NEW DIRECTIONS FOR CHILD-TO-CHILD

Ideas and experiences from a consultation meeting held in Cambridge, England in March 2002

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Dedication

The editor and co-authors would like to dedicate this monograph to all children who seek to promote health and those who work in true partnership with them.

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Chapter 1 Introduction
Pat Pridmore

1.1 About this book

The purpose
This publication brings together experiences from around the world to show how children have been able to promote health using an approach known as Child-to-Child. These experiences have been analysed to identify the lessons learned for developing good quality, action-oriented health education with children and raise questions to help us move forward.

The audience
This publication will be of interest to planners and practitioners who are looking for ways to improve the quality of health education with children. It also provides a useful introduction to building effective partnerships with children for students of international education and health promotion.

The process
Over the last 20 years the Child-to-Child Trust based in London has periodically brought together people from organisations around the world that promote the Child-to-Child approach in order to exchange ideas and experiences and seek new opportunities to develop good practice in health education with children. The most recent consultation was held in Cambridge in May 2002. Participants came from a range of international, national and local NGOs, donor organisations and universities. They included people with long experience of Child-to-Child as well as people with less experience who were working on innovative programmes in areas of key interest.

In addition to sharing ideas and experiences, this consultation explored how the London-based Child-to-Child Trust could devolve key aspects of its international role to organisations such as the Arab Resource Collective in Cyprus and Lebanon and CHETNA in India, both of which are well established Child-to-Child resource centres for their regional networks. Other organisations, such as HAS in Pakistan and KANCO in Kenya, are currently building their resource capacity and an interim role for the Trust could be to help strengthen the capacity of these regional centres to support the network.

'For me the workshop process was the best part.'

This quote from one of the participants at the consultation reflects the way in which HOW we organised the meeting was as important as WHAT we did. Our aim was to reflect the participatory ethos of Child-to-Child in the way that we planned and organised the meeting. The process of developing the programme for the meeting started with the organising group in London identifying a few key themes of current relevance to Child-to-Child and a list of organisations and people with extensive or innovative experiences to share. The list of themes was then sent out to the people/organisations identified and they were asked to add further themes and say what they would like to present a case study on. Case studies were clustered within the final list of themes.

The organising team then identified a team leader and three or four participants to present each theme based on the case studies they wanted to give. The team leader was asked to

contact his or her team members before the meeting to agree how they would run the session in an interactive way. The team leader was also asked to facilitate their session in a way that would encourage critical analysis and discussion of experience and avoid long descriptive accounts. Most of this pre-session planning was done by e-mail. Each team leader was also asked to provide a written summing-up from his or her workshop and a note taker was identified in each team to assist with this task. In addition one member of the organising committee was allocated to each group to work with the note taker to make sure that all interesting experiences and analyses were recorded and a photo-record made of the workshop.

How this publication is organised
We suggest that readers start by reading to the end of this introductory chapter which gives an overview of the Child-to-Child approach and locates the questions raised in subsequent chapters within the wider context of current issues and concerns around children's participation in health development.

Subsequent chapters present the case studies and analyses clustered around the five key themes from the consultation:
- Working with children in and through schools.
- Helping children and young people affected by HIV/AIDS.
- Promoting children's participation in health development.
- Improving early childhood care and development.
- Working with children affected by conflict.
- Reaching children who are out of school.

Each theme presents the key issues raised in the consultation, case studies of Child-to-Child practice and ideas for moving forward.

1.2 Overview of the issues

The Child-to-Child approach to health education was developed in 1978 by a group of academics and practitioners from 26 developing countries. This group was brought together in the UK by the London University Institutes of Child Health and of Education in the firm belief that health and education professionals must work together at all levels to enable children to promote health. The original idea was to teach and encourage children in the rural areas of developing countries 'to concern themselves with the health, welfare and development of their younger brothers and sisters and of other young children in the community' (Child-to-Child 1978:2). Over the last 25 years the ideas have continued to evolve in line with changing thinking in education and health development. The initial focus on better sibling care has now broadened to included the power of children to influence their own age group, their family and community. Whilst continuing to build on the tradition of children helping each other and sharing ideas Child-to-Child has increasingly sought to challenge the low position traditionally occupied by children in the social hierarchy and to promote children as citizens with rights and responsibilities for health. The following abstract from the Child-to-Child WebPages gives a flavour of the current focus:

'The distinguishing characteristics of Child-to-Child are the direct involvement of children in the process of health education and promotion and the nature of their involvement. The most effective programmes are those that involve children in decision-making rather than merely

using them as communicators of adult messages…We see children as agents of change, not megaphones to transmit adult messages.' (www.child-to-child.org)

To practise these ideas children are involved as partners and co-researchers with adults such as teachers, health workers or youth workers, in a step-by-step process that places children at the centre of the learning process. This process links learning at school or in a club with learning at home or in the community. It also links learning to action. The process can be roughly divided into the following steps:

1. Recognise and understand the health issue.
2. Find out more about it.
3. Plan and take health action.
4. Evaluate their action and keep on doing it.

At each step, children are involved in a series of linked activities such as discussion groups, stories, poems and songs, drama and role-play, surveys, experiments and practical demonstrations, games, visits and visitors. These activities challenge them to think critically, solve problems and develop the skills and confidence needed to translate knowledge into health action.

Supporters of the approach form a global network and spread the ideas to more than 60 countries where they are used in a wide range of formal and non-formal programmes. As mentioned above there are now a number of well-established resource centres that help to move the ideas forward and support Child-to-Child activities in their region. Child-to-Child ideas are viewed by members of this network as the basis of good quality health education with children and a practical way of realising children's right to participate.

In recent years a number of events have provided new impetus and opportunities for Child-to-Child ideas to be developed in response to emerging needs.

Adoption of the goal of Education for All by the World Conference on Education For All (held in Jomtien, Thailand in 1990) has resulted in more children than ever before enrolling in formal schooling and recognition by the World Health Organisation that schools are an important resource for promoting health. Over the last ten years the concept of the 'Healthy School' has been part of the Child-to-Child philosophy and Chapter 2 shows how the ideas and activities have been used to realise the potential of children to promote health in and through schools. It asks whether a school that has no safe water or sanitation can provide effective health education and how a mandate from the World Summit on the Environment might be used for advocacy at the highest levels to help schools get these vital services.

The past few years have also seen growing international recognition of the vast scale of the human tragedy underlying the current crisis caused by HIV/AIDS and of the role that education can play in preventing the spread of the virus and supporting children who are affected by it. Chapter 3 shows how the Child-to-Child approach has been used to challenge stigma and promote social inclusion and to support children living in child-headed households. Examples are given of how the approach has been used to help affected children develop vital life skills, improve access to schooling and strengthen their resilience.

The 1989 United Nations Convention on the Rights of the Child provided a clear mandate for children to have their needs and concerns listened to, taken seriously and responded to. Chapter 4 shows how the Child-to-Child approach has been used in different situations to provide a practical way for children to achieve these rights. Based on the case studies

presented it identifies a number of preconditions for success. For example, we need to work with children together with their families and communities, to understand the daily reality of children's lives, listen to their concern and look for ways in which boys and girls are already participating, make these more visible and build on them. We also need to agree some minimum standards for good practice in children's participation to avoid exploitation in the name of participation.

Another field of study that has received increased attention from Child-to-Child practitioners in the past few years is that of early childhood care and development. This interest has resulted from growing recognition of the importance of social and cultural influences on children's development and the way in which we as adults have underestimated children's capacity to participate even at a very young age. The World Education Forum held in Dakar, Senegal in 2000 provided a strong mandate for programme development by agreeing the goal of expanding and improving comprehensive early childhood care and education. Chapter 5 picks up this mandate and explores how Child-to-Child ideas can be further integrated into such programmes. It presents examples of good practice and challenges the current trend towards more formal early learning. It argues that we need to develop a more holistic approach to the learning and participation of very young children which acknowledges different cultural understandings of children, childhood and children's rights and starts from where the parents are.

Increasing levels of conflict in the world today between nations, within nations and also within communities and families, create unique difficulties for children but also open up some unique opportunities for working with them in a participatory way. Chapter 6 explores the nature of these difficulties and opportunities and gives some ideas for children's action in conflict situations. It also identifies examples of good practice where the Child-to-Child approach has been especially effective in helping children affected by conflict and suggests new directions for activities such as creating 'children in crisis action teams'.

Despite recent successes in getting children into schools we must not forgot the thousands of children who never have the opportunity to enrol or who quickly drop out. Such children may be excluded through disability, geographical isolation or being stigmatised in their society. Chapter 7 considers the special needs of these children. It draws on experiences of using the Child-to-Child approach with out-of-school children in India, Zambia, Nigeria, and Kyrgyzstan to identify ways to reach these children and support them.

Reference

Child-to-Child (1978) *Report of the meeting held at Fittleworth, UK.* London: Child-to-Child Programme.

Chapter 2 Promoting health in and through schools

Tashmin Khamis and William Gibbs

2. 1 Introduction

Much of the work, the ideas and principles of Child-to-Child has been disseminated through workshops and training courses for teachers. The consultation gave the participants an opportunity to reflect on the effectiveness of this approach.

Training can often seem to provide the simple answer to the need for greater teacher understanding of the philosophy of Child-to-Child and for the delivery of new skills. But all too often training in the form of workshops creates more problems than it solves by:

- Taking teachers out of class and out of school.
- Providing generalised training unrelated to specific needs of teachers.
- Not allowing full participation of workshop members.
- Excluding children.
- Being based on theory rather than existing good practice.

2.2 Strategies for working successfully with teachers

In order to overcome theses difficulties Child-to-Child practitioners have developed the following ideas**.**

School based workshops
(Health Action Schools, Pakistan)

Three models emerged depending on the need of the school:

- Group training in a school resource room (1-2 days) with lesson observation and feedback.
- Topic specific training based on this week's health topic with classroom support when teaching that topic.
- FAME (fun active method enhancement) sessions based on an active method selected by the school (1-2 hours) and practice of that method with children.

Action-based research
(Mpika Inclusive Education Project, Zambia)
In a school based workshop, teachers were asked to identify the barriers to learning in their classroom and to identify individual learning difficulties. In the following week each teacher researched the learning problems of one child, interviewing the child, their friends, other teachers and parents. Then the teacher identified possible interactions, experimented, and wrote up a report which was then presented at a follow-up workshop. (See example above.)

One teacher found that one of her pupils would not read aloud in class.
She found out as much as she could about the child.
Then she developed the following strategy.
She asked the child to stay behind after class and asked the child to read.
Next day she repeated the experiment but asked another child to stay behind as well. Gradually she increased the number of children so that her pupil became confident in reading in front of others.

Topic-based workshops
In the Health Action Schoos (HAS) project in Karachi a series of method- based workshops have been developed.

FAME workshops
Teachers select a *method* they would like to know more about. Methods include:
- Puppets, stories.
- Effective use of the blackboard.
- Using pictures.
- Making and using surveys.
- Discussion and group work.
- Games and songs/poems.

Schools opt in and decide which workshop they would like to be run in their school. Teachers then implement the new techniques they have learned in the health lessons they teach in the following week.

In-service courses
Providing courses for teachers that:
- Do not take them out of class.
- Show what good teachers are already doing.
- Allow new ideas to be experimented with.
- Provide certification and professional development.

Primary teachers enrol in a course leading to a certificate in health education run by the Faculty of Medicine in the University of Cuenca, Ecuador. The course is run on Saturdays and each module is based on a Child-to-Child publication.
Course members are able to try out the ideas they meet in the course during the week when they are back with their own classes in school.
(Child-to-Child, Ecuador)

Alternative methods of working with teachers
Much of our work with teachers has been dominated by the idea of workshops and there is a need for alternative models. Here are two ideas that came out of the experience of participants.

<u>Side-by-side dissemination</u>
One such alternative is to disseminate ideas through the more subtle method of encouraging teachers who have developed certain skills and techniques in child active learning to invite other teachers to visit their classes to observe and then share in the teaching of health themes and lessons.

<u>Planning lessons together</u>
A powerful strategy for encouraging teachers to be creative and thoughtful about their lessons is to encourage teachers to plan a sequence of lessons together. This peer coaching leads to professional development as teachers share ideas and learn from each other.

Questions to think about
When planning work with teachers and then reflecting on the process afterwards, here are some useful questions to bear in mind:
- Does the workshop impact on a change of behaviour in the classroom by teachers and pupils?
- Are children involved in the workshop?
- Are members truly participating in the design of the workshop? Have they opted in to the process?

- Is the workshop relevant to what teachers will be doing in their class next week?
- Are the workshops clearly focused on achieving a small but significant change?
- Does the training facilitator practice what s/he preaches!

2.3 In-school but out-of-class activities

In several countries throughout the world the ideas of Child-to-Child have been developed and disseminated through clubs and activity groups meeting when school classes are over for the day, usually in some form of club. The experiences of the participants are summarised below.

Opportunities provided by Child-to-Child clubs

- Allow teachers to experiment, not constrained by norms of classroom.
- For example out-of-school activities are easier … visits, collecting used medicine bottles, surveys.
- Allow children to develop songs, dances, plays centred on health themes which are then performed for other children in and out of school.

Dangers of Child-to-Child clubs

- Opportunity to exploit children to become school cleaners/cheap labour.
- In the club, issues that all children should have the opportunity to be involved in are given to the selected few.

Feedback from field experience

- The relationship between the 'leader' and club 'members' is critical.
- Does the leader listen to children's voices, demands and ideas?
- Is there mutual respect, leader for children, children for leader?
- Is the leader open to criticism from the members?
- Does the leader respect the 'confidentiality' of members?

Types of programmes and strategies used

Within the international family of Child-to-Child many different forms of out-of-class clubs exist.

- **In-school clubs**
  Run alongside other clubs such as scouts. Timetabled, teacher-led groups. (Zambia and Uganda)
- **After-school clubs**
  Run in the school after class with input from outside the school, such as health worker or Child-to-Child co-ordinator. (UK and Nigeria)
- **Community clubs**
  Available for schoolchildren, but run as a separate structure in the same way as guides and scout groups. (South Africa)
- **Peer group clubs**
  A particularly powerful and successful approach to health education has been developed by BRAC in Bangladesh. Set up and organised by adults, the whole programme is run by peer educators who lead group activities.

Case Study from Bangladesh
Adolescent peer groups involve children who have had their primary schooling in BRAC schools and are now young adolescents in secondary school. These young people meet in peer groups with a peer group leader to read carefully prepared materials which provide information, group activities and opportunities for discussion on issues such as menstruation, early marriage, sexually-transmitted diseases. These are topics that teachers and parents find it hard to deal with. The programme originally started just for girls but is now being adapted for boys' groups meeting outside of class but with the support of the school authorities.

Some questions to think about
Participants felt that it is valuable to consider the following questions when running and organising out-of-school groups:

Is your club providing an experience for children that:
- Is more participatory than class work?
- Has opportunities for children to play a leadership role?
- Is fun for children?
- Allows them to select and determine their own health action priorities?

Does the club allow:
- Children to opt in on a voluntary basis?
- Children to determine the way the club works?
- Confidentiality so children can explore difficult and personal issues?
- Inclusion of ALL including the disabled and minority groups?
- Children to select their own facilitator?

2.4 Creating teaching and learning materials

Within Child-to-Child there has been a long history of materials development. Over the years Child-to-Child Primary Health Readers have been produced presenting stories that could fit into reading schemes with carefully controlled vocabulary, and focusing on health issues. Activity sheets were developed on a whole range of health topics providing clear background information and facts and a basket of activities that teachers could choose from. Then 'health across the curriculum' materials were produced to give ideas to teachers on integrating health topics with the core examination subjects, maths, science and social studies. Many of these materials have been adapted and translated by Child-to-Child activists into their own languages such as Portuguese, Urdu, Spanish and Arabic. These materials have provided inspiration for many teachers and educators around the world.

But common responses from teachers are:
- We find it difficult to follow and use activity sheets.
- We do not know how to use the ideas and transform them into lesson plans.
- We are used to lecture methods.
- We like children to listen not talk.
- Health is not examined so why teach it?
- Many health topics are difficult to teach and we feel uneasy dealing with sex education.
- This topic is not on the syllabus.
- It takes too much time if we let the children find out for themselves.

Opportunities

There are innovative and creative teachers in every educational system and at every level who are experimenting with new and more effective ways of encouraging children to learn about health.

There is a more positive attitude among ministries of education towards the need for innovative health education in schools. Gone are the days of the single text. Many are encouraging a multiplicity of textbooks and teachers to develop their own materials. For example, below is an extract from a Zambian ministry document:

> **8.2 How to develop a local curriculum**
> 'The purpose of introducing a local curriculum component, as a complement to the core national curriculum, is to enhance the relevance of the curriculum.
> 'In practice, the national core curriculum and the localised part should be integrated, preferably in each lesson. It is up to the school itself to develop the localised curriculum.
> 'The curriculum can be localised in many ways such as by:
> Organising projects on cross-curricular themes around local health problems, their causes, cures and prevention. This can be linked to environmental science ,home economics etc.'
> (Ministry of Education, Lusaka, 2001)

Possible strategies for developing materials

Several Child-to-Child groups around the world are actively involved in creating new health education materials that incorporate the Child-to-Child approach**.**

- **Locally-produced materials:** Chains of lessons developed by teachers in Mpika, Zambia. Primary teachers have worked together to write a series of lesson plans on relevant health themes. They have used the concept of 'health across the curriculum' to integrate each health theme into the other subjects on the timetable. Having tried out the lessons in their own classes they share their lesson plans with other teachers. (See box below.)

> **Health materials from Zambia**
> A group of primary teachers are producing series of lessons around health themes. These are meant to be quite simple and suitable for untrained teachers. For example, on Safe Water they prepare a 'chain' of lessons, using different subjects to teach about safe water and including out-of-school activities. Here is an example of an outline plan for a chain of lessons for Grade 5.
> **Topic: Safe Water**
> **Lesson 1 Social Studies:** Children list the sources of water in their environment and think of all the factors that might determine if the water is clean or not.
> Children do a survey to find out which sources of water people use.
> **Lesson 2 Mathematics:** The data the class has collected is represented in a column graph. Children make up questions on the graph.
> **Lesson 3 Language:** Comprehension on story about making water safe. Children create questions to ask parent about safe water.
> **Lesson 4 Creative activities:** Creating posters to alert people to dangers of polluting water supplies. Placing posters near water supply and recording feedback.

- **Lesson plans developed in Pakistan**

Based on four years of action research with teachers, HAS developed a series of lessons on health topics with homework slotted in between. The lesson plans contain detailed objectives and activities for teachers to adapt and use. An example is shown in the next box on page 13.

Example of lesson plans to teach about safety in the home (HAS, Pakistan)

First, teachers define the learning objectives for the topic
By the end of this topic children should:
KNOW (important information)

- The kitchen is the most dangerous part of the house, especially for babies.
- Children under four years old are particularly at risk in the home. This is where most deaths and serious accidents occur.

DO (important health skills)

- Keep buttons, coins and other small objects away from the reach of small children.

FEEL (important health attitudes)

- Responsible to make sure that their homes are safe for all their family members.

Second, teachers follow clearly laid out steps, choosing examples of activities at each step from the prepared materials. Here is what one teacher chose:

Step 1: Helping children understand the topic
Start the lesson by using a picture of a safe and an unsafe environment and ask children to say what is different in the two pictures. Remember to stress that the six common household accidents are burns, cuts, falls, electrical shocks, choking and poisonings.
Step 2: Helping children find out more about safety in their homes
Children carry out a simple survey by asking one person in their family 'What accidents have happened to you at home?' (e.g. cuts, falls, electric shocks, poisoning, choking, burns) and noting down the answer.
Step 3: Helping children to plan and take action

- Ask children what they found out from their survey and record the results using a bar chart.
- Help children plan action based on their findings. Examples of action: Children take action by drawing and displaying posters on home safety in order to spread messages on how to prevent cuts and burns from happening in their homes.

Step 4: Helping children evaluate the action they took
Ask children to say what action they took and discuss the following question:

- Were the messages about how to prevent common household accidents understood?

Teacher's reflection

- Have they helped to make their homes safer?

Some guidelines for materials creation

Those involved in the process of materials development have learned that it is valuable to keep the following sets of questions in mind.

When starting out to write new materials it is worth considering

- What health topics are on the official syllabus?
- What materials exist already?
- What are the gaps?
- What are the priorities for health learning and action for our children and our schools?

As we produce materials we need to keep asking the following questions
Are the materials we produce:

- Simple to understand, e.g. in mother tongue so that the messages are well communicated and understood?
- Using and extending existing teacher techniques?
- Realistic in their demands on teacher time in preparation?
- Realistic in terms of teaching aids and resources?

- Affecting behaviour, developing valid attitudes and life skills as well as increasing knowledge/understanding?

When we develop materials
- Are teachers involved in producing and testing out the materials?
- Are they too directive so there is no room for teacher creativity?

When we have produced the materials
- Do teachers want to use them?
- Do they make learning more relevant?
- Do they make learning **and teaching** more fun?

2.5 Health services and the school environment

An essential part of Child-to-Child's philosophy over the last 10 years has been the concept of comprehensive school heath education or the idea of the 'healthy school'. Healthy schools are those that have an active child-driven health education curriculum that is part of a school ethos that aims to develop the 'health' of the whole child, physically, socially and mentally.

The healthy school has:
- A safe water supply in the school.
- Simple clean sanitation facilities.
- A safe, child-friendly environment.
- No corporal punishment.
- An anti-bullying policy.
- Regular health screening of children.
- Active health lessons in class.
- Opportunities for schoolchildren to improve the health of their community.
- A first aid box.
- School health rules designed by children.
- A health monitoring mechanism, e.g. school health committee.
- *... please add or subtract from this list*

Fundamental to the healthy school concept is the co-operation of health and education professionals all levels. This is needed to enable integration of policy and practice from joint policy statements issued by ministers of education and health up to health workers and teachers working together on school-based health programmes.

From Child-to-Child programmes around the world we have evidence of just how difficult such positive co-operation can be. Common problems are:
- Teachers and health workers protect their traditional roles.
- Too many extra responsibilities for teachers.
- School doctors simply do not visit schools. It is difficult to link health services to schools.
- Health workers see themselves as superior to teachers and lecture on health issues rather than involve children.

Possible Strategies
To overcome some of these problems Child-to-Child activists have been experimenting and developing the following strategies:

- Training of health workers and teachers together.

In Vietnam, health workers and teachers in training share part of their initial training.

- Devolution of health technologies to lowest level so that children can use these technologies.

In PLAN's programme in India children are trained to deliver simple health services, e.g. first aid, screening for eyesight, hearing, rapid breathing.

- School-based delivery of health services.

In HAS, Pakistan children and teachers are involved with delivering first aid, monitoring healthy lunch boxes, and simple eye and hearing tests.

- Working with, and promoting, small healthy schools.

The winter school programme in Afghanistan provides children with a safe, clean learning environment. In the winter months when children are not herding sheep or goats and the villages are snow bound, OXFAM supports village schools by providing an allowance to teachers who teach a mixed age/sex class in the village mosque. This is heated, has washing facilities and is close to children's homes, providing a safe, friendly and clean environment

Questions to consider

To try and help us develop a more effective approach consider the following questions:

- Can we have effective health education in schools with no safe water and no sanitation facilities?
- Is it possible to get a statement of commitment, at the highest possible level of government committee, to the policy of the 'healthy school' and the co-operation of health and education services, as well as to basic provisions of safe water and sanitation in the school (following on from the World Summit on the Environment in 2002)?
- Can the existing interventions by health professionals be developed into deeper involvement with the health of the school?
- Can we concentrate on promoting the small community village school as the most effective way to create healthy schools?

Reference

Ministry of Education (2001) *Teacher`s Curriculum Manual*. Lusaka, Zambia: Ministry of Education, Curriculum Development Centre.

Chapter 3 Working with children and young people affected by HIV/AIDS

Kate Harrison, Patrick Kangwa, Rachel Carnegie and Bothoboile Victoria Mahabane

3.1 Introduction

Responses to HIV/AIDS have moved beyond education on HIV prevention to include care and support for children in communities affected by HIV/AIDS. This is especially true for Sub-Saharan Africa, where six per cent of all children under 15 are orphans from AIDS. The experience of the organisations present at the Child-to-Child consultation reflects this shift. The work of these organisations is underpinned by Child-to-Child approaches and the principles of children's rights, including participation. Interventions to support children affected by HIV/AIDS are generally community-based. Community-based approaches are recommended for a variety of reasons - it is more appropriate and cost-effective for children to be cared for in the community, and in heavily HIV-affected communities, all children are affected, not just those orphaned from AIDS or living with HIV. Institutional care can provide a valuable role, but should be rooted in the community, and only be used as a last resort.

This chapter firstly discusses the need to increase language awareness in relation to HIV/AIDS. It then goes on to present a case study of an intervention using Child-to-Child approaches, and discusses key areas of concern for children affected by HIV/AIDS, including the recommendations from the consultation on good practice.

3.2 Language awareness in relation to HIV/AIDS

There are many misunderstandings about HIV and AIDS. Some may be factual inaccuracies, while others are created by the strong and stigmatising taboos surrounding many of the issues which HIV/AIDS is associated with, such as sex, sexuality, drug use and death. To avoid misunderstandings and discrimination we all need to be aware that communication around HIV/AIDS needs to be accurate and used carefully. By our own use of language, we can ensure that we give clear, correct information about HIV/AIDS, foster open discussion of issues and encourage non-judgmental attitudes towards others.

Careless or incorrect use of language can stigmatise people and behaviours and encourage a culture of ‘blaming’ some people for their HIV infection. It can also perpetuate myths about how HIV is transmitted and by whom in the community. This is dangerous because it risks further stigmatising some groups and can lead to denial of the issue amongst other groups. At the consultation, participants had a chance to explore some of these ideas through the activity shown in the next box, which was designed to be thought-provoking and to stimulate debate.

Activity to develop language awareness in relation to HIV/AIDS

Step 1: In small groups discuss whether you agree with the following statements:

1. There are many AIDS sufferers in Africa.
2. You should be counselled before going for an AIDS test.
3. Children are innocent victims of the scourge of AIDS in our countries.
4. High-risk groups, like gays and drug users, should always practise safe sex.
5. High-risk groups, like gays and drug users, should always practice safe sex.
6. We are waging a war against AIDS, and should use all the weapons we have.
7. Homosexuals are at greatest risk of catching AIDS.

Step 2: Share your views with the whole group.

At the consultation this activity generated a rich debate as people identified the 'hidden' messages implicit in some of the statements and presented opposing views on, for example, whether all people should practise safer sex. Some of the issues discussed are recorded below:

1. 'There are many AIDS sufferers in Africa.'

- Describing people as 'sufferers' can create an image of helplessness and passivity. We should use the term people choose for themselves, generally: 'People living with HIV/AIDS'.
- To focus on Africa alone is counterproductive. Many parts of the world, both developed and developing, also have large numbers of people living with the virus.

2. 'You should be counselled before going for an AIDS test.'

- It is not accurate to talk about an AIDS test. The test is for the antibodies created in response to the human immunodeficiency virus (HIV). A person can live with HIV for a very long time before developing AIDS.
- People should always be offered counselling, even if they choose not to have it.

3. 'Children are innocent victims of the scourge of AIDS in our countries.'

- All of these ideas create and reinforce the stigmatisation of people living with HIV.
- What do we mean by 'innocent'? Using this term suggests that others are somehow 'guilty'.
- The term 'victims' reinforces notions of passivity and helplessness.
- The term 'scourge' has extremely negative connotations, suggesting something out of control that causes great suffering.

4. 'High-risk groups, like gays and drug users, should always practise safe sex.'

- Rather than referring to high-risk groups, it is less stigmatising to refer to high-risk behaviours. After all, someone who is gay may also be celibate.
- The term 'drug use' is also misleading – coffee and aspirin are both drugs! Injecting drug use using non-sterile needles risks HIV transmission, if people share needles or equipment.
- It is better to refer to saf<u>er</u> rather than simply safe sex, as almost all sexual acts may have some risks associated with them, if not for HIV then for hepatitis or other sexually transmitted diseases.
- Everyone should practice safer sex!

5. ‘We are waging a war against AIDS, and should use all the weapons we have.’

- The use of words such as ‘war’ and ‘weapons’ suggests a very aggressive approach, rather than co-operative and supportive responses.
- ‘Waging a war against AIDS’ may also suggest aggression towards people living with AIDS.

6. ‘Homosexuals are at greatest risk of catching AIDS.’

- People do not ‘catch AIDS’, they acquire the human immunodeficiency virus (HIV). It is important to understand the distinction, as someone can live with HIV for many years with no symptoms.
- The term ‘catching’ a disease implies that it is air-borne – like a ball you can catch. This is not the case.
- It is more useful to think in terms of risky behaviour rather than isolating particular groups. This is partly because it increases the stigma these people often already face, but also because it may mean that people who are not in these groups think that HIV is not an issue for them.
- Homosexuality itself is not risky. Penetrative anal sex without a condom is risky and may be practised by heterosexual as well as homosexual couples.

3.3 Case study of CCATH project in Kenya and Uganda

Child Centred Approaches to HIV/AIDS (CCATH)

Achievements and challenges

This project is co-ordinated by a group of NGO partners in Kenya, Uganda and the UK. The aim is to strengthen ‘community coping strategies' to support children and young people in communities affected by HIV/AIDS. The project partners work with community-based organisations (CBOs) to learn from their experiences and to support them in assessing needs, and then in identifying, developing and evaluating practical responses to help children and their families cope with the impact of HIV/AIDS. These strategies focus on five main areas:

- Enabling older children to strengthen their coping skills and resilience for their own survival and continued development through the illness or loss of a parent.
- Supporting older children and parents/guardians in providing appropriate care for their younger siblings, and at the same time providing them with emotional support and enjoyment through activities that are creative and rewarding for both older and younger children.
- Addressing the ‘culture of silence’ surrounding HIV/AIDS, especially how the subject is discussed with, and by, children and young people.
- Promoting social inclusion of children affected by HIV/AIDS and tackling discrimination.
- Enabling families to develop coping strategies for managing the severe economic impact of HIV/AIDS, including issues of planning for the future after bereavement, issues of inheritance, sexual or labour exploitation, income generation and continuing access to education.

The process began with an assessment of the needs of children, their families and CBOs in communities affected by HIV/AIDS. This research was conducted in Kenya and Uganda, introducing child-centred participatory research methods, to help adult researchers find appropriate ways to listen to and learn from children - ways that children themselves will find interesting and unthreatening. This revealed the range of threats to children’s development but also showed areas of resiliency, i.e. what it is that enables some children to cope better with the impact of HIV/AIDS in their families. A number of factors promote children’s resilience:

- Open communication between children and their parents/guardians, including preparing for the parents' death.
- Children's ability and opportunity to express their emotions and fears.
- Developing a positive goal to live for.
- Memories and records of their own past and of good, loving relationships, usually with their parents.
- Spirituality.
- An opportunity to help others (and thereby gain a sense of resourcefulness and self-esteem).

Many of these concepts already underpin and have been further developed in the CCATH partners' work. Child-to-Child is based on the principle of children helping and supporting each other. ACET (AIDS Care, Education and Training, Uganda) promotes life skills education to develop children's communication and coping skills. NACWOLA (National Community of Women Living with HIV/AIDS, Uganda) has introduced the idea of a memory book, in which parents with HIV record their own and their children's past, celebrating good, loving memories and helping both parent and child to prepare for the future.

Targeted publications are now being developed for children and parents/guardians, and for CBOs to help strengthen their work. In addition, advocacy materials are being designed for policy makers to promote child-centred approaches within HIV/AIDS programmes.

Lessons learned
The CCATH work has affirmed the importance of working with the community as a whole, not just with children. Adults play an important role in communicating with children and in learning to listen to and respond to children's concerns and to respect their need for honest answers. Interventions should also include *all* children, not just those most obviously or directly affected. CCATH's work has underlined how the impact of HIV/AIDS in fact affects *all* children in a community, whether through illness and death within the family, with neighbours, with teachers, health workers, and friends. A major challenge faced in this work by field workers has been in finding an appropriate balance between addressing children's survival and development needs. While children benefit from counselling and psychosocial support, their basic rights for food and shelter must also be met. The need is indeed overwhelming and growing.

The Child-to-Child approach helps to promote supportive peer networks amongst children. It can also help adults to recognise children's needs and capacities and to show the value of working in partnership with children. Child-centred participatory research tools have helped NGO and CBO workers to talk with children, who often surprised the adults with their capacity to articulate and analyse their situation. Above all, CCATH has sought to identify not just children's needs and vulnerabilities, but also their positive coping skills to enable them to help themselves and other children to survive and find a positive future. A literature review indicated that there is little documentation of research on children's resilience in the context of HIV/AIDS. CCATH aims to contribute to this area, with a particular focus on the role of Child-to-Child approaches in developing children's resilience.

3.4 Priority issues and recommendations for working with children in communities affected by HIV/AIDS

Participants at the consultation developed a list of priority issues for children affected by HIV/AIDS. For each issue, they then discussed the situation for children, and gave examples of supportive strategies that could be used by children and by Child-to-Child adult practitioners. It is important to be realistic about what children can do. They are able to decide actions for themselves, but the views of adults in their community should also be

considered. Examples of activities that may not be appropriate for children include: nursing someone who is very sick, or taking part in high level lobbying and advocacy work, where their presence is just tokenism.

- **Social inclusion**

Stigma and discrimination can create great problems for children living with HIV/AIDS and affected by HIV/AIDS in their family. They can become isolated from their communities, may have access to fewer resources such as food, school fees, and even care if they are sick. They may suffer loneliness, depression and low self-worth.

Children can help overcome problems of isolation by developing positive peer relations and sharing ideas and information on HIV/AIDS, and collaborating on Child-to-Child activities. Children in school can help their peers with school work if they have been absent.

Child-to-Child practitioners can help foster positive relations through pairing up children or groups of children for support at school and home, as shown in Zambia, and through demonstrating a positive example and being a role model for inclusive behaviours, as shown in South Africa and Zambia. Child-to-Child practitioners should also make sure they know how HIV is, and is not, transmitted, to reduce irrational fears, giving children an opportunity to clarify their understanding of HIV and AIDS. Life skills education can help promote empathy between children and help children to challenge stigma and discrimination in their peer group.

- **Child-headed households**

Problems faced by children in child-headed households will vary according to children's ages. Older children have to assume more adult roles and responsibilities, taking on more work and emotional pressure. Younger children will suffer from the lack of adult care, love and attention. All children will face increased poverty and a lack of support as they grieve for their lost parents.

Children can help overcome problems of lack of support by joining together or 'twinning' for emotional support, sharing chores and developing social support through shared activities such as games.

Child-to-Child practitioners can help by providing information, for example on health and legal services and by reporting cases of abuse of children's rights, including deprivation of inheritance rights, sexual abuse and labour exploitation. They can also develop special programmes to help support the child heading the household, for example about cooking nutritious food, caring for young children and where they can go to for help.

'With the number of sick adults in our community, we have two to three years to train children to run households. Children now need parenting skills – and counselling support because they feel guilty about their parents' deaths.' Kathy Barrera, Nigeria

- **Life skills**

Children affected by HIV/AIDS may miss out on traditional opportunities to develop life skills, such as through contact with supportive adults and peers.

Other children can provide indirect support through taking part in Child-to-Child activities, general social interactions, and more directly through participating in life skills education

together. The acquisition of these skills needs to be made more *explicit* and *specific*, to meet the needs of children and young people in specific situations, e.g. negotiating to resist peer pressure or to avoid unsafe and unwanted sex. Examples of life skills initiatives discussed at the meeting included a communication skills project run by BRAC in Bangladesh, and UNICEF's Sara and Meena Communication Initiatives in Africa and South Asia.

While participation in the Child-to-Child active learning process in itself can promote life skills, practitioners can also address life skills explicitly in their work with children. e.g. practising communication skills to prepare for children's survey and interview work.

A key issue related to life skills is the analysis of social norms, particularly in relation to gender identities and relations. Male and female cultural identities can be analysed to identify positive and risky attributes – for example, positive attitudes to family responsibility, or the risk of submissiveness in girls or of the perception in boys that their male identity is enhanced through sex.

> 'Early HIV/AIDS interventions in Zambia (as elsewhere) concentrated on evoking fear, in the belief that knowledge about HIV/AIDS would change behaviour. Instead the general response was one of denial, until people started dying and children became orphans. The impact has also been felt in schools with the loss of teachers, so that teacher training has now had to be reduced to one year to meet the gap. The response to HIV/AIDS in schools has evolved to promote life skills education, in particular to challenge social norms in gender relationships, enabling girls to be more assertive and to resist unwanted sexual advances. MIEP's approach to inclusive education for children with disabilities is also being used to encompass the needs of other vulnerable children in their communities. To promote friendship and social inclusion, children are "twinned" (paired up) with others for school work and play activities and for helping children with disabilities with their journey to and from school. Children also help each other to catch up with school work when they have missed school.'
> Patrick Kangwa, Mpika Inclusive Education Project (MIEP), Zambia

- **Access to school**

HIV/AIDS creates many barriers for children's access to schooling. Children often miss school when they have to look after a sick adult at home. HIV/AIDS causes the family to become poorer, and this often means that children are needed at home to work, and that the family can no longer afford school fees, or the other costs associated with schooling such as books and uniforms. These barriers often apply to girls more than boys. Children living with HIV/AIDS may miss school because of illness, or because they are excluded, whether due to a school policy or due to stigma and discrimination. In countries with high levels of HIV/AIDS, the education system will become affected as teachers become sick and die, leading to larger class sizes and poorer quality of education, and in some cases school closure.

Children can help by supporting each other in learning and inclusive play, and in analysing and addressing problems through the Child-to-Child process. Child-to-Child approaches such as twinning and multi-grade groups may be helpful.

Child-to-Child practitioners can help by being aware of the pressures faced by children living in families affected by HIV/AIDS. Teachers should be more flexible about children's school attendance, and aware of the emotional stress children will be under. They should lobby for

school policies that enable children affected by HIV/AIDS to attend school – such as waived or reduced school fees and less rigorous rules on, for example, school uniforms and text books. The quality of education can be improved by including active learning approaches and teaching ideas that are relevant to children's lives at home.

- **Children living with HIV/AIDS**

Children who are living with HIV/AIDS are highly stigmatised. Parents and carers often find it hard to justify spending money on school and medical fees when they feel the child is likely to die young. There is little knowledge about how to care for children with HIV/AIDS, including ways of keeping children healthier for longer, and ways of treating their HIV-related illnesses. Children living with HIV/AIDS may already be orphans. They will have many health problems, which are likely to be similar to the illnesses many children have, but more severe and long lasting. They are likely to have emotional problems, and will need support and counselling. Children's rights to informed consent, confidentiality and privacy, with regard to HIV/AIDS status, should be respected.

Children can help each other by simply befriending other children who are sick, for whatever reason. For example they can visit a child who has been absent from school and help them with their schoolwork. Children can make sure that they are all aware of how HIV is transmitted, and that befriending and playing with a child who is living with HIV/AIDS is not dangerous. Children living with HIV/AIDS can participate in Child-to-Child activities too. Children may become involved in nursing children who are sick, particularly family members. They can learn about simple remedies for relieving pain and discomfort, and can learn how to protect themselves from infection. They can also ensure that the sick child is included in family activities, for example, eating together, not alone in another room.

Child-to-Child practitioners can make all children aware of the difficulties faced by children living with HIV/AIDS, and develop activities that bring children together. They can develop materials about caring for children infected with HIV/AIDS, and giving emotional support.

'Using fun and active learning methods the children are taught about HIV/AIDS. Children collect and discuss stories from religious books about people caring for the sick. They also use a picture of someone caring for a friend with AIDS, asking questions about what events led to the scene shown and what might happen in the future. Children pass on what they learn to younger children. Through working together for the good of others, children at the day care centre have developed their self-respect and sense of worth. The adults are also encouraged by children's actions, and they value and trust children more. The Child-to-Child programme has also helped to improve the family relationships of children infected with HIV.'
Bothoboile Victoria Mahabane, South Africa

- **Resilience – social, psychological and emotional health**

Children's resilience is affected profoundly by HIV. In areas of high prevalence, social norms for care of children in families and communities are weakened by high levels of illness and death. There will be less time and emotional energy in the community for providing children with a loving and secure childhood. Any child whose carer has died will suffer bereavement and depression, but this can be reduced if children are prepared for their loss and given counselling and support.

In discussions about the importance of identifying existing forms of psychosocial support and spiritual support in the local culture, one participant from Nigeria said, ‘Children didn’t see the point of coming to art and drama therapy. They were already spending hours in church, singing, dancing and crying …’

‘It is important to create the feeling in children that they can make a difference and have a stake in any situation.’ Minaxi Shukla, CHETNA, India

Taking part in Child-to-Child activities promotes a sense of connection with others. It can provide children with the ability to express their emotions in a supportive environment and can give children a sense of self-worth and a positive reason to live. The case study of the CCATH project presented earlier in this chapter shows how the project has developed ways of helping children to develop their resilience.

Chapter 4 Promoting children's participation

Sarah Gibbs, Pat Pridmore and Sonal Zaveri

4.1 Introduction

The right of a child to participate as a subject and not merely as an object of development has always been a prime goal of the Child-to-Child approach. This goal is reflected in the articles on participation embedded in the United Nations Convention on the Rights of the Child (UN General Assembly, 1989) which propose that young people have the right to have their needs and concerns listened to, taken seriously and responded to equitably and appropriately 'in accordance with the age and maturity of the child (Article 12)'. Child-to-Child has an essential role to play here because its step-by-step methodology offers a practical way to achieve these rights.

In addition to promoting children's rights, the Child-to-Child approach recognises that rights are linked to responsibilities, for example, the right of a child to education goes together with the responsibility to make use of it. However, this is no simple matter, not only because the nature and degree of moral responsibility in childhood is clearly a large and complex issue but also because many children already carry a heavy burden of responsibilities, both domestic and productive, but enjoy few rights. Despite these complexities, recognising the growing capacity of children to take responsibility for themselves is an important step towards developing the sort of partnerships that help children develop and enhances their feelings of worth not only in their own eyes but in the eyes of adults.

Within the UNCRC, it is the articles on children's participation that have received most attention and led to child participation becoming highly fashionable in development circles. Despite its current popularity, the meaning of child participation remains ill-defined and is not well understood. This is because the notion of partnership between adults and children is emotive and can be problematic. Although children's participation in the work of the family and particularly in child-care is traditional, the notion of children as partners in the decision-making processes is both new and radical and some would argue that it is neither desirable nor achievable. The notion of children as knowledgeable, competent, innovative and creative individuals who are both allies and agents in working to improve health is at odds with their low status in many societies and dominant adult perceptions of children as empty, innocent victims with low self-esteem and in need of adult protection and moulding.

> In an interview conducted during the consultation Dr. Indu Balagopal shared her views about adult-child relationships in Indian society.
> 'Adults in our societies are used to having an authoritarian role, with expectations of respect, conformity and obedience on the part of children. They dare not take initiative or even express an opinion without being chided. Nobody listens to children and a patriarchal hierarchy is strictly adhered to … Children are not recognised as thinking beings who have emotions. Their emotions are suppressed through constant instructions, thus undermining their self-esteem. In such a situation how can adults accept children as partners?'

If children's participation is not to be mere tokenism, let alone manipulation and coercion, the traditional attitudes of adults towards children therefore need to radically change so that new more participatory relationships can be developed. For this to happen, adults need to be willing and able to loosen the strong control traditionally exercised over children, listen to

them, trust them and share decision making with them. They need to be constantly finding the right balance between giving too much and too little guidance, to learn when to follow and when to offer practical advice and support.

The following case studies illustrate how far Child-to-Child has been able to overcome traditional resistance to admitting children to decision-making processes in a range of different contexts.

4.2 Case studies from India, Nepal and England

The Community Aid and Sponsorship Programme (CASP) in India

Achievements
Child-to-Child activities have been successfully used in the programme to promote children's participation in the following ways:

- **A community survey by more than 500 children** from urban slum areas identified needs and sought solutions. This led to a co-operative effort by teachers, community-based organisations, youth groups and women's groups to provide information and talk with children. The findings of the survey resulted in a commitment by 18 schools to use the Child-to-Child approach. Teachers' workshops and follow up meetings helped them do this.
- **Workshops on children's rights** helped children explore what 'childhood' meant to them and what their rights were. These workshops used creative media such as art, theatre and dance.
- **Children's Day or 'Balak Din' celebrations** in communities involved children in folk theatre and rallies so they could spread health messages (physical, emotional and social) to the community. One theatre group became so good at scripting plays that they were invited to other cities by NGOs and schools to perform them.
- **Balmela or children's fairs** reinforced messages learned and provide a forum for advocacy. On one occasion child labourers used the fair to lobby hotel owners to start a night school for them.
- **A morcha (protest procession) by street children,** followed by representation to the education department, helped them gain admission into school without having to have a birth certificate.
- **A Bal Panchayat (Children's Parliament)** with representatives from smaller children's groups or clubs enabled children to debate local and national issues such as: Do children need homework support to prevent them from dropping out of school? How can children campaign for separate toilets for girls and boys? How can parents be sensitised to the equal rights of girls? How can children express their views with the President of India, legal experts and media?

Problems still to be overcome

- **Making sure that children are allowed to work on issues important to them and that adults take a backseat**. A protectionist, directive attitude towards children has proved difficult to change particularly where children are dependent on adults for many of their physical, emotional and social needs. This has led to tokenism, manipulation and decoration continuing to be problematic.
- **The tendency for programmes to develop star performers** and fail to understand that all children need to be empowered if they are to influence their own lives and that of their families and communities.
- **High rates of staff turnover and organisational change** in collaborating organisations like schools, health posts, partner NGOs and CBOs, theatre groups, media and donors have made it difficult to train and retain management and field staff who understand Child-to-Child ideas and methods and build organisational capacity for child participation.
- **Getting some donor organisations to accept less measurable programme targets and outputs** such as empowerment of children and the realization of children's rights rather than more measurable ones such as improved community hygiene or children's clubs.

Lessons learned

This case study shows that Child-to-Child ideas and methods can be used as a practical way to give children a voice and make their rights more visible to adults. However, it also shows that we still have a long ways to go in changing unhelpful adult attitudes - both within communities and within organisations.

Schools health programmes in Nepal

Achievements and problems

In the school health programmes supported by Save the Children Fund (SCF) in Sindhupalchowk area the Child-to-Child approach was used to deliver rather traditional health education. The programme activities started with teachers conducting daily personal hygiene checks and asking children to take health messages home to their siblings and parents. As time went on children were given increasing responsibilities in the running of their activities with teachers taking a back seat.

These programmes were successful in increasing children’s health knowledge (compared to control schools). Children were very aware of their personal cleanliness. They became more punctual for school to make sure they were present for the early morning hygiene checks and were awarded points for good hygiene. School attendance improved and both boys and girls assumed leadership roles in the programme. Children’s self-confidence in spreading health messages at home increased and both teachers and parents began to see for themselves that children were capable of taking health action. This raised their credibility and status in the eyes of the adults.

Lessons learned

This experience shows how important it is to start with activities that teachers are comfortable with and then gradually increase the level of children’s participation as they develop confidence and skill in carrying out the activities. As teachers and parents come to value and welcome children’s participation and as children’s own self-confidence and skill

increases the way is prepared for children to be admitted further into decision-making processes.

To be successful it is important to know 1) what the family and community already value 2) what cultural knowledge and experience are important for children to pass on and 3) how children are already participating in their everyday settings. This understanding is needed to find culturally appropriate ways to make children's participation more visible to parents and thereby more acceptable and legitimate. The Surkhet case shows the risks of moving too far, too fast in asserting the principles of children's rights and thereby failing to establish credibility with the community. By contrast, in the Sindhupalchowk project, a practical health focus had allowed children to build up their competence and confidence to participate in community action, and had also positively changed teachers' and parents' views of children's capabilities.

A community health project in England

Achievements and problems

A community health project in three deprived, multi-ethnic areas of south London used Child-to-Child ideas and methods to develop activities with boys and girls from 9-12 year old children in schools, in after-school clubs and holiday play-schemes. These activities were facilitated by primary school teachers, school nurses, voluntary sector youth and community workers and play workers. The overall goal of the project was to help children fulfil their right to have a say and to be involved in decisions that affect their lives. To achieve this goal the project aimed to increase children's self-efficacy, to develop their capacity to work collectively and to improve their group communication skills so that they can participate as active citizens in the community. It also aimed to increase adults' commitment to involving children in decision-making.

Children in two of the project schools, quite independently of one another, identified murder as the main problem in their communities that they wanted to do something about. Teachers supported them in this decision and helped children to find appropriate and 'do-able' ways to learn more about the problem and take action. At the 'finding out' stage children started with group activities to build their teamwork skills. After this they gathered information from the police, the mayor, the community safety officer and local shopkeepers and then shared their findings with each other. Reflecting on these visits one child said, 'It made me think about why people kill each other.' Another child said, 'It made me feel proud and brave because I just went and asked my questions.' In one school, children wanted to tell people to speak out to the police if they had information to help with their enquiries and to tell teenagers about the dangers of carrying knives and getting involved with gangs.

At the 'action' stage the teachers again helped the children find appropriate ways to get their message across. One girl, who said her older brother had a knife and belonged to a gang, wanted to write to all the parents in the road where she lived to tell them the messages. The teacher stalled this action to prevent the child putting herself at risk. To raise awareness of the problem and to enlist support for change, children decided to target the local supermarkets, community centres, secondary schools, adventure playgrounds, newspapers and local magazines, council members and members of parliament with the posters, poems and leaflets they had written. Pupils commented, 'What I like best is when we go to Sainsburys (the local supermarket) to see our lovely success … It is giving a message to people that murder should be stopped.' Sadly, a few months after these children had taken this action a child in a

neighbouring school was stabbed to death on his way home from attending an after-school computer club. Since then the local borough council has made community safety their top priority. The only group not yet effectively involved in the project are the parents who have proved difficult to reach because most of them work away from home for long hours each day. (For further information on this project see www.child-to-child.org/newsletter/South London.)

Lessons learned
This experience shows how carefully children watch what goes on around them and gain very detailed knowledge of the social conditions in which they are living. It also shows that if teachers are willing and able to allow children to choose a topic for themselves (even if it is a sensitive issue) and then help them find appropriate ways to study it, then the children can find creative solutions to the social problems they face. This experience also shows teachers need to carefully balance children's participation rights and protection rights and make sure that appropriate opportunities can be found for children to have a voice without putting them at risk. This is important because childhood is a time when children are vulnerable but must also be prepared for fully functioning lives in the society in which they live. The important questions here are how can we develop guidelines of best practice to help teachers hold in balance both the rights of children to participate and their right to be protected and how can we enable teachers to negotiate appropriate activities for children?

4.3 Key issues raised

- **Understanding and building on existing participation and making it more visible**

We need to understand how boys and girls of different ages (even very young children) are already participating effectively within their own families and communities. This information can then be used to choose appropriate activities that can make their participation more visible to parents and community leaders to strengthen their credibility as partners. We need to understand how participation is affected by any disadvantages in the environment, by cultural norms or the gender of the facilitator or the child. We need to understand how the power structures in the school, family and community are changed when children participate and how these changes affect the quality of participation. We also need to make children's participation more visible to official bodies by making sure that their contribution is recorded in official documents and statistics.

- **Working with children together with their families and communities**

We need to work with parents and communities and not only with children when promoting children's participation rights. Where children are part of highly interdependent families and communities, working with children on their own may take them ahead of their parents and lead them to challenge parental/community norms unsupported. This can literally put them 'on the cultural front line'. We need more examples of how dialogue on children's participation rights has been successfully initiated and supported in different communities and how this has led to local bills of children's rights being negotiated and agreed.

- **Understanding the daily reality of children's lives and listening to their concerns**

We need to review training at all levels to increase people's responsiveness to children's own concerns and make sure that those whose decisions affect children's lives understand how their behaviour towards children can affect the children's ability to participate. Fieldworkers need to know how to facilitate the participation process and involve children in planning,

implementing and monitoring their own programmes. In this way the activities they participate in can be more relevant and useful to them and programmes can be modified to reflect their perspectives. Government departments and NGOs also need to be more responsive to the perceived needs of children. We need to orientate leadership programmes for children away from the 'old-style' hierarchical, authoritarian models and towards a more participatory style which requires the ability to build strong teams that can work well together and make democratic decisions.

- **Agreeing some minimum standards for good practice in children's participation**

We need to set some minimum standards for good quality children's participation and document more examples of good practice to help programmes that use the Child-to-Child approach develop good quality children's participation. This would also help to avoid the manipulation and coercion that has sometimes taken place in the name of Child-to-Child where, for example, children have been required to do jobs that adults do not want to do (cleaning the school toilets or the market place). We also need a platform to share materials and experiences of good practice and a forum or network that will advocate to development agencies and government.

4.4 Recommendations for good practice in child participation

The issues raised above give a clear indication of ways in which the Child-to-Child approach can be used to improve the quality of children's participation. They argue for more formative research in specific contexts to improve policy and practice. The following guidelines/ recommendations for good practice can therefore be made:

- Using the Child-to-Child approach to achieve good quality children's participation of children means changing the way adults traditionally treat children <u>and</u> the way children traditionally treat adults so that the disparity of power between them is reduced. Such change takes time because both adults and children need to learn new ways of thinking and new skills and feel confident about their new relationship. It is therefore recommended that programmes use an appreciative enquiry approach that identifies and builds on the positive ways in which children are already participating and which slowly increase the amount of power that children have to make decisions as the facilitator learns how to let go and the children learn how to work together democratically.

- It is important that all children must be provided with appropriate opportunities to participate and this includes children as young as three years of age or younger. It is therefore recommended that we explore further the role that Child-to-Child ideas and methods can play in promoting early childhood care and development (ECCD). We need to develop more teaching and learning materials on methods to encourage very young children and adults to become co-researchers. These materials should include multi-sensory inputs which may for example combine, sight, sound and touch. It also means advocating for learning through play (or 'playing to live' – as discussed in chapter 5).

- There is an urgent need to bridge the current dialogue gap between policy makers and parents in order to translate the UNCRC into a meaningful bill of rights for children's participation in each specific context. It is therefore recommended that we work at multiple levels to promote dialogue and encourage a more holistic approach at the community level. Locally relevant facilitators need to know how to work with children

together with their parents and their communities to agree how to balance responsibilities with rights and help build communities where all children achieve their full potential.

- Children are expert observers of their environment with an intimate understanding of the social conditions in which they are living. If programmes are to meet the health needs of children it is vital that they are given some ownership of the programmes by having a voice in planning, implementing and monitoring programme activities. It is therefore recommended that Child-to-Child training programmes at all levels be reviewed to make sure that people really understand how to plan together with children and be responsive to their perceived needs. Special attention needs to be given to identifying simple and effective ways in which children can monitor and evaluate their own activities.

Reference

UN General Assembly (1989) *Convention on the Rights of the Child*. New York: United Nations

Chapter 5 Improving early childhood care and development

Barnabas Otaala and Rajee Rajagopalan

5.1 Introduction

Since its inception in 1978 the Child-to-Child approach has developed activities and materials for use by older children intended for the benefit of younger children. For example:

- Taking responsibility for safety of younger ones on the way to school, at school, and from school; or when mother and father are away from home.
- Helping them in simple tasks such as dressing or tying shoelaces.
- Hearing first reading practice.
- Helping with playgroups in and after school.
- Tending plants or engaging in other family activities together.

No doubt some of these activities and materials have assisted in the care, growth and development of younger children. But it needs to be recognised that there are constraints on the role that the older child can play in the development of the younger child. In this regard the following observations need to be borne in mind:

- It is dangerous to think of children who care for others as surrogate parents. Yet it is also a sober fact that in some parts of the world where violence has run unchecked and where the HIV/AIDS pandemic is rampant the number of children who **are** brought up by older children is extremely large and alarming.
- It is naive to believe that older children always react with kindness and compassion to their child-minding role, since that role robs them of the chance to socialise with other children of their own age group, and to develop their own mind through imaginative and creative play.

It is also true that some issues have arisen which call for a need to review the various activities as well as materials and to make recommendations/suggestions for future policy, practice, and research. In this chapter we briefly review the findings from a periodic review of Child-to-Child activities in 1999, including those relating to research, materials, and programming, before referring to issues and recommendations identified at the consultation in Cambridge in 2002.

5.2 The 1999 consultation on early childhood care and development

This consultation identified priority needs for research, materials development and future possible training activities. The participants concluded that there were quite obviously a number of gaps in terms of our knowledge about Child-to-Child and early childhood care and development, and that there was therefore need for some research in this area. They identified some of the questions that needed to be answered and made a number of recommendations, which are briefly summarised in the box below for their pertinence and relevance, in the areas of research, materials and programming.

Some questions that need answers through research

- Why has the subject of early childhood care and development not been more widely adopted in Child-to-Child activities, worldwide?
- What is the positive impact of existing Child-to-Child activities, and how can we expand these?
- Is learning about early childhood care and development appropriate and engaging for both the primary school child and the adolescents?
- Are Child-to-Child messages and activities on 'school-preparedness' appropriate?

Materials development

Based on experience of current Child-to-Child materials, there is clearly a need to rewrite these materials. In doing this, some considerations of issues which need to be addressed would include, among others, the following:

- The need to select and define a few critical messages on early childhood development which **all** children and their families should know, for instance:
  A child learns to talk by being talk to.
  Hug children to show love, not anger.
- The need to emphasize the importance of **responding** to young children, when for instance they **vocalize**, and not just **doing** things for them.
- The need to consider the interest and the development needs of the older school-age child who is looking after the younger child.
- The need to emphasise young children's activities within the home which are part of the existing life style and culture, as well as those which involve toy-making and other creative and entertaining activities.

Programming issues: early childhood care and education centres and the primary school

In early childhood care and development there is a need for a triangular relationship between communities, pre-schools (or other institutions which care for children before entry to formal school) and schools. A healthy triangular relationship is one in which there is a tripartite agreement:

- To continue to emphasise a holistic view of health promotion in schools, in which mental stimulation and emotional well-being are interdependent with physical health.
- To emphasise the need to refocus on the first year of primary, promoting it as a transitional 'pre-school experience', thus stressing the importance of the first year of school and the impression it makes on the child.
- To emphasise the need, through Child-to-Child, to promote **child-friendly** rather than **child-centred** approaches as more realistic in large classes which are a common feature in many **third world** or **majority world** countries.

To emphasise the need to advocate for investment in early childhood care and development by promoting and popularising research findings indicating the long-term economic benefits of early childhood education.

Review of activities related to early childhood care and development have also been undertaken by other organisations. We refer particularly to the World Education Forum (WEF) held in Dakar, Senegal in 2000, which was a follow-up and review of the Jomtien, Thailand Conference on Education For All, held in 1990. We particularly make reference to Sub-Saharan Africa where lack of development has been exacerbated by the HIV/AIDS pandemic.

The World Education Forum (WEF) in Dakar Senegal set out a framework for action in education over the next fifteen years. The first goal listed is:

'Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. (WEF framework, 2000:2)

WEF background papers supporting this goal have stressed the need to adopt a holistic and multi-disciplinary approach, which spans education, care and health sectors. There already are early childhood development initiatives in Sub-Saharan Africa over the last ten years, both local projects, and wider initiatives supported by international donors, which have attempted to take such a multi-disciplinary approach.

The HIV/AIDS pandemic is having a devastating effect in Sub-Saharan Africa. Foster et al (1997:92) comment that:

> 'AIDS is unlike other disasters in that its impact is diffused over large geographical areas; multiple illnesses and deaths have a cumulative effect with an increasing attrition rate year after year; and unlike other disasters it is difficult to envisage an end to the cataclysm after which life can return to normal. It has been suggested that because of AIDS households and communities could quickly cease to be viable economic units. The trauma of grieving death after death can induce a feeling of powerlessness, and inability to act. Support systems could falter with the seemingly endless demands on them; relatives already overburdened caring for their own children, must also bear the economic burden of caring for orphans.'

The effects of HIV/AIDS on young children include coping with the effects of the illness; losing parents and family members to the illness; the collapse of household economy where there are no wage earners; the care of very young orphaned children, and lack of understanding and stigma. The burden of care often falls on the very young and very old. Poverty exacerbates attempts by local communities to cope, and some schemes have included income generation as part of their intervention strategy.

Governments, and other agencies are all attempting to address HIV/AIDS issues across sub-Saharan Africa. These efforts are intended to address the need both for high-level strategy and the need to support community participation at a local level in the design and implementation of programmes.

5.3 Critical issues and recommendations from the 2002 consultation

The Child-to-Child approach that encourages older children to look after the welfare of their own brothers and sisters and other children in the community as well as the welfare of other community members is an approach which has been embraced in many counties. This approach has been embraced by other organisations including Aga Khan Foundation, Bernard van Leer Foundation, UNICEF, Save the Children, Christian Children's Fund and Arab Resource Collective, to name but a few. Despite this, there are a number of issues which have been identified, particularly through the work of the Bernard van Leer Foundation.

Critical issues
The Bernard van Leer Foundation lists a number of opportunities and challenges that they have explored in the many countries in which they operate, which have implications for Child-to-Child approaches:

- In Kenya a study was done that tracked 1000 children from their pre-schools through to upper primary and the first form of secondary school. But only six per cent of the pupils had reached their expected class – the remainder had repeated one or more classes, had transferred to other schools or had dropped out of school altogether. The transition from pre-school to primary school emerged as a very serious problem. From the child-friendly environment of the pre-school the children are suddenly plunged into an unfriendly primary school environment characterised by excessive use of formal teaching methods, lack of learning and play materials, lack of adequate textbooks, and harsh discipline. This unfriendly environment has a negative impact on the learning of the pupils, resulting in high wastage in the form of absenteeism and dropping out. (Njenga and Akabiru, 2001)

- From Botswana there is an example of the challenges faced by San (Bushman) children on the road to education. The San population is among the last groups of hunter-gatherers still surviving into the 21st century. Coming from a culture where children and adults interact freely, where education is informal and where physical abuse of children or harsh corporal punishment was unheard of, the San find it hard to understand the formal system of education. The study recommends more research on the educational and child rearing traditions of the San and the possibility of using traditional knowledge as part of a primary and pre-school curriculum. This would not only enhance the attitudes of parents towards education but would also improve the self-esteem of the people as a whole and enrich those who are working with them. (Several projects that are working with indigenous people in different parts of the world work along these lines and have reported success with participation, as well as positive progress in education. Examples are the Nyae Nyae village school programme in Namibia and the Intelyape-Iyape Akaltye project for aboriginal children in Australia.) In 1995, government policies were still very much against the concept of mother-tongue education and all instruction was in Setswana. Recently the concept of different groups being allowed to learn in their own mother tongue has been approved but much debate still takes place about the practical implications of implementing such a policy given the difficulties of not having enough first language teachers available in all minority languages. Presently the lack of sufficient language materials and human resources still surpasses all arguments in favour of the policy especially in regards to the San languages. (Leroux, 2002)

Other issues identified, include the following:

- There seems to be a trend towards formalising early learning with more and more emphasis on school readiness, numeracy and literacy and less on learning through play. Transition from an informal learning setting to formal learning/teaching in primary school is often problematic. The first year of school and the impression it makes on the child is very important. Parents have great concern for children's education and they perceive 'play' as a hindrance to their learning process; 'play' is not recognised as a multi-sensory learning through experimenting and experiencing.

- There is still a dearth of culturally relevant support materials in early childhood care and development programmes and sometimes the use of local materials as well as local

languages is discouraged. There is not enough knowledge about children growing in different circumstances and cultures.

- The Child-to-Child approach has evolved from a predominantly health focus to include children's rights, environment, and social and emotional development. Yet we may not be ready in all situations to accept the consequences of true participation of children in all aspects of programme development.

- Child-to-Child programmes/activities among young children tend to focus on **caring** rather than **all-round** growth and development and it has been easy to concentrate on the benefits to older children. Programmes separate older and younger children. Younger children are regarded as recipients rather than participants. There are fewer opportunities for older children to interact with younger children in formal settings.

These observations lead to some recommendations/guidelines which we briefly refer to, below.

Recommendations

- There is a need to interconnect the Convention on the Rights of the Child, Child-to-Child and early childhood care and development. As the concept of rights is understood differently in different societies, so is the concept of childhood, and it is important to use an integrated and holistic approach promoting active learning and children's participation but starting from where the people are.

- There are good practices of using Child-to-Child in early childhood care and development programmes and these should be documented and shared widely. Nevertheless, more Child-to-Child materials need to be developed that focus on young children and can be used in working with parents and caregivers as well as older siblings in a family and community setting. These materials can also be used in classroom settings.

- UNESCO's guide on parent education in developing countries as contained in their 'Policy Brief' included some interesting insights on early care and education. For example:

  'Given a relatively high per-child cost, institutional services for children under three are also out of reach in most developing countries. As far as the care and education of young children in their first years is concerned, one feasible option is to educate parents in the basics of cleaning, feeding and interacting with children. Parent education, which does not require a sophisticated administration system, as it can be delivered informally, can have a substantial positive impact on early childhood development by making parents more effective early childhood educators. Parent education does not help solve the problem of the parents' non-availability but it makes them become more effective early childhood educators when available.

  'But … mothers in disadvantaged situations, the main target population of parent education programmes, are not easily available to attend classes. For this reason, home-based programmes have been devised to mobilise mothers to serve as collective early childhood educators for groups of children in neighbourhood communities. Such an approach allows mothers to work while their children are under the care of someone with at least a minimum of training. However, home-based and parent education programmes

should not be considered permanent alternatives to government spending on professional care and education for disadvantaged children. In addition, in order to ensure quality, these programmes, too, require government support and involvement to build the necessary administrative infrastructure.'

To access this complete 'Policy Brief', go to:
http://www.unesco.org/education/educprog/ecf/pdf/brief5en.pdf

- The answer to controlling HIV has remained and will remain, **social action**: responses by societies, communities, families and individuals to come to terms with the risk of infecting and becoming infected and vulnerability to exposure or exposing others to a formidable threat … (Brenzinger and Harms, 2001:3)

  However, the path that societies and communities must take to become 'AIDS-Competent' (that is, be aware of the threat, of the different risks involved in social-sexual communication, in economic survival strategies, and in gender discrimination and violence, and work collectively to change these conditions of exposure and risk) is complex, and there are very few success stories to date. (Brenzinger and Harms, 2001:4)

- There is a need for research on:
  a) Gathering information on techniques of participation with very young children.
  b) Traditional child-rearing practices and beliefs emphasising the importance of the role played by grandparents in general and grandmothers in particular.
  c) Action-based research on Child-to-Child methodologies in pre-school and other alternative settings.
  d) Transition from pre- to primary school (preparation of children for school and school for children. Please refer to Robert Myers' book *The Twelve Who Survive*, chapter 10, 1992, on 'the readiness of children for school' and 'the readiness of schools for children'.

- Play for children is important for learning, exploring, socialising and practising life skills. This concept should be elaborated to parents and all stakeholders. There is also value in promoting child-friendly schools and what determines a child-friendly school should be identified.

5.4 Case studies from Ecuador and Zambia

- **Jugando a Vivir (Playing to Live)**

Since 1998, Child-to-Child ideas and methods have been used to develop a programme called Jugando a Vivir (Playing to Live) in Cuenca, Ecuador. The programme places special emphasis on raising children's self-esteem, strengthening the relations between members of peer groups, and developing in children the life skills they need for learning and development.

Playing to Live has been developed by Dr Arturo Quizhpe Peralta, Professor of Paediatrics, University of Cuenca and colleagues at the Child-to-Child Centre in Cuenca, in co-ordination with two local institutions: the Faculty of Medical Sciences of the University of Cuenca, and the Institute of Education and Teacher Training.

The aims of Playing to Live are as follows:

1. To identify the attitudes, skills and behaviour of parents, their children, teachers and the elderly in relation to the traditional games associated with their social and cultural backgrounds.
2. To investigate and describe our most important traditional and low-cost games.
3. To promote the health of our children through encouraging and stimulating the practice of using traditional and low-cost games as a method for recreation and learning.
4. To investigate the influence of older siblings on younger siblings, in relation to the practice and teaching of traditional and low-cost games.
5. To study and determine the relationship between the practice of some traditional low-cost games and child development.
6. To research the possible influence of practising some traditional low-cost games in the psychomotor development of normal and disabled children.

Fifteen urban schools and five rural schools with over 5000 children and 200 teachers have participated in the process. Attitudes, knowledge and behavior in relation to play have been investigated. A sample of 1000 parents, 120 teachers, and 1000 children was used.
During the research activities, a research and promotion team was assigned to each school. Older children (10 to 12 years old) interviewed their younger brothers and sisters. They also gathered information from parents and had the opportunity to listen and watch traditional games. Participation by children, parents, and teachers in the use of research techniques was also encouraged.

As a result of the research activities, and in order to promote child development, using play as a fundamental right and teaching method, the Child-to-Child programme in Cuenca adapted the Child-to-Child activity sheets on Child Growth and Development. It has also created several specific materials, which answer the particular needs of teachers, social workers and the mass media. These include books, videos and tapes in Spanish, with Child-to-Child stories, songs and drama.

The Child-to-Child programme has undoubtedly impacted on the knowledge, attitudes and behaviour of teachers and parents, especially in the pilot schools. Parents and teachers are becoming aware of the importance of play in children's growth and development. They have begun to develop an understanding of how children may increase their learning capacity while having fun at the same time. The programme has also shown parents and teachers how children, through play, can be enabled to recognize their ability to change the world around them.
(Dr Arturo Quizhpe Peralta, Child-to-Child Centre, Cuenca, Ecuador)

- **Primary children develop local games for younger children in Mpika, Zambia**

This case study briefly describes an attempt to link primary school children with early childhood education. The primary objective of our work is to lead older children into developing and inventing local games for younger children aimed at developing specific cognitive skills such as memory enhancement, spelling and counting.

I first created a theme for my class on developing local games. This helped me to create and develop a story on the needs of very young children and how to help them learn, as a first lesson. After reading the created story, children discussed the ideas with each other in their

co-operative groups for further understanding. I later developed a lesson where children took a survey in their neighbourhoods to identify very young children of pre-school age.

In the second lesson I asked children to identify and list games and play activities done by the identified younger children in their community. This led to discussing the importance of better play as a link to learning concepts found in schools. I later asked them to identify by voting the common games played by most children in their community. Having identified such a game led to describing how it was played. Children were then asked to improve the identified local game in order to make it better for the development of very young children. When that was done children further attempted to develop other games adding value as they made them better. This process was done in seven lessons on different days.

The younger children enjoyed games invented by their older friends as some of them even wanted to ask their peers to join them after learning such games:
'Playing this game is very nice!'
'Shall we call others friends to join us!'

I learned a lot from both the older and younger children. The older children gained from such experiences as they were able to share after an interview that:
'I came to learn about how to prepare, design and think about things as I prepared activities for the younger children.'
'I came to learn some spelling of words as I read books where I wanted to get ideas from. I learned more!'
'I have learned a lot from the younger children. I thought that they do not know how to spell any word. I have learned that when I am also playing I should use ideas from school so that I become bright in class. Everything that I am not good in I will improve.'

The younger children also had something to learn as can be observed below:
'I can now spell my grandfather's name.'
'I can count up to 40 now.'
'I know how to write 9 in words.'

The younger children did not keep that knowledge to themselves but shared it with other younger children as well.

Some of the older children were able to observe a lot of changes as a result of such experiences. Some of the comments were:
'The younger children in my neighbourhood have learned how to write 2 and I in words'.
'They know how to write letters A up to Z. they learned how to count to 100. I am very happy because they know how to write.'

The challenge I now face is to share these ideas with very poorly resourced schools in my district where no pre-schools exist, and to work with teachers on how to link such schools to very young children.
(Paul Mumba, Teacher, Kabale School, Mpika, Zambia)

5.5 Concluding remarks

The Child-to-Child approach since its inception in 1978 has had a very positive influence in terms of what older children can do for themselves, for their communities, and for their

families, and particularly for their younger siblings. The spread of the idea worldwide as well as the development of new challenges, including the HIV/AIDS pandemic, has necessitated a review of the role of the older child, the materials, and programmes which we designed to be of benefit for the care and growth and development of the younger child. Recommendations/guidelines emerging from this review have been suggested. In implementing them however, it is important to underline the need to build on people's strengths.

The Bernard van Leer Foundation (1991) states:

> 'In Africa … there are strengths that are universal yet rarely recognised by outsiders and even by those inside ... Within communities there are people who are helping others – what can we do to support them? There are early childhood programmes that are having a positive impact on communities – let us identify why they are having such an impact. People co-operate and share for their mutual benefit – can we extend this sharing and co-operation into other areas of their lives? Traditionally, children are prepared for adult life from a very early age by participating in household and family duties – how can this be adapted to prepare children for the next century while still retaining the best of their traditions? How can we develop an instinctive ability to listen to the community and interpret its strengths so as not to impose our agendas but build on what the community already does and knows?'

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Chapter 6 Issues and Ideas on Child-to-Child and Children Affected by Conflict, and Effectively Reaching Out-of-School Children

6.1 Introduction

This chapter is different from the others in this publication in that it presents a short summary of the issues and ideas raised in two further sessions of the consultation.

The session on Child-to-Child and children affected by conflict explored the nature of the difficulties and opportunities that conflict situations create for children and gave some ideas for children's action in conflict situations. It also identified examples of good practice where the Child-to-Child approach has been especially effective in helping children affected by conflict. It suggested new directions for activities such as creating 'children in crisis action teams'.

The session on effectively reaching out-of-school children identified reasons why children are out of school and the needs of the children concerned. It suggested ways in which out-of-school children can be reached and supported.

6.2 Child-to-Child and Children Affected by Conflict

6.2.1 Key issues arising from the consultation

- Conflicts that affect children can be macro-conflicts (and their aftermath) such as wars or local and micro-level conflicts such as ethnic divisions within communities, conflict in the family and conflicts at school.

- Conflicts create situations, which present unique difficulties and unique opportunities for working with children in a participatory way.

- When responding to conflict, it is vital to focus on why and how children are coping with difficulty and to build on this (resilience), e.g. being able to access the support of trusted adults.

- In order to develop strategies to resolve conflicts it is important to understand the triangular relationships between parents, children and their community at a micro-level.

- We need to understand that conflicts are fundamentally about exclusion and that any activities promoted in a conflict situation (such as Child-to-Child-related activity) should be inclusive at all levels and try to promote common values. Child-to-Child activities can form a subtle approach to conflict resolution which does not arouse suspicion.

- It is important to start with small-scale initiatives and not allow the scale or emergency nature of a conflict situation to dilute the quality of potentially helpful initiatives.

- The Child-to-Child Trust needs to analyse how children in conflict situations face problems differently and use this to construct or raise awareness on appropriate intervention programmes.

- The Child-to-Child Trust needs to analyse how Child-to-Child activities in conflict situations act in subtle ways as conflict resolution strategies in themselves.

6.2.2 Ideas for children's action in conflict situations

Children can teach each other skills – to cope, to show compassion, e.g. by supporting children having difficulties.

Children can be taught games and other fun activities.

Children can form clubs to share and/or make books, toys, art, share feelings, experience, stories, identify needs, etc.

Children need to learn respect for each other and for others' ideas, e.g. through teamwork.

Children learn conflict resolution skills, e.g. 'pen pals' across conflict/ethnic divides.

Children learn democratic skills, listening skills, etc.

Children can promote peace, e.g. peace feasts – meetings over ethnic/other conflict divides and peace marches.

Children can learn how to raise awareness of children's rights and challenge abuse, e.g. 'food for sex' in refugee camps.

Children can take on responsibilities e.g. peer education against drugs/for healthier lifestyles and finding ways to help support services such as health and education.

Children learn how to take better care of their own and others' health e.g. mine awareness, food management, mass immunisation, early identification of hearing and visual problems, hygiene, playing with young children.

Children need help to establish routines, which can support psychosocial recovery from a chaotic lifestyle.

6.2.3 Guidelines for good practice/recommendations

Materials
- 'Map' and distribute annotated listings of Child-to-Child and related materials of particular use for those working with children affected by conflict.
- Raise awareness on how existing Child-to-Child and related materials have been used to inspire work with children affected by conflict, e.g. the Child-to-Child Reader '*The Path of Peace*' in Nigeria.
- Develop new materials to support work with parents/carers of children affected by conflict.

- Develop materials that overtly discuss issues of resilience, conflict resolution skills and life skills, e.g. critical thinking skills about what adults say and do!

Case studies

- Document and distribute examples of good practice where the Child-to-Child approach has been particularly effective in helping children affected by conflict. Examples include:
  - The anti-bullying campaign organised by the Children's Resource Centre in the Western Cape, South Africa in 2002. Each school and group involved had an anti-bullying committee to help solve problems at school and group level. Surveys were carried out to find out how much children and youth knew about bullying and what they thought could be done to stop it. Schools and groups joined together for a mass march and meeting to raise awareness and seek involvement of parents, teachers and all children to stop bullying and bring back a caring culture.
  - In India, the 'safe environment' centres for children provided by the Mobile Creches teams, and the Children's Parliaments in Rajasthan.
  - In Nigeria, the way that the Mothers Welfare Group in Kaduna, among others, is building bridges across ethnic divides.

6.2.4 New directions

- Find ways to support adults improve conflict resolution skills that they integrate and thus model to children in their daily lives (this may require changes/development of adult attitudes, language use, etc).
- Research with the view to borrowing from successful and innovative peer mediation programmes in the UK where older children are helping younger children resolve playground conflicts.
- Create 'children in crisis action teams' who would help establish holistic programmes for children in conflict situations in the emergency phase.
- Check that institutional culture and/or project activities of our organisations properly reflect the ideals of Child-to-Child, i.e. participatory, child-centred, listening, etc. This includes making classrooms more democratic and finding ways to celebrate diversity.
- Research and document how strategies for helping children cope with conflict need to reflect the culture and the unique circumstances in which they find themselves in order to encourage more effective project planning and better listening, e.g. encouraging the purchase of cows and involvement in popular church activities for the southern Sudanese in Kakuma refugee camp, Kenya rather than art and drama therapy.
- Understand how the resilience and the coping strategies of children affected by conflict can inform project design and planning.
- Research and develop activities targeted at children 0-5 (but involving older children) to support young children affected by conflict. This would address both short-term problems – such as supporting traumatised adults finding it hard to nurture young children, and long-term goals – such as developing a spirit of caring and community-mindedness in those children involved in caring, e.g. toy-making activities in the Afghan refugee camps, Peshawar, Pakistan.
- Focus on improving the quality of existing Child-to-Child activities in areas affected by conflict which in themselves (whatever the topic) can have long-term effects on developing 'good citizenship skills' in the children involved.

6.3 How Can We Effectively Reach Out-of-School Children?

6.3.1 Understanding why children may be out of school

There are many reasons why children are out of school:
- Disability.
- Marginalisation/discrimination.
- Religion or local culture may discourage education/schooling.
- Poverty – cannot afford fees, school uniform, etc. (e.g. orphans).
- Early marriage.
- Working children do not have time to study (e.g. house workers, etc.).
- Lack of schools.
- Lack of sensitivity on the part of school staff.
- Unfriendly environment.
- Lack of basic facilities, e.g. toilets, water, materials, desks, etc.
- Education not relevant to the needs of children or communities.
- Distance.
- Children busy looking after siblings.
- Street children do not have the opportunity.

6.3.2 Identifying their needs

We often assume that what all children need is schooling, but there are certain categories of children who have other more immediate needs, e.g. street children may need shelter, food and protection from the police before schooling, working children need to earn money whether for themselves or for their families, etc. Needs include:
- Survival.
- Health services and information.
- Education useful for their lives, i.e. relevant.
- Protection from the police and other adults.
- Vocational training.
- Life skills, e.g. decision-making.
- Self-esteem.

6.3.3 Reaching and supporting them through Child-to-Child

Reaching them
- Through other children (peers).
- Through providing more accessible, more child-friendly services.
- Through community-based organisations and NGOs.
- Through information dissemination.
- Through involving parents.

Supporting them
- Through providing information on rights, services, materials, etc.
- Children can do research to identify needs and can also help in resolving some of them.
- Through help in socialisation/befriending other children.

- Through including them in clubs/informal groups.
- Through informal education.
- Through emotional support/solidarity.
- Through promoting self esteem/self-confidence.

In our consultation we discussed several different kinds of out-of-school children by presenting projects working with different groups:

Patrick Kangwa presented the Mpika Inclusive Education Project:
Using the Child-to-Child approach to promote inclusive education, children in Mpika, Zambia, both disabled and non-disabled, have been able to explore issues around disability and exclusion, and the role that they as children could play in facing related challenges. In so doing, they have been able to make an important contribution to the inclusion of disabled children in regular schooling. Teachers in the 17 project schools have had opportunities to reflect more deeply on their own practice, recognizing that many children already in school were experiencing difficulties in learning as a result of unrecognized impairments, poverty, illness and family breakdown. Whilst working to include previously excluded children – mainly those with disabilities – teachers developed new ways of teaching that helped to ensure that the learning in their classes was more meaningful to all the children.

Catherine Gana presented the market schools in Nigeria:
In 1996 a group of women volunteers in Bida, Niger State of Nigeria were concerned about children's well being and interested in promoting health in the community through education. They sensitised the market women into seeing that their children could be adequately catered for within the market premises while they went about their normal business. The presentation recounted how a day care centre was set up in the market place, its purpose and how it evolved. The centre has grown from a day care centre to a primary school, and is sustained by contributions from parents. Children play active roles in ensuring the smooth running of the school. Despite their young ages, boys as well as girls share posts like head boy and head girl, labour prefect and social prefect. Children together with teachers have been involved in activities including:
- Clean up campaigns in the market. This has encouraged the parents to join in to ensure a cleaner environment.
- Children together with teachers make toys from locally-available materials for the younger ones to play with.
- The older children (including boys) all have younger ones in the play class to take care of.

Minaxi Shukla presented CHETNA’s work, which includes supporting programmes such as railway platform schools and nomadic schools.

Alfia Mirasova presented programmes being run in Kyrgyzstan with children out-of-school, market porters, commercial sex workers and drug addicts. The projects were interesting in that they aimed to support the children in their immediate needs, which were in most cases protection from the police and other adults.

Chapter 7 Synthesis and moving forward

Pat Pridmore

The key issues arising from the consultation that need to have an increased focus are synthesised below. These ideas can provide a practical way for Child-to-Child to move forward.

There needs to be an increased focus on:

Networking and advocacy

- To expand the Child-to-Child network and promote a more holistic way of working with children together with their families (parents and grandparents) in health development.
- To promote Child-to-Child within new types of non-formal education, e.g. developing small/medium finance systems for children (in response to the impact of HIV on their economic security) – using multipurpose buildings.

Developing new materials

- For ECCD – especially materials for fathers and mothers, and materials to prepare young people for parenthood. We need to have more readers like '*Teaching Thomas*'.
- For HIV/AIDS, to help children develop life skills.
- To help adults develop partnerships for health with very young children.
- To help grandparents develop new supporting roles with children and their grandparents (girl-child and grandmother, boy-child and grandfather).

Developing new partnerships

- With bilateral and international development agencies – we need to think big (as well as small), e.g. piggyback current interest and funding for FRESH start programmes – to get Child-to-Child ideas and methods into the education and health sectors.
- With religious organisations to impact HIV/AIDS.

Research to record Child-to-Child experiences and fill the knowledge gaps on:

- Children and childhood, i.e. what does it mean to be a boy-child in … or a girl-child in …. – listening to children's own voices in specific situations.
- Traditional child-rearing practices.
- Traditional games.

Child-to-Child training

- To support children's psychosocial needs including issues of disclosure and confidentiality.
- To build children's collaborative working skills and capacity for democratic leadership and team building.

Appendix 1

Participants attending the Child-to-Child Trust International Consultation, March 2002

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