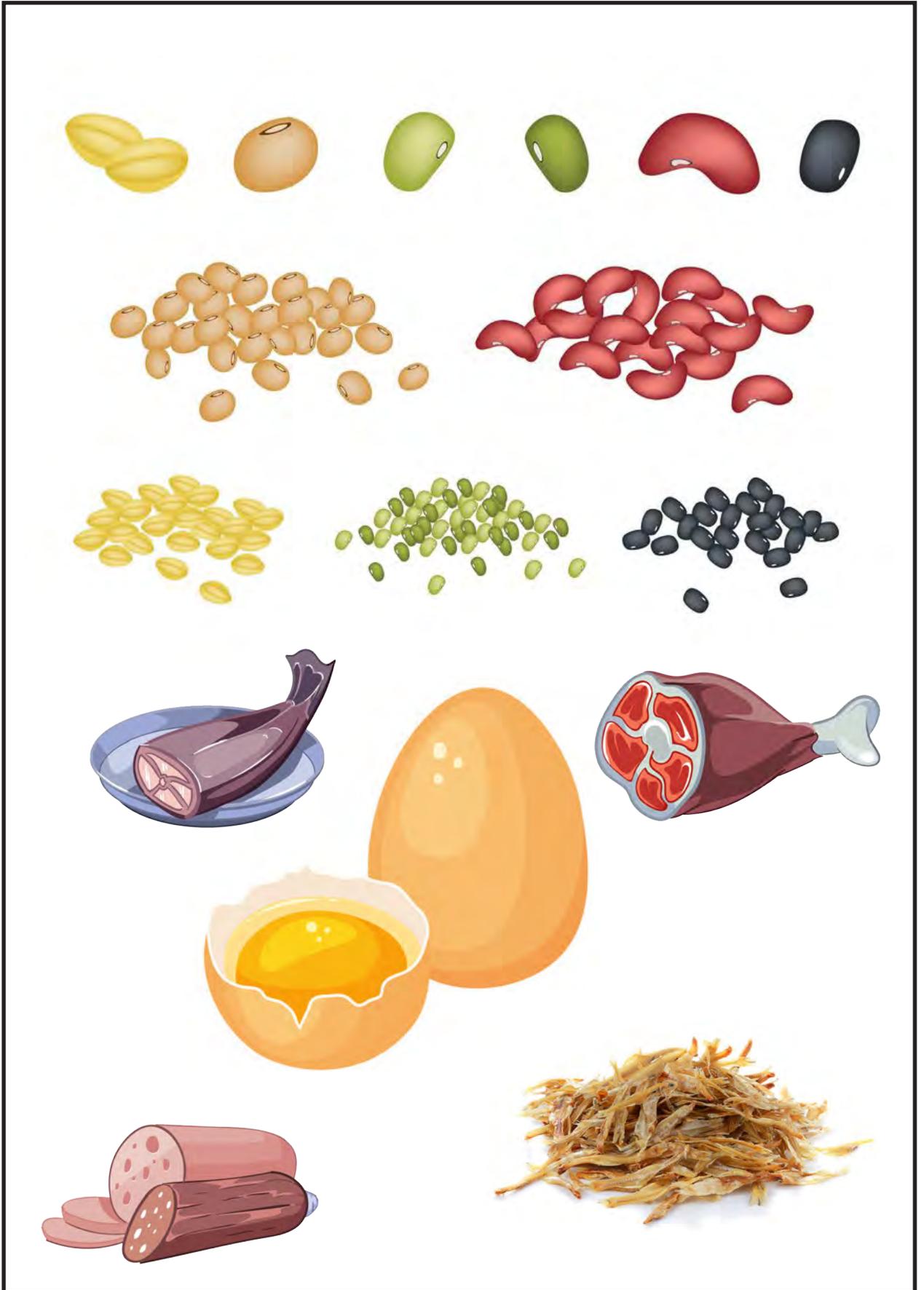
Open Water source dam

Unprotected Water source: Spring

Water stored in open bucket

SESSION 15 - FOOD GROUP CARDS

BODY BUILDING PROTEINS



SESSION 15 - FOOD GROUP CARDS

ENERGY GIVING FATS AND CARBOHYDRATES

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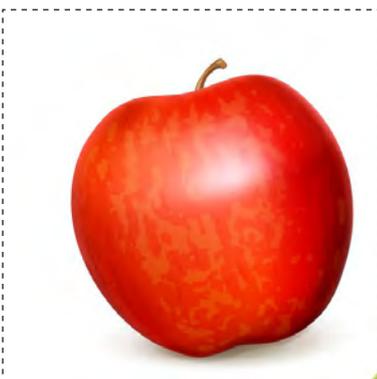
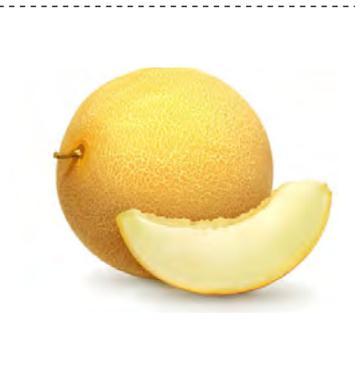
SESSION 15 - FOOD GROUP CARDS

PROTECTIVE FOOD: VEGETABLES



SESSION 15 - FOOD GROUP CARDS

PROTECTIVE FOOD: FRUIT



SESSION 16 – HOW TO MAKE A PUPPET MONSTER OUT OF RUBBISH

SMALL

Making a small rubbish monster is easy – all you need is rubbish and some glue!
Show the groups examples and let them go wild!

BIG

You can either make a puppet that a person can wear on their body, as in diagram A, or that flies in the air as in Diagram B.

All you need is bamboo strips and wire to make the frames, and then dress the frames with rubbish. SIMPLE!

Diagram A

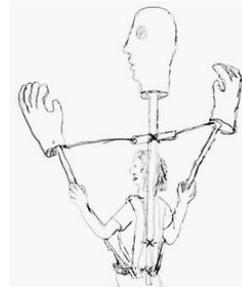
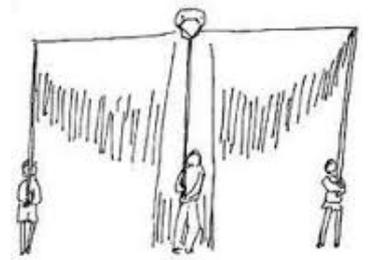


Diagram B



Ideas in pictures for making big puppets!

For more ideas visit: <http://puppetco-op.org/>

There are lots of ways you can make a big puppet. These photos show a few examples of how to construct a puppet that can be decorated with rubbish and will have very strong visual impact in your community.

These pictures show the materials used to make a puppet 10 feet tall. Sticks of bamboo will do, if you can't find foam. And a basic ruck-sack back pack will work instead of a metal frame.



Tying the frame together with material – wire will also work.

The frame of the puppet's body – which will be padded then dressed



Wooden board for shoulders and a drilled hole for the spine pole to fit through, and two more holes at each end where the arms would attach.

Foam can be used for the upper torso, just enough to prevent fabric of the eventual dressing blowing against the hard shape of the tubing.



Here we can see the costume dressing the puppet – sheets can be used for this and rubbish and plastic bags can be sewn on to this.



It's very helpful to dress the puppet by hanging it up, and work on it using a step ladder or a barrel. See below.



This is a frame, or 'walker' that will be attached to the person



The walker needs shoulder straps to attach to the body. This part will need a lot of experimentation! How to get the body on, and keep it on the pole at the right level? The frame worn by the walker needs to be tall enough.



This is the full back pack structure:



Create a head with papier mache, or construct it out of a bucket and stick out some eyes!

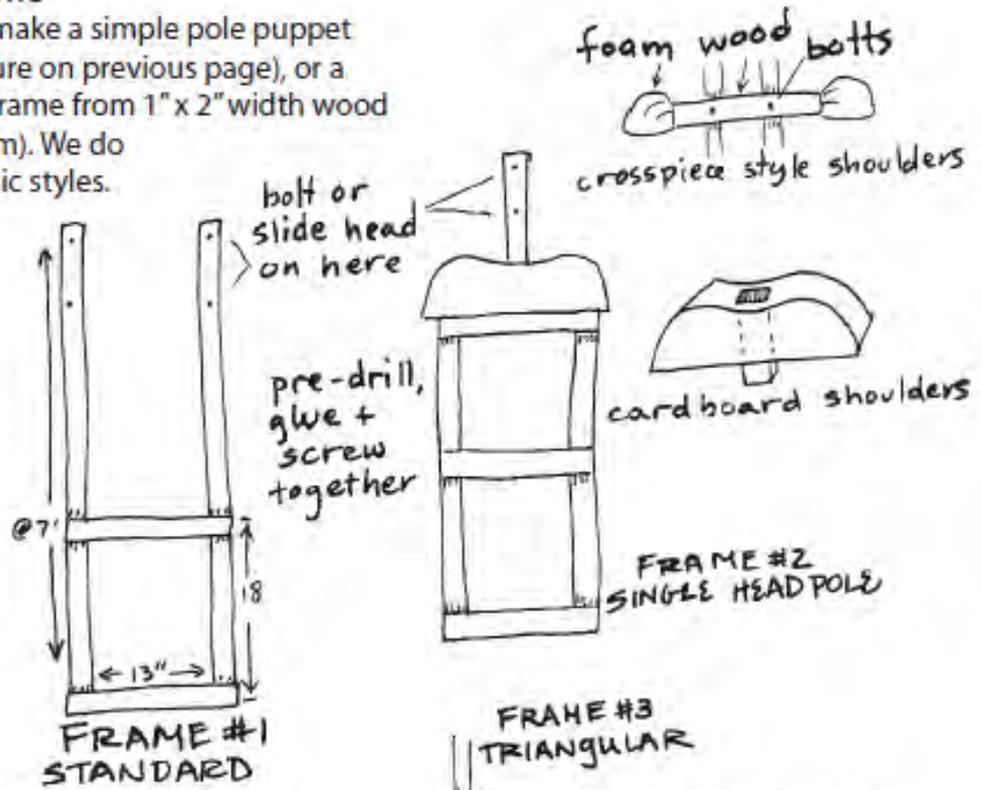


Example of a 10 foot tall puppet worn by one person.

HOW TO MAKE A PUPPET

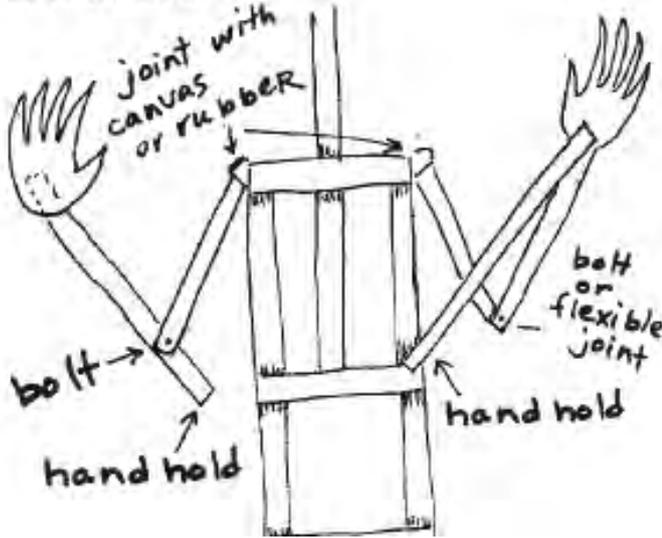
The Frame

You can make a simple pole puppet (see picture on previous page), or a sturdier frame from 1" x 2" width wood (2.5 x 5 cm). We do three basic styles.



If the puppet is to be operated by only one person, create jointed arms to support the hands.

FRAME #1 STANDARD



Waist and shoulder straps can be made from cloth and stapled or tied onto the frame. Alternatively, use an old backpack frame and tie on the wooden structure with bike tyre inner tubes.

Cut hands out of cardboard and use newspaper to build up the fingers and palm. Paper maché with newspaper (for strength) and then brown paper.

SESSION 16 – RECYCLING WORKSHEET



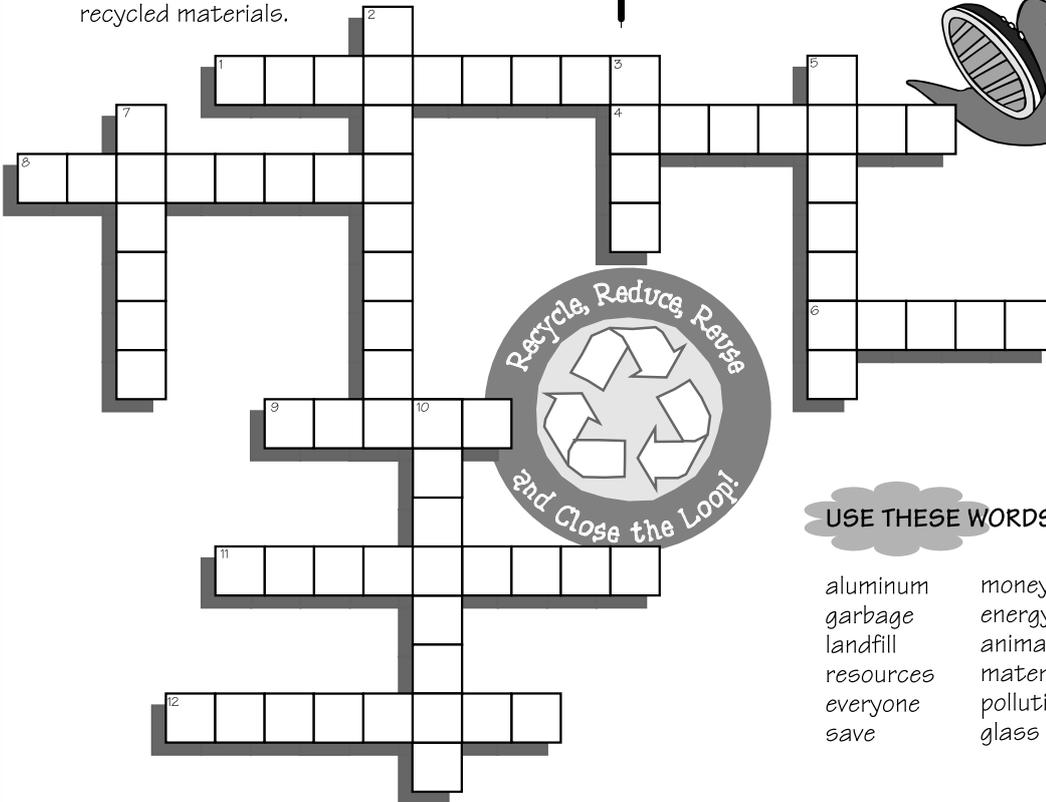
Recycling helps us preserve our environment and keeps garbage out of our landfills. There are also a lot of other reasons to recycle. Complete the crossword to find out why we should recycle.

ACROSS

1. Recycling saves natural _____.
4. Recycling, instead of littering, protects _____.
6. _____ never wears out, it can be recycled forever.
8. Recycling helps keep fewer materials from going to the _____. Many are already full which means we need to find new places to put garbage.
9. You can earn _____ by turning in your beverage containers at the recycling center.
11. Recycling lets us reuse _____ instead of having to get more from the Earth all over again.
12. It takes 20 times more energy to make an _____ can from new materials than from recycled materials.

DOWN

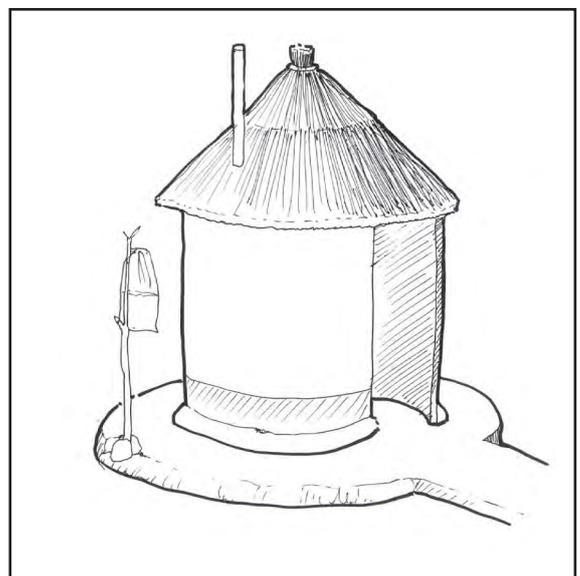
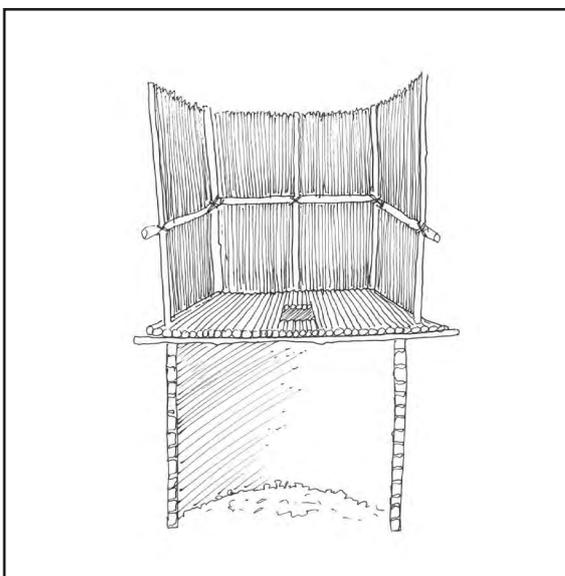
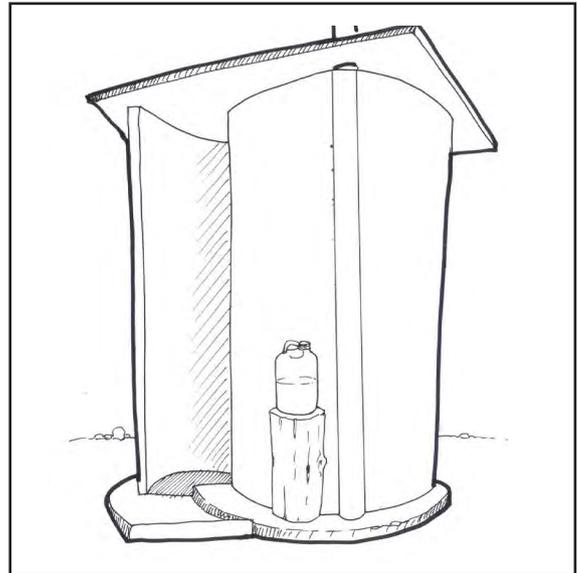
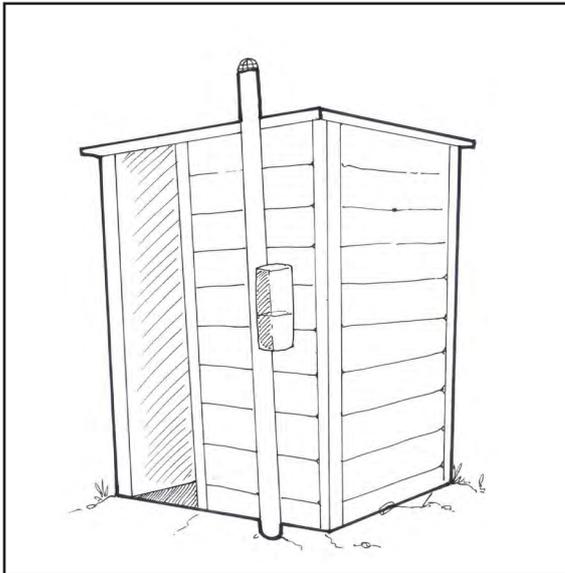
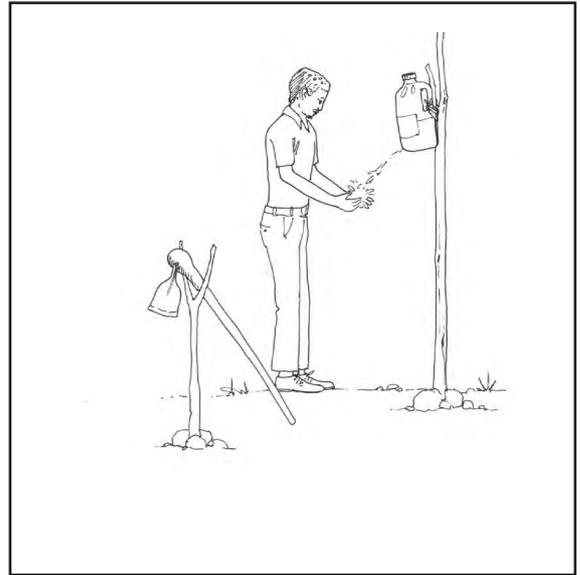
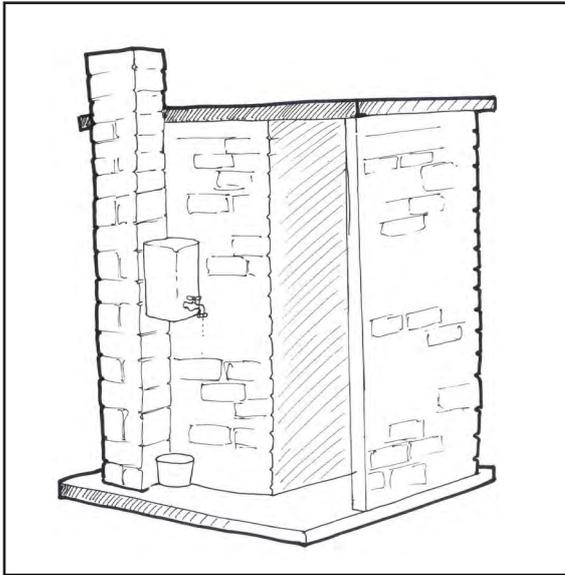
2. Recycling creates less _____ in the air.
3. If we create less garbage, our communities can _____ landfill space.
5. Taking things that would be _____ and reusing them is a great way to help save the Earth.
7. It takes less _____ to make a new product from recycled materials than it does from raw materials.
10. _____ must recycle in order to make the world a better place.



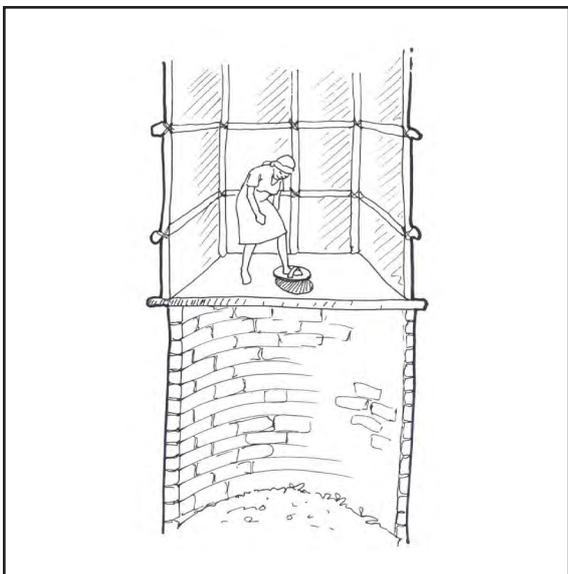
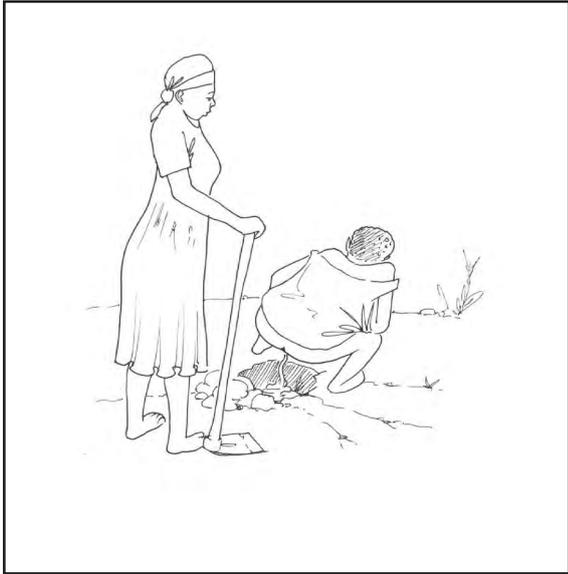
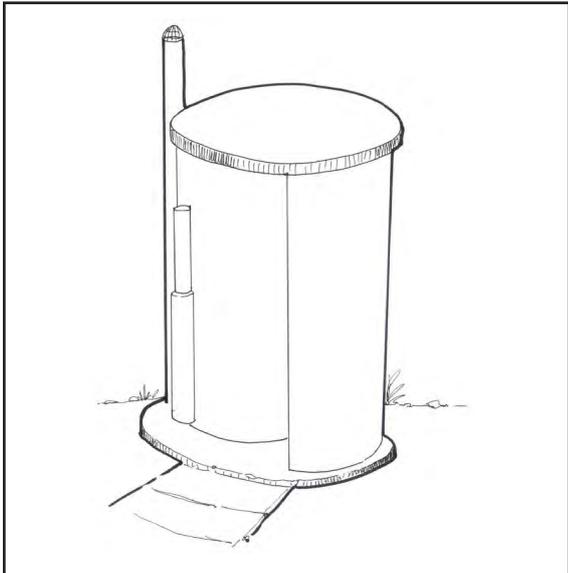
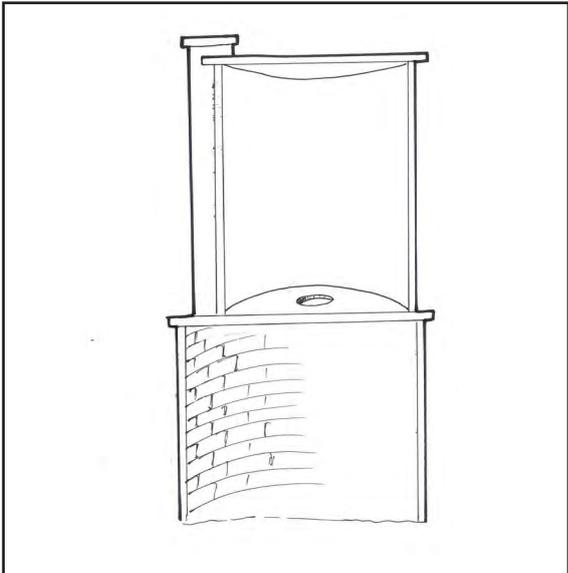
USE THESE WORDS

- | | |
|-----------|-----------|
| aluminum | money |
| garbage | energy |
| landfill | animals |
| resources | materials |
| everyone | pollution |
| save | glass |

SESSION 17 – SANITATION ILLUSTRATIONS



SANITATION



SESSION 17 – SANITATION LADDER



SANITATION LADDER 1



SANITATION LADDER 2

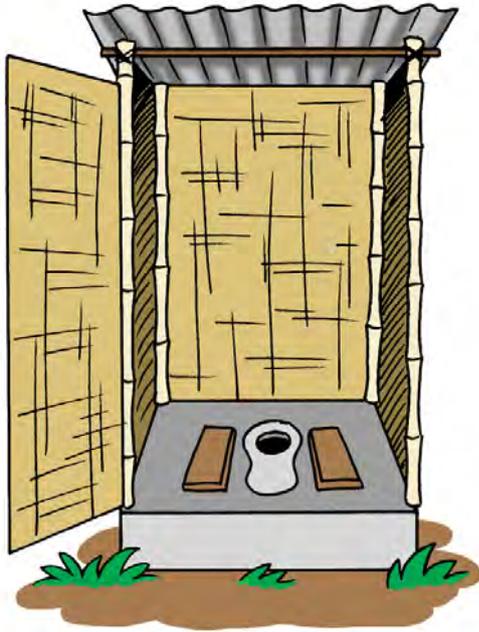


SANITATION LADDER 3

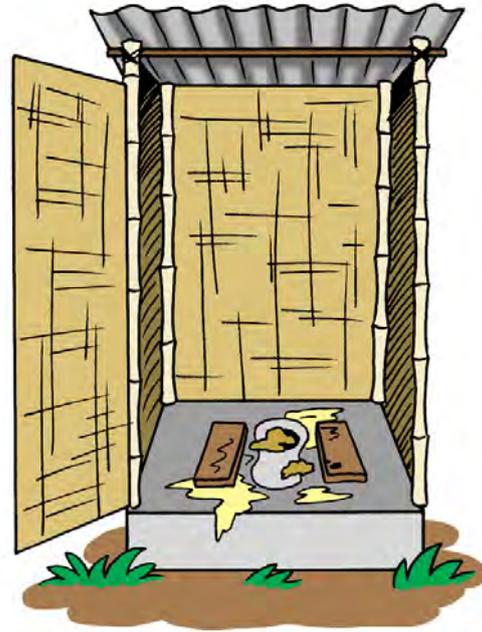


SANITATION LADDER 4

SANITATION LADDER



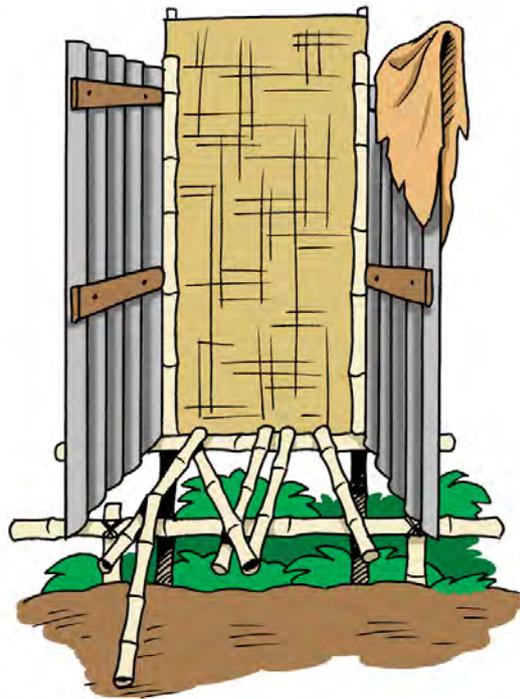
SANITATION LADDER 5



SANITATION LADDER 6

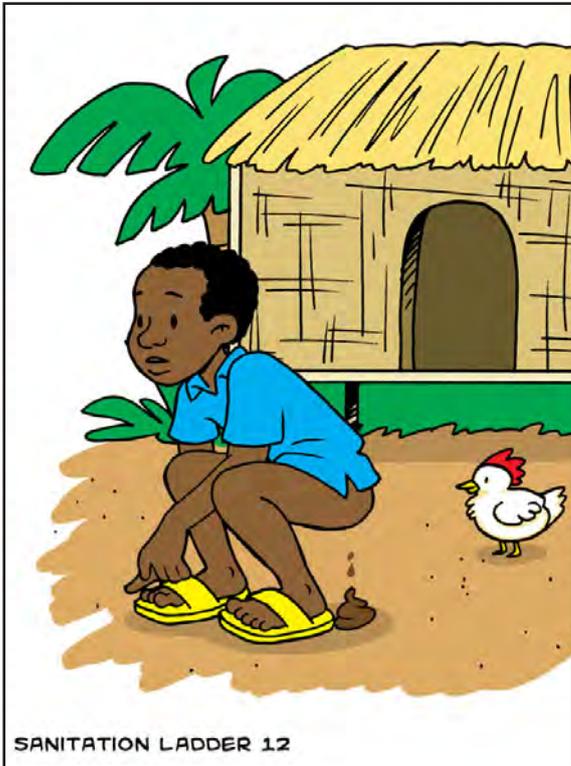
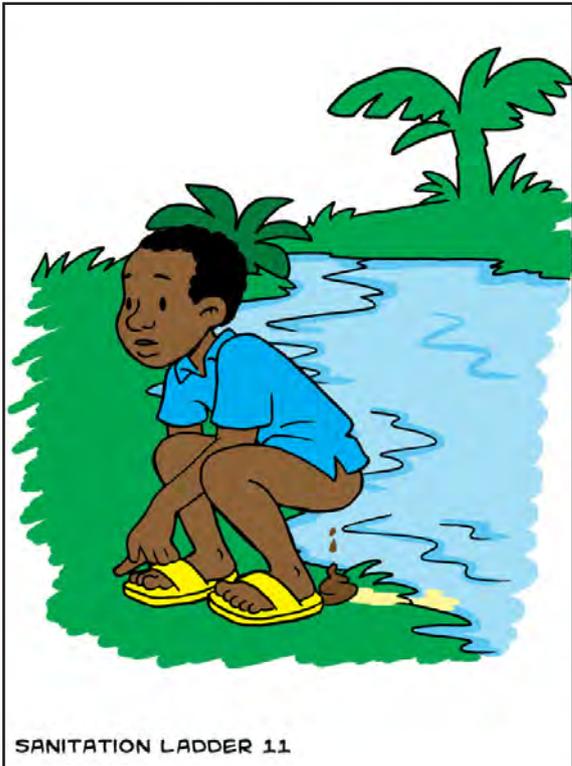
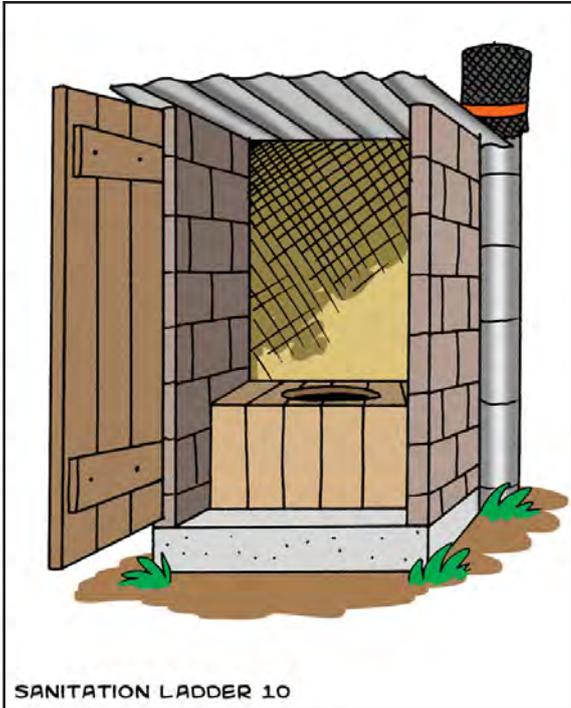
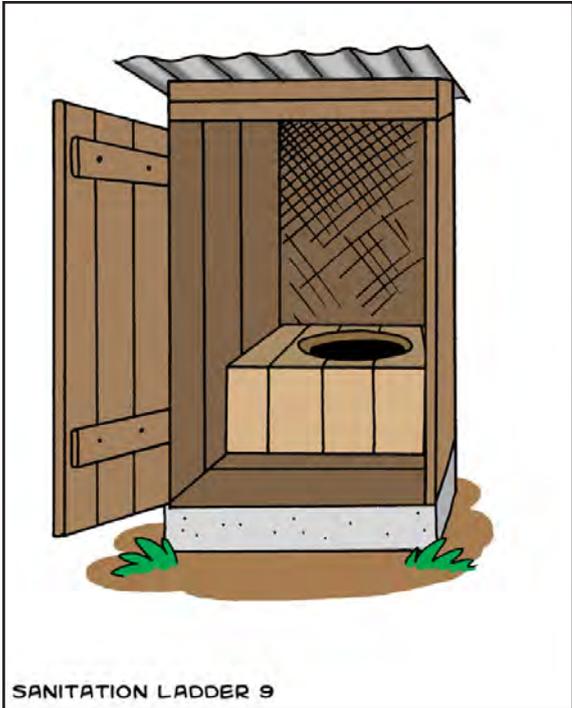


SANITATION LADDER 7

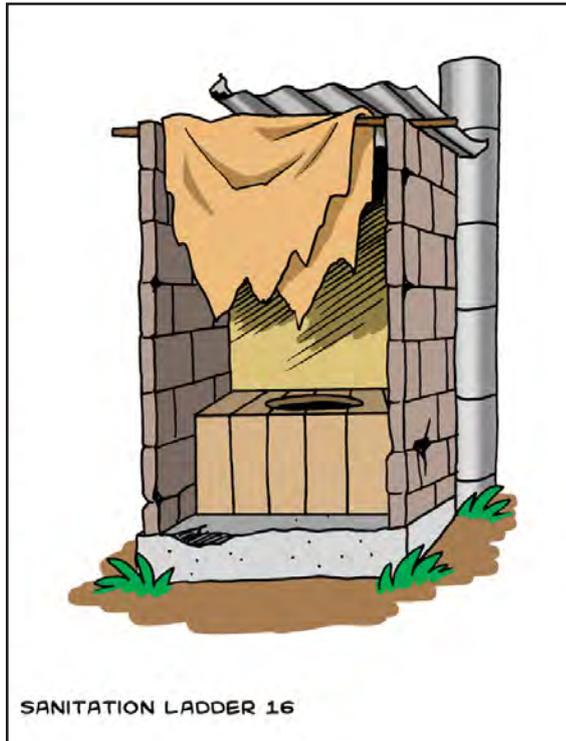
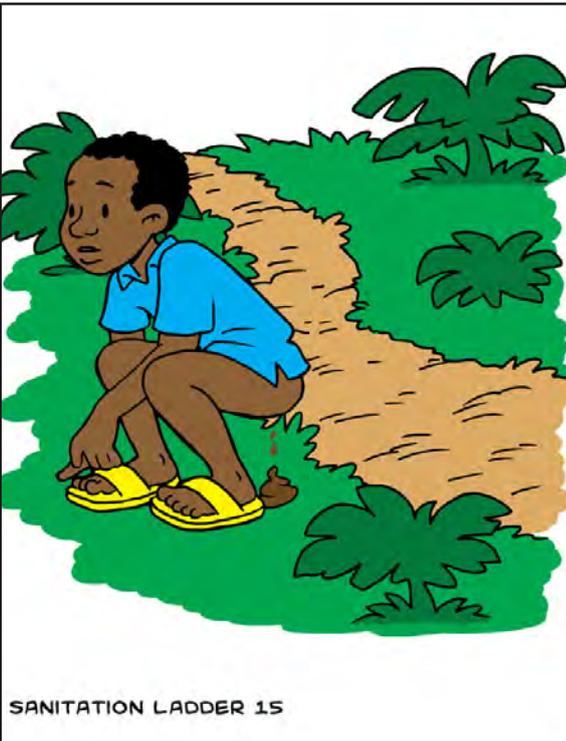
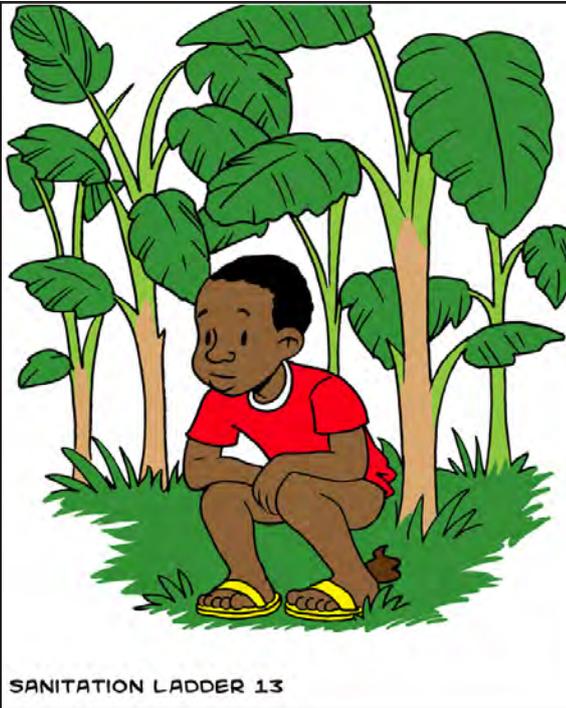


SANITATION LADDER 8

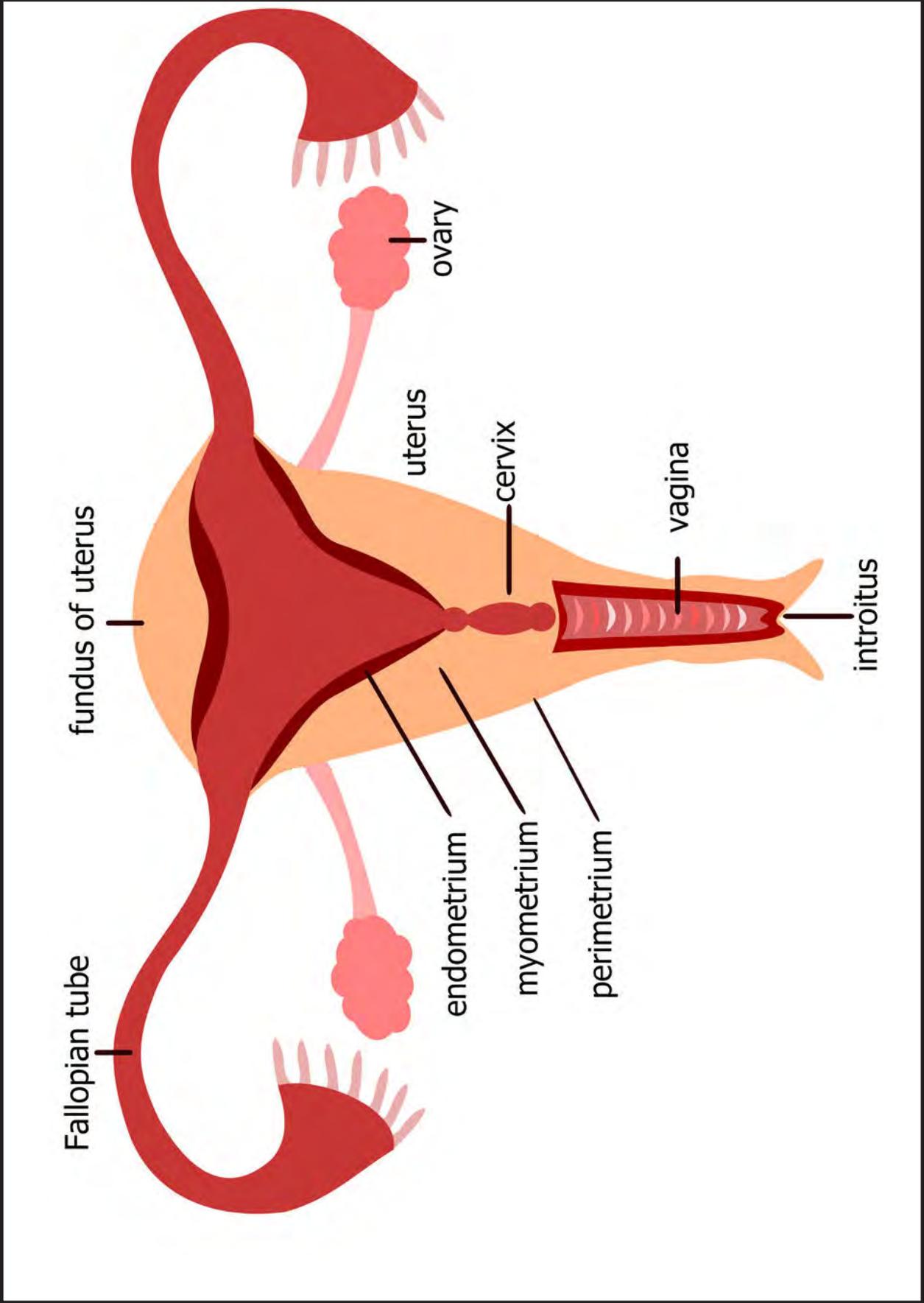
SANITATION LADDER



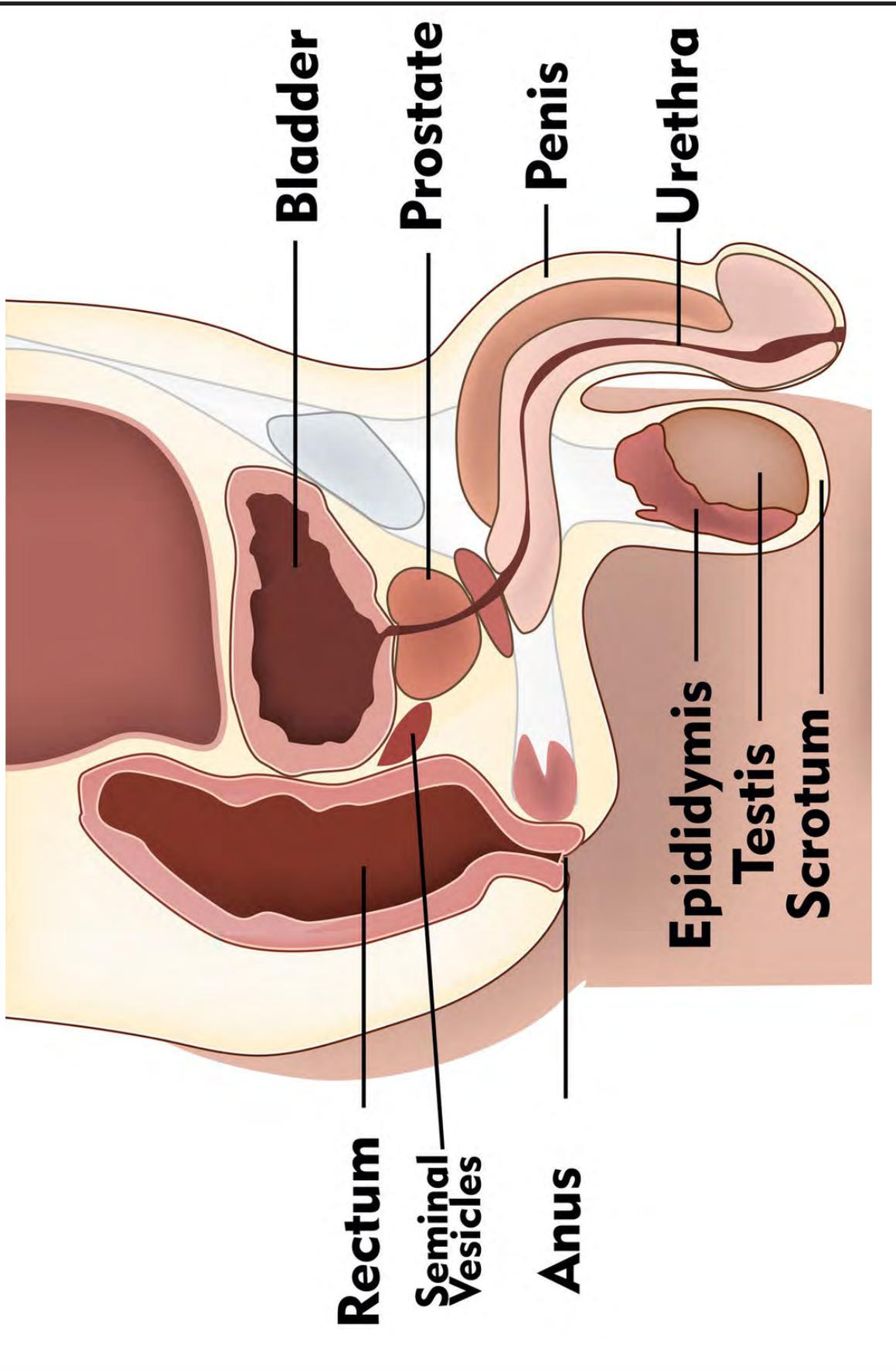
SANITATION LADDER



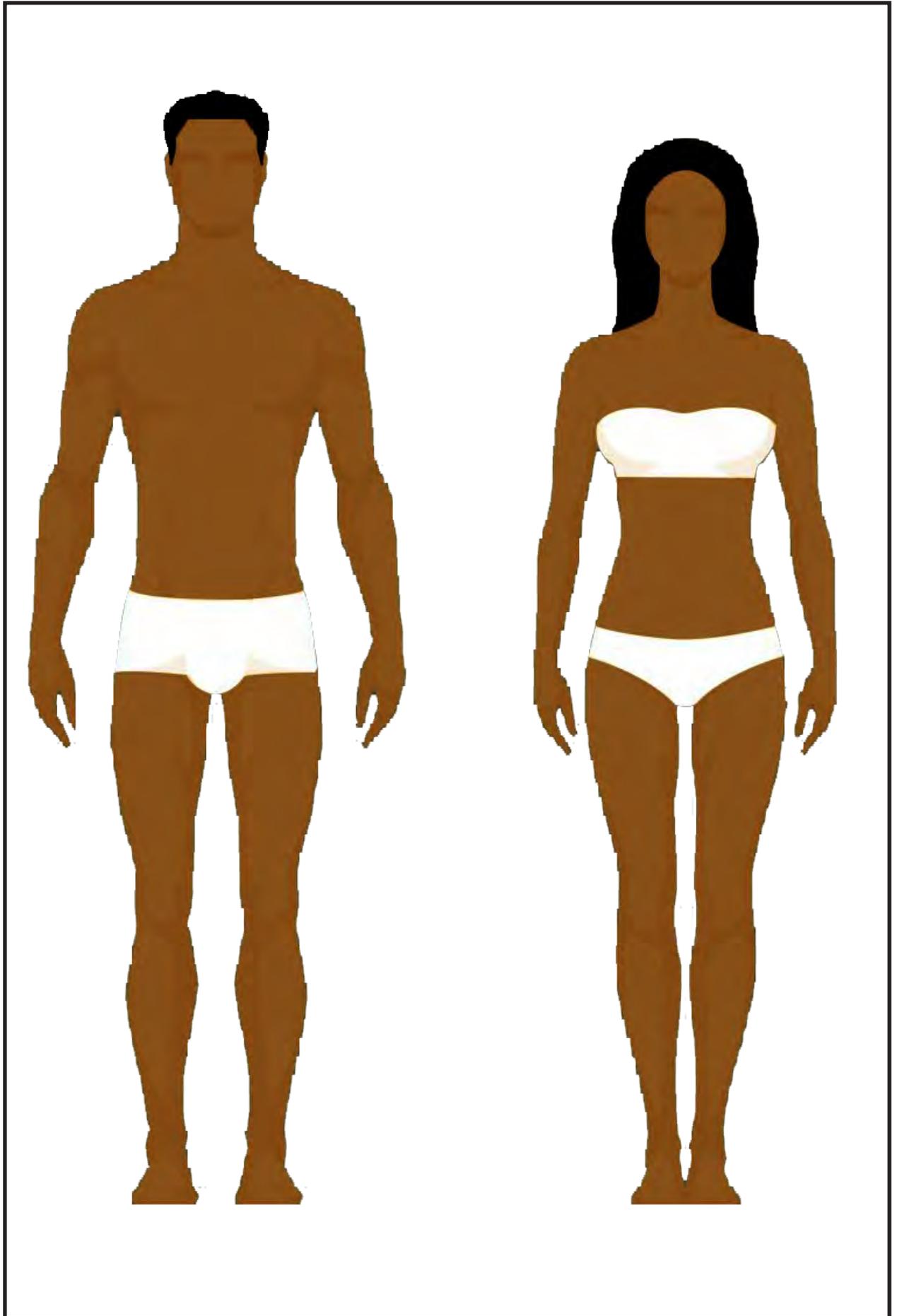
SESSION 18 – REPRODUCTIVE ORGANS – FEMALE



SESSION 18 – REPRODUCTIVE ORGANS - MALE



SESSION 18 – ADULT BODIES



A3 Pullouts



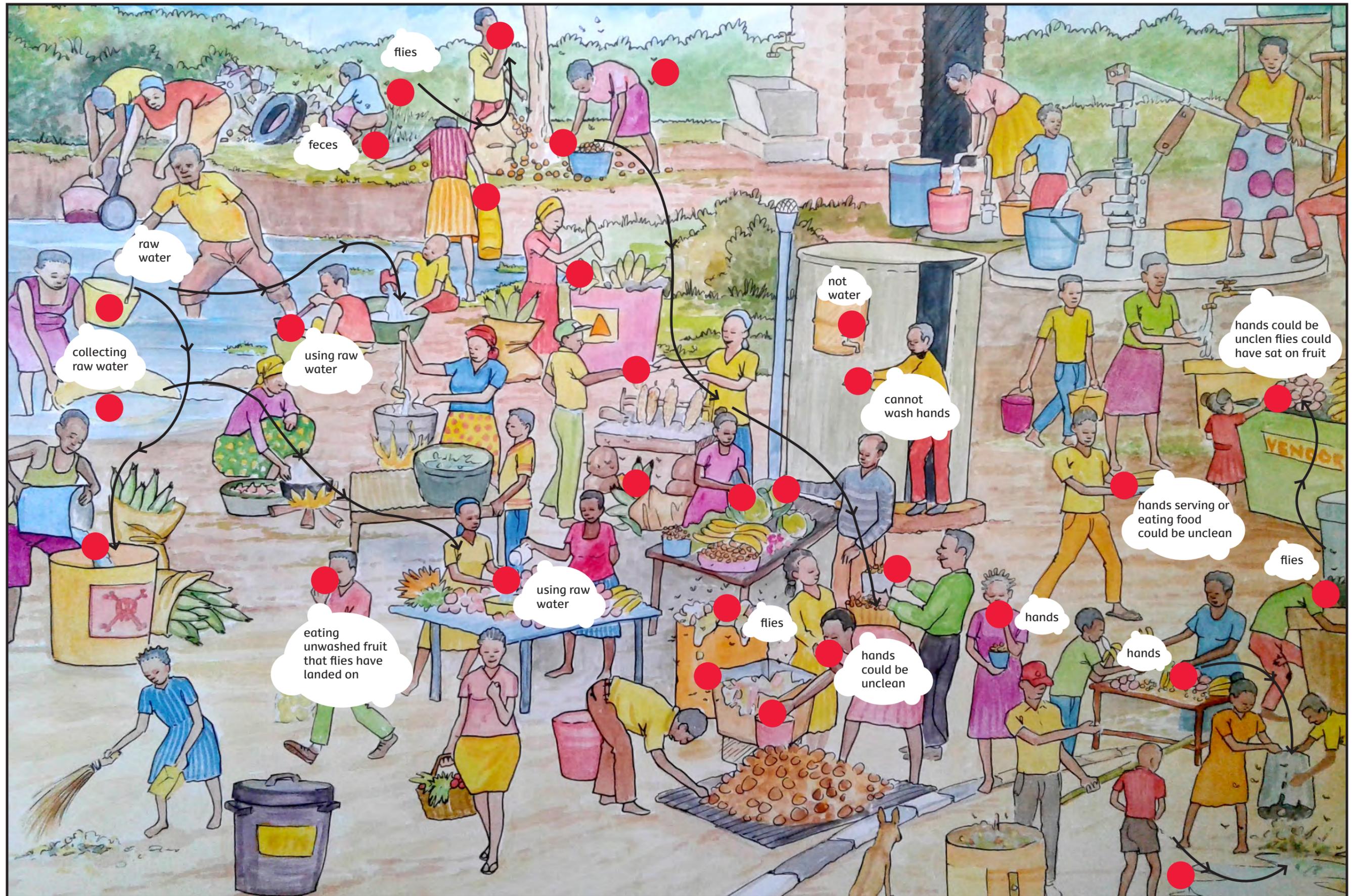
CAN YOU SPOT RISKY SITUATIONS IN THIS MARKET SCENE



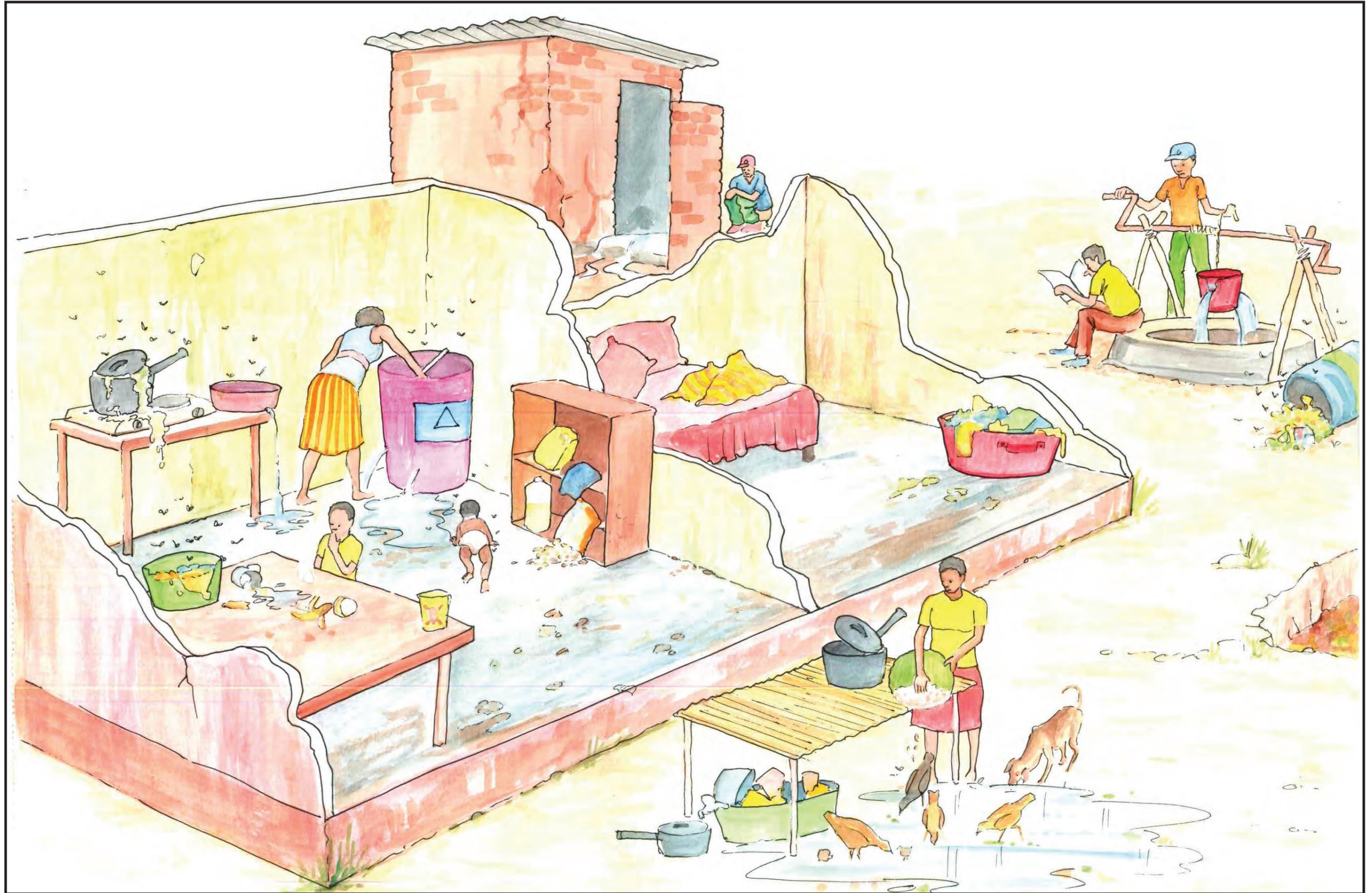
30 RISKY HYGIENE SITUATIONS. CAN YOU EXPLAIN WHAT AND WHY?



JOURNEYS FROM FLIES TO FOOD, AND RAW WATER TO DRINKING 30 RISKY SITUATIONS



SESSION 6 - GERMS IN THE HOME - SPOT THE DIFFERENCE (RURAL HOMES)



RURAL LIVING 2

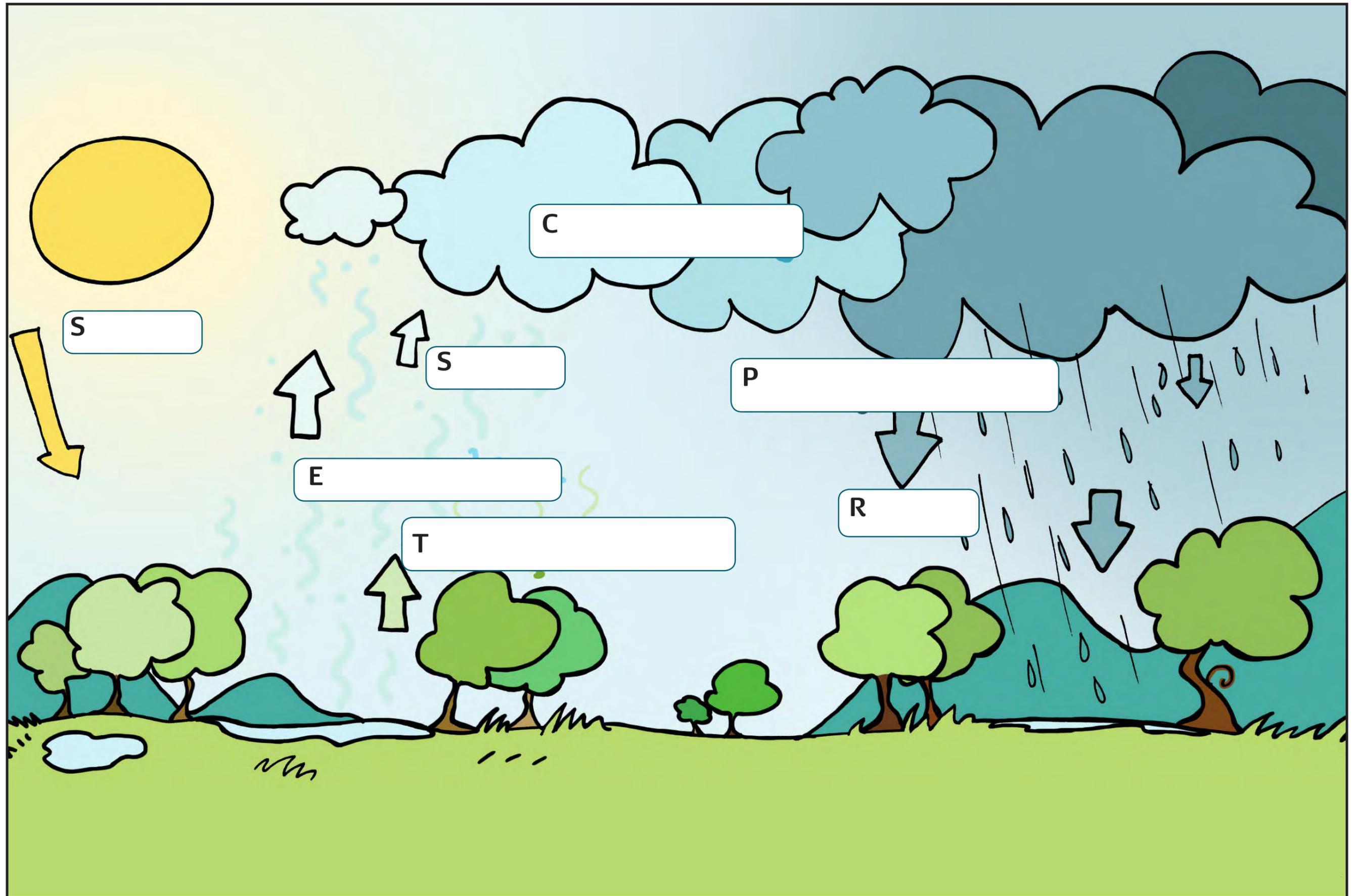


SESSION 6 - GERMS IN THE HOME - SPOT THE DIFFERENCE (URBAN HOMES)

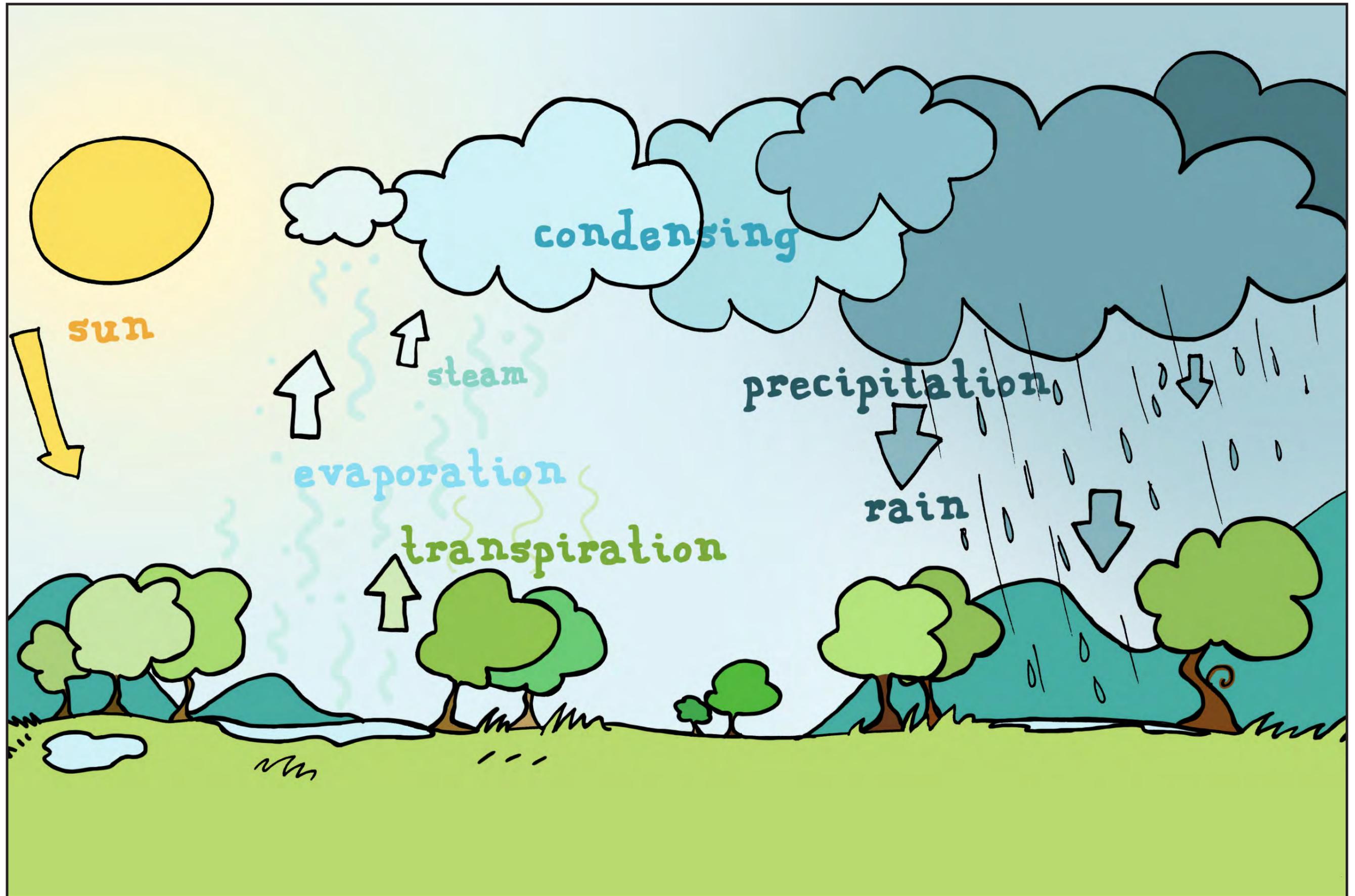




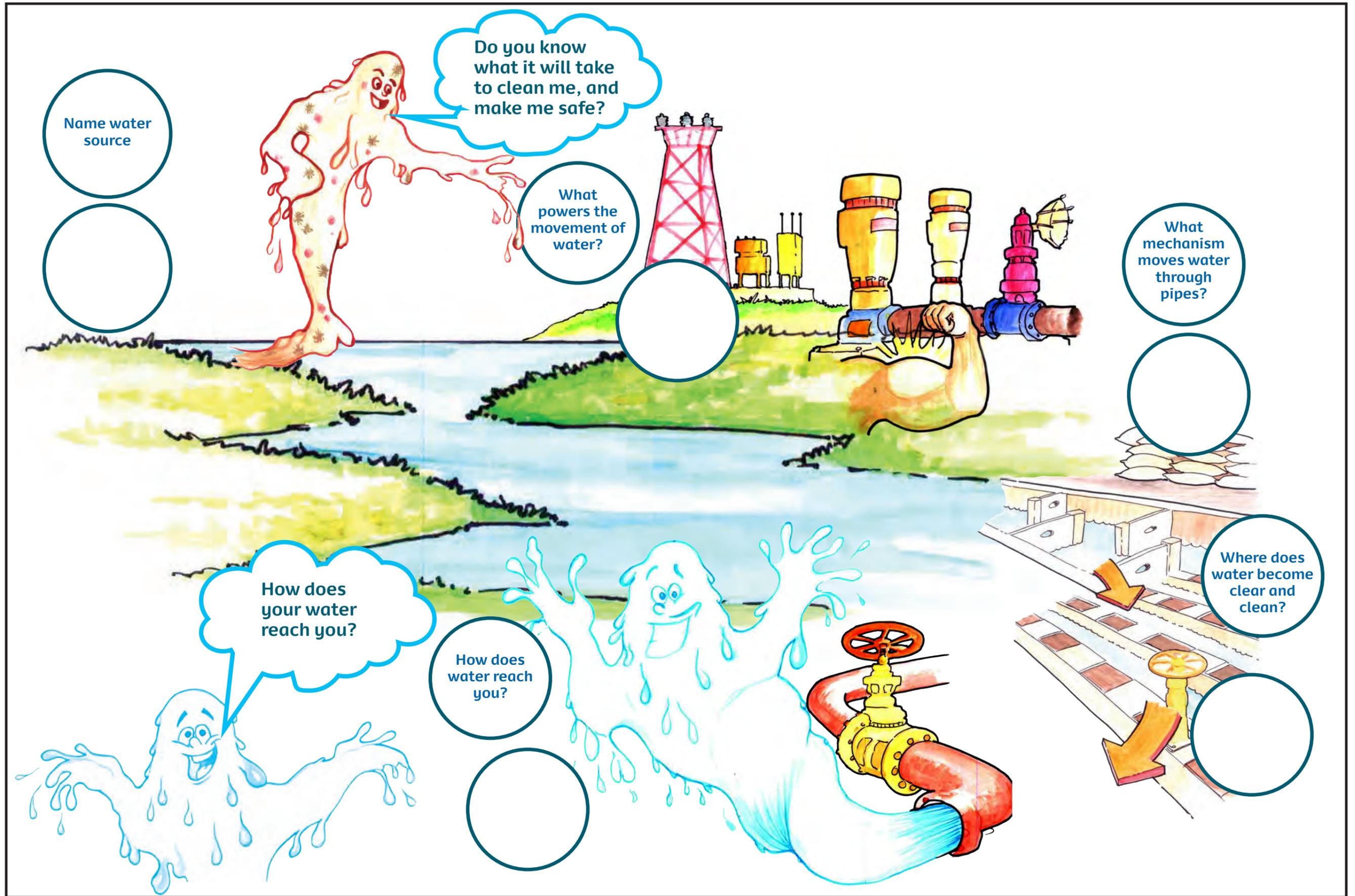
THE WATER CYCLE - FILL IN THE GAPS



THE WATER CYCLE



SESSION 11 - WIDZO THE WATER MAN GETS TREATMENT



Name water source

Do you know what it will take to clean me, and make me safe?

What powers the movement of water?

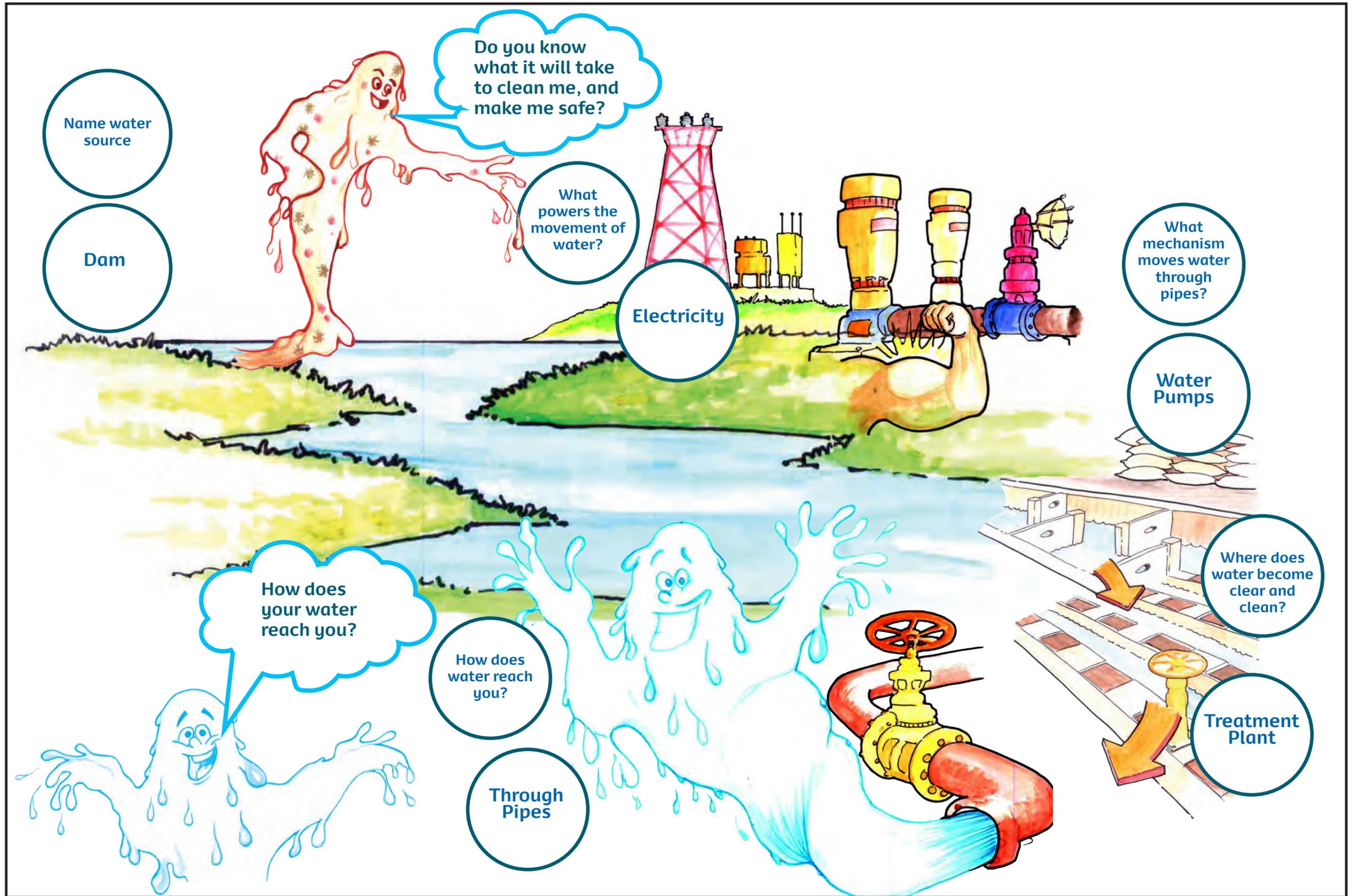
What mechanism moves water through pipes?

How does your water reach you?

How does water reach you?

Where does water become clear and clean?

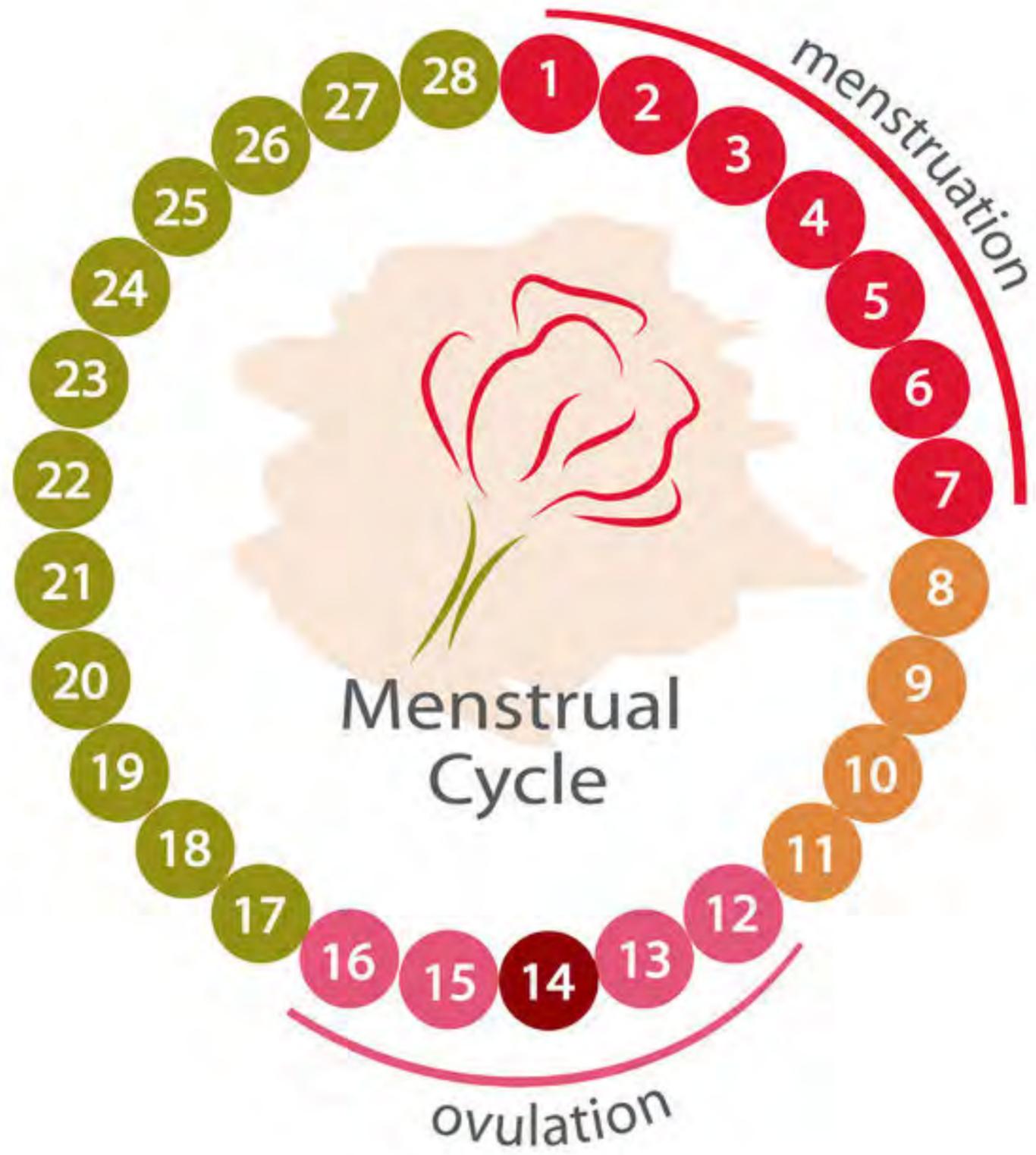
SESSION 11 - WIDZO THE WATER MAN GETS TREATMENT



SESSION 15 - NUTRITION POSTER

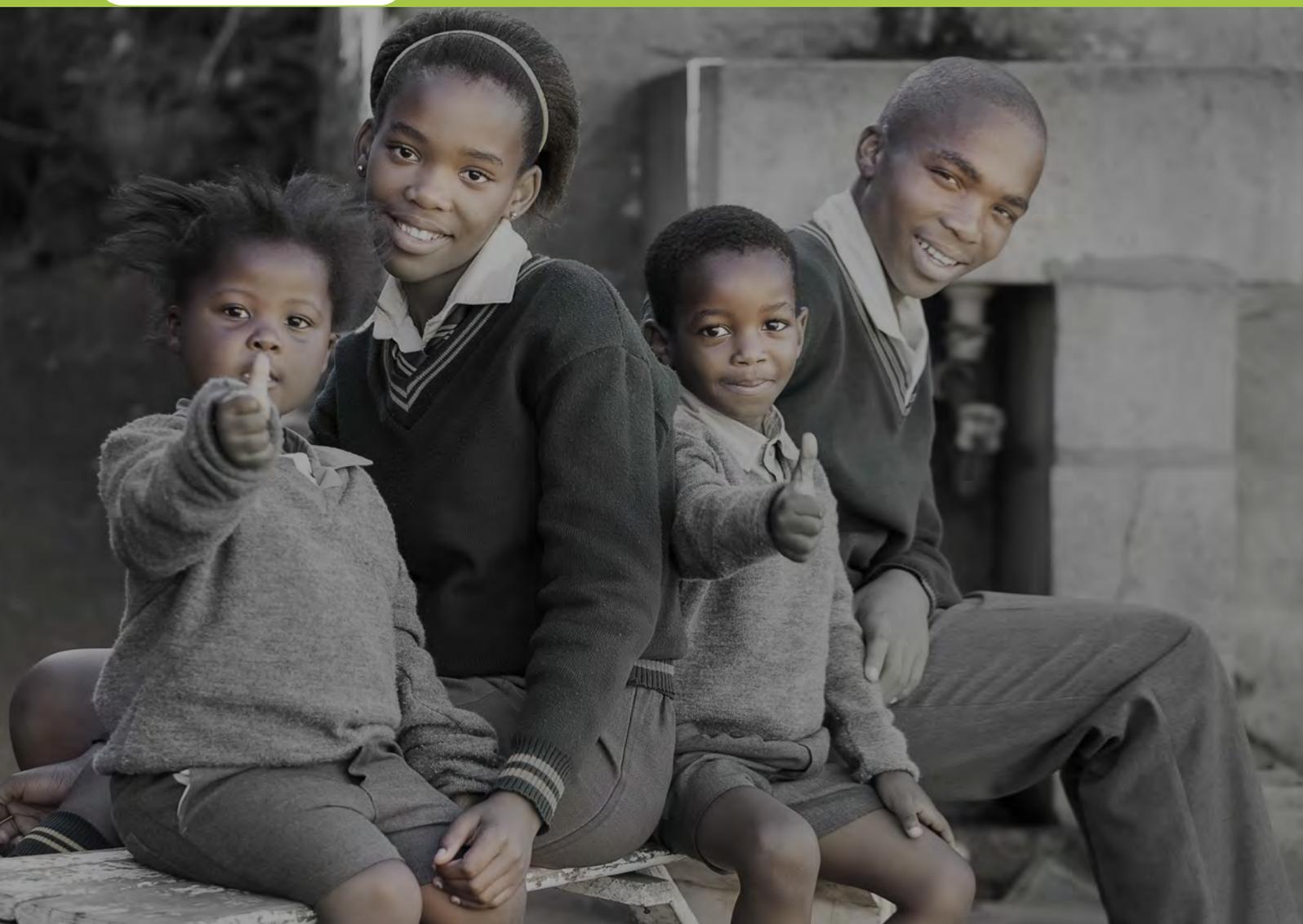


SESSION 18 – MENSTRUAL CYCLE POSTER





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ARTS FOR ACTION

XEALOS