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World Organization of the Scout Movement

EDUCATIONAL ACTIVITIES

**EDUCATIONAL
ACTIVITIES**



**FOR 7 TO 11
YEAR-OLDS**



INTRODUCTION

In April 1994 the Interamerican Scout Office created the Network for the Production of Educational Material (REME). The purpose of this Network was to document and share the activities carried out in the Scout Groups of the Region.

To date, 25 National Scout Organizations from all over the Americas have joined this initiative. Each NSO runs an internal network coordinated by a National Correspondent, which produces, compiles, evaluates, validates and selects ideas. These are then sent to the Coordination Headquarters for analysis. Those selected for publication proceed to the design, drafting, translation, printing and distribution processes.

The fruits of this cooperative effort to enrich our educational resources are the Activity Sheets and Technical Appendices which REME has published over these eight years, in the form of individual leaflets classed by Scouting Section.

“Educational activities for 7 to 11 year-olds” represents a new endeavour in this line of publications.

It is aimed at Cub Scout Leaders and other educators who work with children outside Scouting. It contains 30 activity sheets, each indicating the place, duration, form of participation, materials and objectives of the activity. The educational objectives it helps to achieve are also specified, followed by a detailed description of each activity. As well, the book contains 30 activity ideas in a more condensed format. These include the educational objectives they contribute to achieving and a brief description of the contents and proceedings of the activity. In addition, some activity sheets are accompanied by technical appendices. There are 14 of these in total, containing instructions on how to make some of the materials or information useful for conducting the respective activity.

Of the activities presented here, 48 have never been published before. The other 12 titles had been printed previously in individual sheet format. These have been fully revised and updated for this edition in the light of the experience gained in using them.

As we have mentioned, the activities in this book are intended to be a tool, a contribution to the work of education, a window to the creative process of those who work as educators and a “lifeline” when neither the children nor the adults have any other ideas. Like any such material, it can and should be adapted to the reality in which it is used, as well as economic circumstances, climatic factors and, essentially, to the individual features of the children we are working with.

We hope that the launch of this book will set the ball in motion and, sooner or later, begin to generate even more and better ideas.

Out thanks are due to the Scout Leaders of the Americas, whose hard work and generosity have helped to make this book possible.

Coordination Headquarters, REME
Interamerican Scout Organization

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PHYSICAL DEVELOPMENT

PHYSICAL DEVELOPMENT



DEVELOPMENT OF THE BODY

Since the body grows and functions according to natural laws, it is often thought that a person has no influence over the processes of his or her own body. This is only partly true, however, since it has been shown that we can do a great deal to protect life, develop our bodies and care for our health.

Thus when we propose to contribute to the growth of a person, the first task is the development of the body, which has a great influence on his or her personality.

Little by little, girls and boys must learn to take responsibility for this task.

At first, this responsibility is limited to knowing about their body, listening to and following what adults tell them about caring for it and being aware of the risks involved in their actions.

Gradually, they will learn more about the processes which regulate their bodies and illnesses they may be at risk of catching. They will learn to accept their physical limitations and control their impulses and strengths.

Other aspects of physical development are taking care of our personal hygiene and keeping our surroundings clean; eating a balanced diet including all kinds of foods and making good use of our time and leisure hours; and practising sports and taking part in recreational activities and life in the outdoors.

SPORTS FAIR

Growth area
**PHYSICAL
DEVELOPMENT**



SUMMARY OF THE ACTIVITY

Some sports which are very common in certain cultures or social sectors can seem strange in other countries or sectors of society, where their rules and the way they work are little known to most people. In this activity, the Pack divides into small teams to take up the challenge of learning new sports, teaching them to the other groups and practising them during a day of recreation organized for the purpose.

PLACE

The Den and an outdoor venue where the sports chosen can be practised.

DURATION

Part of a Pack meeting and one full day.

PARTICIPANTS

The Pack, working together and in small groups.

OBJECTIVES OF THE ACTIVITY

1. To create an interest in discovering different sports.
2. To develop abilities for investigation and finding information.
3. To learn and practise new sports.
4. To develop leadership abilities.

THIS ACTIVITY HELPS ACHIEVE THE FOLLOWING EDUCATIONAL OBJECTIVES

Mid-childhood

1. I take part in activities which help me to grow stronger, faster, more agile and more supple.
2. When something annoys me I say so without having to fight about it.
3. I like doing outdoor things.
4. I like playing sports.
5. I like to play with other children my age.

Late childhood

1. I can control my arms, legs, hands and feet better all the time.
2. I sort out problems with my friends without using force.
3. I play sports, I know the rules and don't mind losing.
4. I like to play with other boys and girls and I stick to the rules of the game.

MATERIALS

For each participant: suitable sports wear; card certificates made by the leaders; lunch for the main day of the activity.

For the Pack: equipment which will depend on the sports chosen.



Original idea: José Luis Rada Alayón, REME Venezuela.
Preparation: REME Coordination Headquarters.
Drafting: Loreto González.
Editing: Carolina Carrasco and Gerardo González.

DESCRIPTION OF THE ACTIVITY

Before the first meeting

The Leaders make a list of team sports which the children in the Pack have not played before. They also decide on a suitable place to play these sports, seeking authorization if necessary. Certificates must also be prepared to award to each member of the Pack for their participation in the activity.

A sport need not be entirely unheard of in order to be “new”. It will be sufficient if it is not commonly played in the children’s part of the world. For example, cricket, baseball or American football will generally be a novelty in the southern hemisphere of the Americas, while in the United States or Canada soccer football would be more exotic. Within a country, grass hockey, handball or rugby may be more original depending on the sociocultural level and on customs. Other sports which are strongly associated with one particular culture are likely to be novel anywhere else, for example pétanque (France) or bochas (Italy).

At the first meeting

At some point during the course of the usual Pack meeting, the Leaders explain the activity, motivating the participants with the list of sports they have brought along. The children can choose the ones which seem most interesting or add others to the leaders’ list.

Then the Pack divides into four groups, each of which chooses a different sport. The Leaders explain that, during the week, each group will find out about how their sport works and what its rules are, so that they can teach it to the rest of the Pack during an outing specially planned for the purpose. The groups will also be responsible for obtaining the specific equipment they need in each case, with the Leaders’ advice and assistance.

If the children choose sports which require very different or specialized pitches or sites, they can learn about and play them on different days and at different places. This will extend the activity, make the organization easier, increase actual learning and keep up the children’s interest.

Then, working separately, the groups will be given enough time to organize the work they have to do during the week, agree when and where to meet and allocate the respective tasks.

Finally, the Leaders and children arrange what type of sports wear and lunch they will need to bring. The Leaders also tell the children when and where the sports fair is to be held, even though they are to assemble beforehand at the Pack meeting place and make their way to the chosen site from there.

During the week

Each group finds out about the rules of their chosen sport and how it works, consulting appropriate written material, interviewing sports teachers or instructors, visiting sports centres and clubs, and so on. They will also obtain the equipment they need to teach their sport to the rest of the Pack and practise it with them during the excursion.

The Leaders write letters of presentation, or accompany the children, so that they can ask to borrow the equipment they need from the respective sporting institutions. They should also be in contact with each of the groups at all times in case they need advice or help with their work, and with the children’s parents to let them know about the Pack’s coming outing and seek their permission.

The day of the outing

The Pack assembles at the agreed time and make their way to their chosen sports field. When they have all arrived the sports fair begins.

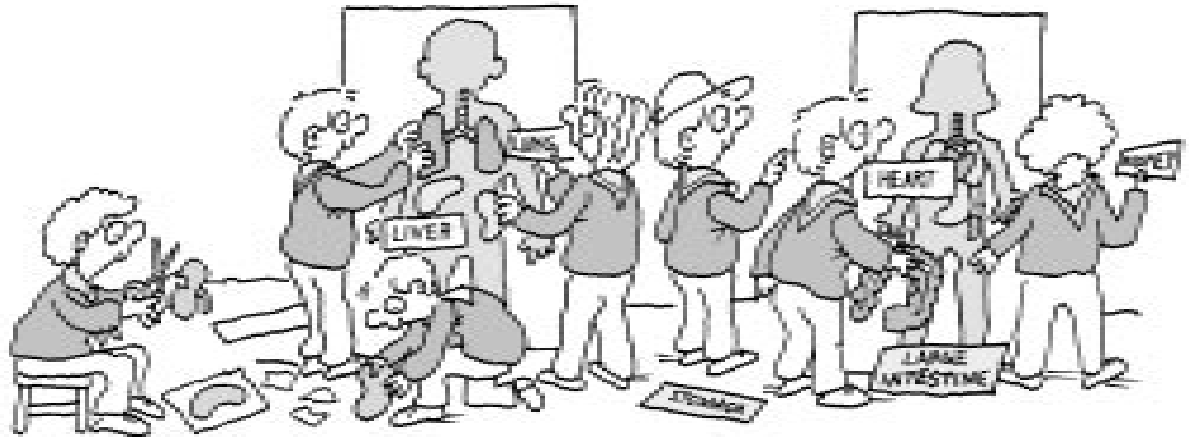
Each group will be given time to explain and demonstrate their sport to the rest, in whatever order is easiest for the whole Pack - bearing in mind that theory and practice must be combined to ensure real learning. During the rest of the day, the groups can play each of the sports, in teams which need not necessarily be the same as the original groups.

At the end of the day, the activity finishes with a simple prize-giving ceremony prepared by the Leaders. Each participant receives a certificate of recognition for his or her performance and efforts.

The Leaders can take advantage of the cheerful atmosphere generated at this point to conduct a brief evaluation of the activity with the participants. The children’s impressions will be an important pointer to the relative success of the activity’s objectives. What they have to say about the activity will also help to generate other similar activities.

BUILDING THE HUMAN BODY

Growth area
**PHYSICAL
DEVELOPMENT**



SUMMARY OF THE ACTIVITY

In small groups, the children make silhouettes of the human body, and attach the main organs to them. Then they learn about diseases that can affect these organs and work on ways to prevent them.

OBJECTIVES OF THE ACTIVITY

1. To understand the importance of taking care of our bodies.
2. To learn the names and functions of the main organs in the human body.
3. To learn about the physical differences between men and women.
4. To learn to work in a team.

PLACE

At the Den or Pack meeting place.

DURATION

Two hours.

PARTICIPANTS

The Pack, working in small groups.

THIS ACTIVITY HELPS ACHIEVE THE FOLLOWING EDUCATIONAL OBJECTIVES

Mid-childhood

1. I try to do what older people tell me, to have a strong and healthy body.
2. I know where the most important organs of my body are.
3. I know the main illnesses that children like me can get and why.

Late childhood

1. I know what the main systems in my body are for.
2. I have habits which protect my health, like washing my hands after going to the toilet.



Original idea: National Pack Leaders' Indaba, Brazil.

Drafting and editing: Loreto González.

MATERIALS

Sheets of brown paper or wrapping paper, scissors, coloured pencils, glue, magazines, coloured card, illustrations of the organs of the human body.

DESCRIPTION OF THE ACTIVITY

At the previous meeting

Before the end of this meeting, the Leader in charge asks the children to bring the materials for the activity to the next meeting.

During the week, the team of Leaders should:

- make sure the children are obtaining the material they need, and
- make their own preparations for the activity, compiling and studying information about diseases and how to prevent them. This is essential if the objectives of the activity are to be achieved.

The day of the activity

Once everything is ready, the Leader explains how the activity will proceed, divides the Pack into small groups and distributes the materials.

Accompanied by a Leader, each small group will:

1. Draw the shape of a woman and a man on the sheets of paper and cut them out. To get the shape, one of the children can lie on their back on the paper while the others draw round them with markers or pens.
2. Draw and cut out the main organs of the body and glue them to the right places on the bodies. Meanwhile, the Leader encourages a conversation which will lead to the proper name and function of each organ.
3. Talk about the diseases that commonly afflict human beings. When a new disease is mentioned, it is written on a piece of card and glued on or beside the organ it affects.

4. The little group then talks about what can be done to prevent disease, or the kind of care that is needed when people get the diseases they have mentioned. Like in the previous exercise, this information is written on pieces of card and glued beside the name of the disease.

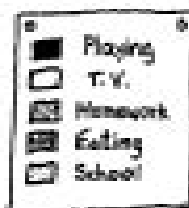
This activity is not expected to provide the children with academic knowledge of the diseases that afflict humankind, but to help them to relate their actions to the care they take of their own bodies. It is therefore important for the Leaders to guide the discussion with examples that the children can relate to, using clear language appropriate for their level of understanding.

Lastly, all the groups assemble to talk about the activity and complement each others' observations and conclusions.

This is also a good time for the children and Leaders to evaluate the activity together. This evaluation is intended to establish the extent to which the objectives of the activity have been achieved and enable the leaders to discern the impression it has made on the children. If the children participate actively in the debate, it may also throw up a number of ideas for future activities.

Later, the Leaders will compare the children's comments to their own observations in the course of the activity. This rather more assiduous evaluation will enable them to form a broader opinion with respect to the personal progress of the children they monitor.

TIME IN A BOTTLE



Growth area
**PHYSICAL
DEVELOPMENT**



SUMMARY OF THE ACTIVITY

Each child makes a visual representation of how much time he or she devotes to different activities, by filling a transparent bottle with materials of different colours. The results of this exercise lead to a discussion about the importance of using time well, then the participants set themselves targets for using theirs better. The activity is repeated about a month later, to assess the extent to which the children have met their targets.

OBJECTIVES OF THE ACTIVITY

1. To make a visual representation of how each child divides his or her time during the week.
2. To encourage the children to be aware of how they use their time.
3. To encourage the children to divide their time better to favour those activities which are most useful for personal development.

PLACE

Pack Den or meeting place.

DURATION

Two meetings, about a month apart.

PARTICIPANTS

The whole Pack, working individually.

THIS ACTIVITY HELPS ACHIEVE THE FOLLOWING EDUCATIONAL OBJECTIVES

Mid-childhood

I do all my homework from school carefully and in good time.

Late childhood

1. I know how to divide my time between the different things that I do.
2. I sleep long enough to wake up properly rested.

MATERIALS

For each child: 1 clean, dry transparent bottle at least 24 cm high; a piece of card which can be used as a funnel; a pencil and the notebook usually used at Pack meetings.

General: materials for filling the bottles (see description of the activity); containers to put them in; several rulers with centimetre markings; spoons; paper and glue.



Original idea: Luis Felipe Fantini, Chile.
Drafting: Loreto González.
Editing: Gerardo González.

REME

DESCRIPTION OF THE ACTIVITY

Before the first meeting

To prepare for the activity, the Leaders ask the children to monitor the amount of time they spend on different activities, by making a note at the end of each day. If they want to, they can provide the children with a simple table to be filled in daily.

It is suggested that the following activities should be measured for time spent:

- * Sleeping
- * Time at school, including travel back and forward
- * Study at home
- * Usual chores: getting washed and dressed, eating and doing household tasks
- * Games and recreation outside school time
- * Watching television

On the fifth day, the children are asked to calculate the average daily time they devoted to each of these activities during the week. If they have been provided with a table, the last column should be left for this figure.

Lastly, they are asked to bring a clean, dry, transparent bottle at least 24 cm high to the next meeting. During the week the Leaders remind them not to forget this item.

First meeting

To begin, the children are shown the 6 materials of different colours and shapes, each of which represents one of the 6 activities they monitored:

Sleeping	Sand
School	Fragments of coal
Study at home	Corn
Usual chores	Fragments of coloured chalk
Games and recreation	Rice
Watching television	Lentils

Then the children are asked to fill their bottle neatly with the materials in the order listed above, with the sand in the bottom of the bottle and so on. For each hour devoted to an activity as a daily average, the bottle is filled evenly 1 cm with the respective material. The bottles are filled carefully using a funnel.

A more economic alternative to filling the bottles is to cover them with coloured paper.

When they have completed this task the children attach a piece of paper with their name on the neck of the bottle. All the bottles are then displayed and the Pack can look round this exhibition of how they each spend their time.

Then the children are invited to say what they think about the way they use their time. The Leaders encourage them to value their time and realize how important it is to divide it well among their different activities. The time they spend sleeping, studying, games and active recreation is especially valuable.

To conclude the activity, the children set themselves personal targets for the coming month, aiming to use their time better than they did during the preceding week. The children make a note of their targets in their notebooks, and the Leaders keep a copy of them too. The Leaders suggest to the children that they keep their time bottles on display at home for the month to come.

At the end of this first stage of the activity, the team of Leaders is in a position to conduct a first evaluation of the impact that the visual representation of their time allocation has had on the children. On the basis of these observations, the Leaders may devise ways to encourage and support the children in the achievement of their personal targets.

Second meeting

The activity is repeated about a month later. The only difference is that this time it concludes with a comparison between the two bottles. This will show how the situation has developed and how well each participant has done in achieving his or her target.

This is an ideal time to talk about the children's impressions of the activity and hear ideas for improving it or proposals for other, similar activities.

The children's impressions, together with the Leaders' own observations in the course of the activity, will enable the team of Leaders to establish the extent to which the objectives of the activity have been achieved, and to share opinions about the personal progress of each Pack member.

ORT SECRET AGENTS

Growth area
PHYSICAL DEVELOPMENT



SUMMARY OF THE ACTIVITY

By means of an enjoyable game in which they have to obtain the ingredients to make Oral Rehydration Solution (ORS), the children learn the basics about childhood diarrhoea, dehydration and the simplest ways of preventing and treating them.

PLACE

A place out of doors with ample space.

DURATION

About 90 minutes.

PARTICIPANTS

The Pack, working individually and in small groups.

OBJECTIVES OF THE ACTIVITY

1. To make the children aware of the problem of childhood diarrhoea.
2. To provide information about preventing diarrhoea and the dehydration it causes.
3. To encourage children to be responsible about taking care of their bodies.
4. To develop the capacity to organize and work as a team.

THIS ACTIVITY HELPS ACHIEVE THE FOLLOWING EDUCATIONAL OBJECTIVES

Mid-childhood

1. I try to do what older people tell me, to have a strong and healthy body.
2. I know the main illnesses that children like me can get and why.
3. I take part in activities which help me to grow stronger, faster, more agile and more supple.
4. I take care to keep myself clean.
5. I like doing outdoor things.
6. I like to play with other children my age.

Late childhood

1. I have habits which protect my health, like washing my hands after going to the toilet.
2. I can control my arms, legs, hands and feet better all the time.
3. I am always clean and it shows, for example my hair, ears, teeth and nails.
4. I know I have to eat the right kind of food to help me grow.
5. When I eat or help prepare food, I take care to wash my hands and have everything clean.
6. I like to play with other boys and girls and I stick to the rules of the game.



unicef 

Original idea: REME Coordination Headquarters, in agreement with UNICEF.

Drafting: Carolina Carrasco and Loreto González.

Editing: Gerardo González.

MATERIALS

Containers of different sizes, water, sugar and salt. Pencil and paper for noting down the results. At least one copy of each technical appendix. The technical appendixes **Oral Rehydration Therapy** and **ORT, Questions and Answers** are part of this activity.

DESCRIPTION OF THE ACTIVITY

Before the activity

The Leaders can prepare for the activity by carefully studying technical appendices that follow. They may like to think up new questions to complement or adapt those listed, and will need to prepare the materials needed.

The day of the activity

The Leaders explain to the Pack that the game consists of obtaining the correct amounts of the ingredients to make Oral Rehydration Solution. They have to make as many doses as possible, as each can save a child's life.

The Leader in charge then explains the rules of the game:

The players split up into two groups - ORT agents and pathogens (disease-producing agents). The ORT agents are to try to reach the ingredient zones and obtain as much ORS solution as possible, while the pathogens endeavour to make this as difficult as they can. In the second half of the game, the roles are reversed with the ORT agents becoming pathogens and vice versa.

To begin, the two groups take their places within the area of play. This should be laid out - taking the lie of the land into account - as in the diagram opposite:

Each ingredient zone is manned by a Leader and equipped with containers holding different quantities of the ingredient in question. The amount is to be marked on the outside, for example: 1kg., three cups, 4 spoonfuls or 1/2 kg of sugar; 1 litre, 1/2 litre or 2 cups of water, etc. A cheaper alternative is to replace the real ingredients with coloured cards with their "contents" written or drawn on them.

At the agreed signal, the game begins.

The ORT agents try to reach the ingredient zones by crossing the pathogens' zone, without stepping outside the area of play.

The pathogens, meanwhile, try to hold up the ORT agents. This could involve tail-hunting (trying to snatch the neckerchief from their belts), "tagging" them with chalk or any other nimble, fun and harmless way of knocking them "out".

Whenever an ORT agent is "captured" by a pathogen, he or she has to go back to the home base. To get back into the game, he or she must answer a question set by the leader. Agents trying to re-enter the game may attempt as many questions as necessary to get a right answer.

ORT agents who reach one of the ingredient zones can choose any of the containers there, each of which hold a specified amount of the ingredient in question. Once the player has chosen, the Leader in charge of the base replaces the exact amount the child took.

Players who have collected an ingredient must then run back to the ORT zone, this time round the outside of the area of play. There, they show their booty to the Leader in charge who will tell them if it is the right amount to make up ORS solution. The other team members need to know whether the quantity is correct or whether the player has to go and try again. This way they can direct their efforts systematically and decide how to proceed as a group. The ORT agents should keep this information to themselves, however, as the pathogens will take their place in the second part of the game.

At some point during the game, the ORT agents will realize that they need 1 litre of water, 4 spoonfuls of sugar and 1 teaspoonful of salt to make up the solution. As of that moment, their task will be to coordinate their work to obtain as many doses of ORS as possible. The Leader in charge will make a note of how much of each ingredient they obtain.

After 20 or 30 minutes (the leaders estimate the length of play depending on how the game is going), the groups change roles and play for a similar length of time.

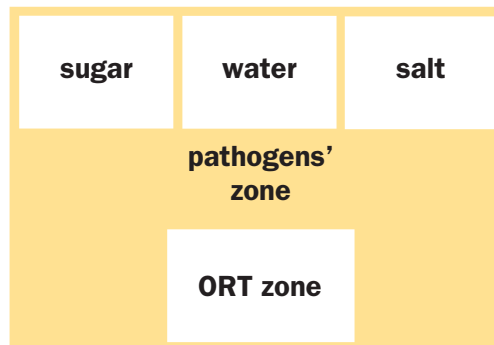
At the end of the game, the Leaders calculate how many ORS doses each group has been able

to prepare with its ingredients. The winning team is the one which has prepared most.

After the game, the Leaders hold a discussion with the children, seeking to build on what they have learned during the game. The children do not need to memorize everything, but it is important that they understand the general concepts of diarrhoea, dehydration and rehydration, and that this knowledge is worth sharing with their family and neighbours, to make sure that as many people as possible have access to this valuable information.

This is also a good point at which to evaluate the activity. The extent to which the objectives of the activity have been achieved will be apparent from the views expressed by the children, in combination with the observations of the Leaders during the game.

The observations of the Leaders and the opinions of the children will also serve to make improvements for a repeat of the activity or for planning other similar ones.





ORAL REHYDRATION THERAPY



TECHNICAL APPENDIX

Around 5 million children under the age of five die every year as a result of **diarrhoea**. Put another way, approximately 10 children die from this cause every minute, which means that more than a hundred children will have died by the time you have read this Technical Appendix. Of the total number of deaths from diarrhoea, **dehydration** is responsible for around 70%.

Diarrhoea is very common in young children and is closely associated with child malnutrition. It is one of the main causes of morbidity (the percentage of people who are sick in a given place at a given time) in developing countries.

Although deaths from diarrhoea have declined over the last few years in many countries, it is still the root cause of a great many health service consultations. As well, owing to the complications that can arise from diarrhoea, there are still a large number of cases requiring hospitalization which could easily have been avoided with proper treatment.

Clearly, one of the greatest challenges we face is to reduce this chilling figure, especially considering that preventing and treating diarrhoeic illnesses is relatively simple and inexpensive. **Oral Rehydration Therapy (ORT)** can both prevent and remedy dehydration and thus avert numerous deaths from diarrhoea.

WHAT IS DIARRHOEA?

Research has shown that diarrhoea is an intestinal disorder, caused mainly by microorganisms (bacteria, viruses and parasites). However, in order to recognize the condition we can use a simpler definition:

DIARRHOEA IS PASSING STOOLS WHICH ARE MORE WATERY AND MORE FREQUENT THAN USUAL

The main risk for children with severe diarrhoea is dehydration, which may result in death.

The human body needs a certain amount of water and electrolytes (sodium, potassium, chlorine and bicarbonate) to stay alive. Diarrhoea leads to an abnormal loss of water and salts from the body, through bowel evacuation and, in the most serious cases, vomiting. If the child does not take in enough fluids to replace the water and salts lost, he or she will suffer dehydration, caused by an imbalance between the amount of water entering and leaving the body.

In general, infants, small children and children who are malnourished become dehydrated much more rapidly, and they are at risk of becoming severely dehydrated if they are not treated in time.

Another serious consequence of diarrhoea is malnutrition which is caused mainly by the following factors:

- reduced absorption of nutrients by the body,
- direct loss of nutrients through bowel evacuation,
- reduced calorie intake as a result of loss of appetite,
- the misguided custom of not giving children food when they have diarrhoea, which may be for several days.

RECOGNIZING DEHYDRATION

The great majority of illnesses have symptoms (signs that we can see or detect) by which they can be accurately identified. The typical symptoms of dehydration are:

- A hollow-eyed look or sunken eye sockets (one of the first signs)
- Irritability and/or depression
- Thirst
- Loss of appetite
- High temperature (but not always)
- Sudden weight loss
- Strongly coloured urine, in much smaller quantities than normal
- Accelerated breathing and pulse
- Vomiting (not always) - this makes the case more serious since it exacerbates dehydration and loss of salts

Signs of severe dehydration

Although **dehydration must always be taken seriously**, there are certain signs which indicate that the case is particularly severe:

- Drowsiness
- Absence of urine
- Rapid, weak pulse
- Rapid breathing
- Convulsions (intense, involuntary muscle contractions)
- Very pronounced rings under the eyes and weeping with few or no tears
- Mucus or blood passed with stools.

Diarrhoea can affect people of all ages, but it has much more serious consequences for children under five. Nowadays, there are straightforward treatments which, if administered at the onset of the symptoms, help to avoid the complications indicated above, as well as long periods in hospital and possible death.

NOTA: The soft, frequently passed stools of a breast-feeding child are not considered to be diarrhoea. This type of bowel evacuation is normal in breast-feeding infants.

TREATING DIARRHOEA

Oral Rehydration Therapy (ORT) consists of the administration of fluids containing correct proportions of the salts required by the body (ORS), until the child shows clear signs of recovery. There are two basic principles in treating diarrhoea:

- a) Fluids treatment (rehydration, using either ORS in sachets with ready-mixed salts or home rehydration remedies)
- b) Continued nourishment

THE PRINCIPLES OF REHYDRATION AND NUTRITION MUST BE OBSERVED IN EVERY CASE OF DIARRHOEA, WHATEVER THE DEGREE OF DEHYDRATION. RECOVERY DEPENDS ON THIS. THE PROPER TREATMENT COMBINATION IS:

ORS SACHETS	+	CONTINUED NOURISHMENT
	OR	
HOME REMEDY	+	CONTINUED NOURISHMENT

FLUIDS TREATMENT

Restoring fluids by intravenous injection (into the vein) first began to be used as a treatment for diarrhoea-induced dehydration in the mid 19th century. However, although effective, this technique requires complex, expensive equipment and specialized personnel. In the 1960s, oral hydration was introduced as an effective way of combating dehydration. The premise of prescribing fluids is that loss of water and salts through bowel evacuation, vomiting, urine and sweat has to be compensated by means of rehydration, i.e., administering those same elements that have been lost.

Using Oral Rehydration Salts (ORS)

Oral Rehydration Salts are a mixture of glucose, salt and water which enable the child's body to replace the fluids and salts lost through **diarrhoea**.

Oral Rehydration Salts come in a small sealed sachet so the mother or whoever is looking after the child can prepare the mixture at home. ORS are used all over the world and are the most effective way of treating **dehydration** caused by **diarrhoea**.

How is the solution prepared?

It is extremely important to follow these instructions carefully:

1. Wash hands and fingernails thoroughly under running water using soap and, if possible, a nail brush.
2. Boil just over a litre of water. (*)
3. Wait for the water to cool and measure out **exactly one litre** (1.75 pints).
4. Pour the water into a clean jug or pot.
5. Add a **complete** sachet of Oral Rehydration Salts.
6. Stir well with a clean spoon until the salts have completely dissolved.

(*) In an emergency, unboiled water can be used, even if it is known not to be clean. It is crucial to rehydrate the child in order to avert death by dehydration, even if this means treating an intestinal infection later as a result.

Dosage of ORS

The child should be given the following amount of ORS after each diarrhoeic bowel movement:

1/2 cup for children under 1 year old
1 cup for children over 1 year old

- Children who are breast feeding should be given all they will take, little and often, as a supplement.
- Non-breast feeding children should be given 100 to 200 cc. (1/2 cup to 1 cup) of pure water every 4 to 6 hours while they are taking Oral Rehydration Salts (ORS).
- In general, children must drink at least 150 to 200 cc. of fluids for each kg of body weight in a 24-hour period.

IMPORTANT: While the diarrhoea lasts, the child must continue to be offered fluids from time to time between bottle feeding and meals

HOME ORAL REHYDRATION REMEDY

If ORS sachets are not available, a home remedy can be prepared easily and inexpensively, using water, sugar, salt and carrots.

To prepare one litre of home oral rehydration remedy you need:

- 1 litre of cooled boiled water
- 1 **level** teaspoonful of fine salt
- 4 **heaped** soup spoonfuls of sugar
- 4 carrots



Method

1. Boil just over a litre of water and add 4 sliced raw carrots.
2. When the water returns to the boil, strain it, leave to cool and then measure out a litre and pour into a clean jug. Try to make sure you have exactly a litre.
3. Add four heaped soup spoonfuls of sugar and a level teaspoonful of salt.
4. Mix well and keep stirring until the sugar and salt have dissolved completely.

IMPORTANT: Both the home remedy and ready-prepared must always be administered cold. The preparation may cause vomiting if taken warm or hot. Under no circumstances should the solution be boiled once it is prepared.

The solution should not be kept for more than a day, or overnight. A fresh sachet or solution should be made up the following day if required.

Special spoon

There is a special spoon for measuring out the exact quantities of sugar and salt needed to prepare the home remedy. This spoon is distributed by UNICEF through health centres in many countries.

Find out if it is available in your community health centre and ask for one.

ORS (in sachets or homemade) should be administered until the child has fewer than 4 loose bowel movements in one day.

CONTINUED NOURISHMENT

It is known that children with diarrhoea, particularly if they have it often, suffer from weight loss or malnutrition as a result of:

- loss of appetite
- missed meals
- loss of nutrients through vomiting and poor absorption
- dehydration.

It is extremely important to avoid food deficiency when treating diarrhoea in children. Therefore, providing he or she is not vomiting, the child should continue to be fed.

For this reason, the principle of continued nourishment advocates **resuming breast-feeding or other types of feeding as soon as possible**. There is no reason to wait for the diarrhoea to pass - the child must eat as soon as he or she recovers his or her appetite.

However, children who are weaned should follow a fibre-free diet which is easy on the stomach.

They may eat

- Rice, noodles or pasta cooked in water with a little salt. Oil may be added when serving, but not in the cooking process.
- Fat-free minced meat, steamed or grilled meat; boiled chicken.
- Boiled fresh fish
- Mild fresh cheese
- Cooked, mashed carrots
- Peeled artichokes
- Mashed potato
- Mashed banana, grated apple
- Boiled eggs
- Jelly
- Corn meal
- Potato starch

Children with diarrhoea can also drink:

- Breast milk or powdered milk (more diluted than usual)
- Rice water, infusions of cinnamon or pomegranate
- Weak tea without milk
- Still mineral water

They may not eat

- Bread
- Other raw or cooked vegetables
- Fatty meats
- Spicy or highly-seasoned food
- Other raw or cooked fruit
- Ice cream or sweets
- Fried food

Children may gradually resume their normal diet after two days without diarrhoea.

How can diarrhoea in children be prevented?

Obviously, one of the most important things is to avoid the causes of an illness which costs the lives of so many children every minute. Below is a list of simple preventive measures. They are all hygiene-related.

- Whenever possible, subject to medical advice, children should receive breastmilk for their first year. Mother's milk is rich in antibodies and absolutely clean.
- Always wash your hands thoroughly before preparing food and after going to the toilet.
- If no drinking water is available, always boil water for preparing food and drink for children.
- Protect foodstuffs from domestic animals, and from flies and other insects.
- Wash children's dummies or pacifiers and feeding bottles thoroughly and keep them covered.
- Thoroughly wash fruit and vegetables which are to be given to children.
- Always keep the lid on the rubbish bin and the kitchen clean and free of flies and other insects.

To remember

- **Diarrhoea** occurs without warning and may last several days.
- It occurs mainly in children under the age of two and those not being breast-fed.
- It is more common and more serious among malnourished children.
- In severe cases, stools are passed with mucus, pus and/or blood.

COMMERCIALY-PRODUCED DRINKS AND OTHER LIQUIDS

Non-alcoholic and caffeine-free drinks are often recommended for preventing dehydration and even for relieving the symptoms of diarrhoea. However, given their composition, common commercially-produced carbonated beverages, soups and juices are not beneficial and should be avoided in the case of diarrhoea.

SEVERE DEHYDRATION CAN CAUSE DEATH

**LACK OF FOOD OR A DEFICIENT DIET
CAN LEAD TO MALNUTRITION**

Drafting: Carolina Carrasco and Loreto González based on *ORT, A Guide for Action*, WOSM, UNICEF.
El Tratamiento de la Diarrea y el Uso de la Terapia de Rehidratación Oral, WHO/UNICEF.
Las Diarreas Infantiles, Ministry of Health, Chile/UNICEF.

Editing: Gerardo González.



ORT, QUESTIONS AND ANSWERS



TECHNICAL APPENDIX

This technical appendix goes with the activity **ORT Secret Agents**, and is intended to facilitate the work of the Pack Leader by providing a number of questions to be answered by the participants in the forum called “ORT zone” of the game contained in the activity.

The Leader can draw on his or her own knowledge, together with whatever material is available, to prepare other questions like those listed here, or adapt these to his or her Pack, and enrich the work with the children.

Most of the questions in this annex are directly related to ORT. The Leaders could also prepare questions about the importance of water for our bodies and for the environment. They could extend the questions to Scouting matters, or encompass many other alternatives.

There is no need for the children to know the answers “to the letter”. The Leader is responsible for providing information to add to what they already know.

QUESTION	ANSWER
1. Can people die from diarrhoea if it is not properly treated?	1. Yes, about 10 children around the world die from diarrhoea every minute.
2. Is it common for children to get diarrhoea?	2. Yes, especially very small children.
3. Is treatment for diarrhoea very expensive and complicated?	3. No, it is simple and very cheap.
4. Does diarrhoea cause dehydration?	4. Yes.
5. Can dehydration be treated with Oral Rehydration Solution?	5. Yes.
6. Is diarrhoea caused by bacteria, viruses and parasites getting into our bodies?	6. Yes. These are known as microorganisms.
7. Is water important for our bodies?	7. Yes, water provides our bodies with elements we need to live.
8. How do we know when we have diarrhoea?	8. Because bowel movements are more frequent and looser, or more watery than normal.
9. Does diarrhoea cause loss of water and minerals?	9. Yes.
10. True or False: ORT has nothing to do with ORS.	10. False. Oral Rehydration Solution (ORS) is one of the methods of rehydration used in Oral Rehydration Therapy (ORT).

QUESTION	ANSWER
11. What happens to a plant which is not watered?	11. It dies.
12. True or False: it doesn't matter if our body loses mineral salts and water.	12. False. prolonged loss of minerals and water causes dehydration.
13. True or False: You can die from dehydration caused by severe diarrhoea.	13. True.
14. True or False: Diarrhoea is a disorder of the intestine.	14. True.
15. Can diarrhoea be accompanied by vomiting?	15. Yes, the most serious cases can include vomiting.
16. True or False: A child becomes dehydrated as a result of drinking dirty water.	16. False. Dehydration occurs when the child loses a lot of liquid and does not drink enough to replace it.
17. True or False: Children who have a well-balanced diet become dehydrated more quickly than others.	17. False. Malnourished children and those who are still breast-feeding run a much greater risk.
18. When a person has diarrhoea, his or her body does not absorb all the nutrients it needs. What can this lead to?	18. Malnutrition.
19. Is food important for us to grow up strong and healthy?	19. Yes, because it provides the nutrients our body needs.
20. True or false: Malnutrition occurs when our bodies do not receive the nutrients they need.	20. True.
21. True or False: We can substitute the water our bodies need with the same amount of carbonated drinks.	21. False. Our bodies need not only liquid, but also the salts in the water.
22. Is it a good idea to stop giving food to a child with diarrhoea?	22. No. The body needs food and, although it loses most of the food it ingests, it does absorb some nutrients.
23. True or False: A hollow-eyed look is one of the signs of dehydration.	23. True. This is one of the first signs of dehydration.
24. True or False: It does not really matter if a child who has diarrhoea is also feeling a bit down because he or she will get over it.	24. False. Although all children feel less like doing things when they are sick, this can also be a sign of dehydration.
25. True or False: A dehydrated child tends to be very thirsty and passes little urine.	25. True.
26. Is it normal for a child with diarrhoea to suddenly lose weight?	26. Yes, because he or she is consuming fewer calories.

QUESTION	ANSWER
27. True or False: Older people do not get diarrhoea.	27. False. We can all get diarrhoea, whatever our age.
28. True or False: Diarrhoea is more dangerous in children under the age of 5.	28. True.
29. Is there such a thing as “severe diarrhoea”?	29. Yes.
30. True or False: A child with a serious case of diarrhoea will be very sleepy and downcast, with a rapid, weak pulse and rapid breathing.	30. True. Those are some of the symptoms of severe diarrhoea.
31. True or False: A child with a serious case of diarrhoea will have dark shadows under his or her eyes and cry without tears.	31. True. Those are some of the symptoms of severe diarrhoea.
32. True or False: It is important to know how to recognize the symptoms of an illness so as to be able to take action in time.	32. True. Many major problems can be avoided if the right steps are taken in time.
33. True or False: Preventing children from dying from dehydration is up to UNICEF alone.	33. False. We can all do something to help.
34. True or False: Anyone with diarrhoea should replace the lost fluids and keep up their intake of food.	34. True. This is the first step on the road to recovery.
35. True or False: Oral Rehydration Salts are a very effective treatment for dehydration.	35. True. They are very easy to prepare and anyone can use them. UNICEF even distributes sealed sachets with pre-prepared mixtures.
36. True or False: Oral Rehydration Salts solution is a mixture of six ingredients.	36. False. It is a mixture of three ingredients.
37. What is the acronym for Oral Rehydration Solution?	37. ORS.
38. True or False: ORS solution is a mixture of water, salt and glucose.	38. True.
39. Are glucose and sugar the same thing?	39. Yes.
40. Is it important to have clean hands when preparing ORS solution?	40. Yes, as we always should when we are preparing something to eat or drink.
41. True or False: ORS can only be made up with boiled water.	41. False. Ideally the water should be boiled, but unpurified water can be used if there are no facilities to do so.
42. True or False: You need a lot of water to make up a sachet of ORS.	42. False. A sachet of ORS can be made up with just 1 litre of water.
43. True or False: ORS solution can only be administered after each bowel movement.	43. False. It is important to administer it after each bowel movement, but it can be given at any time the child is willing to take it.
44. True or False: Children under 1 year old should be given 1/2 cup of ORS after each bowel movement.	44. True.

QUESTION	ANSWER
45. True or False: Children over 1 year old should be given 1 cup of ORS after each bowel movement.	45. True.
46. Is it important to keep giving a child liquid for as long as he or she suffers from diarrhoea?	46. Yes, to keep them hydrated.
47. Is there a homemade version of ORS solution?	47. Yes, a mixture water, sugar, salt and boiled carrot.
48. What ingredients are needed to make up the homemade ORS solution?	48. Water, sugar, salt and boiled carrot.
49. True or False: It is better to take ORS solution while the water is still tepid because there will be no germs.	49. False. It is much better to take the solution cold. It may cause vomiting if taken warm.
50. Can ORS solution be boiled once it has been prepared?	50. No, under no circumstances.
51. Can ORS solution be kept for a week once it has been made up?	51. No, ORS solution should be prepared fresh every day. If more is needed the following day it is better to throw out the one from the day before and prepare a fresh batch.
52. True or False: A child with diarrhoea should eat foods which are easy on the stomach.	52. True. A child with diarrhoea should eat cooked, fat-free foods with little seasoning.
53. Can diarrhoea be prevented?	53. Yes, by maintaining good standards of domestic and food hygiene.
54. Does breast milk prevent diarrhoea?	54. Yes, because it reinforces our natural defenses and is totally pure.
55. What can we do when we have no drinking water?	55. Boil the water, cover it and leave it to cool. Once purified in this form, it can be drunk or used to prepare food.
56. Why is it important to wash our hands before we eat?	56. Because this helps to prevent illness-causing microbes from entering our body.
57. True or False: We should wash fruit and vegetables thoroughly before eating them.	57. True.
58. Why is it important to keep the lid on the rubbish bin?	58. To keep flies and other insects away.
59. What steps should be taken to ensure a good standard of hygiene in an area where food is prepared?	59. Keep cooking utensils clean, keep the lid on the rubbish bin and domestic animals away, wash hands, store foodstuffs in a clean place, etc.
60. True or False: A balanced diet helps us to grow up healthy and strong.	60. True.
61. What is the acronym for Oral Rehydration Therapy?	61. ORT.

Drafting: Carolina Carrasco and Loreto González, based on *ORT, a Guide for Action*, WOSM, UNICEF.
El Tratamiento de la Diarrea y el Uso de la Terapia de Rehidratación Oral, WHO/UNICEF.
Las Diarreas Infantiles, Ministry of Health, Chile/UNICEF.

Editing: Gerardo González.

THE HEALTH GAME

Growth area
PHYSICAL DEVELOPMENT



SUMMARY OF THE ACTIVITY

By means of a board game they make themselves, the participants learn about some of the things they can do to protect their health.

Once they have been made, the board games are added to the Pack's stock of materials. They can be used again, or shared with the children's families and friends.

PLACE

At the Den or Pack meeting place.

DURATION

About two hours.

PARTICIPANTS

The Pack, working in groups of four.

OBJECTIVES OF THE ACTIVITY

1. To identify situations and attitudes which put our health or physical wellbeing at risk.
2. To identify factors that protect our health and physical wellbeing.
3. To make a board game.
4. To play a board game.

THIS ACTIVITY HELPS ACHIEVE THE FOLLOWING EDUCATIONAL OBJECTIVES

Mid-childhood

1. I try to do what older people tell me, to have a strong and healthy body.
2. I know the main illnesses that children like me can get and why.
3. I take care to keep myself clean.
4. I try to eat all kinds of food and I never say that I don't like something without trying it first.
5. I eat at mealtimes and not all the time.
6. I like to play with other children my age.

Late childhood

1. I have learned to work out the risks of the games I play and the things that I do.
2. I have habits which protect my health, like washing my hands after going to the toilet.
3. I am always clean and it shows, for example my hair, ears, teeth and nails.
4. I like to play with other boys and girls and I stick to the rules of the game.



Original idea: REME Coordination Headquarters, based on the game "Jeu de la Santé" published by the Belgian Red Cross.
Drafting and editing: Loreto González.

MATERIALS

General: Magazines, scissors, glue, coloured pencils, ruler, sheets of white paper. **For each group:** 1 piece of card of 40 x 45 cm., 21 cards with instructions, 1 dice and 4 playing counters of different colours. The technical appendix **Board for the Health Game** is part of this activity.

DESCRIPTION OF THE ACTIVITY

At the previous meeting

When the moment arrives, the Leaders • give the children a general reminder of the activity they selected at the beginning of the programme cycle; • encourage everyone to participate; • ask the children to form groups of 4; and • give each group the list of materials they will need to make the game boards.

During the week, the Leaders should make sure that the children obtain the materials they need. They should also take care to have some replacement materials in case not all the groups arrive with everything on the list.

The Leaders have the task of providing each group with: • a piece of cardboard of 40 x 45 cm. on which to draw the game board, and • 21 cards, each with the number of a square and instructions for a player who lands on it.

The day of the activity

Once everything is ready and laid out, each group sets about making its game board. When it is finished, they play a round of “The health game”.

To make the board. Using the layout of their choice, each group draws a total of 70 squares on the board of 40 x 45 cm: 1 Start, 68 numbered squares and 1 Finish. They can base their design on any of game boards commonly found in the shops, which some of the participants probably have at home.

Then they illustrate the squares following the instructions provided in the technical appendix **Board for the Health Game** which goes with this activity sheet. The children can use their own drawings for this, or look for magazine cuttings illustrating the respective situations. A Leader should be on hand to help at this stage, in order to take educational advantage of the moment to talk about the situations shown.

To complete the board • all the squares must be numbered, • squares without illustrations can be painted in different colours, and • the base of the board can be decorated.

To play! Once the board is completed, each group plays a round of “The Health Game”.

Each player throws the dice once to determine the order of play. The player who obtains the highest score begins, followed by the player who threw the second highest score and so on.

Each player takes his or her counter and places it on the “Start” square. He or she throws the dice once and moves his or her counter the number of squares indicated by the dice. If the counter lands on a square with no illustration, the player must wait until his or her next turn in order to continue. If it lands on an illustrated square, the player must pick up the corresponding card and follow the instructions on it.

The first player to reach the Finish is the winner.

When the game is over, the children and leaders comment on the activity. There are at least three points on which to base this informal conversation: • the work of making the board, • playing the game, and • how our attitudes and the things we do can help us to protect our health and physical wellbeing.

The children’s comments, together with the Leaders’ own observations, will serve to evaluate the activity, think up new proposals along similar lines and obtain information about the personal development of the boys and girls in the Pack.



BOARD FOR THE HEALTH GAME

TECHNICAL APPENDIX

Below is a set of proposed illustrations for some of the squares that make up the Health Game. The illustrations are those listed under “BOARD” below, and are to be made by the participants during the activity.



Listed under “CARD” are the respective explanations of the illustration in each square. The cards are made by the team of Leaders before the activity.

Squares with no illustration can be painted in different colours, used for instructions to enliven the game or assigned to new situations similar to those listed.

It goes without saying that these alternatives are only a suggestion. The Leaders can alter them if they wish, in which case these examples may serve as a guide and an example of the subjects the game can be used to work on.

	BOARD	CARD
square 4	Full breakfast.	I ate a good breakfast this morning. I advance to square 8.
square 6	Foot.	I tripped up one of my friends. I move back to square 2.
square 9	Gas stove.	I know it is dangerous to play with the knobs on the stove, because of the risk of explosion or suffocation. I advance to square 15.
square 12	Child brushing his or her teeth.	I brush my teeth after every meal and especially before bedtime. I advance to square 15.
square 14	Stairs; child running on stairs; child with leg in plaster.	I was playing on the stairs and I fell and broke my leg. I move back to square 10.
square 18	Child asleep in bed with clock showing the time.	I went to bed early and slept 10 hours in a well ventilated room: I feel fresh and ready for anything. I get a second throw.
square 23	Child with toothache holding up a candy.	I have eaten too many candies and I have tooth decay. I move back to square 5.

	BOARD	CARD
square 25	Disconnected plug, held correctly.	I am careful when I handle electrical appliances. I get a second throw.
square 26	A variety of different foods (fruit, vegetables, fish, milk, etc.)	This week I have eaten a variety of food types, so I am fit and well. I advance to square 31.
square 28	A dentist.	I go to the dentist regularly. I get a second throw.
square 30	Disconnected plug being pulled by the cable, with a danger sign.	I unplugged an electrical appliance by pulling the cable and there was a short circuit. I must learn to take the plug out properly. I move back to square 25.
square 34	Child with toothache; tooth with a sad face; etc.	I have not been to the dentist for a long time. I must go for my yearly check-up. I move back to square 28.
square 36	Child in the shower.	I take a bath or shower every day. I advance to square 38.
square 39	School bag, backpack; etc.	In order to protect my spine, I carry by back on my right and left shoulders alternately. I advance to square 41.
square 43	Chest, padlock, lock and key; etc.	I hid in an old chest. The lid closed and I couldn't get out. I must wait for another player to come by and let me out to continue playing.
square 46	Child showing hands, dirty hands, etc.	I was sorting my coin collection and I forgot to wash my hands before sitting down to eat. I miss a turn.
square 48	Apples or carrots; fruit and vegetables, etc.	I ate raw apples and carrots instead of candies to keep my teeth healthy. I advance to square 51.
square 52	Child playing a sport, child receiving a sporting trophy, etc.	I played sport and I feel great. I advance to square 54.
square 54	Bottle of shampoo.	
square 56	Stones, arrows and darts.	I know that some games are dangerous for our eyes - I don't play with stones, arrows or sticks. I advance to square 60.
square 58	Child with dirty hair, child washing his or her hair.	I must wash my hair regularly with shampoo - which I must go back and fetch in square 54.
square 60	Telephone book, police car, fire engine, etc.	
square 62	Child swimming in a pool.	I am learning to swim. Swimming is a sport that prevents me from drowning. I advance to square 67.
square 64	First aid kit.	I gathered up all the medicines that were lying round the house and put them away in the first aid kit. I get a second throw.
square 65	Child next to phone with questioning look.	I don't know the number for the police and the fire service. I must learn them. I move back to square 60.

Source: "Jeu de la Santé", Belgian Red Cross. **Drafting and editing:** Loreto González.

OTHER IDEAS

IDEAS

IDEAS



OTHER IDEAS

ON THE HUNT FOR TRASH!

Original idea: REME teams, Canada and Mexico.

Complemented using *Show-and-Do*, a joint publication by the World Organization of the Scout Movement and the World Wildlife Fund.

Environmental pollution caused by the improper disposal of waste is one of the most serious problems threatening life today. The solution to this problem requires the participation and commitment of the whole community.

In this activity the children are invited to pool their efforts with those of many other Scout Groups around the world and get into the three "R's" of conservation: reduce, recycle and reuse. There are many different ways to do this - some are outlined here and together the Pack will be able to find many more.

- exhibition of "disposables": the children use photographs, press cuttings, information from conservation groups in the community and many other sources to prepare an exhibition showing how serious the problem is, and propose solutions that can readily be implemented by the community. This exhibition can be displayed at the Group meeting place or elsewhere, for example in a nearby square or a neighbourhood school.
- a "disposable" craft fair: using only disposable materials they have collected, the Pack carries out an activity that involves making original and entertaining crafts: sculptures with tin cans and plastic, dolls made from pieces of cloth and wool, cork animals, etc.
- campaign to collect, classify and recycle waste: the children can involve their families or the community around the Scout Group in this activity, by asking them to separate and classify the rubbish they produce. If they set up a proper collection system, they can transfer the waste to appropriate treatment facilities or sell it to raise funds for the Pack.
- photo safari: in this activity, the children make a map showing the places that will be visited on the safari route, go to the sites they have marked and take photos to show the state they find them in. Then they conduct a campaign to clean up the waste and take photos showing how each site looks afterwards. Then they prepare an exhibition displaying the map and the "before and after" scenes at each site.

There is no shortage of ideas... time to put on protective gloves and get to it!

THIS ACTIVITY HELPS ACHIEVE THE FOLLOWING EDUCATIONAL OBJECTIVES

Mid-childhood

I help to tidy up and clean in the places I am usually in.

Late childhood

I keep my room and the other places where I live and work clean and tidy.

JOURNEY INSIDE THE HUMAN BODY

Original idea: Matthieu Pommiers, France
and REME Coordination Headquarters.

The children are shrunk to a tiny size by a magical potion, enabling them to travel inside the human body. On their journey, which is not without its dangers and adventures, they learn about the different systems in the body, the functions of the major organs, the illnesses or diseases they could get and how to prevent or cure them. In the lungs, for example, they may be taken unawares by a sudden fit of coughing which will put them in grave danger; in the ear, they will be assaulted by the racket of automobile horns in a large city or the blast of a radio at full volume. They will recover their strength in the blood system, but will soon find themselves in hand-to-hand combat with some antibodies. Then they will creep quietly past the uterus so as not to frighten the baby growing there... With a little ingenuity, the team of leaders can think up exciting trials to make this special journey into an unforgettable educational adventure. The “bodynavts” cannot stay too long, the potion begins to lose its effects and they must find a way out soon.

This activity requires the preparation of scenery simulating a journey through the human body or some of its organs and systems. This is the most difficult part, but if cleverly dealt with, it can produce a high-impact educational experience. An expert on human anatomy is needed to help create the scenery, together with someone who has experience in designing large-scale models.

THIS ACTIVITY HELPS ACHIEVE THE FOLLOWING EDUCATIONAL OBJECTIVES

Mid-childhood

1. I try to do what older people tell me, to have a strong and healthy body.
2. I know where the most important organs of my body are.
3. I know the main illnesses that children like me can get and why.
4. I take care to keep myself clean.
5. I try to eat all kinds of foods and I never say that I don't like something without trying it first.

Late childhood

1. I have learned to work out the risks of the games I play and the things that I do.
2. I know what the main systems in my body are for.
3. I have habits which protect my health, like washing my hands after going to the toilet.
4. I am always clean and it shows, for example my hair, ears, teeth and nails.
5. I know I have to eat the right kind of food to help me grow.

GAMES NEVER SEEN BEFORE

Original idea: REME team, Mexico.

Using different materials which the leaders provide to each six, the children let their imaginations run wild to invent a game, which must meet the following basic requirements:

- it must last for a maximum of 15 minutes,
- it must use all the materials provided by the leaders,
- the whole Pack must be able to take part.

Once they have been given the materials, each six will have enough time to invent a game to meet these conditions. When their inventions are completed, the Pack assembles to play these “games never seen before”, supervised by each game's respective creators.

The most successful games can be added to the Pack's games book and, if the children wish, shared with other Packs at an area or national meeting.

THIS ACTIVITY HELPS ACHIEVE THE FOLLOWING EDUCATIONAL OBJECTIVES

Mid-childhood

1. I take part in activities which help me to grow stronger, faster, more agile and more supple.
2. I like playing sports.
3. I like to play with other children my age.

Late childhood

1. I can control my arms, legs, hands and feet better all the time.
2. I play sports, I know the rules and don't mind losing.
3. I like to play with other boys and girls and I stick to the rules of the game.

EVERYTHING IN ITS PLACE

Original idea: REME Coordination Headquarters.

Everyone has heard the expression “everything in its place”. But, although it sounds familiar to many of us, few of us put it into practice... especially not in our workplaces, our rooms or our Den. There are lots of simple and fun things we can do to keep our mementos tidy and our Pack meeting place pleasant. We just have to use our imagination.

During the week, each child thinks about something they could do to help keep the Den tidy, and proposes it to the six at the next Pack meeting. The six selects one of these ideas (the others can be kept on the list for later) and carries it out at one of the coming meetings. Looking for cardboard boxes, painting or covering them and labeling them with their contents; collecting cans in good condition and decorating them to keep pencils, coins, screws; getting wood and sanding and painting it to make shelves to keep the Pack’s hunting log, Jungle Books or the six’s comic collection; rescuing an old wardrobe to keep “treasures” and souvenirs of camping excursions; conducting a campaign to raise funds to buy a chest to keep the camping equipment... do you need more ideas? No, now it’s your turn to think what you could do to make your Den the nicest in town!

The children may use the things they make in the Den or take them home.

THIS ACTIVITY HELPS ACHIEVE THE FOLLOWING EDUCATIONAL OBJECTIVES

Mid-childhood

I help to tidy up and clean in the places I am usually in.

Late childhood

I keep my room and the other places where I live and work clean and tidy.

NO NEED TO FIGHT

Original idea: REME Coordination Headquarters.

Almost without realizing, as if it were the most normal thing in the world, we have become so used to living with violence that we fail even to notice it in everyday details. Firmly connected to the world via the television or internet, children absorb its aggressiveness on a daily basis, though they do not have the ability to offset its impact. As a way to set about dealing with this, during the week leading up to the activity, the participants are asked to look at the press and cut out a news item reporting any violent incident in their community that particularly shocks them. At the Pack meeting, the children pin their cuttings up on a board and then talk about the items they have chosen with their six, discussing why these reports had such an impact on them.

While it is important to develop the capacity to be moved by what goes on around us, it is also important to generate responses and patterns of behaviour that will avert violent conduct. With this in mind, after discussing each news item, the six selects one of them to prepare a sketch showing how the situation could have been resolved in a non-violent manner. When they are ready, the Pack sets up an improvised stage to act out each sketch. Afterwards, together, the children talk about the alternative solutions proposed and the impact the activity has had on them.

The Pack could also make a mural or sets of collages to present their work to the rest of the Scout Group. This might be a good way of closing the activity, by helping to make other people aware of these situations. The mural should be left on display for a period of time.

THIS ACTIVITY HELPS ACHIEVE THE FOLLOWING EDUCATIONAL OBJECTIVES

Mid-childhood

When something annoys me I say so without having to fight about it.

Late childhood

I sort out problems with my friends without using force.

Here I write down other ideas for Pack activities



