

FOOTSTEPS

No.4 SEPTEMBER 1990

HELP FROM CHILDREN

WE KNOW A CHILD...

"WE KNOW SOMEONE who is a teacher and a health worker. She looks after two children. One is four and one is two. She keeps them safe. She carries the little one and picks him up when he cries. She protects the bigger one from accidents. Yesterday, when the little girl went

too near the stove, she scolded her. Today she helped her to cross the road and taught her how to watch for the cars.

She helps them when they are sick. She makes them comfortable, brings them food and keeps the flies away. Last month she saved the life of the little boy. He had diarrhoea and was very weak but she sat near him and gave him water through the day and long into the night. The little boy lived. Early in the year, before the rains, she noticed that the bigger girl had a sore on her leg. She took her to the medical post and the sore was cured.

She helps them to grow healthy. She feeds the little boy when he is hungry; she helps the little girl to find sticks to clean her teeth. She teaches her songs to help her remember good health habits. She plays with the boy and she plays with the girl. As they play they learn to use their hands and bodies to try out things, to think of things, to imagine things. This teacher makes toys for them, invents games for them and tells stories to them. She teaches them new words.

Who is this teacher who does so much for her pupils and does it so well? She is their elder sister – and she is eleven years old."

IN THIS ISSUE

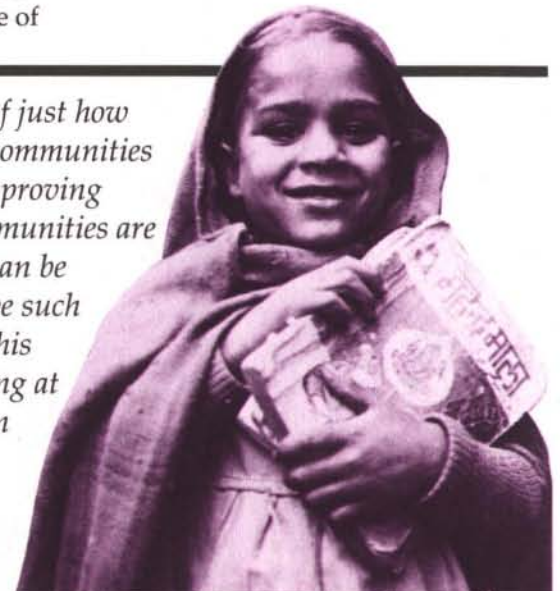
- Children against the guinea worm
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"WE KNOW A GROUP of community workers who know every bit of the village in which they work, who are accepted by everyone, who want to help their community, who will work hard (for short periods of time) and cheerfully (all the time). Last month the health worker used them to collect information about which children had been vaccinated in the village. Next Tuesday some of

them will help to remind the villagers that the baby clinic is coming and they will be ready to play with the older children when mothers take their babies to see the nurse. Next month, they plan to help the school teacher in a village clean-up campaign. These community workers are the boys and girls of the village."

These short stories remind us of just how important the children in our communities can be. Often we think that improving health and developing our communities are so important that only adults can be involved. Yet children can have such an important role to play. In this issue of Footsteps, we are looking at how children can be involved in improving their communities.

Extracts from *Child-to-Child* by Hugh Hawes and Audrey Aarons published by Macmillans, 1979.



FOOTSTEPS

Footsteps is a quarterly paper linking health and development workers worldwide. Tear Fund, publishers of Footsteps, hopes that it will provide the stimulus of new ideas and enthusiasm. It is a way of encouraging Christians of all nations as they work together towards creating wholeness in our communities.

Footsteps is free of charge to individuals working to promote health and development. It is available in French and Spanish.

Readers are invited to contribute views, articles, letters and photos.

Editor: Isabel Carter
83 Market Place, South Cave, Brough,
N Humberside, HU15 2AS, UK.
Tel: 0430 422065

Editorial Committee:
Jerry Adams, Mike Carter, Jenny Collins,
Angelika Dietz, Jennie Evans, Richard
Franceys, George Goddard, Sue Hanley,
Dr Ted Lankester, Jim Rowland, Josie
Smith, John Wibberley.

Illustrator: Rod Mill

Design: Wingfinger Graphics, Leeds

Mailing List:

Write, stating preferred language, to:
Footsteps Mailing List, Tear Fund, 100
Church Road, Teddington, Middlesex,
TW11 8QE, UK.

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Children against the guinea worm

A CHILD-TO-CHILD PROJECT

The Child-to-Child programme aims to help children to help each other. Children can be helped to discover the world in which they live and to realize that they are a group with a definite role to play in the community. The Child-to-Child Trust provides teaching materials and ideas which encourage children and their teachers to learn about healthy living, through the use of questionnaires, discussions, stories and games. Together the children are encouraged to carry out practical projects, such as preventing accidents, or making toys, in their schools, homes and communities. There are now Child-to-Child projects in over 70 countries around the world.

Rachel Carnegie, Programme Officer for The Child-to-Child Trust, shares news of what children in Nigeria are doing to improve their communities:

*"That little guinea worm is far too cruel,
The children won't be able to go to school.
Listen to this song, now, and you will
know,
How to make that guinea worm go!"*

Salome and her friends, from the village of Ngarabe in eastern Nigeria, say that this is their favourite song. The children sing this song wherever they go and especially when they go to the village pond. For the village pond is the scene of their battle with the guinea worm.

Guinea worm is one of the main health problems in this area. Children and adults alike suffer from the painful ulcers on the leg caused by this worm.

At school the children learnt from their teacher about how the guinea worm eggs come out of these leg ulcers when a person walks in water. The children went down to the village pond and watched. And, indeed, everybody did stand in the pond to collect the water. They then understood how the guinea worm had spread to so many people in their village, as they drank the eggs in this infected water.

The children and their teacher decided it was time for Child-to-Child action. They knew how to stop the guinea worm but they couldn't do it alone. They started their campaign by composing the guinea worm song. Another verse goes:

*"Don't step in the water when you go to collect.
Bring it home, but you're not finished yet!
Pour it through a filter, into a drinking pot,
Then the guinea worm is sure to be caught."*

With the catchy beat and tune of the song, soon everyone in the village was humming and tapping their feet, but the children still needed the cooperation of the adults if the health messages in their song were to become the accepted practice of the community. Their teacher and the village health worker called a meeting of the community. The children sang their song and performed a very entertaining play, showing how the guinea worm is spread. At the end of the play the children stood up before the audience and asked:

"How can we work together to stop the guinea worm?"





Ngarabe children with a questionnaire to discover how effective their campaign has been.

Suggestions came in from many sides. The health worker guided the discussion and, finally, the community decided on two courses of action.

First, the four village tailors offered to make a simple water filter for every household. These filters are made by stitching together two pieces of finely woven cloth.

Secondly, the village mason agreed to construct steps down to the village pond. He needed the children's help in collecting stones for the steps. The village chief reminded everyone to stand on the last dry step when they were collecting water.

Now it is all action in the village. The tailors have finished sewing the cloth filters. Like all the school children, Salome has taken five filters: one for her own family and four for the neighbouring families. Salome said: "I show them how to pour their drinking water through the filter and tell them again about the guinea worm campaign. One child, who doesn't go to school wants to learn the words of the guinea worm song, so I am teaching him."

The children have also spent each day after school collecting stones to use in making the steps by the pond. The guinea worm song has kept them happy in their task.

And so the campaign continues. Over the next months, the children will regularly monitor whether the

preventive practices are being followed by all the village. If necessary, they will plan some other Child-to-Child activities to reinforce the messages and make sure that they "get that worm"!

The idea of Child to Child was introduced to Ngarabe by the primary school teacher. Now everyone in the village – from the health workers and the village leaders to the parents and the children themselves – believes in the idea. They are all convinced that children can take an active role in promoting health in their communities.

And the next Child-to-Child campaign? The teachers and health workers realise that there are so many ways in which children can play an active part in community life. For example, they could learn, and teach others, about oral rehydration or how to recognise the signs of pneumonia. But their activities need not be limited to health alone. The magic of Child-to-Child is the enthusiasm of children. Children enjoy taking an active part in many aspects of life in the family and community.



Straining water through the new filters.



The village pond in Ngarabe with its newly built steps.

Child-to-Child Material

ACTIVITY SHEETS

These are produced by Child-to-Child as a resource for teachers, and health and community workers. They are designed as a resource for those



wishing to introduce the Child-to-Child approach. They help children understand how to improve health in themselves, in other children, their families and their communities. They can be reproduced and adapted to suit local conditions. There are 27 activity sheets available which are grouped under various headings:

- Child growth and development
- Nutrition
- Personal and community hygiene
- Safety
- Recognising and helping the handicapped
- Prevention and cure of diseases

Pages 6 and 7 show examples from the activity sheet on Polio. The activity sheets are available free of charge from the Child-to-Child office in London in various languages: English, French, Spanish, Portuguese and Arabic. The sheets have also been translated by various agencies into: Chinese, Gujarati, Indonesian, Hindi, Swahili, Telugu and Sesotho. The Child-to-Child office can supply addresses from where these can be obtained.

NEWSLETTER

A newsletter is produced each year giving details of new developments in the Child-to-Child movement around the world. Available from the Child-to-Child office in London.

READERS

A series of English language readers is produced by the publisher, Longman, as part of the Child-to-



FROM THE EDITOR

Children are everywhere. Whether you are running mobile clinics, holding training sessions, encouraging community meetings, meeting people – all around will be children. Sometimes irritating, sometimes distracting, but always curious to see something new. In our last issue, we were reminded of how rapidly the number of children in the world is increasing. In many low income countries, children under 15 now make up half the entire population! Whatever kind of work we are involved in, we need to take time to consider how we could involve children more. They are the adults of tomorrow. As the Child-to-Child programme shows, they can play an important and effective role in changing things in their communities.

We hope that you are finding Footsteps helpful to your work. Please do write in and share news about your work, your problems and successes. In future issues we will be looking first at trees and their importance to us, and then at AIDS. Write in if you have any queries, or information that would be useful to other readers.

Isabel Carter



Child programme. The readers are aimed at primary and lower secondary level children and can be used not only in reading lessons but as part of health science teaching. The books are written at two levels. As an example, "I Can Do It Too" looks at how our attitudes to handicapped people may need to be examined and altered, so that handicapped and able-bodied children can enrich each other's lives.

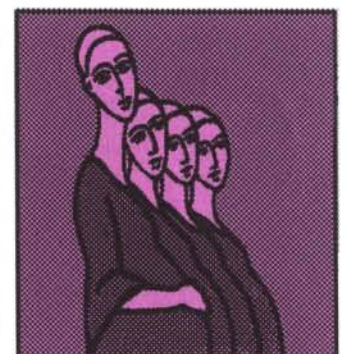
Child-to-Child, Institute of Education, University of London, 20 Bedford Way, London, WC1H 0AL, UK.

Safe Motherhood

This is a newly published newsletter from WHO. It provides information on improving the safety and quality

of girls' and women's lives through improving maternal health facilities, family planning services and looking at measures aimed to improve the status of women.

It is available free of charge from: The Division of Family Health, World Health Organisation, 1211 Geneva 27, Switzerland.





Planning with love

The Reformed Church of East Africa started an Integrated Rural Development Programme (IRDP) in 1986 to respond to the pressing needs in the rural communities where the church serves. The pioneer programme was in agriculture, but we soon found that there was no way we could deal with a single problem and leave the others (health, income generation, etc) because all of them were interwoven together. Following the last issue, I thought I would share our experiences in family planning.

When we started this programme, many of our target group of people already had large families – the average was five children. People were very shy to speak frankly about this issue because culturally one does not talk about, or count, the number of people in the family.

We started to approach this issue by loving them, not by looking down at them. We discussed how their grandparents had planned their families, and why people no longer used these methods. We helped them to look at their present situation. What are the reasons for shortages of food and money? Their answer was that there were too many people to care for.

We encouraged them to look at the future. Will the land they own be enough for their children and their families? What are the alternatives? Can they pay for education so their children can find employment?

We discussed family planning positively and gave them freedom to suggest alternative methods. We used established and mature families as living examples of the benefits of

planning a family, and when possible we used them to communicate the message.

Ezekiel Sitienei, Eldoret, Kenya

Pump well project

I work in the Audiology Unit in Banjul Hospital. We are very happy to receive Footsteps. The issue on Water helped me in the work I have started in my home village. We have been able to put in a pump-well with the help of a Water Aid project. They loaned me a truck for six days to carry stone and sand, and helped with some funds. The village and myself raised the rest of the money.

Now we are planning for a day care nursery school in the village and will be grateful if we receive the next issue on children. I hope Footsteps will

take care of me. I wish to learn about all the subjects concerned with health programmes.

Anthony Mendy, Banjul, Gambia.

Footsteps on the air

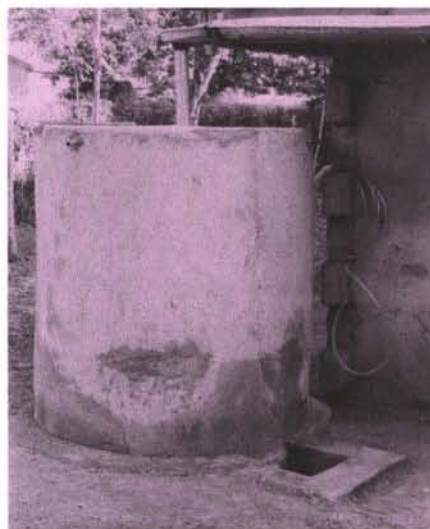
Thank you for putting us on the mailing list to receive Footsteps. Trans World Radio will share with our listeners what we learn from its pages.

We will mention Footsteps during our broadcasts and trust that more people will be made aware of this very insightful publication. We are glad to hear that you will shortly be publishing it in French, because soon we will be starting some pilot programmes in French to be beamed to Francophone Africa.

Bernice Mwaniki, Trans World Radio, Nairobi, Kenya.

Water-tank home

In Footsteps No. 1, there were details of how to build a ferro-cement water tank. Tim Holmes has sent in these photos – one of a completed tank, the others show another use for the tank. At Saradidi Rural Health Project in Western Kenya, Tim has used this method to build a house! The house will have a traditional thatched roof. The walls, built using arc mesh rather than chicken wire, are strong and, unlike traditional designs, they will not become weakened by termites.



One tank for the water...

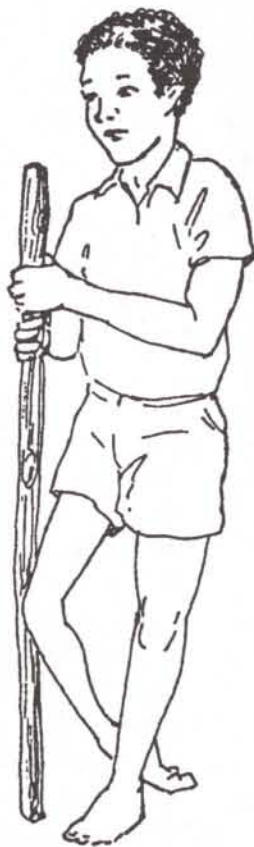


... and another for the people!

POLIO

THE IDEA

Polio is caused by a virus which can leave a child weak and disabled. Arms and legs that are paralysed and backs that are twisted and weak can never be cured, but the healthy muscles can be taught to make up for the damaged ones. Children can help to build up muscles damaged by polio. They can spread the message that **polio can be prevented** by immunisation by trained health workers. Most important, they can help children with polio by being friendly, and playing with them.



Child to Child



These two pages have been compiled from **Child-to-Child Activity Sheet No 6.5.**

Child-to-Child Activity Sheets are a resource for teachers, and health and community workers. They are designed to help children understand how to improve health in other children, their families, and their communities. Topics chosen are important for community health and suit the age, interests and experience of children. The text, ideas and activities may be freely adapted to suit local conditions.

Further information from: Child-to-Child, University of London Institute of Education, 20 Bedford Way, London WC1H 0AL, UK.

ACTIVITIES

Preventing Polio from Spreading

Everyone Must Be Immunised

- Check to make sure that each child has been correctly immunised against polio, including the extra 'booster' doses. If children are not sure, they can ask their mothers to look on their health clinic card.
- Any child who has not been immunised should be encouraged to do so as soon as possible. What about brothers and sisters – have they been immunised? Have they had their extra booster dose?
- Find out from health workers when the immunisation can be done and encourage mothers and fathers to make sure all the children in the family have been immunised properly including the booster.
- Make a wall chart and make a mark against the name of each child who is immunised. Keep reminding those who have not been immunised, and work towards having a mark against everyone's name.

Older children can help younger ones who may be frightened

of having the immunisation. They can...

- go to the clinic with the younger ones, and comfort them if they feel frightened
- play games with them while they wait at the clinic
- make sure that the younger children go back to the clinic for the booster doses when this is necessary. This is very important because the protection will be less if any doses are missed.

Helping the Disabled Child

Being Friends

Children can remember to include children who are disabled in their own play and work as much as possible. If a disabled brother or sister is small and cannot walk, the older children can find a way of carrying him or her with them, of taking him or her to school, and including him or her in their games.

If the disabled children are bigger, the older children can make a trolley, or perhaps the local carpenter can make a wheelchair with bicycle wheels. The older children can help to move the chair or trolley around.

Older children can also make a simple crutch or cut a stick to help the disabled child to walk. They can hang a rope over the bed, so that he can pull himself up, if he is not strong enough to sit up by himself.



What is Polio?

Polio is a disease which can injure the muscles of the body. In severe cases, children who have had polio may lose power in some of their muscles. One or more limbs – arms and legs – may be paralysed, and the spine or backbone may become twisted.

When children get polio, they may have a fever for some days. While they have fever, they need to rest very quietly. Sometimes the fever is very little, and it is almost impossible to know that the child is suffering from an attack of polio. Not all fever leads to polio. BUT if children have fever and then become weak in the arms, legs or back, they must be taken to the doctor or health worker.

FOLLOW-UP

After one or two months, quiz the children to see if they can remember the important points about polio: what are the symptoms? why is it dangerous? how can we prevent it? how can we help those who have been disabled by it?

During the year, keep checking to make sure that every child in the class or group has been immunised against polio and has had the booster doses. Does the wall chart have every child's name on it?

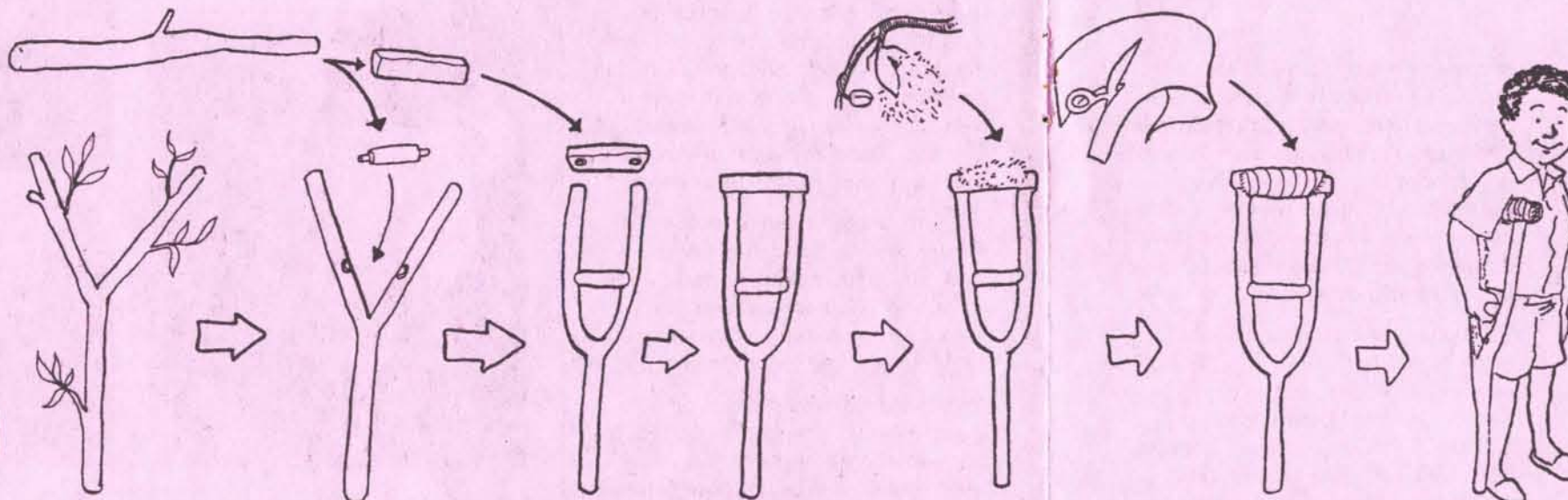
Have the children been able to identify and help a child who has been disabled by polio? If so, what have they done to help? Have they helped with exercises? with equipment? by being friends? What problems have they overcome? Have they been able to help the child over a long period of time, so that their help has made some difference to the child as well as the child's family?



USING THIS SHEET

Teachers can explain how immunisation protects the body, as part of the health or science lesson. Health workers can advise parents and show how to make simple aids. Children can make health cards and remind others of immunisation dates, especially the booster dose. They can help polio victims to do exercises, and make equipment for them to use. Sheet No 5.1, **Handicapped Children**, suggests many other ways in which children can help a child who is handicapped.

HOW TO MAKE A CRUTCH

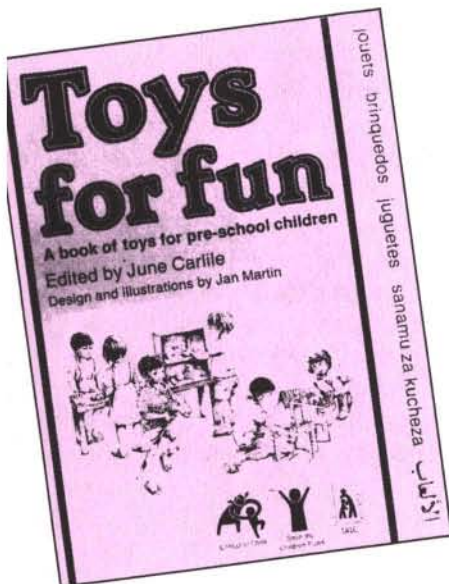


Toys for Fun

by June Carlile and Jan Martin

Toys are fun; they are also important in child growth and development. That is the message of this popular book. It is full of ideas on how toys can be made by children for children from low-cost or no-cost materials. The introduction, (in six languages: English, French, Portuguese, Spanish, Swahili and Arabic), guides the reader in the developmental value of the toys in each chapter. The rest of the book simply uses easy-to-follow illustrations for making simple and ingenious toys.

Price £1.00 (£2.50 including postage and packing). Available from TALC, PO Box 49, St Albans, Herts, AL1 4AX, UK.



Handbook for Health Workers in Africa

by Silvio Pampiglione
Published 1987

This handbook, which has already been published in Italian, Portuguese and French is now available in English. Health workers will find it an excellent support for their work.

It contains 453 pages, full of pictures, tables and graphs. It looks briefly at the duties of health workers; in treating the sick coming to the health centre, preventing diseases, education within the community and training other health workers. It gives very detailed information on the

symptoms, causes, diagnosis and treatment of all common diseases. Mother and child care, first aid and nursing procedures are all dealt with very thoroughly. It also includes information on health education, nutrition, personal and environmental hygiene.

This book is an invaluable resource for clinical officers, community health nurses and health workers. It would also be very useful for those teaching village health workers.

This very helpful and detailed book is available completely free of charge. Write to Instituto Italo-Africano, Via Aldrovandi 16, 00187 Rome, Italy giving brief details of your work.

Christian Relief and Development – Developing workers for effective ministry

Edited by Edgar J Elliston
Word Publishing 1989 USA

This book gives a historical background to mission work in development and looks at the reasons for Christian involvement in various issues. The distinctive Christian approach to development is treated well. The book goes on to consider the training of workers, with special sections on women and on community health evangelism.

Order from Blackwells, 50 Broad Street, Oxford, OX1 3BQ, UK.

Reviewed by John Wibberley

Where There is No Telephone

by John R G Corbett
Published 1988 Price £2.50

This is a very useful manual for anyone who needs to operate a short wave radio system. It gives details of short wave radio systems, the equipment required and the factors which have to be considered when planning a radio network. It is full of helpful advice and contains plenty of illustrations.

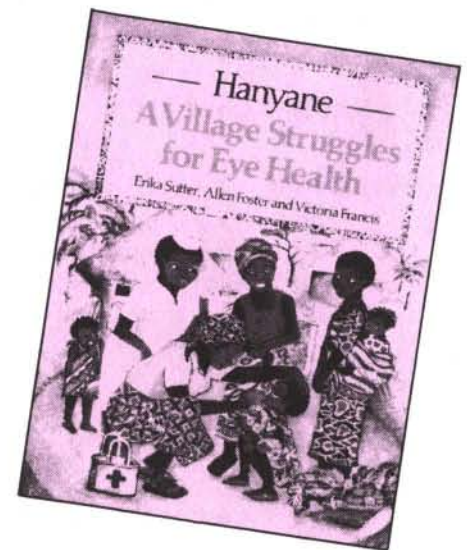
Available from BMS, 93 Gloucester Place, London, UK. Price £2.50.

Hanyane - A Village Struggles for Eye Health

by Dr Erika Sutter, Dr Allen Foster and Ms Victoria Francis
263 pages

This is a new book designed to help those involved in health care and in particular eye nurses, ophthalmic assistants and community health workers. The book is divided into three parts. Part One is based on a true story of a group of villagers who were encouraged to improve their own eye health. In each chapter problems are faced, questions are asked and issues discussed. There are many good illustrations.

Part Two is written for health workers who have responsibilities in villages. It explains how an eye patient should be examined, how to make a diagnosis and how to manage



common eye problems. It also includes a section of important health messages to prevent eye disease and blindness. Part Three is a set of lecture notes for ophthalmic assistants and nurses giving information about the causes of eye disorders, examination, diagnosis and management of the important eye diseases.

The book provides an excellent introduction to the whole subject of eye health. It may be purchased from the International Centre for Eye Health, 27-29 Cayton Street, London, EC1V 9EJ, UK. The price is £3.00 which includes postage overseas.

KAMISHIBAI

Kamishibai is a portable wooden theatre invented and used in Japan about 200 years ago. The word Kamishibai means to provide drama with paper! It is a simple way of telling stories using pictures drawn on cards or sheets of paper, to small groups of people.



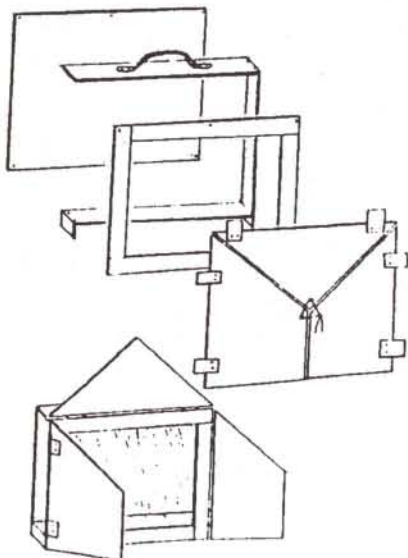
The theatre is made from a flat wooden or cardboard box. The front opens out to form a small theatre, with a side opening for putting the pictures in and out. The box does not usually weigh more than 2kg. Local craftsmen should be able to build the theatre. It can be placed on a stand or table in front of the audience. It can also easily be mounted on the front of a bicycle. In Japan it was traditionally used by storytellers who would travel from village to village on their bicycles, entertaining people with stories in return for payment. The small theatre will draw more attention than a display of posters, so it is ideally suited to teaching health and development messages.

The posters or pictures are all placed in the box, in the correct order, before the talk begins. They are then drawn out, one after another, during the show, always leaving on view the

picture which shows the development of the story. The operator at the same time explains the subject and whenever possible will make the story more lively by changes in his voice. The stand may be covered with a cloth, behind which one or two assistants may hide and create sound effects or add a musical accompaniment.

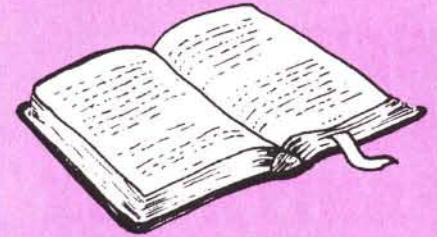
The kamishibai system is a simple, cheap and efficient way of communication, which could be adapted to many different situations. It would be especially useful in health education. The system has the advantage that posters and pictures are well protected from damage. It can be easily transported by health workers or school teachers, either by mounting on the front of a bicycle or carrying it like a suitcase.

Adapted from an article written by Silvio Pampiglione in Appropriate Technology for Health.



Suggested measurements 36 x 46 x 6 cm.

BIBLE STUDY



Jesus was concerned about children and their needs. He enjoyed their company and loved to spend time with them.

1 Read Matthew 19:13-15. Is our attitude to children like that of Christ – or of his disciples?

What is our own attitude to children in our work? Do we make time to listen to them and their needs and to respect them as individuals?

2 Read Mark 10:14-16 and Matthew 18:3. What is it about children that Jesus loves? Why do we need to become like children to enter God's kingdom?

3 In Luke 2:41-51 we read about how Jesus, himself still a child, was quite capable of deciding for himself about what he wanted to learn. He had much to contribute to the discussion too. **Read Matthew 21:14-16.** In this passage we learn how Jesus recognised that the children were able to understand what was happening and were not afraid to speak out about it.

Children may see things, that we pretend to ignore, fail to acknowledge, or that we are too embarrassed to take action about. Can you think of times when children may be more effective in sharing knowledge than adults?

Discuss and prayerfully consider how your community can involve children more in developing a healthy and united community.

NEWS

Pas à Pas arrivé

The next issue of Footsteps will also be available in French. Please write to Footsteps Mailing List, at the Teddington address, if you would prefer to receive your copy in French. If you know of fellow workers who would use the French edition, then please send in their names and addresses. Paso a Paso, the Spanish issue, will follow.

Working with children in...

WATER SUPPLY AND SANITATION IMPROVEMENTS

by Richard Franceys

The provision of clean water for drinking, and the safe disposal of human waste, are vital for human health. The Director-General of the World Health Organisation has said that the number of water taps per 1,000 persons is a better indication of health in a country than the number of hospital beds.

At present, half the children in the low income countries do not have clean water. Only one in three has safe sanitation. To overcome this problem is a very big task and it is now understood that everybody has to be involved in solving it.

Governments and their supporting agencies cannot do all the work. For, when they try to do it for people, the system often breaks down after some months and nobody knows how to get it going again. The people who are going to be using a clean water supply or sanitation system are the most important people to be involved in planning it.

The children in any community can play a vital role in helping their parents plan and organise the new development. In particular, they can assist with gathering the information that is required to plan a good system.

Some of the first things an engineer who is designing improved facilities will ask are:

- Where do people get water from at present?
- How much water do families use?
- How do they carry the water?



- How do they store the water?

Then the engineer must discover all the alternative sources of water and discuss which sources will be most effective.

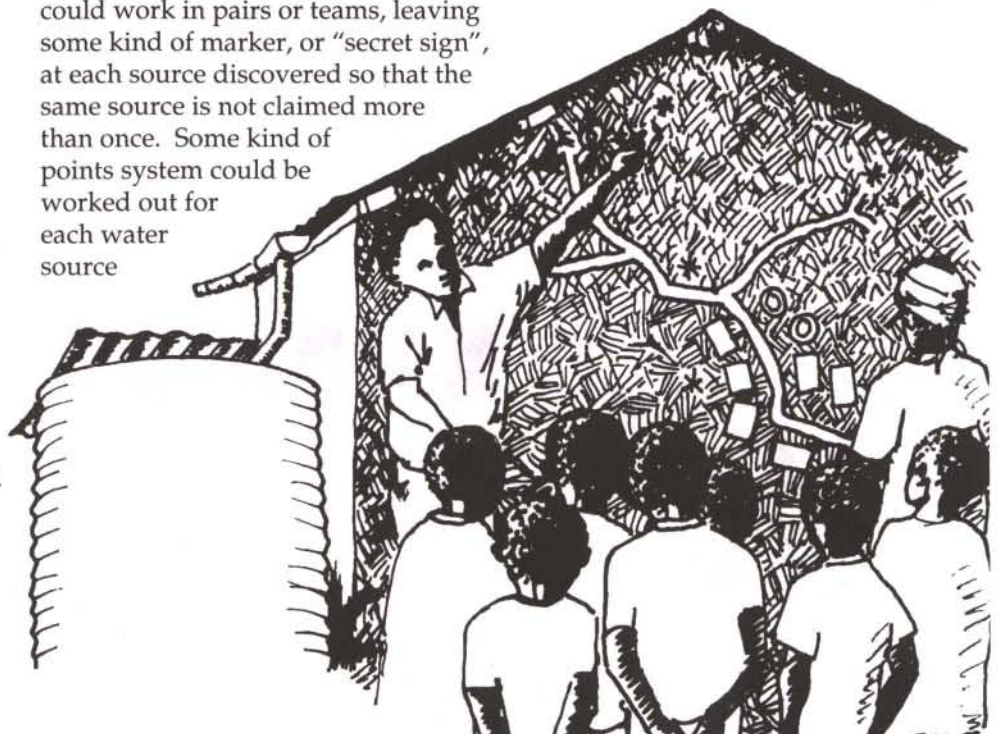
All these questions can take a long time to answer when there are only a few adults to go around asking. But when all the children are involved in a way that is fun for them, the answers come quickly. One community development worker, David Drucker, has introduced games, to encourage the children to look for every conceivable water source in the surrounding area. Games obviously must be organised so that people are not offended, and so that the information gathered is as accurate as possible. The children could work in pairs or teams, leaving some kind of marker, or "secret sign", at each source discovered so that the same source is not claimed more than once. Some kind of points system could be worked out for each water source

discovered, with, maybe, a reward for the winning pair or team. All the information from this game should be brought together and displayed on the largest possible area on which an outline map of the village or community can be marked out, for example – the school playground, a market square or the side of a house. The map could be outlined with chalk, stones or scraped into the dry earth. The children could make models with mud, coconut shells or cardboard. Then they could fill in the map, marking all the water sources.

An enterprising school teacher might use this type of game to teach and link many aspects of the curriculum which the school needs to teach anyway – map making, handicrafts, health and hygiene, essay writing and charts.

Children could be asked to write on: "How water is used each day in my family", describing where the water comes from, how it is collected and stored, how much is used for different purposes and any changes at different times of the year.

These ideas could be used for many other "games". For example, children can be taught the good points of a latrine and asked to find all the good latrines in the village. Children could be taught about the



Make the map where everybody will be able to see it. The side of a house is a good place.

dangers of dirty water supplies and asked to mark water sources which could be a danger to health. For example, they would be looking for cattle drinking, people bathing, washing clothes, open wells and children using the water as a toilet.

If this information is taken away by the planner, then probably the desire for change will disappear with the information. However, by bringing

all this information together onto a large map which everyone can see, with the water sources, latrines and danger areas clearly marked, this could encourage a lot of community discussion about how to solve the problems. The whole village could decide where water-pipes and standposts, or wells, might be placed.

The project or game does not have to end with the planning stage. The

children can continue to be involved in checking that the improvements are working and making sure that their village stays free of environmental health risks.

Richard Franceys, who previously worked for Tear Fund in Sudan, is a water engineer in the Water, Engineering and Development Centre, Loughborough University of Technology.

Working with children in...

AGRICULTURE

Many of the ideas which Richard Franceys has suggested for involving children in improving water supplies and sanitation, could also be adapted to be used with agricultural work.

If you are involved in agricultural training of any sort, how much time do you spend with children? Probably very little. Yet, if you were able to work with the primary school teachers in your area, you might be able to reach approximately half the homes in your community with the teaching which you are giving to just a small group of adults. Consider how much of the work which you do could effectively be shared with children. How could they be involved in developing the agriculture in their areas? Most of these ideas will only be effective if there is an interested and motivated teacher.

Many schools include agriculture and school gardens as part of their curriculum. Could you, or your trainees, help in working with the schoolchildren? Much of the teaching they receive will be passed on to their families.

Involve children in finding out what varieties of crops are grown, the quantities of staple crops their

families produce and the quantities they eat. If you are trying out new seed varieties and you have plenty available, consider distributing some through the schools, or through the children.

If you are encouraging certain practices, such as planting in lines, vaccinating chickens or soil erosion control, the children could be divided into teams, to discover how many farmers are trying out these practices successfully. The children could be encouraged to suggest why some farmers are reluctant to try out these new ideas when other farmers are quick to adopt them. It is a common problem in development work for local knowledge and resources to be undervalued by outsiders and by the local people themselves. Encouraging children to gather and record ideas and information from elders can be a

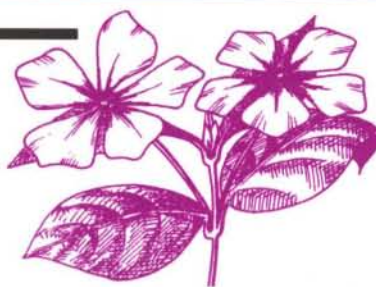
very useful exercise in community development for many reasons. It can save techniques and technologies from being lost for ever. At the same time, the community is learning that answers to problems often may not need outside help at all.

Children could be involved in making a survey of the useful trees on their own land. They could learn how to collect and store seeds and how to make and care for a tree nursery. They could take home and plant the young trees they have grown. They may be able to encourage their communities to make tree planting a real priority.

Please write in and share other ideas for involving children in the development of their communities.



CHELLA'S PERIWINKLE



by Gwen E Hawthorne

"Don't forget the Periwinkle for Chella Devi!" This note is up on the notice-board to remind Monika to collect the leaves of the plant each Friday. It grows well outside our SHARE centre here in Mussoorie.

We drive to the Jagdhar Centre, some 85 kilometres away. Waiting on the side of the road, near her village, is Chella. She receives the plastic bag containing the leaves and some of the roots. When she cannot be there, we give it to a Voluntary Health Worker belonging to that village.

Chella came to us earlier last year, 1989, with cancer of the vulva. The wound caused by this evil thing was unsightly. We knew we could do little for her at the Clinic, so arranged for her to be hospitalised at Landour Community Hospital (part of a chain

of Christian hospitals linked to the Emmanuel Hospital Association). The cancer was diagnosed and she was treated with pain-killers and antibiotics to clean up the wound. The rest, loving treatment and good food, made a difference to her whole appearance. She was relieved of a lot of pain. Her eyes would light up as we visited her. When she was discharged, a few weeks later, she could stand upright instead of being bent over.

How could we help her now? Her condition had been helped but the cancer was not cured. There was no way that Chella could afford the very expensive treatment with radium and drugs that might have cured the cancer. Her husband and son had both died and she lived with her sister, who had little money.

Dr Satow, a consultant Doctor with the Emmanuel Hospital Association,

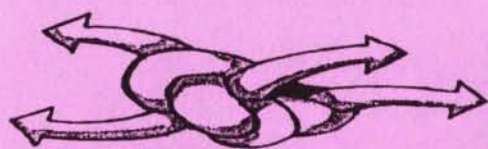
suggested to one of our team that periwinkle might be useful. Where would we find periwinkle? What did it look like? A missionary living in Mussoorie knew what it was and where to find it! This glossy leaf plant, with pink or purple flowers, grew right outside our SHARE centre!

Ezekial, a senior member of our team, had recently attended a seminar on herbal remedies. We consulted with him. He gave some guidelines on how to prepare and apply the periwinkle plant. So Chella began her treatment. She planted a root which began to grow, but a goat found the plant attractive and finished it off. Not to be beaten, she planted it again in a box on the window. She grinds the leaves each day and applies the paste to the wound. On examining her, we have found a great change and improvement in the wound. She is so grateful to find relief from this, to her, a shameful illness.

Since beginning this treatment, we have read elsewhere of the use of periwinkle in the treatment of cancer, particularly leukaemia. This experience has shown us how all the different members of the Body of Christ have worked together to bring about the relief and healing of one person!

Gwen Hawthorne is a Co Director of SHARE in Mussoorie, India.

The periwinkle mentioned here is the Madagascar Periwinkle. The botanical name is Catharantus roseus (occasionally known as Vinca rosea). Do other readers recognise this plant? It grows in various parts of the world, including Asia and Africa. Are there people in your community who could benefit as Chella has? Please share with other readers your experiences with either this plant or others, which you have found useful in healing.



KNOTTY PROBLEMS

Women in the rural Cajamarca area of Cuzco, Peru, have many traditional beliefs concerning pregnancy and birth. Some of these beliefs cause real problems for health workers who are trying to improve health care in the area. For example:

The women believe that there is some communicating channel between the uterus and the mouth, so to prevent the placenta coming out of the mouth, they tie a belt very tightly round the mother's waist immediately after the baby is born. They also cut the cord with a tile or a piece of pottery. They won't use scissors or a knife because one belief says, if they use these, the child will become a thief.

After giving birth, they stay in bed for 15 days because their body is "open". They mustn't stand up, or eat salt, onions, avocados or guinea pigs. If they do, the uterus will become infected.

Can any of your readers help with ways of getting around these problems without upsetting the traditional beliefs?

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100 Church Road, Teddington TW11 8QE, UK
Editor: Isabel Carter 83 Market Place, South Cave, Brough, N Humberside, HU15 2AS, UK