



# Child-to-Child newsletter



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## The Child-to-Child Trust and ECD programming

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(Adapted from Abhiyan Jung Rana, Education Section, UNICEF, New York:concept paper, June 2007)

### Investing in ECD programmes

Early childhood development (ECD) programmes can improve the well-being of young children. Investment in early childhood yields very high economic returns, offsetting disadvantage and inequality especially for children from poor families.

It is a time of tremendous brain growth that lays a foundation for later learning. What, how and how much children learn later in school and in life largely depend on the social and emotional competences and cognitive skills they develop in their first few years.

This is especially relevant in the developing world where a child has a four in 10 chance of living in extreme poverty and 10.5 million children a year die from preventable diseases before the age of five. Despite the increased recognition of the importance of learning in the early years, far too many children still do not have any access to early education programmes before starting school.

There are large disparities within countries. Children from poor and rural households and those socially excluded have significantly less access to ECD programmes than those from richer urban households. The children most likely to benefit from ECD – those most vulnerable to malnutrition and preventable diseases – are the least likely to be enrolled.

Moreover, the youngest children have been neglected. Almost half the world's children under three years have no formal ECD programmes. Related to low ECD enrolment is the impact of late primary school enrolment. Many of these children may drop out early or lag behind. This undermines progress in school retention, completion and learning achievement rates.

### The project

A three-year pilot project began in April 2007 in partnership between the Child-to-Child Trust and UNICEF. It supports programmes in a small number of countries worldwide to increase enrolment to class 1 in primary schools and to decrease drop-out, particularly among disadvantaged communities where children have no opportunities to attend pre-schools.

Six countries representing different geographical regions have been identified to participate in the pilot. They are Bangladesh, China, Democratic Republic of Congo, Ethiopia, Tajikistan and Yemen. Country selection factors included:

- Low levels of primary school enrolment;
- High level of over-age children enrolled in primary school;
- Low pre-school coverage and absence of other early learning opportunities;

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# EDITORIAL

Welcome to the fourth issue of the newsletter of the Child-to-Child (CtC) International Network, a joint effort of the Centre for Health Education, Training and Nutrition Awareness (CHETNA), India and the CtC Trust, UK.

The theme of this issue is early childhood development (ECD) and the CtC approach and their synergistic impact, with the aim to highlight issues relevant to the promotion of ECD and CtC approaches through case studies and programmes around the world.

ECD comprises the essential support a young child (between the ages of 0 and 8 years) needs to survive and thrive in life, as well as the support the family and community need to promote the healthy development of this child. CtC is a 'rights-based' approach to children's participation in health promotion and development. Incorporation of this approach in education links children's learning with action to promote the health, well-being and development of themselves, their families and communities.

There are ample instances the world over to show that effective attempts to link ECD to CtC in formal as well as non-formal settings have helped enhance children's knowledge and skills regarding education, health and well-being.

This issue features case studies and exemplars highlighting attempts by several practitioners and organizations around the world. The CtC Trust's recent collaboration with UNICEF on a global early childhood school readiness initiative and inspiring experiences from practitioners in Ecuador, Lebanon, Pakistan, Kenya and India are described. The KANCO article describes the efforts of a primary school to integrate the CtC approach with its ECD programme. Similarly, CHETNA's article demonstrates the effective use of the CtC approach in primary schools to reduce drop-outs.

We would especially like to thank the CHETNA members Ms Leya Arumughan for tirelessly following up CtC practitioners to seek contributions, Mr Anil Gajjar, Artist, Ms Indu Capoor, Director for support and most importantly, all the contributors and authors for sharing their valuable field experiences and case studies that enrich the newsletter. We also take this opportunity to express our sincere thanks to the CtC Trust, especially Ms Farah Babul and Dr Tashmin Khamis, CEO, CtC Trust, UK for their support in publishing this newsletter.

Editors: Madhu Pangotra, Consultant, CHETNA, Minaxi Shukla, Deputy Director, Child Resource Centre, CHETNA and Christine Scotchmer, Child-to-Child Trust (UK).

- Poor retention and high drop-out rates, and weak learning achievement in the primary school early years;
- Previous experience with Child-to-Child programmes and activities;
- Commitment of ministry of education and teacher training institutes.

Schools taking part seek to raise awareness of the need for early childhood stimulation and the development of knowledge, skills and attitudes of pre-school children so that children cope more effectively with formal schooling once they enter it. The whole school seeks to promote the importance of early childhood education and pre-school readiness to all staff, parents and the community.

## The Child-to-Child Trust:

- Provides technical assistance (materials development and technical support);
- Conducts material development trainings in each selected country;
- Conducts teacher training after country-specific materials have been developed;
- Provides implementing partners with follow-up support and monitoring.

## Child-to-Child approaches and ECD

Child-to-Child approaches provide one of the most promising alternative channels in the quest to provide cost-effective and efficient interventions in ECD in developing countries. This stems from two self-evident assumptions:

Besides their primary caregivers (usually parents), young children below school age are influenced most by other children – such as older siblings and playmates – with whom they interact on a daily basis. By working with these other children, who are already in school, the education system can build on this natural phenomenon to influence child development and school readiness in a more systematic manner.

This approach should enable primary school children to meet the needs of younger children during a critical period in their development and preparedness for school. The goal is to increase both the child's readiness for school and the school's readiness to foster optimal learning environments for its youngest students. Specifically, it aims to:

- Increase both girls' and boys' on-time enrolment in primary school;
- Ensure that children arrive at school with a strong foundation in language, literacy and numeracy and the social and emotional skills needed for learning;
- Decrease early drop-out rates and enhance overall primary school performance.

The initiative promotes the following outcomes for older children, parents, families, teachers and schools:



- Primary school children increase awareness of, and skills for, promoting early learning, cooperative learning and life skills, and increased self-esteem;
- Parents and families increase awareness and knowledge of the importance of child development; gain skills to promote early learning, positive health, safety and nutrition practice; and understand that on-time enrolment is important;
- First-grade teachers develop enhanced child-centred teaching and learning methods;
- Teachers increase awareness of the importance of early childhood for later learning, and enhance quality of teaching/learning methods and materials. Positive student outcomes will increase confidence and satisfaction;
- School systems foster linkages/partnerships between school and home, recognize the needs of their youngest learners, create child-friendly learning environments and raise educational standards.

### Two planned interventions

Children in early and middle primary school (classes 1-4) take part in activities with young children in their homes and community.

*Helping the little ones* is a series of developmental readers, games and learning activities enhancing social, language, motor and thinking skills in the first five years of life.

These fun activities develop communications and life skills and reinforce the older child's basic numeracy, language and early literacy skills. Teachers are guided to integrate the methods and skills of early learning and development into classroom teaching and to support their young students to follow their example.

Children from upper primary classes (4-6 depending on the national system) take part in a one-year programme of school readiness activities with children about to enter class 1.

*Ready for school* comprises structured, interactive learning activities focused on the building blocks of numeracy and literacy. It flows from *Helping the little ones*, is fun and exciting, and develops children's self-esteem.

*A Young facilitators' guide to school readiness* helps older children in their role. It explains the purpose of each learning activity, how it should be used and why it is important for children who are about to start school within a year.

### Evaluation

The evaluation will use both quantitative and qualitative measures to address issues related to programme outcome, impact, and process.

**Outcomes** for children will be measured by the age of school enrolment and school readiness. Since pre-school children's knowledge and skills are directly related to their health status and their living conditions, outcome measures will be controlled for variation in the child's health, nutrition, and family care environment.

The pattern of school readiness for groups of children exposed to the Child-to-Child learning materials will be compared against control communities whose first-grade children have not had this exposure. Base-line surveys conducted in both control and case communities will determine the existing levels of on-time enrolment as well as the school readiness of children as they enter school.

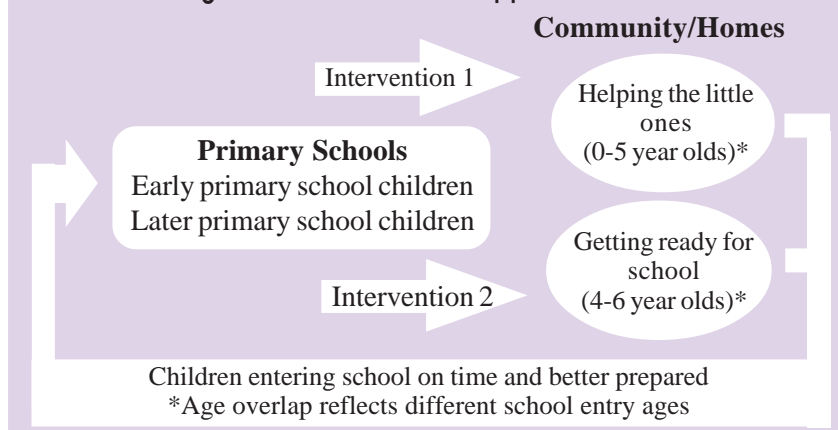
**Impact** on parents, teachers, child educators, and communities will be measured to gain insights into questions such as the following:

- Did the programme change parents' knowledge, attitudes and expectations of their child's school enrolment, progress and performance?
- Were there any changes in the knowledge, attitudes and skills of the older children as a result of participating in the intervention?
- Did the materials and training have an impact on teachers' teaching and learning methods?
- Were primary schools adequately prepared to respond to the needs of their youngest learners? Did they change as a result of the programme?
- Were there changes in the community regarding the needs of young children and their families, evident as a result of the project?

**Process** evaluation will determine if the programme was implemented as planned, including:

- Quality and effectiveness of the children's learning materials;
- Effectiveness of the teacher and student teacher training;
- Ability to provide adequate and effective supervision and monitoring;
- Adequacy of the duration and intensity of the intervention;
- Effectiveness and fit of Child-to-Child concepts in promoting early learning;
- Efficacy of implementation strategies;
- Links between early learning activities and first-year school curriculum.

Schematic diagram: A Child-to-Child approach to school readiness





# Ensuring sustainability of CtC initiatives

Hemangini Gaikwad and Minaxi Shukla, CHETNA\*

CHETNA, India, one of the five resource groups (RGs) of the Child-to-Child International Network is implementing the Child-to-Child approach in formal and non-formal settings in Ahmedabad, India where trained teachers enable children to identify and resolve their concerns. We are obliged to recognize that the sustainability of any initiative, and also its effectiveness, is in jeopardy in settings where the participants 'move on' as in the case of graduating school children or relocating slum communities.

## Formal Setting

Children over 10 years identified the need for education in classrooms and proper use of toilet facilities among younger children. On Teacher's Day (5 September), they assumed the role of teachers and imparted knowledge to four-year-olds on health and moral values through active learning methods utilizing games, songs, poems, demonstration, etc. Child-to-Child interventions empowered girls, who earlier were shy and hesitant, to take the initiative and demand separate toilets for girls in school. They now participate in and represent their school at district and state levels.

CHETNA initially started working with one grade and soon realized that the learnings were not transferred to other grades and not accessible to other children once those trained graduated to 'higher' schools. CHETNA pursued advocacy with school management and training of teachers to reach out to the entire school.

Our approach was to train teachers and children from each grade as potential master trainers to take responsibility for training and mentoring junior teachers and children, thus helping increase the impact of the approach.

After teachers were trained on integration of the Child-to-Child approach in regular subjects/curriculum, both teachers and management appreciated that this did not require allocation of separate time nor was it an additional burden for the teachers. We strongly recommend integration of the Child-to-Child approach in the curriculum of formal schools, all child-related programmes of the school and the teachers' training modules through all levels.

## Non-formal Setting

Children enabled with knowledge and life skills sensitized the community about disposal of garbage and together they approached the authorities who arranged for regular collection of garbage. Further, they negotiated with and convinced their parents to reduce consumption of tobacco and alcohol. The programme also enhanced children's knowledge about personal hygiene, moral values, malaria and environmental sanitation, and enabled them to put their learning into practice. Improvement in their behaviour was observed during evaluation of the Child-to-Child programme.

Through working with disadvantaged communities we learnt that a wider spectrum of issues needs to be included in a programme and project implementers should not limit their focus to the more obvious and seemingly predominant issues. Thus the issue of hygiene should not be restricted to 'hand washing' but extend to menstrual hygiene or even safe drinking water! Again, to ensure the sustainability of the initiative(s), as soon as one group or children's centre is trained the programme should enfold other children.

Working with the people in the community who were aggressive, addicted to liquor, gambling or involved in commercial sex activities was approached by first conducting parents' meetings to understand the deeper issues of the community, ensure the participation of children and gain community support. We can ensure community participation at all stages of the programme by understanding their concerns, establishing linkages and gaining their support.

Finally, it is important that there are local steering and monitoring committees (children/a few teachers/management persons) and meetings are conducted on a regular basis. We also recommend integration of the Child-to-Child approach in all development programmes, including early childhood care and development, school health and adolescents' reproductive and sexual health, at all levels.

\*A non-government support organization in India whose mission is to help empower children, young people and women especially of marginalized social sections to gain control over their own, their families' and communities' health.

## Child protection in the early years

Children from 0-8 years of age are particularly vulnerable to emotional, mental and physical abuse and neglect in the home and educational settings. If you or your organization need more guidance about child protection, a good resource is the *Child Protection Policies and Procedures Toolkit*, which can be downloaded free of charge at [www.childhope.org.uk/toolkit.php](http://www.childhope.org.uk/toolkit.php). You may also visit the Child-to-Child website at [www.child-to-child.org](http://www.child-to-child.org) to view our Child Protection Policy and Code of Conduct. If you have already developed a Child Protection Policy or Code of Conduct, which you would like to share with other practitioners, please e-mail it to Chris Cuninghame at [c.cuninghame@ioe.ac.uk](mailto:c.cuninghame@ioe.ac.uk).



# Early childhood years

Dr Indu Balagopal, Consultant & member of CHETNA Child-to-Child Advisory Committee

Children respond to their environment and develop their learning capacities as a result of care, nourishment and stimulation received during the early years. If they are given the right inputs at the right times, children can become useful for themselves and the community. This philosophy of Child-to-Child can also be applied to very young children.

The role of the family and the children's immediate community is important and meaningful interaction with them is necessary for children to develop holistically. Good self-esteem, secure relationships and a capacity for communication will enhance learning, coping skills and competence. Every child can achieve these through play and other enjoyable activities. Children can equally enjoy doing a task responsibly or gaining mastery over a skill.

Child-to-Child proposes that:

- Activities for children can combine enjoyment with education, so that children become confident and can take control of their own lives and those of their families.
- We should communicate clearly with children and set clear rules.
- Decisions should be made in consultation with children by getting them to identify the problem, probing ways to find solutions and outcomes.
- Children's sense of well-being should be nurtured so that they develop a healthy self-esteem.

## Understanding the child

All children, irrespective of their colour, gender, position, and whether planned or not, need **to be totally accepted and nurtured** so that their psychosocial development, health and nutrition reach their optimal level.

Young children learn from everything that happens to and around them. They do not separate their learning into different subjects or disciplines. For children, experience is their learning. Play and conversation are the main ways by which young children learn about themselves, other people and the world around them.

We must learn to look at children with behavioural problems as those who require a different kind of intervention and stimulation, understand that it will take them a longer period of time to achieve their potential and may require more parenting effort. However, providing them with information and giving them leadership opportunities will help them to become empowered.

## Different competencies

We all are endowed with different capabilities and may excel in one area more than others. In everyday life, these 'intelligences' or abilities work in harmony and we are able

to cope with multifarious demands. Some people are good with languages and in writing and use of words, while others have well-established mathematical and logical thinking abilities. There are some who have good control over their bodies and turn out to be athletes or dancers.

The Child-to-Child approach helps individual children to achieve their potential in their areas of strength.

**Emotional, spiritual and social intelligence** are seen today to be more vital than mental or cognitive development – people with these intelligences are at the top of their professions. Their emotional quotient enables them to live life more happily and productively than those who achieve only academic excellence.

People with these competencies are sensitive to other people's intentions, moods, behaviour and body language. They are tactful in their dealings with other people and are effective adults, particularly teachers and parents. These persons are confident and mature and have a healthy self-esteem. They are self-motivated and show a great deal of discipline, zeal and perseverance. Spiritual intelligence includes compassion, altruism, living in harmony with nature and having a sense of relatedness to the world to make it a better place to live in.

## Values

- *Setting a good example* – Parents and other adults become role models for children.
- *Setting clear limits.*
- *Being clear on principles* – Children have to be taught to respect elders, teachers and other children; also beneficial traditions and family practices.
- *Accepting legitimate authority.*
- *Nurturing good manners.*

## Why children should play

Children learn best through play and need to interact with their environment to develop an understanding of the world.

Every play activity contributes to the stimulation of all areas of development and helps well-balanced growth.

Happiness, togetherness, enjoyment, fun, etc. are the usual outcomes of playing and contribute to the well-being and consequent development of children.

While we think children are 'playing', they are trying, exploring, understanding, moving, thinking – all activities that help them learn and understand the world around them.

As they grow, children learn to interact, communicate, make adjustments, learn tolerance and share through playing together.

***Children learn best by doing!***



# Linking early childhood care and development to CtC approaches

Kenya AIDS NGOs Consortium (KANCO)

Early childhood care and development (ECCD) refers not only to what happens within the child, but also to the care the child requires in order to thrive. For a child to develop and learn in a healthy and normal way, it is important not only to meet basic needs for protection, food and health care, but also the needs for interaction and stimulation, affection, security, and learning through exploration and discovery.<sup>1</sup>

## ECCD and Child-to-Child approaches at Arap Moi Primary School, Kenya

In this school ECCD is linked to Child-to-Child approaches to help enhance children's knowledge and skills in health, education and nutrition as well as their cognitive, social and emotional development and well-being.

As you enter the school staff room you see a combination of materials that are neatly laid on tables and hanging on walls. These materials, which include charts decorated with herbs, fruits, twigs and roots, try to bring terms such as honesty, kindness, personal hygiene and nutrition, among others, into the learning process.

This is part of the school's effort to integrate Child-to-Child work with ECCD programmes, which has evoked considerable interest among teachers and children alike.

Attractively-developed materials help to increase children's concentration, thus making learning of health concepts easier and more entertaining. For instance, one can make a 'hospital corner' in a classroom using improvised materials. Then children are invited to role play a doctor, nurse or pharmacist. A 'doctor' will ask about his/her 'patient's' problem. If it is stomach ache, for instance, he/she gives treatment and advice for health safety measures such as washing hands. This increases children's understanding of health issues.



While young children prepare models of their family homesteads, they have an opportunity to interact with each other and at the

Using natural materials to communicate with children  
Photo: KANCO

same time identify safety measures to ensure that their homes are clean. When children are exposed to such interactive experiences, they develop holistically and learn new ideas with ease.

ECCD programmes should include a strong emphasis on the support of parents. Once parents are involved in what their children are doing in ECCD and Child-to-Child, they will tend to support such endeavours. In school, children should be given opportunities to display their artifacts and models during events such as parent visiting days, sports and science congress competitions and other forums. For instance, pupils from Arap Moi had an opportunity of displaying their project on recycling waste paper to charcoal during science congress competitions and Agricultural Society of Kenya shows in Kajiado district.

Use of Child-to-Child approaches is critical in building teamwork and leadership among children. In some classes, children are lead persons on various subjects. In this way children learn from each other to achieve desirable education results.

## The wider picture

According to reports from the Institute of Policy Analysis and Research (IPAR),<sup>2</sup> the kind of early care received from parents, pre-school teachers and caregivers determines how well a child learns and performs throughout his/her entire life.

However, provision of ECCD is regulated by scattered legislations without a clear policy. The National Early Childhood Development Policy Framework, recently launched by the Government of Kenya, integrates four-to-five-year-old children into primary education. There are no specified mechanisms for coordinating ECCD programmes for children under three years of age whose care is entrusted to several government ministries and departments among other stakeholders. According to a United Nations Education, Scientific and Cultural Organization (UNESCO) framework of analyzing ECCD policy issues, ECCD in Kenya has not been given enough attention at the policy level to enable it to provide all children with the necessary readiness for formal education.

In addition to creating a networking mechanism, we need to address access, quality and equity issues in the ECCD and Child-to-Child approaches in Kenya. Awareness should be intensified on the importance of early childhood interventions and the need to allocate adequate resources to support public as well as private initiatives.

<sup>1</sup> The Consultative Group on ECCD.

<sup>2</sup> Riechi, Andrew R O et al, *Policy Gaps and Suggested Strategies of Enhancing Access to Early Childhood Development and Education in Kenya*. Nairobi: IPAR, 2006.



# Implementing the CtC approach in rural areas of North-East India

Sieghild Rapur, Child-to-Child Coordinator, HIMserve, Siliguri, North-East India

In October 2004 I attended a Child-to-Child (CtC) course in CHETNA, Ahmedabad, Gujarat, India. I went home to my small organization, HIMserve, in North-East India to start a new project: implementation of the CtC approach.

We were already in contact with primary schools and community groups in the rural areas. Most of these schools and groups are very poor. The children have to sit on the floor and there is no money for teaching material. With few exceptions, the teachers have no qualifications for their job.

We started our project in two primary schools and one community group.

## Learning with and from the children

At first the children were confused when we asked them not to stand up to answer a question and also not to clap if the answer was right. We asked the children to sit in a circle in order to show them that this was a different learning style and they were encouraged to show different responses. After we did this a few times the children were able to cope with this new approach. The children enjoyed drawing, acting, drama and making up songs; they liked doing quizzes and other innovations.

Working with them, it was realized that the difference in ages from four to ten years old was too great and the groups of 40 to 50 children were too large. This reduced the chance of participation for the individual child. As a solution we first asked the older children to work together with the younger ones – and it went amazingly well. We also cut down the number of children to around 20 in one group.

## Application

The biggest challenge for our project was to show the teachers and children the connection between the learning through CtC and its meaning in their everyday life. To help this process we asked the children to conduct small surveys at home and in their own surroundings. It was helpful for them to critically observe their own behaviour at home and in the community.

## Learning for the teachers

It was hard for the school headmasters and teachers to realize that we had no problems with discipline and that encouraging children to actively participate in a lesson would require a lively teaching style.

We then held seminars for the concerned teachers to prepare them to take over the running of the group themselves. Eventually teachers gained confidence in using the new teaching style.

We learnt that it is more effective to visit them in their schools and lead them in a project in their own situation.

## Health awareness days

Together with teachers and students we started conducting 'health awareness days' in their communities. One such project lasted five days. We always followed a similar pattern, which is outlined below:

- 1 Two days were spent teaching the teachers the CtC approach, with the second day spent in preparation for the respective subjects. Then there was a break of one week during which the teachers had time to think about this new approach and organize for the next step.
- 2 The next step was a three-day programme. On the first day the teachers taught the students what they had learnt the previous week, using active learning methods. After this, the teachers and students together prepared a health awareness day. For the 'performance', the roles in the different parts of the presentation were distributed among the students and the teachers and materials and teaching methods were decided on. Visual aids included posters, flannel pictures or puppets. Other teaching methods used were role play/acting, showing examples of a healthy lifestyle, quizzes, drama or presenting an original story.
- 3 The programme was finally presented to the parents and invited guests. The teachers were fully in charge.
- 4 We learnt that it is beneficial for the success of the programme to involve community members during the performance.
- 5 In some locations the children prepared and conducted a quiz for the audience.

The health awareness day usually ended with the invitation to change one or two unhealthy patterns and promote a healthier family lifestyle. This day is now well known in our area. Many schools and other groups ask us for help in conducting an anti-malaria campaign in their community. We have been encouraged to press on with this approach by the results of surveys conducted and changes observed in the communities where this kind of teaching is being used, and especially by the improved health of the children.



# Hope and *alegremia*

Kléver Calle, Patricio Matute, Juan Pablo Ordóñez and Melina Wazhima<sup>1</sup>

*Alegremia is spreading far and wide, Catch it before it's too late, Bringing an epidemic of hope, There's no need to vaccinate!*

This poem was drafted during the 2nd People's Health Assembly at Cuenca, Ecuador in July 2005.

Hope and *alegremia*'s meeting with children in Cuenca came to fulfilment in July 2005, an encounter that began to take shape in March 2004. Under the coordination of the Child-to-Child Centre and organized by the Abelardo Tamariz Crespo, Porvenir, Miguel Ángel Estrella, Ezequiel Crespo and Luis Cordero schools, close to 21,000 students, parents and teachers from the city of Cuenca took part in this process.

Having children and teenagers at the assembly made it all the more colourful, giving it that needed touch of charm; they added a breath of comforting innocence and charged the event with strength and passion. This led to spontaneous pleasure in defending life and health. The task of building another possible world, a world that respects, appreciates and celebrates diversity, was more attractive to us than ever. The active participation of children and teens was fundamental to the assembly.

Then hope came along, who met up with *alegremia* at the Global Children's Forum, and the two became the inseparable companions of children of all ages. This was because the forum, besides the participation of a thousand children representing the whole world, also involved hundreds of teachers and defenders of children's rights from the Americas, Colombia, Peru, Venezuela, Argentina, Cuba, Paraguay and, of course, Ecuador.

## Listen to the children's voices

The vitality of hope depends to a large extent on our learning to listen to the voices of the children. Their testimonies, ideas and activities about how to build a just and peaceful world keep neoliberalism's darkness at bay and open the door for hope. That is what the forum did, through games, music festivals, arts and crafts, film,



Enjoyment through participation in the Global Children's Forum  
Photo: Child-to-Child Centre, Cuenca, Ecuador

testimonies, lectures and theatre – listen to the children.

And that is what the forum is proposing to do with the world. *Alegremia* is that bubbling, fizzing joy coursing through our veins, that joy that helps us to leap over mountains of doubt and fear and radiate positive thoughts, energy and hope to our families. It germinates when life is lived by eating good food, enjoying love and expressing ourselves in a healthy environment.

## The children's declaration (abridged)

At the very end, after five days of work, on Friday 22 July 2005, a group of child representatives, before the delegates of the assembly and the world, raised their voices to declare that:

- The air should not be polluted with fumes from factories and automobiles that cause climate change;
- The water should be kept clean and safe for all human beings, and should not be affected by war and conflict;
- There should be clothing and shelter for all children, improving the quality of life of their parents and preventing migration;
- Art should be considered a right and an essential part of children's emotional and spiritual development;
- Governments and society should promote an environment of freedom and affection for healthy growth of children.

## Let's write peace: 20,000 children's letters for peace

The Let's Write Peace project gathered thousands and thousands of letters written by children.

The children watched a video that tells the story of two girls and two boys living in zones of conflict and then wrote letters based on what they saw. Starting in 50 schools in Cuenca, the initiative then spread to children of Argentina, India, Mexico, Spain, Canada, Colombia and Peru.

The week before the assembly, the letters were delivered by the children and their teachers to the first of a series of installations, which started in Cuenca and were supposed to finish in New Jersey and New York, stopping in the Peruvian city of Piura on the way.

Eventually, the letters were to have been delivered to the United Nations headquarters on 13 September 2005, as a visual manifestation of the great value of the letters and their authors, but the government of the United States would not allow it. With continued hope, Let's Write Peace, with its more than 20,000 letters, is looking for new ways to fulfil the objectives of the project that were set out to the children.

<sup>1</sup> Kléver Calle, graduate in social communication; Patricio Matute, journalist, educator and Andean musician; Juan Pablo Ordóñez, graduate in arts and Melina Wazhima, graduate in cinema and audio-visual studies.



## Playing with younger children: making little toys

Shabnam Ahmed, Health Action Schools Project, Aga Khan University-Institute for Educational Development, Pakistan

On a pleasant morning, a day after joining the Health Action Schools (HAS) project at the Aga Khan University-Institute for Educational Development (AKU-IED), I am on my way to visit a local HAS school to observe young children of class four during their health session/lesson. When I reach there I find the classroom is bustling with activity. I see children sitting in small groups of four; the class is congested so the children have simply turned around to face each other as they normally sit in pairs in five straight rows.

I notice that each child is busy with old newspapers, empty matchboxes, pieces of cloth, empty shoe boxes, scissors, glue and colour pencils. At a nearby table I find a child has made a doll using empty polythene bags, string, newspaper and pieces of old cloth. Although children are talking to each other about a number of topics, each is involved in completing the group's toy. The toys include glove puppets, stick puppets, can walkie-talkies, table football, rattles and soft toys.

I have many questions about the activities I have observed:

Why does the teacher encourage children to make toys in a health session/lesson? What health messages are they learning as they make toys? How do parents feel about their children spending their time in making toys?

I learnt some of the answers through my work experiences in the HAS project and the Child-to-Child trainings I have attended. At the HAS school, children are taught the importance of playing with young children during the four steps of Child-to-Child. They learn how playing helps young children develop faster. They find out that the very young children in their school in *kutchi* (pre-school) classes have no toys to play with, so their teacher who was trained in Child-to-Child approaches helps them learn to make toys out of junk materials. They make toys for younger children in school and also for their younger siblings. The children see what they can actually make of materials that are usually thrown away. They feel happy and proud to be helping younger children. Children communicate the benefits of play for younger children to their families.

### *Hai zindagi ka maqsad oron ke kaam ana:* the purpose of life is to help others

13-year old Student, Pakistan

*(Translated and forwarded by Dr Irfan Ahmed, Country Health Adviser, Plan Pakistan)*

I am 13 years old, a resident of a village near the Plan Programme Unit Office in Vehari, Pakistan. I am a student of class seven in a government girls' high school.

As far as we young girls were concerned, our most pressing need was a secondary school. Many of us want to continue schooling, but are not permitted to attend the secondary school outside our village for security and socio-cultural reasons. When I was elected captain of the Children's Forum in 2006, I had many responsibilities but made it my personal mission to seek a solution to this problem.

Our facilitator encouraged me and reminded me that change takes time. He quoted a Pakistani saying, '*hai zindagi ka maqsad oron ke kaam ana*', which means 'the purpose of life is to serve others'.

We learnt that some government officials – the District *Nazim* (mayor), a member of the National Assembly, and a member of the Provincial Assembly – were visiting our village on 5 April 2007. We thought it was the perfect opportunity to call attention to our need for a secondary school for girls in our village. The adults in our village

organization encouraged us in our efforts and reminded us to stand up for our rights and equal opportunities for girls and boys.

Three days before our guests arrived, we called a meeting of the Children's Forum to plan our presentation. We wanted to claim our rights, but do it in a manner that would not be offensive to anyone. We planned our action, completed our preparations and mobilized the community for the big event.

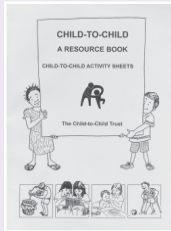
On 5 April we warmly welcomed the guests to our village. After they had taken their seats, groups of boys and girls came into the room with cards in their hands. The children stood in front of the government officials, using the cards to convey their message. The District *Nazim* announced that our school would be upgraded in 2007-08. He said that he would present our case in the District Assembly until we got the school that we longed for.

*Note: The name of the author and information about where they live has been removed for child protection reasons.*



## New publications from the Child-to-Child Trust

### Child-to-Child, a Resource Book (Second Edition)



This is the latest edition of the most popular Child-to-Child publication used by practitioners in over 70 countries. It includes the original 35 activity sheets with updated health information and nine new activity sheets on a range of topics including coping with HIV and AIDS, early childhood care and development,

bird flu, diabetes and more.

Second edition, 2007, 246 pp, illustrated. Editors: Hugh Hawes, Donna Bailey and Grazyna Bonati.

**Available from:** Teaching-aids At Low Cost (TALC), PO Box 49, St Albans, Herts, AL1 5TX.

E-mail: [talcuk@talcuk.org](mailto:talcuk@talcuk.org)/Website: [www.talcuk.org](http://www.talcuk.org)

### Monitoring and Evaluating Children's Participation in Health and Development

This manual is designed to help project managers assess the quality, impact and outcomes of children's participation programmes. It has been field tested by Child-to-Child programmes in Asia, Africa and the Middle East. It is a reader-friendly tool that presents a range of indicators that monitor progress at different levels of experience and includes a workbook for users to reflect on the 30 steps to monitor and evaluate children's participation programmes.

October 2007, 82 pp, illustrated.

Author: Clare Hanbury-Leu.

**Available from:** Teaching-aids At Low Cost (TALC), PO Box 49, St Albans, Herts, AL1 5TX.

E-mail: [talcuk@talcuk.org](mailto:talcuk@talcuk.org)/Website: [www.talcuk.org](http://www.talcuk.org)

## Other publications

### Booklets on Child Rights

CHETNA has developed a set of eight booklets for wider sharing of the concepts and comprehensive information on child rights.



They also highlight the significant role of different stakeholders (parents, government, academic institutions, NGOs/ CBOs/ VOs, media, law enforcement officers and judiciary, medical and paramedical professionals and the corporate sector) to ensure 'every right to every child'.

The booklets will be useful in the capacity building of individuals, organizations, policy makers who are working for child rights.

Topics covered:

1. Every right for every child - an overview
2. Play is children's work - child and play
3. A childhood to every child - right to protection
4. Take a moment to listen - right to be heard
5. Let's celebrate her birth - right to life and survival
6. His name is today - early childhood care and education
7. I will blossom with nurturance - right to development
8. Seen but not heard - right to participation

**Available from:** CHETNA, Supath-II, Block-B, 3rd Floor, Opp. Vadaj Bus Terminus, Ashram Road, Ahmedabad-380013. E-mail: [chetna456@vsnl.net](mailto:chetna456@vsnl.net)  
Website: [www.chetnaindia.org](http://www.chetnaindia.org)

### A Life Skills Education Toolkit for Orphans and Vulnerable Children

In 2003, Family Health International (FHI) took the initiative to develop a life skills programme in India under the IMPACT project, funded by the United States Agency for International Development.

As part of the programme, the Life Skills Education Toolkit was designed, piloted and adapted with children and NGOs' contributing to its development over two years. It addresses a broad spectrum of vulnerable children: children of sex workers, street and working children, children living in poverty, orphans and children whose parents are infected by HIV and children who themselves are infected by the virus. Dr Sonal Zaveri, an international adviser to the Child-to-Child Trust, London led the process and the principles of Child-to-Child are embedded in the toolkit, thus providing evidence of how a programme using the principles of Child-to-Child, child participation and child rights is able to go to scale.

The toolkit comprises a facilitator's guide and manual with 10 modules related to relationships, decision making, communication, problem solving, empathy, coping with emotions and goal setting; all within the context of prevention, care and support for HIV-infected and affected children. It also has a number of information sheets providing additional information to facilitators.

Author: Dr Sonal Zaveri

**Available from:** Dr Ashok Agarwal at FHI India Country office at: [aagarwal@fhiindia.org](mailto:aagarwal@fhiindia.org)



# From rights to responsibilities: enabling children to take action

Chitra Iyer and Minaxi Shukla, CHETNA, India

CHETNA piloted a participatory initiative with children in ten villages of Kaprada block, Valsad, Gujarat, India during December 2006 to February 2007. The partners in this endeavour were UNICEF, Gujarat state and Vasudhara Dairy<sup>1</sup>, Valsad, Gujarat.

The three-phased strategy included needs assessment, capacity building and follow-up support. A total of 10 school-going children in the 12-14 age group, one from each identified village, were selected. Using the ***Child-to-Child six-step approach: a health action methodology***, children were enabled to identify and prioritize health and development concerns, develop their life skills and take action in their communities with support from adults.

Children mapped their community to identify the existing health and development services, namely student-teacher ratio in primary school, weekly menu under the midday meal scheme, the public distribution system, existence of and accessibility to the sub-centre/community health centre or the primary health centre, availability of crèche and day care centre in each village, number of children coming to the centre, regularity of the crèche worker, daily menu/quality and quantity of food given to children, immunization and regularity of the auxiliary nurse midwife. Based on the gaps identified, children highlighted and addressed the issue.

Empowered with relevant knowledge and skills, children spearheaded rallies and observation visits, collected evidence through surveys and compiled information in the form of issue-based newsletters/posters to create mass awareness and draw the attention of appropriate village and district level authorities. Children promoted behaviour practices at the family and community level like washing hands, supporting sisters in household chores to enable them to attend school, immunization, hygiene and sanitation, safe drinking water and de-addiction, raised voices on issues like early marriage which had featured as a low priority for the community. Children also took responsibility to identify new children who could join the task force. As the word spread, children from the nearby villages and young married women expressed their interest and joined in the task force. The initiative gained momentum with sensitized adults, including school principals and local leaders, who noticed the action taken by children and supported them.

CHETNA has been successfully replicating this initiative in 50 villages of the five blocks of Valsad district since July 2007. Using the cascade model strategy, the team built capacities of 20 master trainers of the local nodal agency, who in turn trained a total of 710 children from 50 villages of Valsad district. CHETNA envisages providing technical

support to strengthen linkages with the existing forums/systems and guidance to the trainers and children in future. A refresher training of the children covered under the pilot programme in December 2007 witnessed accomplishments of children in terms of developing campaign materials for raising awareness in the community, functional *balkendras* (child resource centres) and children jointly addressing other emerging community issues like birth registration, immunization, breastfeeding, early marriages with a particular focus on the impact of early marriage on health of the foetus/infants and the adolescent mother.

The entire initiative culminated in a District Level Convention in January 2008, wherein children from 60 villages and master trainers interacted with district authorities, school principals, teachers and media and highlighted the issues and action taken by them. Children showcased their work in their village stalls. Age was no barrier; confident with knowledge, children anchored the convention and made sure that their voices were heard.

## The entire initiative has resulted in:

- Empowering a total of 850 children from 60 villages to accelerate the community development process;
- Sensitizing 17 village volunteers, 15 block/district level coordinators, 20 master trainers from the local agency and 50 school principals and teachers on child rights;
- Establishing 60 *balkendras* – identifying community spaces by children wherein they can meet regularly, plan and discuss action on identified issues;
- Five selected children gaining an opportunity to showcase their work and interact with both other child reporters across the nation and media professionals at the First National Child Reporters Convention, New Delhi organized by UNICEF, India.

<sup>1</sup> Vasudhara Dairy – Based at Valsad district of Gujarat, India, the organization was involved for local support as it has a wide outreach of more than 800 dairy cooperatives. Their village volunteers and block coordinators are largely based in different villages across the district, thereby enabling and supporting children in a continuous process.



Children engaged in compiling information

Photo: CHETNA



# Child-to-Child in Beirut's southern suburbs

Mary Ghanem, Child-to-Child Project Coordinator, The Arab Resource Collective (ARC), Lebanon

Mouvement Social has been working in Lebanon for more than 40 years to serve underprivileged and deprived populations of various nationalities. It aims to provide job opportunities and improve the living conditions of marginalized individuals. The wide scope of its programmes ranges from provision of vocational training to juvenile prisoners to educational support for pre-school and elementary-level students.

In 1976 Mouvement Social established the Jnah Centre, which has two premises, a pre-school and a vocational school. The centre is situated in an unofficial refugee camp in Beirut's southern suburbs. The camp population is made up of Lebanese refugees from the south and the eastern Bekaa area, Arab migrant workers from Egypt and Syria, and Palestinian refugees. The pre-school centre targets around 28 three-to-five-year-old nursery and kindergarten children for educational and developmental support.

The Child-to-Child team at ARC applied the model of field visits and exchange of expertise among the five schools/centres implementing the Child-to-Child approach. A training facilitator trained practitioners at the Jnah Centre on how to produce and make use of active learning methods in an environment like the camp where resources and facilities are scarce. This strategy helped improve learning and motivation among practitioners to excel in the application of the Child-to-Child approach.

The activities conducted revolved around physical health topics such as hygiene practices (hand washing, bathing), driven by the Child-to-Child practitioners' assessment, suitability within the pre-school centre curriculum and

community needs. To gain the trust of camp residents and acquaint them with the Child-to-Child approach, particularly the parents of the children involved, a Child-to-Child awareness meeting was held in April 2007.

On another occasion, parents attended Child-to-Child activities that showed what the children had learnt and acquired in terms of health information, attitudes, and practices. A group of six pre-schoolers performed a puppet show on hand washing. Students helped in crafting puppets that represented hand-washing tools such as soap and a towel, made out of natural material and wooden sticks. They also enthusiastically listened to their colleague who described the process of hand washing by referring to colourful illustrations to support his story.

Other children got the chance to play a classification game where they were asked to classify appropriate health actions under a happy face category and inappropriate actions (such as using only water to clean their hands) under a sad face. Children enjoyed singing and participating in interactive class discussions that were animated by cartoon-like puppets representing items or individuals familiar to them from their daily lives.

All in all, children got a grasp of some important health concepts, such as germs, as well as health messages, including washing their hands before and after meals for 20 seconds using soap and water. Over time, children independently expressed their willingness to wash their hands to their supervisors at the centre or to parents at home and also encouraged each other to wash their hands.

### Resource Group

**ARC (Arab Resource Collective)  
Lebanon**



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



**Child-to-Child Trust,  
UK**



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



**KANCO (Kenya Aids NGO  
Consortium) Kenya**



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