

Child-to-Child NEWSLETTER



Published by the Child-to-Child Trust (UK) with the support of CAFOD



Child-to-Child in Timor Leste
Read more on pages 3 – 6

New Director for the Child-to-Child Trust

It is with great pleasure that we have appointed Patricia Young as Director of the Trust.

Tricia has considerable experience in creating programmes intended to promote child participation,



particularly in the UK. She was formerly Programme Manager at the Tutu Foundation UK, where she pioneered a new approach to community development, which is intended to build the capacity of community-based organizations to engage more effectively with young people in or at risk of conflict. She worked

as a Senior Associate with the Aston Centre for Voluntary Action Research for several years on a number of projects including investigating grassroots activities designed to 'build bridges' between people of different ethnic and/or faith backgrounds and evaluating an international NGO's approach to planning, monitoring and evaluating its programmes for children without parental care.

Tricia also currently holds two voluntary board positions. She is Chair of Eaves for Women and a Trustee of Odanadi UK.

This experience has not only provided Tricia with the necessary skills and knowledge to bring value to the work we do on children's participation, it also means that Tricia brings with her a network of contacts and a breadth of ideas to apply to the way our organization delivers its work and raises funds.

She lives in north London with her partner and young daughter.

We welcome Tricia to the Child-to-Child family.

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Remembering Otto Wolff

Hugh Hawes

My dear friend Otto Wolff, whom I admired as much as anyone I have ever met, died in April this year a few months after his ninetieth birthday. Five months before, he had attended Child-to-Child's thirtieth birthday party in Downing Street. He had been associated with the movement from its inception and played a major part in its growth and development.

In 1989, David Morley and I approached Professor Otto Wolff to become the Trust's new Chairman. At the time Child-to-Child had been launched in 1978, Otto, then Nuffield Professor of Child Health and Dean of the Institute of Child Health at the University of London, had been vastly supportive of the nascent movement. Now, eleven years on and retired from his post, he had retained his interest and enthusiasm. To our greatest joy he accepted and continued for three years as Chairman and a further four as a trustee. Under his leadership and guidance the Trust was to expand and consolidate in a manner which few of us could have predicted.

In particular it was to win UNICEF's Maurice Pate award and, under Otto's chairmanship, to conduct a vitally important consultative meeting where both international advisers and friends from the UN agencies were able to share views of the nature of the movement and chart its development. The decisions of this group were to shape its nature and activities for years to come.

All who worked with Otto at that time appreciated his intellect, his quiet wisdom and deep respect for people. He was supremely approachable, listened to everyone and was always available to offer wise and gentle advice supported by his formidable fund of knowledge and experience as one of the most distinguished paediatricians of his time.

Above all he had an unswerving commitment to social justice, a love of children, a complete commitment to their well-being and a deep aversion to prejudice in any form. Because of this he fitted in easily with the ethos of the Child-to-Child family worldwide. He strongly supported the view that our own country needs the Child-to-Child approach every bit as much as poorer countries do, and found it irksome that others could not see this in his way, detecting in their view a false sense of superiority.

Personally he was loved and admired by all he came in touch with. An accomplished musician and lover of the arts, he was a wonderful person to be alongside and with his wife Jill made their home in Islington a joy to visit.

Despite his status, Otto was completely devoid of any sense of self-importance. Death announcements of the Great and the Good usually list their styles and titles and mention their past positions and achievements. Otto's loving children knew what he would have wished. The announcement placed in the obituaries in the national press described him simply as 'Otto Wolff, Paediatrician and Musician'.

The Child-to-Child family mourns his passing and treasures the memory of all he did for the world's children.

Editorial

2010 has been a year of endings and a new beginning. We said goodbye to Tashmin Khamis and look forward to benefiting from the expertise of her successor, Tricia Young, as we move forward.

Hugh Hawes remembers Professor Otto Wolff, our former Chairman, who died earlier this year. Otto led the Trust during a period of exceptional growth in the 1990s.

Two regular contributors to the newsletter, Sonal Zaveri and Shabnam Ahmed, explain how Child-to-Child ideas and approaches fit into programmes with which they work in Timor Leste and Pakistan respectively. We hope these articles will help and encourage readers working with similar programmes in their own countries.

Clare Hanbury reports on a workshop in Sierra Leone to test materials on children's participation in child protection for the *Keeping Children Safe Coalition* of which the Trust is proud to be a member.

We have updates on Getting Ready for School, the major project run by UNICEF and the Trust, which ended its pilot phase this year. There are also reports from East Africa, Haiti, Bangladesh and Cambodia.

We are grateful to all our contributors, and thank Sybil Spence who designed and page set the newsletter, and David Gifford who provided her with valuable support.

Christine Scotchmer, Editor

Remember that you can also sign up to our regular electronic newsletter by sending an email to: cenquiries@ioe.ac.uk and quoting 'CtC e-newsletter sign up' in the subject title.

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Where does Child-to-Child belong? Looking beyond health and education

*Sonal Zaveri, Health & Social Development Consultant/
International Adviser to Child-to-Child Trust*

The Child-to-Child approach is revolutionary in so many ways and we have thirty years of implementation to prove it. The approach straddles both health and education and seamlessly integrates them. Though the content is health related (understood in its widest sense), the methodology is rooted in educational best practices where children are encouraged to discover, think, work and reflect. Neatly captured in the four or six steps of Child-to-Child (understand, find out, plan and do action and evaluate to do it better next time), the approach provides a blueprint for children's participation and adult facilitation, be it health worker or teacher or community worker. Most important, Child-to-Child principles articulate how deeply the approach values children – encouraging their involvement and empowerment so that they become active citizens of their communities, always placing first the best interests of the child.

The problem in implementing Child-to-Child lies not in ideology but in the practical world of programmes and projects. When Child-to-Child is implemented in community-led programmes, the problems are less obvious as community-based organizations and non-governmental organizations work directly with communities and provide a one-window interface through which services and interventions are delivered. But what happens in government-led programmes? Traditionally, sector programmes have followed a top-down vertical model for delivering interventions. The health sector focuses its various programmes on disease prevention and treatment whereas the education sector focuses on the numerous subjects that children learn – social sciences, language, maths and science. So where does Child-to-Child fit in?

Child-to-Child has always placed the child at the centre – valuing their participation and contribution: what children can do, believing that the best programme is not *for* children but *by* children. But the real world of health and education programmes works in very different ways. For



health professionals, their work demands that children receive services, preventive or curative, and it is clearly up to the health workers to ensure that the best possible service is available for children. In education, the primary focus is not health but all the other subjects over which children must get mastery. In many developing countries, the teacher, like the health worker, is expected to provide the knowledge that children need. These subjects are only marginally related to the day-to-day health of children. At best, the science subject informs about disease, water and sanitation and cleanliness, but presented as knowledge that children should know. The *roles* of the teacher or the health worker are clearly defined – it is very top down, systematized and organized. The health worker has their schedule of work and the teacher has her timetable and syllabus. What children can do is not part of the work plan and the importance of their involvement in daily lessons not understood.

Child-to-Child is clearly a children's programme and in that sense, teachers have an 'advantage'; they know how to teach children, are aware of their capacities at different ages, are more familiar with the communities the children come from and have longer hours of interaction with them than the health worker. But Child-to-Child is also a health programme and the basic knowledge related to health lies with the health worker. The health worker has practical experience with health problems, is aware of the available treatment options, knows how to prevent many ailments and hence is best suited to provide the practical and real-life solutions that Child-to-Child encourages for children. But health workers have a lot to learn about communication while children and the teachers have a lot to learn about health. Both have a lot to learn about children's participation and active learning.

In the late 80's Malvani programme in India, Child-to-Child was implemented by a community health centre with technical expertise provided by the Preventive and Social Medicine Department of a teaching hospital. Doctors from the centre would go to the classrooms of nearby schools at designated times and use the Child-to-Child approach for the common health problems in the community – immunization, anaemia, diarrhoea, tuberculosis and scabies. Some of the doctors were able to talk without jargon and use simple activities. Children learned much and became actively involved in the activities of the community health centre – helping the health workers during immunization campaigns, spreading awareness about anaemia and so on. These 'ambassadors of health' brought the health centre and the community closer, improving access and utilization of

health services. But in the school, the teachers took little interest – either passively attending or using the 'free time' to catch up on their work. Some doctors, used to a more medical explanation, found it difficult to communicate with children in a simple way. The lessons learned by Child-to-Child were that in order to institutionalize the approach in schools, teachers needed to be trained as Child-to-Child facilitators and not just the doctors. Teachers needed to imbibe the Child-to-Child values of child participation so that they could facilitate the children in all subjects and in this way reinforce the active learning methods introduced by Child-to-Child. Only then could the education system accept Child-to-Child as an integral part of the teaching, timetable and syllabus. But that was then.

In the last decades, there has been increased understanding regarding the need for child-centredness in schools (e.g. child-friendly schools, health-promoting schools), to include health within the school system (school health programmes) and the importance of simple preventable actions for a variety of health problems (e.g. the Facts for Life initiatives). Although progress has been made in the expansion and integration of programmes, the delivery structures have remained the same. The health department is responsible for school health and Facts for Life (or similar community health prevention activities) and the education department for improving pedagogy in the classroom so that children learn all subjects well. The territorial boundaries translate into real terms of budgets and personnel. Who will train the teachers – the health workers or the teacher trainers? The former have the health knowledge and the latter know how to work with children and deliver health education curricula. Who 'owns' the programme – health or education? In a climate of results-based programming, this becomes a serious issue.

Many projects have been introduced to influence the health and well-being of children. Water and sanitation projects in schools have become an integral part of child-friendly school buildings; libraries encourage children to learn while reading; child-friendly infrastructure is considered vital; community programmes for health, water, sanitation and agriculture impact on the health of families and children; and early childhood care and development encourage an early start that breeds later success for children's learning. The more programmes are introduced with children as their focus, the more it is evident that no one sector can 'own' the programme. Child-centredness needs to be the core and foundation of each and every programme and this is where Child-to-Child has an important role to play, as it is an *approach*, a

framework and a philosophy that can be easily translated into practical application.

We know that if there are no toilets and no running water in the schools it is difficult to teach about hygiene, but we also know that if children do not understand the importance of washing hands before eating or after going to the toilet, none of this infrastructure will improve the health of children. We know that we need books such as the Child-to-Child Readers that weave health issues in stories that children enjoy but we also need a skilled teacher to help children translate a good story into real action that impacts on their lives. The community programmes that talk to adults about water and sanitation need also to think about how children can contribute and complement what they learn at school. The more programmes that are introduced either for children or impacting children, the more critical it has become to speak in one voice, to promote the values that are the foundation of a child-centred approach.

Child-to-Child has an important role to play in integrating the different programmes for children as the *approach is a way by which children learn and do and a way for adults to facilitate and work with children*. At its heart, the four or six steps (understand, find out, do and review), its principles and guidelines provide a framework that promotes the rights of children, provides a practical way forward to work with children and helps adult facilitators to critically examine their role in encouraging real and effective participation of children. A Child-to-Child programme is most effective when all sectors and programmes working with, by and for children understand and implement the fundamental values and guidelines of the approach. Not doing so can undo the small and significant gains made in a Child-to-Child programme where children are encouraged to actively learn and participate in the solution of their own problems.

The multitude of sectors that 'claim' they are child-centred or implementing Child-to-Child have introduced a whole new world of challenges and opportunities. In Timor Leste, the Child-to-Child programme supported by UNICEF has sought to evolve a partnership with the sectors of health and education by instituting a task force to review materials and to discuss plans. It has been a slow process as it involves a great deal of coordination and integration, issues of ownership and sustainability. Other sectors have also been encouraged to join such as the green environment initiatives, water and sanitation, child-friendly classrooms and child-centred facilitation by teachers across subjects other than health. The

Child-to-Child approach enabled the introduction of a more child-friendly approach to *all* teaching in school and has strengthened the child-friendly school model, also promoted by UNICEF. UNICEF's close partnership with the Ministry of Education has allowed the Child-to-Child approach to be introduced into the National In-service Teacher Training Institute. Institute trainers have



Children take the initiative to make a fence to protect their school garden

Photo: Sonal Zaveri

trained and mentored the teachers on site, enabling the Child-to-Child programme to be embedded in the school timetable and syllabus of 38 pilot schools. Links were made with the Inspectorate and inspectors oriented so that they understood and appreciated what a child-centred programme in schools looked like. The School Health section (part of the Department of Health) was invited to ensure that the training provided to teachers and health workers followed the same principles. The Water and Sanitation team was also involved and they ensured that rollout of infrastructure coincided with the school Child-to-Child training and rollout.

But the Child-to-Child programme had to be vigilant as well – reviewing school health programmes that claim to be Child-to-Child or child-centred but on closer examination are not. For example, one NGO with a health focus trained school teachers so that children could perform plays on health but the plays were all preplanned, and children had to learn the lines and perform. Children neither went to their communities to find out their problems nor discussed what they wanted to do nor planned the action (such as writing their own plays) – in other words, teachers were trained on the exact opposite of what Child-to-Child promotes.

The challenge for Timor Leste is how to ensure that the

Child-to-Child approach is the approach of choice for both education and health stakeholders. The programme's sustainability and future course largely depends on the two sectors defining a partnership agreement which identifies



During a survey, children demonstrate that there's no water in the school tap

Photo: Sonal Zaveri

the Child-to-Child approach and its materials as the guiding tools for health and hygiene education. A second major challenge will be to ensure that the approach does not lose its child-centredness in implementation. This requires continuous monitoring in schools and mentoring for trainers. This is simple in theory, but in a context where capacity and systems remain weak and where governments and development partners are pressured to 'go to scale' quickly, the practical challenges of offering on-the-job mentoring and undertaking consistent school-level monitoring are enormous.

The enduring question therefore is no longer whether Child-to-Child is a part of health or education. As many other sectors and programmes vie to work with children, it is important that Child-to-Child, being an approach, provides the umbrella framework so that those who work with children *truly understand* the value, dignity and respect that the Child-to-Child approach places upon children.

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Child-to-Child adopts a problem-solving approach and children exposed to the clubs and methodology show more concern for taking initiative and responsibility for their own behaviour. This is because they receive correct information and are able openly and publicly to discuss their health concerns in a wider perspective.

For more information please see the website www.ace-africa.org or contact Augustine Wasonga, Executive Director at augustine@ace-africa.net

Child-to-Child activities around the world

Read recent project news throughout the newsletter where you see this logo.



Entries compiled by Danielle Naoum, Office and Network Manager, Child-to-Child Trust from information supplied by the projects concerned

Children fighting stigma

ACE-Africa (Action in the Community Environment) is a rural-based NGO whose mission is to reduce the impact of HIV and AIDS in rural communities through promotion of health education, food security, nutritional assistance, capacity building and support among people infected and affected by the virus. ACE implements a Child-to-Child project with the aim of ensuring children participate and take responsibility for one another. Children and especially girls are encouraged to grow up as assertive individuals with developed life skills as a coping measure to deal with peer pressure and the effects of HIV/AIDS. An average of two teachers and a headteacher per school have been trained in the Child-to-Child methodology in 169 primary schools: 120 in Bungoma District, Western Province, Kenya and 29 in Siaya District, Nyanza Province, Kenya, and 20 in Tanzania. This training has transformed the schools into school-based child-centred Child-to-Child clubs, with an estimated membership of about 8000 school children aged between seven and 15 years. Through this programme many girls have been able to complete primary school while all other members have gained gardening skills that help ensure food sufficiency back in their homes.

The children have broken barriers and attitudes by visiting orphaned homes, visiting people living with HIV and AIDS and incorporating the children into the clubs. *'The Child-to-Child Club has changed me in the way I interact with children whose parents are known to have died of AIDS and I treat orphans with a lot of love, we visit them, cook and play together.'* 13-year-old girl, Sio Primary school

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Getting Ready for School: achievements in six pilot countries

Christiana Brown, Project Officer, Child-to-Child Trust

The three-year school readiness pilot project, initiated in 2007 by UNICEF and the Child-to-Child Trust, ended in September 2010. The project originally comprised two key interventions but in the pilot phase efforts were concentrated on the first one. This involved preparing five-to-six-year-old pre-schoolers to enter grade 1, using the Child-to-Child approach and materials in 35 sessions integrated into ongoing primary school activities. The intervention was designed for children in the upper primary school years ('young facilitators') to use with younger children during the year before they enrol in school ('young learners').

Follow-up visits to the six pilot countries as well as the end-of-project evaluation carried out by the American Institutes for Research in Washington have shown that young learners have acquired most of the competences required of them, including recognizing letters in the alphabet, identifying written numerals and counting them correctly, telling and retelling stories, reading, writing and playing.

Much was also achieved in terms of the enthusiasm and confidence acquired by the young facilitators as they engaged with the young learners and worked with them through each of the 35 sessions. Young facilitators showed significant improvements in their own attendance and self-reported grades in academic subjects, an increase in their positive attitudes toward learning, and an increase in their appreciation of the importance of young children's school readiness. The more sessions young facilitators attended, the greater the change in their attitude.

The trainers and teachers have also developed confidence in delivering their role, though they still need refresher training to strengthen their knowledge, confidence and facilitation skills to work with children using child-centred methodologies.

News from project countries

Since the project's introduction in **Ethiopia**, over 2000 children have benefited from it. Young learners are

enrolled at the right age and young facilitators have increased their learning skills and self-esteem. There are plans to extend the project in the coming year to reach over 12,000 children. Ethiopian participants in the recent global meeting (reported on page 9) recognized that the next phase of implementation should involve parents more in the activities.



China has used a parent-to-child model instead of Child-to-Child and this has worked well there as it has taken the burden off teachers and made the intervention more efficient and effective in that cultural context. Significant parent involvement increased awareness of the importance of early childhood education programmes among parents and other community members. There was also a high degree of support from early childhood development teachers for the parent facilitators, and this has ensured a quality intervention as parental skills have improved.

In **Yemen**, a positive impact has been observed in literacy, numeracy, motor skills of young learners, and academic performance and self-esteem of young facilitators. A 96% enrolment of intervention children



in primary school was achieved as against 64% in the control group. The government is committed to providing universal access to quality early childhood education for children. It aims to reach 50% of the five-to-six-year-old population in project target areas by the end of 2011.

Young learners in **Bangladesh** are enthusiastic about the project, and they can recite songs and rhymes from the project materials and write their own names. Young facilitators have also learned leadership skills with some becoming more organized with their own schooling and lessons. The government sees pre-primary education as a policy priority and is developing a national curriculum and formal structure for early childhood education. The project seeks to support the government by 100% coverage of school children in the project areas. It also seeks to adapt the approach to reach street children and other marginalized children by 2011.



The pilot project reached 1500 young learners in the **Democratic Republic of Congo**. As a result of the benefits of the project on poorer children, plans are under way to expand the project in the same regions it has worked in over the past three years but also to work in rural areas to reach 1200 extra children and 20 more schools.



Tajikistan is considering integrating Child-to-Child components in other programmes and school curricula and to add two hours per week to the teachers' timetable to ensure that children are well prepared and get ready for school at the right time.



Next steps

The next implementation phase presents a great opportunity to consolidate work in the project and also to build the capacity of the schools to receive children by implementing the planned second intervention. This is *Helping the Little Ones: Helping My Own Learning*, which involves a series of developmental readers, games and learning activities that can be used by children in grades 1 and 2 with their younger siblings at home and other children in the community. The activities reinforce the older child's basic numeracy, language and early literacy

skills. The intervention also involves preparing grades 1 and 2 teachers to improve classroom practice using participatory and active teaching and learning methods in the classroom.

The Trust is currently piloting the second intervention in Yemen this year and will share learning with the other pilot countries and more broadly. Plans are under way to expand the project to new pilot countries with training, follow-up support, reflective meetings and monitoring. The Trust also plans to support all countries to conduct a qualitative evaluation to support the quantitative evaluation already carried out.

(Photos: Child-to-Child Trust, showing young learners and young facilitators in project countries)

Child-to-Child activities around the world



Developmental Action Without Borders-Naba'a is a Lebanese organization working with both Lebanese communities and Palestinian refugees with a special focus on children's rights. It works to empower those communities so they can uphold the rights of children, as this enables children and young people to play a healthy and active role in their communities.

In 2001, Naba'a launched the Child-to-Child programme and trained 28 local community workers to facilitate children's clubs inside Palestinian refugee camps and marginalized Lebanese areas and villages. These clubs emphasize learning through activities, hands-on projects, and encouraging children to be role models in their communities. Naba'a started these clubs with the participation of over 3200 children between the ages of eight and 16. The children's clubs go through the dynamic process of discussing, brainstorming, problem solving, and finally teaching about a particular problem in their lives.

The Child-to-Child methodology is entirely child driven. Children identify health or environmental problems that they encounter on a regular basis inside the Palestinian refugee camps and neglected Lebanese areas, such as diarrhoea, malaria or the inaccessibility of clean drinking water. They then learn about the common perceptions and practices regarding this particular issue through surveys of community members. The result

is a creative and powerful learning process in which children learn how to share information effectively and work together for change in their own communities.

For more information please see the website www.nabaa-lb.org or contact Hiba Hamzi, Programme Coordinator at h.hamzi@nabaa-lb.org

Global review meeting in Ethiopia

Corinne Davey, Chair, Child-to-Child Trustees

In March this year UNICEF and Child-to-Child held a global meeting to review the overall progress and impact of the school readiness pilot project. The meeting was designed to plan for scaling up and expanding the pilot, both in the countries in which the pilot had taken place and beyond. The meeting was held in Ethiopia with participants from UNICEF, the education ministries and Child-to-Child staff, from Yemen, China, Bangladesh, Tajikistan, Democratic Republic of Congo and Ethiopia. Christiana Brown, Child-to-Child Trust Project Officer, and I attended the meeting on behalf of the Trust.

The *Getting Ready for School* project was part of UNICEF's plan to improve children's development for their on-time enrolment in school and improve school readiness to receive the newest pupils. The project started in April 2007 and completed in September this year. The project rested on three key pillars: the child's readiness to enter school; the school's readiness to receive the child by providing a conducive environment for learning and parents' and communities' readiness to send their children to school. This initial pilot had focused primarily on the child's readiness to enter school.

The first several days were focused on the evaluation of the project and an understanding of how to scale up the pilot. The evaluation had begun to show promising results but highlighted challenges with the pilot. These challenges included changing the teaching pedagogy, relying on training of trainers to cascade the model effectively, and mobilising communities better. As the pilot had not implemented all three key pillars, participants also needed to understand better how to expand the initiative to school readiness. The evaluation had been built around quantitative indicators. Participants felt that more qualitative input was required to assess better how the attitude and behaviour of children, their parents, teachers and communities had changed through this project.



Young learners in Ethiopia

Photo: Child-to-Child Trust

The true 'feel' of the project became more apparent during the field visits in Ethiopia. These offered participants the opportunity of observing young facilitators helping the pre-school children with literacy and numeracy. A real hit among the little ones was the story book 'Where Is Chicken?' which they found colourful and relevant to their home and community. Parents were delighted with the project – they could see that their younger children were being better prepared for school but were also impressed with what their older children (the young facilitators) were able to do.

Whilst participants began the meeting feeling a little anxious about scaling up a pilot which still faced challenges, all were hugely inspired by the field visits, not only in what had been achieved in Ethiopia, but also in understanding where the similarities between the countries' programmes existed and what learning could be shared between them to improve their pilots to go to scale. The remainder of the meeting generated lively discussion on improving the pilot and scaling it up. Staff from education ministries were the most ambitious, wanting to go to scale throughout the country! Gulzar Kanji, senior Child-to-Child trainer for the project, took the participants through 'Where Is Chicken?' and tasked the group with making their own books so they could understand better the simplicity and effectiveness of the school readiness pillar.

The overall outcome of the meeting was agreement that the Child-to-Child approach was effective in contributing to the increased access of children in poor families and communities to school and in retaining them in schools. The approach was especially attractive to governments in the pilot countries because of its cost effectiveness. And countries were keen to scale up this initial pilot to expand the model and reach more children.

Child-to-Child in Afghanistan

Anil Khamis, Senior Lecturer in Education & International Development and International Coordinator, Institute of Education University of London

In last year's newsletter I wrote about my visit to Kabul to assess the potential of using Child-to-Child via radio in Afghanistan. To follow this up, in March 2010 in London, Clare Keates, Interim Director of the Child-to-Child Trust, and I presented an overview of the project bid and the Child-to-Child approach to a delegation from the Afghan Ministries of Education and Higher Education, Afghan university chancellors and British Council staff. We are pleased to report the good news that we have been successful in gaining a grant, centred on the Child-to-Child approach, from the British Council INSPIRE fund for research and development activities over the next three years.

The innovative project, entitled 'Promoting Health Education Through Children's Active Participation', aims to promote health education in areas of chronic conflict. Both the UN Millennium Development Goals and Education for All targets rely on effective and relevant quality education being delivered to areas that are underserved. This project will combine tertiary and primary education systems to focus on programme development with the active participation of children.

The project will:

- Train teacher educators in tertiary institutions in the first instance;
- Facilitate teachers and children working together in active methods in the second phase of the project;
- With children's active participation, deliver health education radio programming in areas of chronic conflict where access to schooling is interrupted.

At the start of the project two colleagues from Kabul Education University attended a training course for programmers and facilitators in Lebanon in October 2010 on Child-to-Child Approaches to Children's Participation in Health and Development. This was held by the Child-to-Child Trust in collaboration with Save the Children, Sweden.

HEALTH: A forum for health-promoting schools in Pakistan

Shabnam Ahmed, Aga Khan University-Institute for Educational Development

Every Saturday, the Aga Khan University-Institute for Educational Development (IED) in Karachi, Pakistan becomes a hub of activity. Teachers from different school systems, including government, private, community-based and NGO schools, flock to IED. No, it is not an open day for teachers, not a seminar or fair: these practitioners are members of the Pakistan Teachers' Association Network (PTAN) based at IED. Eight teachers' associations have been established under the auspices of PTAN in the areas of mathematics, science, social studies, inclusive education, early childhood development and health education as well as the School Heads' Association and an Association of Primary School Teachers. These associations are involved in a number of activities throughout the year including regular workshops, Olympiads for children, summer sessions, newsletters, consultancies and outreach for both public and private sector teachers.

What is HEALTH?

The Health Education Association for Learners, Teachers and Health Workers (HEALTH) was established at IED in December 2003. The aim is to promote health education in schools to improve the quality of education and health of Pakistani children, their families and communities. HEALTH is a forum which provides an opportunity to advocate for health promotion through schools and ultimately influence national education policy makers to include/integrate health education in the national curriculum.

Why HEALTH?

A Health Action Schools (HAS) pilot project was initiated by IED and funded by Save the Children UK and the Child-to-Child Trust UK in 1998 to promote quality health education in primary schools through an approach that empowers children to disseminate health messages to the community and at home. The successful experience of the HAS project and other school health promotion

activities since 1998 has built capacity in the areas of action research, teacher training and development both at IED and among the teachers and heads of the health-promoting schools. The HAS team has participated in a wide range of activities since 1998 including providing training for primary school teachers in health education based on the Child-to-Child approach, designing school health education materials and action research. Furthermore, the project introduced the Child-to-Child approach for the first time in Pakistan.

Based on the lessons learned from this action research project the health education team was keen to reach out to as many teachers as possible in order to promote awareness of the importance of health education and initiate the programme in their schools. Therefore HEALTH was established to serve as a forum for teachers from different schools and different areas to meet regularly to share their experiences of becoming health-promoting schools. The association plays a vital role in furthering future health education initiatives at IED, particularly the areas of marketing and dissemination of the health materials that have been developed by the team and the Child-to-Child Trust.

How does it work?

The objectives of HEALTH include the following:

1. To develop awareness among students, teachers and community members about the advantages of health education and promotion in schools.
2. To provide a necessary forum for teachers already involved in health education and promotion in their schools to share their experience.
3. To provide a platform for IED to give support to health-promoting schools and to learn from their experiences and the impact of the programme to guide future directions in health promotion and education.

Membership

Schools can join HEALTH by paying an annual membership fee. It is also open to individual membership. The association has 70 member schools at present. Each member school can send two teachers to a monthly workshop on every last Saturday of the month.

Beneficiaries and participation

Initially the participants were mainly teachers from schools in Karachi, a city in Sindh province of Pakistan where AKU-IED is based. However, through networking activities like newsletters and other publications, participation has extended to a larger number of teachers from all parts of the country, especially remote areas like Northern Pakistan which were already part of the HAS pilot project. Some members travel long distances to attend the monthly meetings. A chapter has also been opened in another city.

- The primary beneficiaries are teachers associated with HAS and NGOs associated with health-promoting schools in Pakistan.
- The children and communities of the schools where these teachers work are the ultimate beneficiaries of this association.
- Other teachers also benefit by learning from the experiences of participants through networking.

What we do?

- Workshops on the Child-to-Child approach.
- Lesson planning sessions for teachers on various health topics using the Child-to-Child approach.
- Participatory sessions for children.
- Sessions on story telling and writing by invited guests who are specialists in these areas.
- Workshops on children's participation in health and development.
- Seminars and talks on various health issues by invited guest speakers.
- Sessions on active methods to promote health.
- Three-day summer sessions.
- HEALTH Olympiads.
- HEALTH *melas* (fairs).



We also publish a quarterly newsletter which includes:

- Sharing members' experiences of health promotion in schools through the Child-to-Child approach.
- A chosen lesson plan on a health topic.
- A tool such as a story or a picture for discussion.
- Interviews.
- Children's work (drawings, poems on health topics).

Here is an example of a yearly plan of activities:

• February	Children's mental and emotional health
• March	Exploring health calendar
• May	Telling stories saving lives by invited guest
• July	Summer session
• August	Role of headteachers in promoting health
• September	Developing a school health action plan
• October	Puppets: active method for health promotion
• November	Integrating health in science
• December	Involving parents in health promotion

Impact without infrastructure: taking Child-to-Child to its 30th anniversary

Tashmin Kassam Khamis, Director Child-to-Child Trust, 2003-2010



As I sit on the shores of the Indian Ocean in East Africa, I reflect on the seven years of my directorship of the Trust, and the privilege of hosting the 30th anniversary celebrations of this small but significant organization at Downing Street, London in 2009. The Trust and the

Child-to-Child approach have taught me much and there are five key guiding principles that I take away with me to apply to my new setting, here as Director of Quality Assurance and Academic Planning at the Faculty of Health Sciences, East Africa, at the Aga Khan University.

1. Ownership, ownership, ownership!

Participation is the cornerstone of Child-to-Child. The approach enables children to take charge, and the size of the Trust has meant it can't be the implementer. Thus, those who use the materials and methods are in control and can ensure that the Child-to-Child approach and ideas are adapted to the local context. In a much bigger organization the need for ownership by the implementers is even more important, to translate a vision to reality. And as faculty write their own curricula, they teach it better and are more open to critique, to improve what is theirs and not someone else's.

2. **One size does not fit all.** It is tempting in development to take a pilot and then aim to replicate. However, the lesson we often forget is that there is no one blueprint. What works in one country needs adaptation and change in not only another country but indeed another region, or the next village. Child-to-Child has been successful in more than 70 countries because it encourages this adaptation, of language, of process. The models we see of the Getting Ready for School

partnership with UNICEF differ according to setting, weather, geographical distance, resources, religious cultural traditions and so on. The same challenges are there for the Aga Khan University, a university spread across eight different geographic locations in South and Central Asia, Africa and Europe, to maintain quality outcomes for its graduates wherever they may graduate from.

3. **Leading from behind is the best way forward.**

The Trust has epitomized humble leadership combined with huge impact. The founders, Hugh Hawes and the late David Morley, gave and continue to give inspiration to the work of the Trust, without being front and centre of the organization. Their vision is embraced and owned by those who take the work forward. One of the most fulfilling tasks I took on was to strengthen the Board of the Trust. Today the Trust is led by an enthusiastic and committed team of Trustees, who guide the staff from behind in a supportive environment. The Aga Khan University has a long-term vision to bring about sustainable change in very poorly-resourced countries, through higher education that is shepherded by His Highness the Aga Khan, Chancellor of the Aga Khan University, and a diverse and experienced Board of Trustees. At a recent curriculum workshop, senior leadership at the Aga Khan University renewed its commitment to leading from behind as good leadership practice, with transparency and trust in people at the core.

4. **To flourish we need an enabling environment.**

Child-led participation still needs adults around. Our evaluations of children's participation show that without sensitizing adults, children can only make limited change. We can't work with children without involving teachers and parents. That's the beauty of the synergy between the learning and living place in the Child-to-Child step approach. The same is true with strengthening the student experience at a university, especially in this part of the world, where families have an even bigger say in their children's careers.

5. **Empowerment comes with education.** The tragedy of inequity can either defeat us or challenge us, in our small way, to address such disparities, as we realize we are global citizens with our lives intertwined.

And as the Trust and the Aga Khan University educate to empower, it is vitally important that we capture and spread our stories of success which show the impact of our work. ***Listening to the voices of our children and students can teach us much in improving what we do.***

Dr Tashmin Khamis may be contacted by email at tashmin.khamis@aku.edu

Child-to-Child activities around the world



Program Timoun-a-Timoun Child-to-Child training workshop in Haiti

The city of Jeremie, Haiti, a ten-hour bus ride from Port-au-Prince, was not directly affected by the devastating January 2010 earthquake. However, the coastal city felt the impact of the tragic event as many of its citizens lost family members, and hundreds of earthquake refugee families returned to Jeremie after the loss of their homes and livelihoods. Children who had survived the earthquake were placed in Jeremie schools without any resources to meet their unique psychological needs. Jeremie-based Haitian Connection (Koneksyon Ayiti), as part of its community mental health programme, planned and implemented a Child-to-Child training course in July 2010 in an effort to promote children's leadership in meeting the mental and physical health needs of fellow students. Celine Woznica, who has initiated Child-to-Child programmes in Mexico and the United States, facilitated the workshop along with Gerard Vitale of Fondwa, Haiti. Twenty-three teachers from eight local schools, including four school principals, attended the four-day training held at the University of the Nouvelle Grand'Anse. Games played an important role in the course as they strengthened teacher-student relationships and provided a good medium of instruction for children. Twelve Child-to-Child



themes were studied, broken into general areas of nutrition and health promotion, common illnesses, and emotional health. The Child-to-Child activity sheet *Understanding children's feelings* provided the baseline for subsequent activity sheets targeting children who have experienced a natural disaster or the death of a loved one. The teachers shared their experiences of children from earthquake-affected areas joining their classrooms and agreed that the Child-to-Child methodology helps the other children understand and support their new classmates.

Each of the participating teachers made a commitment to bring the programme to their schools. The middle schools with older children will train and send them to primary schools where they will work with younger students. The training was enthusiastically received by the teachers. Many commented on the dynamic teaching techniques, that were both fun and easy for the children to repeat, and the importance of play when working with children.

For more information about Koneksyon Ayiti please see the website <http://haitianconnection.org> or contact [Renate Schneider](mailto:Renate_Schneider@yahoo.com) at schn067@yahoo.com



Children's participation in child protection: Sierra Leone workshop

Clare Hanbury, Health Education & Children's Rights Consultant/Adviser to Child-to-Child Trust

The Land of the Lion or Lion Mountains: Sierra Leone. When those who named this country landed on its shores they mistook the roar of the thunder for the roar of lions. The courage of the lion was certainly a virtue needed to get through the mayhem that was Freetown's airport! From spilling out of the plane on to the runway to clambering into the helicopter on the same runway took two-and-a-half hours of slow, noisy jostling.

I was in Freetown to work with 13 child protection officers from seven African countries (Gambia, Guinea, Ethiopia, Kenya, Malawi, Sierra Leone and Tanzania). I co-facilitated the workshop with the Child Protection Focal Point Officers from Plan International, Mariama Deschamps (UK, HQ) and Grace Harman (Sierra Leone).

Our purpose was to test the materials in the first draft of a new guide or 'tool' being developed on children's participation in child protection. We are calling it *Children Keeping Children Safe (CKCS)* and it is an addition to the *Keeping Children Safe Toolkit*. The Keeping Children Safe Coalition is currently made up of 18 agencies committed to creating a safer world for children. The Child-to-Child Trust is a member of this coalition and leads on this particular project.

The aims of the new CKCS tool are:

- To be a training guide for trainers wishing to train facilitators who work directly with children on child protection issues;
- and
- To provide a set of activities for these facilitators to use directly with children to engage them in child protection as a set of topics.

As those working on child protection in their countries may not have teaching skills or be specialists in child participation, the objectives of the exercises contained within the tool are to build facilitators' understanding of children's participation and their skills to work with children. The objectives of the exercises to use with

children are to develop children's understanding of child protection issues; to develop the skills they need to protect themselves and others; and to help organizations working with children to develop and monitor child protection strategies.

The workshop was an exciting mixture of testing materials and training and, on two afternoons, working with teenage children from Sierra Leone's National Children's Rights Forum.



Listening to the youngsters' ideas

Photo: Clare Hanbury



Youngsters discuss a child-friendly version of the UNCRC

Photo: Clare Hanbury

A contents list for the new version of the tool is set out below.

Module 1: A Trainer's Guide	
Part 1	Part 2
Children's participation	Working with groups of children
Children's participation in child protection	Active listening
Overcoming barriers to children's participation in child protection	Asking open questions

Module 2: A Facilitator's Guide		
Part 1	Part 2	Part 3
Talking about feelings	Developing a child protection policy for a group, club, class, school or organization	A facilitator's toolkit (includes ideas on how to inspire, support, challenge and have fun with children)
Children's human rights		
Understanding child abuse	Talking to adults about child protection policies	
Good touch bad touch		
Decision-making	Setting up children's clubs	
Children keeping children safe		



The style of the meeting was open and democratic and all participants contributed their views and perspectives as together we co-created the next version of the tool. The three most significant ‘take home’ lessons for the redrafting of the tool were:



Listening to the youngsters’ ideas

Photo: Clare Hanbury

- To simplify all exercises in Module 1 and especially the sessions on understanding participation, listening and asking questions;
- To include an additional session on how to work with diverse groups of children; and
- To include an additional session on setting up clubs and groups with children.

The impulse for this last point emerged from observation and discussion following the work with children from the Children’s Forum. The Forum had characteristics which were highly positive but there were also one or two which we felt uneasy about, such as adults being ‘banned’ from their meetings and a type of hierarchical structure that could lend itself to children exercising inappropriate levels of power over the ideas and activities of other children.

The workshop concluded with participants providing specific and firm commitments to test the new version of the tool as a whole, and specific exercises in particular.

Version 2 of the tool is now developed and is already out in the field. We expect the finalized version to be completed by December 2010.

The trip to Sierra Leone was not all work! By Friday morning it was apparent that we all needed a rest before the final push with the children on Saturday and we took ourselves off to Freetown to the tiny but fascinating National Museum where we saw many treasures. We also learned about the rituals around traditional practices like FGM that are still prevalent in some parts of Africa today. This was an issue highly relevant to the topics we discussed at the workshop. The atmosphere lightened as we made our way to and around the wonderful chimpanzee sanctuary where a dedicated team is endeavouring to rescue and rehabilitate chimps that have been illegally captured by people who want them as pets, especially when little. The shocking truth is that as soon as chimps become used to humans, they also become potentially dangerous for the rest of their lives. Thus chimps at this sanctuary will have to be kept in their wonderful enclosures for their entire life at a cost of about \$1000 per chimp each year. There was also time for some of us to visit the curiously named but glorious beach, ‘Number 2 River’. The vast numbers of small crabs shifting around as they looked for food made the white sands shake and shimmer.



Youngsters explain their rights and responsibilities map

Photo: Clare Hanbury

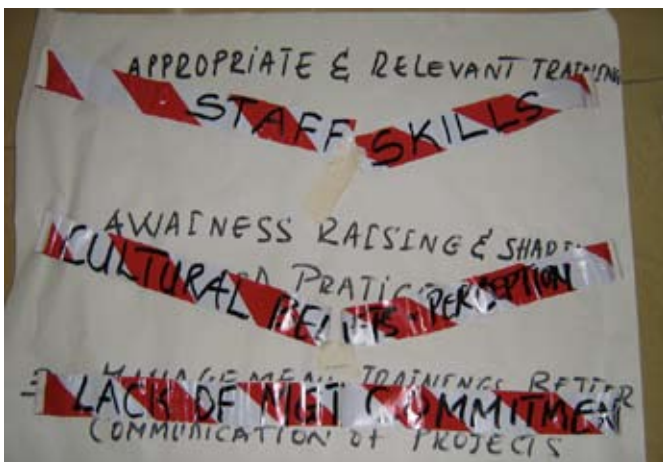


Youngsters map out their rights and responsibilities

Photo: Clare Hanbury

The fun we all had together served to cement what has become a close-knit group and this is something that will be important in the next stage as we move forward not just with the tool but with our training and in our work with children. It was a wonderful visit, professionally and personally invigorating for us all, and as we left we all felt confident that our efforts will make a useful and important contribution to our aim, to keep our children safe.

For more information on the work of [Keeping Children Safe Coalition](http://www.keepingchildrensafe.org.uk), see <http://www.keepingchildrensafe.org.uk>



Barriers and solutions to implementing child participation in child protection

Photo: Clare Hanbury

Training-of-trainers workshop: school readiness

Christiana Brown, Project Officer, Child-to-Child Trust

The Child-to-Child Trust held a five-day training-of-trainers workshop in Oxford, England in July 2010 in connection with the school readiness project carried out in collaboration with UNICEF from April 2007. As mentioned elsewhere (see pages 7 and 8) there are two parts to the project. The first intervention, Getting Ready for School (GRS), has already been implemented by project countries and evaluated. The second intervention prepares schools to receive children, who have completed GRS, in grade 1. This intervention is currently being piloted in Yemen.

The need has arisen to increase the Trust's pool of consultants to assist with training and follow-up for the school readiness project. The main aim of the training of trainers workshop was therefore to familiarize participants with the two interventions involved in the project and to share new training guides developed initially for use in Yemen as the second intervention begins.

There were a total of seven participants (six from the UK and one from India) and two trainers at the workshop. Three of the seven participants were experienced Child-to-Child consultants, one of whom had already assisted in implementing GRS in Tajikistan and therefore had a good understanding of the programme. She used the workshop to enhance her knowledge, and also support less-experienced participants.

Following a packed five days of learning, and as training opportunities arise in the school readiness project, it is anticipated that these new recruits to our pool of consultants will initially 'shadow' others with more experience until they are ready to work on their own.

As some of the participants were existing Child-to-Child consultants, we also took the opportunity to discuss how consultants can contribute to strengthening the Trust's work in general, how the Trust can support consultants in their role, and what the Trust itself can do to strengthen its work and make it more relevant in the current development climate.

Child-to-Child activities around the world



WaterCan is currently working with 14 local partner organizations in East Africa (Kenya, Tanzania, Uganda and Ethiopia) to implement its Clean Water for Schools programme (<http://www.watercan.com/wherewework/cleanwaterforschools.htm>). Over the past 18 months its partners have been working with 57 schools to provide clean water, improved sanitation facilities and health and hygiene education. As part of the activities, the partner organizations work with newly-formed or revived school health clubs, comprising 30-50 students and led by dedicated teachers, to improve sanitation and hygiene behaviour.

The Child-to-Child approach is used through the involvement of students in creating information, education and communication materials, developing poems, dramas and stories to share with their peers and fellow community members and by the older students teaching younger students about safe hygiene practices. For example, our partner JESE works in Uganda with students to develop posters about safe hygiene practices. These posters are then copied by a professional artist, laminated and placed around the school in strategic spots. These helpful visual aids, created by students for students, are also used when students participate in classroom discussions and share lessons on improved hygiene behaviour with their peers. JESE notes that the use of this participatory approach in schools inculcates enthusiasm, fun and morale amongst children to participate in hygiene and sanitation activities, thus improving the environment and health status of children, teachers and staff at the school.

For more information please see the website www.watercan.com or contact [Leslie Moreland](mailto:lmoreland@watercan.com), Programme Officer at lmoreland@watercan.com

International course in Bangladesh



Children practise Child-to-Child step 1

Photo: Shabnam Ahmed

The Child-to-Child Trust in collaboration with the Institute for Educational Development, BRAC University (IED-BRACU) hosted an international course entitled *Child-to-Child approaches to children's participation in education and development: a course for master trainers*. It was held at the IED-BRACU campus in Dhaka, Bangladesh from 11 to 15 July 2010. Dr Shabnam Ahmed of the Aga Khan University Institute for Educational Development, Pakistan designed and conducted the course with support from Clare Keates and Christiana Brown of Child-to-Child London and Dr Nishat Rahman of IED-BRACU.

The course was organized to support IED-BRACU in building the capacity of their existing staff and stakeholders. It was designed to help participants learn about theoretical aspects of Child-to-Child approaches and how to translate their knowledge into practice. It also sought to help IED-BRACU develop a critical mass of Child-to-Child practitioners who can promote children's participation in health, education and development in schools in Bangladesh.

The course was planned as a training-of-trainers course to reflect the calibre and experience of the participants. The majority of the 24 participants were from IED-BRACU,



Children engaged in group work

Photo: Shabnam Ahmed

two were from the Directorate of Primary and Mass Education and there was one participant from each of the following NGOs: Phulki, Dhaka Ahsania Mission, Friends in Village Development Bangladesh and the Aga Khan Foundation.

The training was planned as an introduction to the Child-to-Child approach. Participants were already familiar with the concept of child-centred approaches to teaching and learning and they commonly used a range of active learning methods. However, they gained considerable knowledge about various levels of children's participation through this course and are now familiar with some of the ideas that underpin the Child-to-Child approach, such as children's real participation rather than tokenism, and understanding the approach as a process. They also learned about the methods involved in conducting a simple needs analysis and how to design and carry out simple surveys. They put this learning into practice by working with children during a school visit. Participants gained much from this field trip where they practised the first step of the Child-to-Child approach with children in a real classroom setting, and acknowledged the challenges of working in a low-resourced school.

Action plans developed by the course participants demonstrated an intention to train staff in their organizations to enhance children's participation in projects and schools. Participants also developed/adapted a set of indicators for measuring children's participation in their work.

Child-to-Child activities around the world



PEPY (Protect the Earth, Protect Yourself) launched its Child-to-Child programme in March 2008 and trained five local community members in Child-to-Child methodology to facilitate children's clubs in 11 villages of Chanleas Dai Commune in northwestern Cambodia. Since then PEPY has formed more children's clubs and is in the process of designing a youth club programme aimed at older students.

With 341 members, PEPY's Child-to-Child programme is growing. Currently, they have 13 children's clubs and meet once a week to discuss and brainstorm issues related to the environment. So far, this topic has spurred several different initiatives and awareness campaigns. Children's club members have learned about different materials such as plastic, paper and metal, and through the medium of drama and story telling have educated their communities about recycling. The children have also led village clean-ups involving community members, and learned how to creatively recycle 'rubbish' into useful household items such as watering cans and cushions.

As well as regular Child-to-Child activities, PEPY has facilitated an eight-week life skills training for eight different children's clubs. For one week, each group is guided through various activities that encourage teamwork and trust, problem solving, critical thinking and creativity. As well as fun and laughter, the aim is that this training will empower participants to believe in their ability to solve problems and to work with others to achieve a particular goal.

For more information please see the website www.pepyride.org or contact Adam Kronk, Chief Operating Officer at ak@pepyride.org

Resource groups: contact details

ARC (Arab Resouce Collective) Lebanon

Thematic expertise:

Children Affected by Conflict, Inclusive Education, Adolescents' Health, Early Childhood Care and Development

Phone: +9611 742075 Fax: +9611 742077

ctcp@mawared.org / www.mawared.org



CHETNA (Centre for Health Education, Training & Nutrition Awareness) India

Thematic expertise:

Early Childhood Care and Development, Adolescents' Health

Phone: +9179 27569100/01 Fax: +9179 27559978

chetna456@gmail.com / chetnactc@yahoo.co.in / www.chetnaindia.org



Child-to-Child Trust UK

Thematic expertise:

Health Education and Promotion in Schools, Early Childhood Care and Development, Children in Communities Affected by HIV/AIDS, Adolescent Reproductive and Sexual Health, Inclusive Education, Children in Difficult Circumstances

Phone: +44(0)207 612 6648 Fax: +44(0)207 612 6645

cenquiries@ioe.ac.uk / www.child-to-child.org

See page 3 for address and additional details



Fundación Niño-a-Niño Ecuador

Thematic expertise:

Early Childhood Care and Development, Spanish Materials

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HAS (Health Action Schools) at AKU-IED, Pakistan

Thematic expertise:

Health Promotion in Schools

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www.aku.edu.pk/ied/academics/has/index.shtml



KANCO (Kenya AIDS NGOs Consortium) Kenya

Thematic expertise:

HIV/AIDS in School and Community Contexts

Phone: +254 20 2717664/2715008 Fax: +254 20 2714837

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