

# MY SOUTH AFRICAN PANDEMIC STORY

BOOK 3 (GRADES 8-12)



SOUTH AFRICAN ADAPTATION OF  
"MY PANDEMIC STORY"  
14TH ED. (KLIMAN ET AL) -  
MEDICAL DIRECTOR, THE CHILDREN'S  
PSYCHOLOGICAL HEALTH CENTRE, INC.  
MODIFIED AND AUGMENTED BY  
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*A guided activity workbook for South Africa's youth,  
families, teachers and caregivers, based on 14<sup>th</sup> Ed, "My  
Pandemic Story".*

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*Cover design: Gabriel Sieff 2020*

## **Preface to the 2021 Guided Activity Workbook: South Africa**

Children, families, and whole populations in over 200 nations are facing two mental health challenges during the COVID-19 pandemic. One is that millions of mostly older people they love are getting sick, and many are dying.

The second mental health challenge is the psychological distress related to school closures, confinement and the loss of income. The impact of the pandemic has exposed and deepened the stark reality of poverty and inequality in South Africa and other developing countries, leaving thousands of people hungry and desperate.

The experience of isolation as a result of the pandemic has resulted in increased patterns of domestic violence and hunger for many people, placing enormous physical and psychological demands on children and their families.

The challenge and burden in South Africa and all over the world, due to the loss of both *lives* and *livelihood*, is unprecedented. Children and their families are facing various degrees of trauma. We know that children and youth who are hungry, stressed, anxious and afraid cannot learn effectively. The psychosocial impact as a result of COVID-19 is further compounded by the structural and physical violence endemic to South African society. More than ever before, psychosocial support is extremely important, especially in communities that face multiple and consistent crises.

This guided activity workbook is a small step in that direction.

While the world's pandemic scientists search for better tests, treatments, cures and vaccines, parents, teachers and caregivers everywhere have the opportunity to improve their children's knowledge and understanding through the use of this workbook.

Unaccustomed as adults are in helping children face painful truths, we must do just that. With small children we can begin with small doses of truth. We need the spread of truth from government, school and family sources in order to inspire trust in children and help build mental wellbeing. Children will usually be the least physically affected by the new virus however they will suffer mentally as they lose loved ones, especially older family members. Adults will have to help their children grieve while growing up. Some children will grow up bereaving the loss of younger siblings. That is not an easy psychological task.

This simple and straightforward guide encourages learning, safety, and creative expression. In this way it strengthens mental health and wellbeing.

Through the use of this workbook we hope that our children will become curious, and informed - not only about their own lives but also about the health and wellbeing of their fellow South Africans, and more broadly, about the health of the planet.

**Gilbert Kliman, M.D., Medical Director, The Children's Psychological Health Center, Inc.**

**Adapted by the Schools Improvement Initiative (SII) for the South African context.**

## ***Guide for Parents, Grandparents, Teachers and Other Caregivers***

This book derives from evidence-based experience that has helped strengthen the mental health of children, including disaster victims. Its purpose is to give networks of children and their adult helpers ways to guide children's mental and emotional strength, promoting healthy, active coping skills.

You are part of a world, a nation and society that cares greatly about its children and their families. The 2020 pandemic caused by the novel coronavirus (COVID-19) has created one of the greatest challenges in history for all people on the planet. Responding to this challenge by working together may save hundreds of thousands of lives and at the same time help create lasting social good. As someone who works with children, it is your privilege to try to help them connect with you at a time of great importance in their lives. You may help change a stressful, possibly traumatic situation into a more constructive learning and coping experience, promoting trust, knowledge and emotional strength in the midst of disaster and confusion. Getting mentally active by speaking about painful facts and memories, and helping young people to cope is an important step. Our focus is to build strength for the future without either dwelling on, or forgetting the suffering.

This workbook is to help give "psychological first aid" right now. When you engage with children by allowing them to speak openly and honestly you will help them find their voice. Your presence, thinking and feeling together with the children can help them feel cherished and safer. The social glue provided by a family member, teacher, caring elder, friend, older student or social worker helps protect a child or any person from feeling helpless and overwhelmed. Here are some guidelines to help you create a supportive process if you are guiding a child or a group of children in the use of this book.

### **Giving children psychological "Hands" with which to work in a crisis**

The value of active coping is well known. Helplessness is one of the worst parts of some emergencies. During times of disaster or community distress like earthquakes, floods, droughts or pandemics children do better when they are given psychological "H.A.N.D.S.". The term "giving children psychological hands" is a short way of saying children must be helped to "Honestly communicate, Actively cope, Network with peers and adults, in a Developmentally Specific way." This workbook has been designed by parents and mental health professionals to help children have "hands", to develop a sense of being in some control of their own safety in the face of a large crisis.

We are taking lessons from a history of disasters and how to improve children's mental health. In schools that encouraged immediate adult-led discussion of the crisis, the children had measurably better signs of behavioral health than those in schools that avoided adult-led discussion. Learning from research during and after large-scale disasters, an adult-guided personal life history book approach for children and youth ([www.childrenspsychologicalhealthcenter.org](http://www.childrenspsychologicalhealthcenter.org)) was tested and found to be measurably effective. It has been useful for thousands of children and youth all over the world in foster care placements; wars; terror attacks; floods; storms; family crises as well as national crises. Uses have included moving from birth family to foster family; large fires; hurricanes; earthquakes; tsunamis; tropical storms and wars.

Like other disasters, the novel coronavirus pneumonia (officially called "COVID-19") pandemic can be a totally negative experience, creating only loss, fear and doubt or it can become a manageable developmental event for children and youth, stimulating learning, understanding and growth. Children and adolescents can benefit from a network of organized and thoughtful helpers at this time to give them strength to meet their personal, family and even national challenges. The nation and much of the world depend on all of us working together and thinking about how children, families, agencies, and governments can cooperate in this and other large crises. All of our futures improve when we, and our children work thoughtfully together with these issues. The pandemic is an opportunity for the world to cooperate on behalf of future generations.

This workbook is designed to help organize thoughts and emotions, and strengthen both you and the children you know, love and care for.

### **How to use the book: a message to you, the learner**

This book (Book 3) is designed for South African youth in Grades 8-10 and can be used in different ways: you can colour in the pictures, draw your own pictures, talk about your experiences and listen to parts of it while you read it. If you choose to work through the book on your own, try to complete it over a month or two. You may stop using the book for a while if you'd like to or work with any part of the book in any order you want to. Try to dwell on POSITIVE events, memories and loving times, and not only on negative and sad ones. This book belongs to you. It is your book and you are allowed to take the book home to continue working through it either on their own or with an older person/people whom you trust.

### **A message for the adult facilitator:**

If the learner who you are working with is reluctant to talk, encourage them to do a lot of colouring and drawing. You may choose to read some of the book to them, or with

them. If sections are above their understanding, use words or examples they can relate to so that you are helping them to learn and understand new words and concepts. If you are writing for them, write down exactly what they have to say. Take your time – and encourage them to take their time. If you are in a situation in which there are larger groups of children of different ages, do not exclude younger children from the discussion. For younger children, keep their time and dose of participation and emotion small, just as a medicine's dose should be small for a small child.

One of the objectives of this workbook for learners in Grades 8–10 is to encourage them to explore topics related to health and the sciences. Encourage ongoing discovery, research and exploration through finding articles and pictures in newspapers and magazines or on the Internet.

Older children might want to work on the book on their own. But they will still benefit from a teacher, parent, aunt, grandparent, student or other caring adult tuning in, showing an interest in how they are thinking and feeling about the work in this book. Children of all ages should be regularly offered adult assistance. Try hard to keep them in touch with a network of people who know them or create a school-based network of learners and teachers interested in the children's lives. Emphasize scientific facts about the virus, about tests, medicines, antibodies and vaccines, especially for older children. Explain how social distancing and the wearing of masks are proven ways to reduce the spread of infections. Many children don't understand important information such as why they must wear masks and maintain social distancing. The reasons we wear masks is to stop the spread of infections and deaths. It is extremely important that everyone understands this.

## **Use of illustrations as a coloring book, and how they help**

There are a few drawings in the book, which can be used to colour in. They are useful for everyone including adults, families, teenagers and children in a variety of ways to help strengthen normal coping during or after trauma. Children who have a preference for visual as opposed to spoken communication can draw their own pictures. The pictures can be used as starting points for discussions about the events.

Family members can work together, sometimes each colouring or drawing a portion of a picture or making a separate one. Shared colouring may help everyone feel emotional strength about the images, help them take control, feel calmer and recognize their feelings. The pictures already in the book, or those that are drawn by the learner can also be used as topics for discussion. For example, a parent or teacher could ask, "What are you feeling now?" or "What is happening in this picture?" People often express their own feelings by describing what someone else is feeling.

Teachers can use *My South African Pandemic Story* in a classroom setting, with children working individually or in small groups. This was found to be a very effective way to support group togetherness and reduce children's anxieties in times of trauma. Social support from a group helps children *and* adults cope with these challenges.

### **Adult helpers can benefit from this book**

This workbook is designed to help both individuals and groups that have suffered stress from the COVID-19 pandemic. The adult who is helping the child may also be burdened or even traumatized by some of the same events that affect the child or by having to deal with other sick or psychologically distressed people. Adults who have been traumatized in a large scale pandemic may find this book helpful because it offers a way of helping children cope in a structured manner, rather than having to invent something new. You can also use sections of it for writing about yourself. You may find that drawing or colouring the scenes may help you become calmer or help you to remember your experiences and master them. It is worth remembering that no matter how mature and strong, anyone can be emotionally stressed. But even the most traumatized people can grow through writing their history and through helping children.

### **Use by Mental Health Professionals**

Social workers, therapists and university students can use *My South African Pandemic Story* during individual, family or group sessions to supplement other treatment or psychosocial support for depressive, anxious or Post Traumatic Stress Disorder patients when the condition is due to a pandemic, isolation, or displacement of a child's living arrangements.

More information is available online at

<http://www.childrenspsychologicalhealthcenter.org/>

## About trauma

What is a trauma? It is any harmful event or experience that causes a person severe stress and very upset feelings that last for a month or more, without the person getting stronger. Living in a pandemic can be a trauma. However positive changes can come out of the experiences people have during such a challenging time. Many people get stronger rather than weaker from facing their problems. Trauma happens at one time or another to almost everyone in their lives. Trauma can occur from being displaced in a natural disaster, from a severe injury to oneself or an injury or death in the family. Trauma can come from being in a car crash or knowing someone who was in a taxi crash. Some of the worst traumas are very personal, like abuse, domestic or gender based violence, severe beatings, terrible fights, serious illnesses, extreme hunger or wartime events. The list of causes could go on forever, but the results of very different traumas are surprisingly similar.

Many people recover from a terrible event without long lasting effects. The time frame of traumatic reactions varies a lot. Sometimes children and young adults get frightened, upset or worried immediately after the event, but many get disturbed days or months later. Some have trouble sleeping or have bad dreams. They may be afraid to go to school, or have headaches, stomachaches or other problems because they are so worried. They might not even know what they are worried about. They may have trouble remembering what happened, or sometimes remember bad things that they would rather not think about at all. They might be afraid. They might have no feelings at all, becoming emotionally numb. They might not be able to pay attention or learn. Unwanted thoughts, avoidance of memories, and anxious behaviors are three categories of problems in posttraumatic stress disorder.

What are some things that help after a disaster such as the COVID-19 Pandemic?

A caring social network is vital for all children and adolescents. It helps to know there are people who can help. Even though you may have lost loved ones, other caring adults can help. The network may be siblings, friends, parents, grandparents, aunts, uncles, neighbours, teachers or therapists. Talking to trusted helpers and friends and writing about your feelings can help you feel better. Reading can also help you learn more about what to do to be safe.



## Some facts about the pandemic

In December 2019, an outbreak of COVID-19 occurred in Wuhan, Hubei Province, China and later spread to other provinces and cities in China. It then spread to other countries around the world. Scientists who study viruses with electron microscopes have found the virus came from an animal, probably a bat, in Wuhan China. Within three months from the start of the pandemic, more than five hundred thousand people became sick. Much smaller numbers died. A large number of people went to hospitals for treatment. Local hospitals in China, Japan, Iran, South Korea, Italy and other countries became overcrowded with patients who had difficulty breathing. Millions throughout the world were getting sick and hundreds of thousands died. Many patients had to choose self-care and self-isolation. New hospitals were rapidly built and others were expanded all over the world. Many health workers were suddenly overburdened with the risk of infection because they did not, and in some cases still do not have adequate personal protective equipment (PPE).

In December 2020 a new variant of the virus was discovered in South Africa called the 501.V2 variant. The new variant made the virus more easy to spread and more severe.

The pandemic has disrupted many nations and millions of people's daily lives in different ways: loss of jobs and income, lockdown, school closures, splitting up families, hunger, school closures, shortage of masks and panic about the disease. There have been constant news reports about the increasing spread or new waves of infections and deaths. Many people have lost loved ones and friends.

Long distance travel was restricted. Many schools around the world were closed. Many universities were closed too, and started to teach classes online. Sports events were cancelled or held without fans in the stadiums.

Many people have lost jobs and thousands of South Africans are hungry. All of these changes are difficult to deal with, and we will be able to deal with them only with help from families, friends, teachers and local and national governments.

This pandemic is one of the most serious challenges in world history. Our young people must become educated and be part of the solution to this challenge. Fortunately, the youngest people are likely to be healthy even if the virus reaches them. All the latest research shows that children (especially those who are generally healthy) are not affected as much as adults, and that if children contract the virus, the majority will have mild symptoms, will not need to be hospitalized and will recover fully. But they have to be very careful not to spread the virus to their older family members and neighbours. It is the very oldest people and those who are already sick

with other diseases that are likely to need medical care.

Tens of thousands of medical workers have volunteered to help during the pandemic. Civil servants, community workers, neighbourhood committees, police, teachers, psychosocial counselors and therapists, volunteers and others have all given a helping hand to provide support for those affected by the pandemic and to provide the daily necessities of the affected people.

Good news: from the beginning of 2021 most countries around the world have been able to access vaccines to protect them against severe infection. It is predicted that when enough people are vaccinated in a country, they will become immune to the virus.

## **More facts about the pandemic of 2019-2021**

The pandemic started in December 2019. COVID-19 makes people sick in their whole bodies but especially in their blood and lungs. It makes it hard for people to breathe.

The virus started in animals and jumped to human beings. Then human beings spread it to each other. People without symptoms (asymptomatic) or with symptoms that seem like just a cold or mild flu can also spread the virus. Droplets from sneezing, coughing, laughing and singing spread the virus from person to person, which is why in South Africa (and in other countries) it is compulsory to wear masks when we leave our homes.

The virus is quiet for a while in each person. That is called "the incubation period". The incubation period lasts for 1-14 days. Based on the cases under treatment, most patients get better. Probably less than 100 people die out of every 1000 people who get sick enough to go to the hospital. Those who die are usually elderly, are already sick or have underlying health conditions (comorbidities) such as TB, HIV, diabetes or hypertension, and those who need help from breathing machines called "ventilators". Children usually survive, but they can spread the virus to other people.

A study by the University of the Witwatersrand showed that approximately one-third of South Africans suffer from hypertension. South Africa has the highest prevalence of hypertension in southern Africa. In addition, over 4.5-million people in South Africa have diabetes and over 70% of women and 40% of men are overweight or obese. All these factors are considered to be comorbidities in the COVID-19 pandemic and place South Africa at a higher risk than many other countries around the world.

## The pandemic and lockdown in South Africa

The South Africa government responded swiftly to the global pandemic.

On the 30 January 2020 the World Health Organisation declared the outbreak of the infection a "Public Health Emergency of International Concern", and on the 15 March 2020 President Cyril Ramaphosa, declared COVID-19 a national disaster in South Africa.

On the 15 March President Ramaphosa announced that the country would go into a hard lockdown for 21 days, starting at 12.00 a.m. on Thursday, 20 March. Then on the 9 April, the president announced that the lockdown would be extended until the end of April. The lockdown measures, which were enforced by police and the army in some areas, stated that South Africans were not permitted to leave their homes except to seek medicine or medical care, to buy food and supplies or collect a social grant. The sale of alcohol and cigarettes was prohibited.

From Wednesday 18 March all schools in South Africa were closed. While learning material was made available online, on the radio and on television channels, thousands of learners were not able to continue with their school work at home as the majority of learners in South Africa do not have access to data, stable connectivity or the necessary devices to access online learning. The impact of the lockdown has been severely felt in disadvantaged communities, with the realities of poverty and inequality becoming ever more stark. Many children and their families have experienced severe hunger. In the Western Cape, the Education Department (WCED) normally feeds approximately 485 000 learners daily when schools are open through the national feeding scheme. Although during lockdown, Emergency Feeding Schemes were put in place, these did not always work according to plan. Families therefore had to step in to provide food. This has created an enormous burden for them, as many were not earning an income during lockdown. Food security became one of the major challenges for many South Africans.

In April 2020 President Ramaphosa announced the "Risk Adjusted Strategy" for a phased reopening of the economy. He said the National Coronavirus Command Council (NCCC) would determine the appropriate lockdown level based on how fast the coronavirus had spread and the capacity of the country's healthcare system. Wearing of masks became compulsory when leaving home.

On the 19 May 2020, the Minister of Basic Education, Angie Motshekga, MP, announced that schools would re-open for Grades 7 and 12 on 1 June 2020. It was mandatory for schools to implement health and safety measures including social distancing, thorough

cleaning of surfaces and classrooms, hand sanitizing and frequent washing, wearing of masks, daily screening and taking of temperatures. A “trimmed curriculum” was prepared according to a “school recovery plan”. Plans for the remaining grades were announced in June. Concessions were made for teachers and learners with comorbidities, and a special letter requesting that these individuals should stay at home, had to be submitted to the WCED. By the 1 June, it was found that many schools were not ready to receive learners, as they had not been given the necessary personal protective equipment (PPE). School reopening was therefore postponed for a further week.

Saving lives in South Africa has come at an enormous cost to the economy. The National Treasury estimated that the country could lose up to seven million jobs if the economy was not allowed to reopen – pushing the unemployment rate from 27% to over 50%. For this reason, from the 1 June 2020 the country was moved to Lockdown Level 3.

One of the main reasons for the lockdown in South Africa and elsewhere has been to “flatten the curve”. Although only severe cases need to be hospitalized due to patients needing oxygen and ventilators (special breathing machines), hospitals are short of those machines and are short of beds and personal protective equipment (PPE) for the medical workers. That is a big problem, especially in a country such as South Africa where there are already limited medical resources in some of the more rural hospitals. Doctors, nurses and hospital workers are on the frontline, and if they get sick all the rest of us lack enough care.

In South Africa, the nationwide lockdown helped flattened the Covid-19 curve, allowing the country time to reinforce its healthcare infrastructure. This was the intention of the Health Minister, Dr Zweli Mkhize and his health advisors.

## Important details of other pandemics:

Infectious diseases are diseases people get from other people. They are caused by germs and viruses that can spread from person to person, animal to person, or person to animal. Animals can start spreading diseases.

In history, infectious diseases have caused large outbreaks among humans.

The following table is a brief record of several pandemics in history and within recent decades:

Time	Place and Event	Casualty
430B.C.-427B.C.	The great plague of Athens.	One third of the population of Athens, Greece got sick and died.
541A.D.-542A.D.	The Justinian plague of the Mediterranean.	The Byzantine empire lost roughly 20-25% of its population.
1347A.D.-1351A.D.	Second plague pandemic (black death).	Nearly a third of the European population died.
1918A.D.-1919A.D.	"Spanish" flu, which actually started in the middle of the United States and spread to the whole world.	About 1 billion people worldwide were infected, and between 25 and 40 millions of people died. Its global average fatality rate was about 2.5-5%.  This was caused by a coronavirus, which is related to COVID-19 but is not exactly the same.
2003A.D.	SARS coronavirus influenza	More than 8000 cases and 349 deaths.
2009A.D.	The Influenza A,H1N1 virus	About 18,500 people died worldwide.
2018A.D.-2020A.D.	Ebola pandemic of The Democratic Republic of the Congo	By the end of 2019, the Ebola pandemic caused more than 2000 deaths. It was caused by a coronavirus, related to COVID-19 but not the same.
It is believed that TB has been in South Africa since the 1800s	Tuberculosis (TB)	TB is a serious public health issue in South Africa. About 450 000 people develop the disease every year, and 270 000 of those are also living with HIV. TB is South Africa's leading cause of death. About 89 000 people die from it every year; that's ten people every hour.
2020A.D.	HIV/AIDS	See more information below

## HIV/AIDS

South Africa has the largest HIV epidemic in the world, with 7.7 million people living with HIV, mostly concentrated in the township areas. Incorrect traditional beliefs about the epidemic have led to stigmatizing of the disease and have resulted in sexual violence. HIV is one of the most stigmatised diseases in history, which results in poor mental health outcomes among children (Boyes and Cluver, 2013).

South Africa has made huge improvements in getting people tested, in education efforts and prevention programmes. However many children have become AIDS orphans as a result of losing one or both parents through HIV-related illnesses. Research has shown that AIDS orphans are more vulnerable to psychological trauma as a result of poverty, malnutrition, stigma, exploitation, sickness, and sexual abuse.

Older learners can find out more about the various pandemics by researching the information in the school library, public library or on the Internet. Scientists of many nations have contributed useful information to this field. Among those reading this book are future scientists, epidemiologists, doctors, paramedics, health care workers and nurses who will do research in the fields of infectious diseases, public health, and medical care. You will be able to help our future generations to understand diseases and prevent them in a better way, so that they can live in a safer home and a safer planet.

### ***YOUR STORY IS IMPORTANT***

Historians as well as scientists are interested in the records of great pandemics that happened in the past. You are an eyewitness to a great pandemic. You had, and have first-hand experience. Your personal story is part of the shared experience of your whole community and nation about what happened in South Africa in the 2019–2020 pandemic.

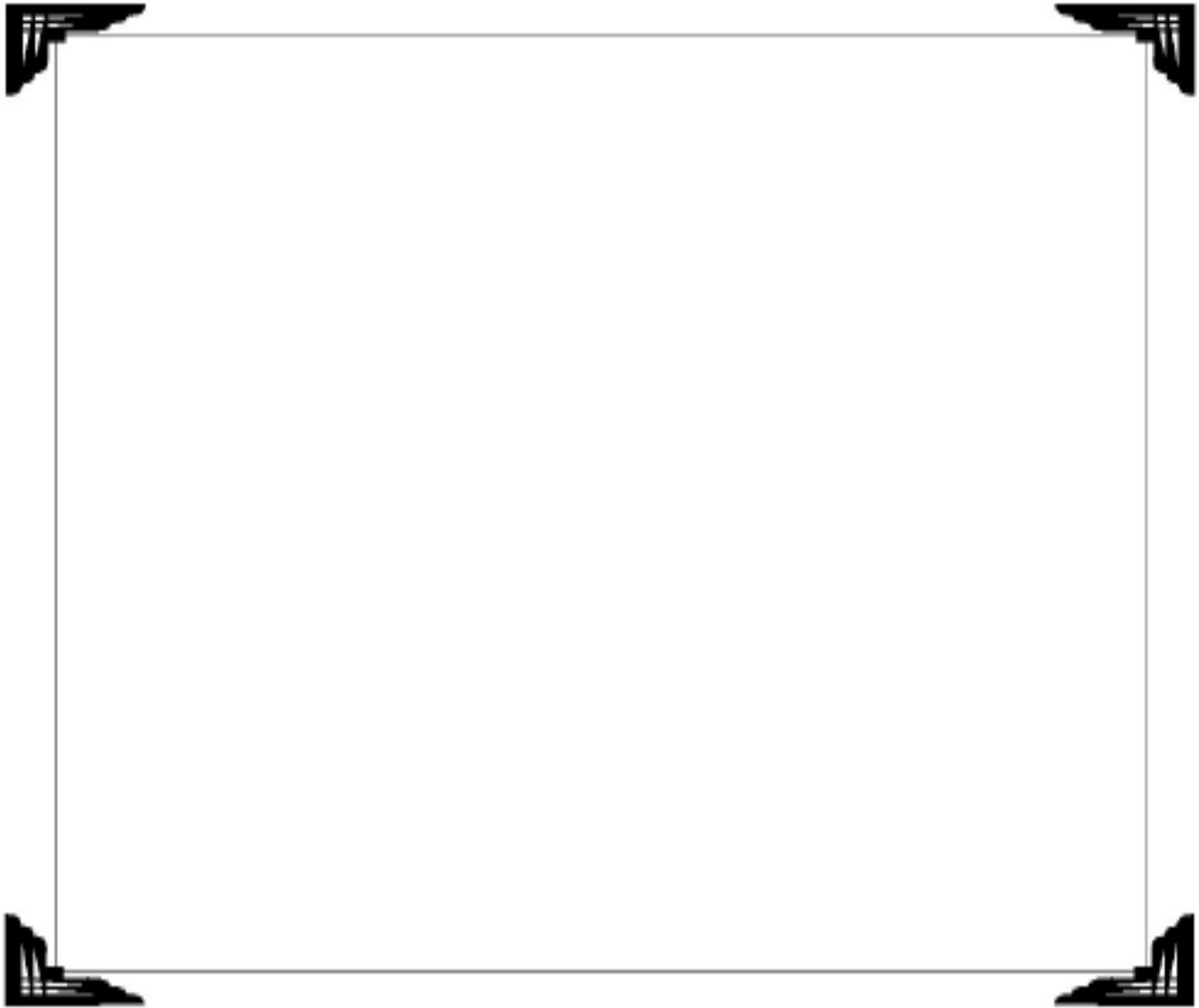
Your story is a historical record of a big event that affected millions of people. Your true story and the stories of others make history.

Every day there are new stories about what people did to help each other during and after the pandemic. You can put those stories in your book when you hear about them.

## MY SOUTH AFRICAN PANDEMIC STORY

My name: \_\_\_\_\_

*A self portrait (drawing of me)*



The date I started this book is: \_\_\_\_\_

The date I finished this book is: \_\_\_\_\_

## WHO I AM

My birthday is: \_\_\_\_\_ Age: \_\_\_\_\_

The people who usually live with me are: \_\_\_\_\_

Some things I like to do are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

One thing I don't like doing is: \_\_\_\_\_

Some things I am good at:

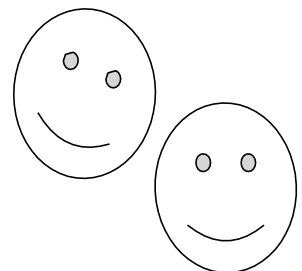
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Something I want to learn more about is: \_\_\_\_\_

\_\_\_\_\_

When I leave school, I think I would like study: \_\_\_\_\_

\_\_\_\_\_





If I could have one dream to come true right now:

Write inside the  
star



Here is more space to explain your dream:

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Some things I enjoyed doing with members of my family before the pandemic:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*Here is a picture of something I liked to do before the pandemic*



My best friends are:



This is what I like about them:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Some of the things I enjoy doing with my friends:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*A drawing of me with a very good friend*



## *About My School*

The name of my school is:

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What I like most about school is: 

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*A picture of my school or classroom before the pandemic*



*A picture of my school or classroom AFTER the pandemic*



*The most awful things about the pandemic:*

For me the worst thing about the pandemic is:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

People I personally know who were made sick by COVID-19 are:

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People I personally know who got over the virus are:

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This is a true story of someone I know during the pandemic:

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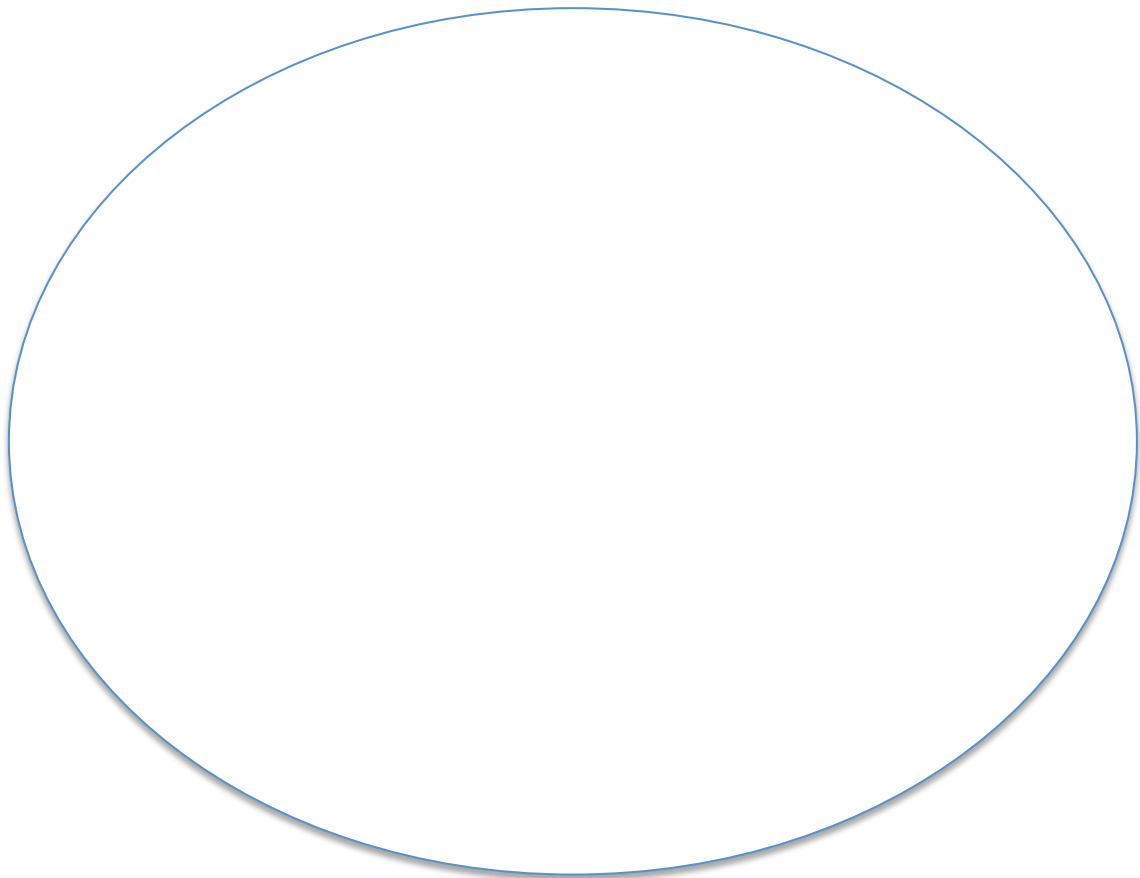
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The worst feeling I had about the story was:



When I had to wear a mask when I went out I felt:

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When they told me to wash my hands I felt:

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Most of the time I needed to stay at home and I felt:

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When I heard news that some sick people had died I felt:

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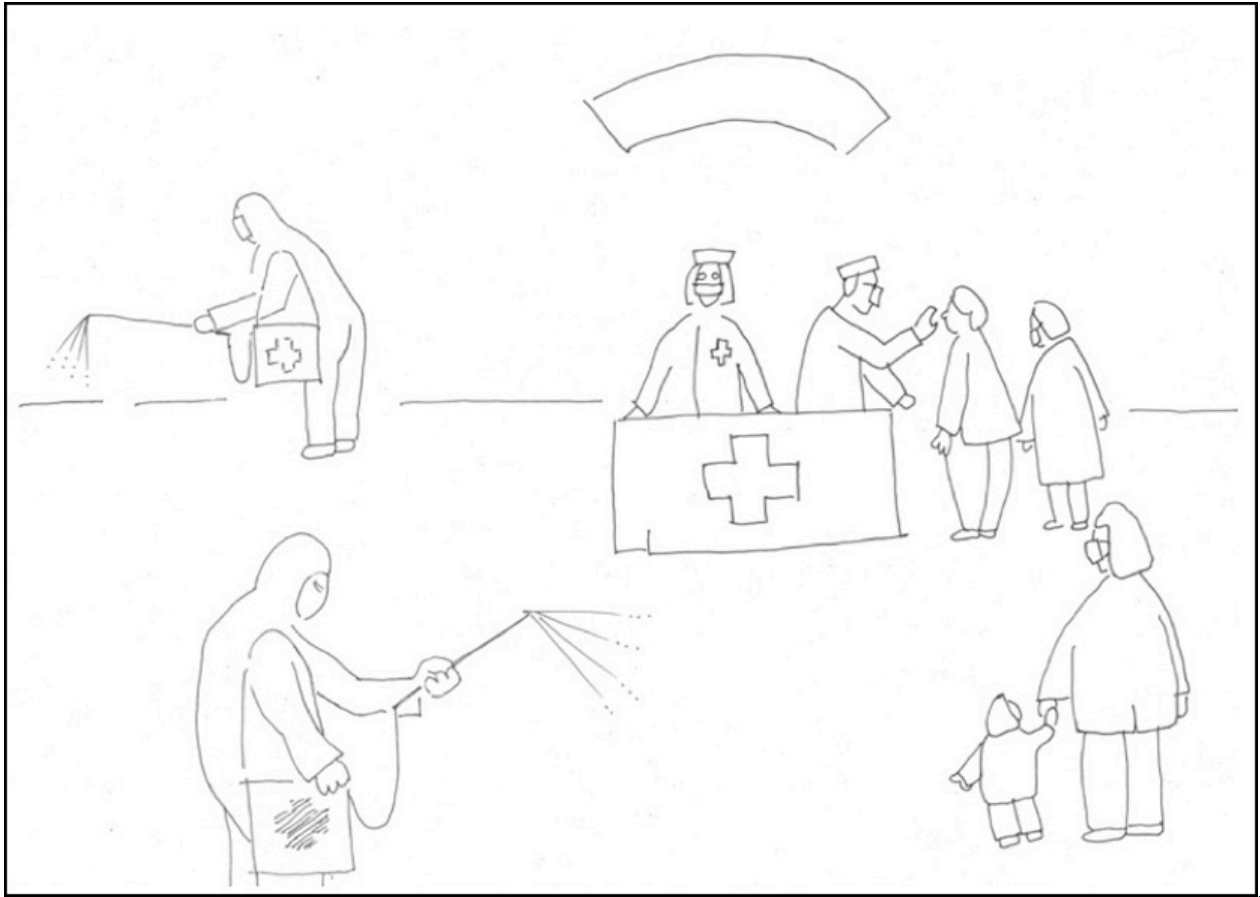
When I heard news that many sick people had recovered I felt:

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*Some measures used to stop the spread of the virus*



This picture makes me think about, and feel:

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## Problems and worries, if any

My biggest problems or worries now are:

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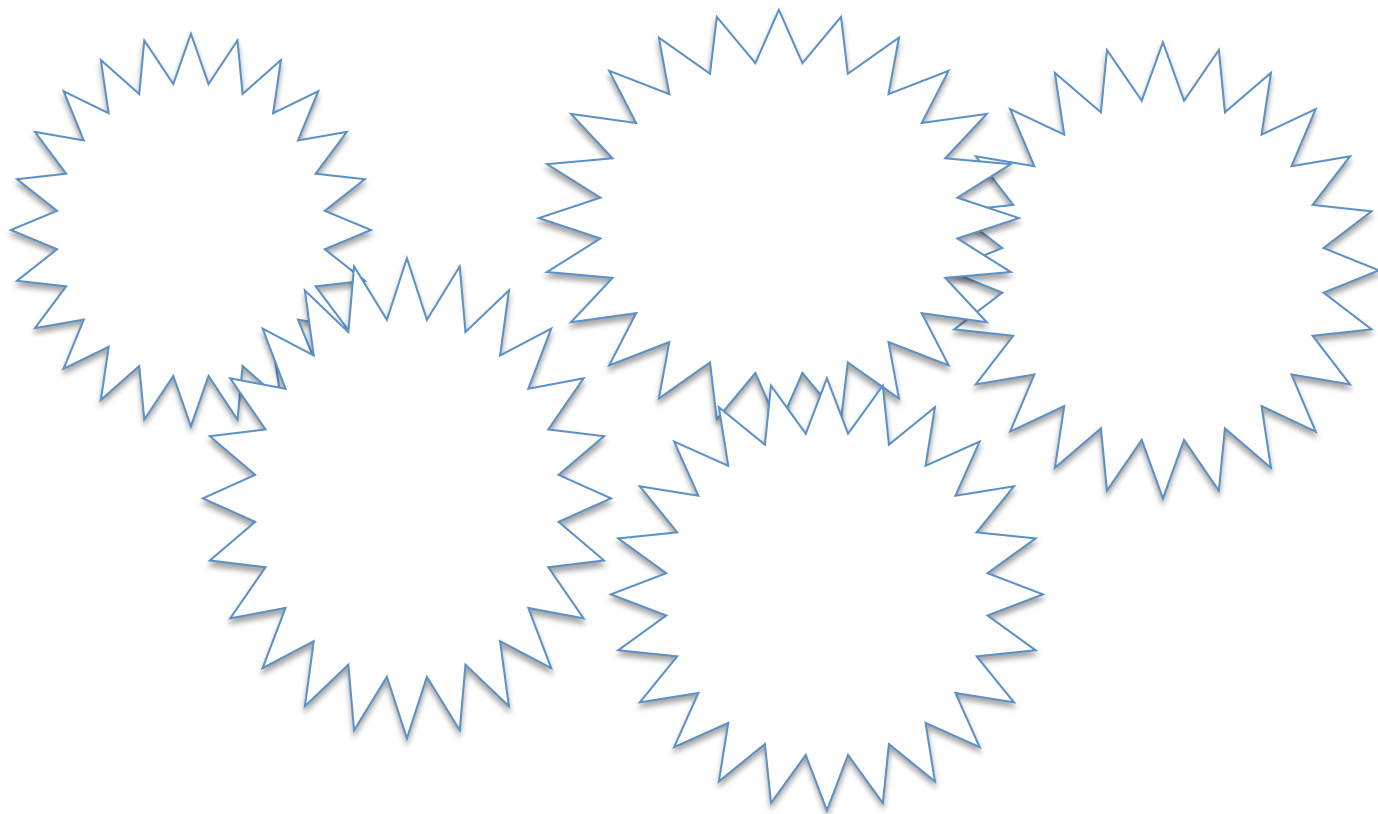
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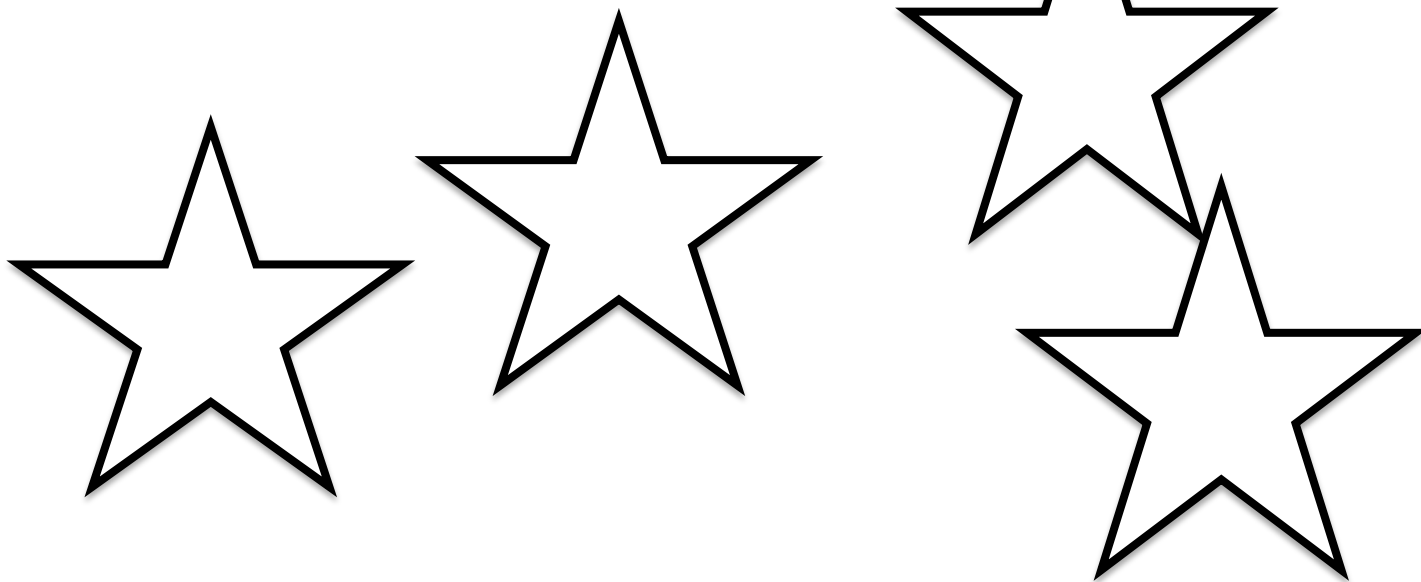
Some people who I can talk to about these are:



My list of things that make me feel better:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

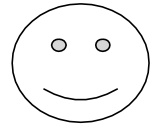
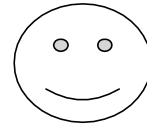
The things I am really good at:



Here are some things I want to learn to do better:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## My General Health



*Circle the correct answer*

1. I do have some troubles with my health.
2. I don't have any troubles with my health.

If you do have any health troubles, write them here:

My health troubles are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*Circle the right answer (better, worse or the same):*

1. Mostly, these troubles are now: better /worse than they were a year ago.
2. These troubles are now the same as they were a year ago.

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The last time I went to the clinic was: \_\_\_\_\_

## **Gaining control over my inner life and feeling safe:**

Taking action to help others helps you realize you have power to make an important difference. Learning about how to stay safe helps everyone.

## **Expressing Appreciation For Help From Others:**

1. You might want to write personal thank you notes to health care workers for their work to fight against the pandemic.
2. You can write a thank you note or a drawing to someone who helped you personally during the pandemic or to people who are helping you now.

## **Other ideas about things I can do:**

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## **Positive things about myself during the pandemic:**

This is what I've learnt about myself that I am proud of:

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If I had a younger brother or sister this is what I would say to support them:

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This is how I comfort myself sometimes to help me feel strong:

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A picture of me comforting a younger sibling, cousin or friend:



## **Actions that can be taken to be helpful and to grow in strength**

Besides working on this book, there are other things you can do about your thoughts and feelings regarding the pandemic:

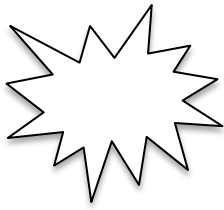
- \* You can use a public library or do an online search to learn more about pandemics, infectious diseases, epidemiology and medical treatment. Learn about related sciences and which universities or colleges teach such sciences. Your librarian, library assistant, teacher or student can assist you with these searches.
- \* If it is safe enough, you might be able to volunteer to help at an organisation in your community. By helping others, we can feel better within ourselves.
- \* With permission, you could paint a pandemic story mural on a public wall.
- \* You can write down your thoughts and suggestions on how to protect yourself, your community and your home.

## **Safety awareness and being prepared: what you should know**

Here are some safety practices and other ideas about how to be prepared and stay safe in the pandemic:

1. Stick to regulations linked to the various stages of Lockdown.
2. Stay one and a half – two meters or MORE away from others if you can when you are in public places such as supermarkets, schools and taking public transportation.
3. Avoid touching your mouth, nose and eyes with your hands. The virus can enter only through mouth, eyes, or nose!!
4. It is compulsory for every South African to wear a mask when leaving your home. The mask should be washed every day. Do not touch the outside of the mask as the virus can be spread to your hands.
5. Use good personal hygiene.
6. Keep hands clean at all times, especially after being in public, using the toilet or before eating. Always wash hands with running water and soap for at least 20 seconds each time. Clean under nails. Use hand sanitizer if you're not at a place where you can wash your hands or after returning from public places.

7. Cover your nose and mouth with your elbows and sleeves when sneezing or coughing.
8. Keep the house clean. Frequently open the window for ventilation. Do regular disinfecting and cleaning of surfaces.
9. Do not spit on the ground. Wrap nasal and mouth secretions in tissue paper and dispose in covered rubbish bins.
10. Monitor your health. Take your temperature if you feel you have a fever. Go to the clinic if you have a fever, cough, throat pain, chest tightness, shortness of breath, weakness, muscle pains, loss of taste or smell.
11. People who have been in close contact with patients infected by COVID-19 should be in isolation at home. They need to be free of any temperature or other symptoms for 14 days before leaving home, starting from the day of last contact with infected people.
12. If you must enter a sick person's space, wear a protective mask. Do not touch the mask during the visit. When any direct contact happens, one should clean and disinfect oneself immediately.



## BULLETIN FOR JUNIOR SCIENTISTS

For learners who want to explore more about the sciences:



Viruses much like COVID-19 caused many big sickness outbreaks of the past 100 years: the flus of 1918, 1957 and 1968; and SARS, H1N1, MERS and Ebola. These diseases are “zoonotic”. That “zoo” in the word means they have moved from an animal population into humans. They are “RNA” viruses. That means they can only live in a host animal. Left alone outside an animal, a virus will stop growing

RNA viruses are very contagious (very easily spread mostly by direct contact) from one person to another and very hard to stop when people keep spreading them. Wearing masks, washing hands properly and keeping a distance between people helps stops the spread of the virus.

When viruses encounter a host (vector), they use proteins on their surfaces to unlock and invade its cells. They take control of those cells to produce many many more copies of the viruses. Inside a cell, a virus can make 10,000 copies of itself in a matter of hours! Within a few days, the infected person will carry hundreds of millions of viral particles in every teaspoon of his blood.

Highly lethal viruses like SARS and Ebola tend to burn themselves out, leaving no one alive to spread them. COVID-19 viruses don’t kill everyone, so they keep on spreading.

But a virus that kills only a fraction of its victims can perpetuate itself indefinitely (keep itself going). One 2014 study found that the virus causing mouth sores has been with human beings for millions of years.

**More news for young scientists: You can save lives by knowing this fact**


Doctor groups are recommending testing and isolation for people who lose their ability to smell and taste, even if they have no other symptoms. Anosmia, the loss of sense of smell, and Ageusia, (say it as “a goose ya”) are things most people don’t know about. You can educate others. Ageusia, loss of the sense of taste, and anosmia have emerged as peculiar telltale signs of COVID-19. “We really want to raise awareness that this



is a sign of infection and that anyone who develops loss of sense of smell or taste should self-isolate," Prof. Claire Hopkins, president of the British Rhinological Society, wrote. "It could contribute to slowing transmission [spread of the disease] and save lives."

**Get ready to be a scientist.** Learn new ideas and hard vocabulary words:

### **Vocabulary:**

Electron microscope	A super powerful microscope	
Anosmia	Lack of a sense of smell	
Ageusia	Lack of a sense of taste	
Virus	A germ that can only grow inside a creature	
Corona	A crown shape	
COVID-19	A new illness from a virus with a crown shape	
Comorbidity	A chronic health condition or a concurrent illness which could result in making the illness worse in co-occurrence with Covid-19.	
Epidemic	Many people are sick	
Pandemic	Many people are sick in many countries	
Endemic	The sickness keeps happening in a region	
Zoonotic	The germ or virus comes from an animal	
Respiratory	The breathing system, especially the lungs.	
RNA	One of the building-blocks of living things. The COVID-19 is made of RNA.	
Lethal	It kills.	

**Antibody** A complicated chemical in the blood that proves you had the virus and might show you are immune. Scientists are working hard and fast right now to develop tests to find out who has antibodies for Covid-19.

## **GUIDELINES FOR SUPPORT**

Learners needing any psychosocial support (wanting to just talk to someone privately about anything/including facing any difficulties or challenges (*Abafundi abadinga nayiphi na ingqondo (ngokufuna ukuthetha nomntu ngase ngayo nantoni na / kubandakanya ukujongana nobunzima okanye imiceli mngeni*), see contact numbers below.

### **DO NOT PANIC:**

You need to know that the Department of Education (DBE) has said that they are putting into place return to school, 'recovery' plans that aim to ensure that all learners are taught what they need to know within this year.

### **WHAT YOU CAN DO:**

1. Try to 'stay connected' to school life.
2. This does not mean that you have to be in touch with the school if you are not able to do so.
3. Rather, it means that you can do things that will help you not forget what you have already learnt.
4. Regularly revise and memorise what you have previously learnt by: reading and understanding texts, completing written tasks and practicing Maths and Science calculations.
5. These can help you prepare for when we all return to school.

**Keeping yourself connected to your normal life as much as possible or doing as many of your regular activities as possible can be helpful.**

#### **A. Possible signs that you may be finding it challenging to cope:**

1. **Feeling sad or crying when there is no apparent reason** (Ukuziva ulusizi okanye ulile xa kungekho sizathu sivakalayo).
2. **Anger and frustration when there is no apparent reason** (Umsindo kunye nokukhathazeka xa kungekho sizathu sibonakalayo).
3. **Not taking part in activities you would usually enjoy at home** (Ukungathathi inxaxheba kwimisebenzi abanokonwaba ekhaya).
4. **Loss of interest in spending time with family or friends via social media** (Ukungathathi inxaxheba kwimisebenzi abanokonwaba ekhaya).

5. **Tiredness and loss of energy** (Ukudinwa kunye nokuphelelwa amandla).
6. **Sleeping too much or struggling to sleep** (Ukulala kakhulu okanye ukusokola ukulala).
7. **Changes in appetite** (Utshintsho kumdlu wokutya).
8. **Angry outbursts, disruptive or risky behaviour** (Ukuphuma ngengqumbo, isenzo esiphazamisayo okanye esiyingozi).
9. **Self-harm** (e.g. cutting, burning, or otherwise hurting themselves (Ukuzenzakalisa (umz. Ukuzisika, ukutshisa, okanye ukuzenzakalisa).

**B. Learners need to know that:**

1. **If you are unable to get hold of a teacher you can try and get hold of SAPS if you feel you believe the risk is high** (*Ukuba awukwazi ukubamba utitshala okanye unontlalontle unokuzama ukubamba i-SAPS ukuba uziva ngathi uyakholelwa ukuba umngcipheko uphezulu*).
2. **Alternatively contact community organizations** (*Nxibelelana neminye imibutho yabahlali*):

### Service Providers and Contact Details

Service provider	National or provincial	Types of service	Contact number
South African Police Services	National	Report a crime	08600 10111
South African Depression and Anxiety Group (SADAG) - ADHD	National	ADHD Helpline	0800 55 44 33
Child Welfare South Africa	National	Report child abuse or neglect	0861 452 4110
Childline South Africa	National	Report child abuse or neglect	08000 55555
Police Child Protection Units	National	Report child abuse or neglect	10111 childprotect@saps.org.za

Gender Based Violence Command Centre	National	Gender based violence helpline (GBV)	0800 428 428 *120*7867#
Gender Based Violence Command Centre	National	GBV helpline for the deaf and disabled community	Helpme GBV SMS 'help' to 31531

South African Depression and Anxiety Group (SADAG)	National	Helpline for mental disorders, anxiety, depression and suicide	0800 456 789 0800 567 567 (suicide hotline)
CIPLA 24-hr Mental Health Helpline	National	Helpline for mental disorders, anxiety, depression and suicide	0800 456 789 WhatsApp: 076 88 22 77 5
National Crisis Line	National	National Crisis Line 24 hour telephonic counselling service dealing with all forms of abuse, HIV/AIDS, bereavement, suicide and eating disorders	0861 322 322
South African Police Services	National	Report a crime	08600 10111

**Protect**  
yourself and others against  
**COVID-19**

**Cover your coughs or sneezes with tissues or your elbow**

**Put your used tissue in the rubbish bin or in a plastic bag**

**Wash and dry your hands often, especially after coughing or sneezing – use soap or hand sanitiser**

**Stay away from others if you're unwell**

**COVID-19 HEALTH ADVICE**  
0800 358 5453

health.govt.nz/COVID-19  
**Protect your family/whānau from COVID-19 (coronavirus)**  
New Zealand Government

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## **ACKNOWLEDGEMENTS**

### **The Original Writers of 'My Pandemic Story'**

**Gilbert Kliman, M.D.**, is Director of The Children's Psychological Health Center in San Francisco, California. He has 50 years of experience in psychological disaster response. He is the founder and former director of the nation's largest situational crisis facility, the non-profit Center for Preventive Psychiatry in White Plains, New York. He and that Center's staff helped many thousands of severely stressed persons following deaths, injuries, and violent experiences including aircraft accidents, floods and tornadoes, urban crimes and homelessness. Author of Psychological Emergencies of Childhood, he pioneered the concept of "psychological immunization" by small doses of honest communication. Recipient of over 40 service and research grants and Editor of The Journal of Preventive Psychiatry, in addition to over 70 scientific articles, Dr. Kliman wrote Responsible Parenthood with Albert Rosenfeld. That book won an international literary prize for "world's best book concerning the well-being and nurture of children." He is the inventor of Reflective Network Therapy for children in classroom groups, and the creator of manuals for carrying out that therapy and its short form called The Guided Activity Workbook Method. He recently won the Dean Brockman Award for his Unifying New Theory of PTSD, the 2016 Anna Freud Award for his preschool research and service, and in 2020 the first Humanitarian Award of the American Psychoanalytic Association. See [www.childrenspsychologicalhealthcenter.org](http://www.childrenspsychologicalhealthcenter.org) for a fuller description of his work and that of the agency he directs.

**Anne Kuniyuki Oklan, R.N.**, the first illustrator of much of the original My Earthquake Story workbook, is a nurse as well as a parent-child and family therapist and psychological Coach.

**Edward Oklan, M.D., M.P.H.**, A child and family psychiatrist and Assistant Clinical Professor of Psychiatry at the University of California, San Francisco. Dr. Oklan specializes in work with children, adults and families who have experienced severe psychological trauma, and practices in Marin County.

**Harriet L. Wolfe, M.D.** Dr. Wolfe was President of The San Francisco Center for Psychoanalysis, a Director of Education for the Department of Psychiatry at San Francisco General Hospital, and President of the American Psychoanalytic Association. Currently she is Clinical Professor of Psychiatry at the University of California, San Francisco and President-elect of the International Psychoanalytical Association.

**Agencies that collaborated to help make this guided activity book available to children, families, teachers and caregivers:**

1. The Children's Psychological Health Center, Inc.,  
([www.childrenspsychologicalhealthcenter.org](http://www.childrenspsychologicalhealthcenter.org)), San Francisco, California.  
94115. See their series of disaster response guided activity workbooks.  
Gilbert Kliman, MD, Medical Director (see above)
2. China American Psychoanalytic Alliance (CAPA)  
([www.capachina.org](http://www.capachina.org); [www.capachina.org.cn](http://www.capachina.org.cn))
3. Elise Snyder, M.D., President: Clinical Associate Professor of Psychiatry at  
Yale School of Medicine. In 2012 she received the American Society of  
Psychoanalytic Physicians: Sigmund Freud Award and also the 2012  
American Academy of Psychoanalysis and Psychodynamic Psychotherapy  
Presidential Award.
4. You Chen, M.D.: Psychiatrist, psychotherapist, Director of Community  
Mental Health Department, Shanghai Yangpu Mental Health Center,  
CAPA Basic Program graduate
5. Ping Hu: Counselor in Wuhan; psychoanalyst candidate in Chicago  
Psychoanalytic Institute, CAPA Supervision Program graduate
6. Maranda Sze, Ph.D.: Counselor in Shenzhen & Hong Kong, psychoanalyst  
candidate in Chicago Psychoanalytic Institute, CAPA Supervision Program  
graduate
7. Xijie Yang, Ph.D.: Vice Professor of National Institute of Education Science,  
PRC, CAPA Basic Program graduate

**Contact information, USA: THE CHILDREN'S PSYCHOLOGICAL HEALTH CENTER, INC.**

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**Other publications**

The Children's Psychological Health Center publishes other Guided Activity Workbooks similar to My Pandemic Story. Other publications include My Earthquake Story, My Sichuan Earthquake Story, My Story About Being Homeless, My Story About My Shelter Home, My Fire Story, My Tornado Story, Tormenta del Stan, and My Personal Story about Hurricanes Katrina and Rita, This is a series of trauma related, guided activity workbooks for children, families and teachers coping with severe stress. Licenses for mass copying are available to governments and nonprofits. Treatment for preschoolers is described and manualized in Kliman, G. 2011 Reflective Network Therapy. Universities Press of America hardcopy available on amazon.com and as a Kindle book.

See the *Disaster Relief* section of our agency's website to learn more. Tax deductible contributions welcomed and needed at  
[www.childrenspsychologicalhealthcenter.org](http://www.childrenspsychologicalhealthcenter.org) or  
<https://donatenow.networkforgood.org/defaulturl-21587>

## South African Adaptations:

### Front cover image

Gabriel Sieff, Grade 10 High School Student, Cape Town, South Africa.

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<sup>i</sup> Jennifer Davids: M. Sc. (Clinical Psychology, UCT) Director, Africa Projects, Children's Psychological Health Center, San Francisco. Jennifer is a child, adolescent and adult psychoanalyst trained at the Anna Freud Centre where she worked for over 20 years and, then at the British Psychoanalytical Society in London, where she is a Fellow and supervising analyst for child and adolescent psychoanalysis. She lives and works in London. She has taught and published internationally including a book *The Nursery Age Child*, Karnacs (2010). Jennifer is a member of The IPA in Health committee.

<sup>ii</sup> Patti Silbert: PhD (UCT) is Project Manager of the Schools Improvement Initiative (SII), in the Schools Development Unit, School of Education at the University of Cape Town (UCT). The SII is one of UCT's social responsiveness initiatives, which partners with five schools in the Western Cape township of Khayelitsha. Patti's main interests are developing holistic, integrated school improvement models through partnership, interdisciplinarity and collaboration. She has published internationally, and is first editor of the book: *Partnerships in Action: University-Community-Schools* (Silbert, Galvaan & Clark, 2018, HSCR Press).

<sup>iii</sup> Tembeka Mzozoyana: BSW (UCT) is a Social worker and Schools Wellness Centre coordinator for the Schools Improvement Initiative (SII) at UCT. The SII works in close partnership with the Metro East Education District and partners with five schools. Tembeka is a member of the Khayelitsha Eastern Substructure Adolescent & Youth Health Services Forum and has been a student supervisor for the UCT Department of Social Development (Social Work) for the past 7 years.

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