

# Child-to-Child

## Helping children in emergencies and affected by conflict

Dr Tashmin Kassam-Khamis, Chief Executive Officer, Child-to-Child Trust (UK)

Child-to-Child is a rights-based approach to children's participation in promoting health and community development. The Child-to-Child approach is an educational process that links children's learning with taking action. It is a practical way in which children's rights can be effectively implemented.

The Child-to-Child approach has been successfully implemented since 1978. Education, health promotion and community development programmes are using the approach in over 70 countries. The Child-to-Child international network encourages and enables children and young people to promote the holistic development of the health and well-being of themselves, their families and their communities.

Child-to-Child is *much more* than:

- one child helping another child;
- older children passing on health messages to younger children;
- an approach to peer education;
- a one-time activity.

Child-to-Child *is not* about:

- children being asked to act as loudspeakers for adults;
- children being used to do things adults do not want to or should do;
- richer children helping poorer ones;
- a few children being put into positions of authority over their peers (e.g., as "little teachers").

Child-to-Child is:

One child or a group of children	}	- spreading knowledge to	}	- a younger child/children
		- teaching skills to		- a same-age child/children
		- demonstrating by example to		- a family/families
		- working together with		- the community

### The Child-to-Child approach: A health action methodology

Using a sequence of linked activities, or 'steps', children *think* about health issues, *make decisions*, develop their life-skills and *take action* to promote health in their communities, with the support of adults. While the activities are frequently initiated by or with children, adults are available for support. Increasing children's participation is a slow and phased process, ranging from children's active involvement to children directing initiatives:

- **Choose and understand:** Children identify and assess their health problems and priorities.
- **Find out more:** Children research and find out how these issues affect them and their communities.
- **Discuss what they found and plan for action:** Based on their findings, children plan action that they can take individually or together.
- **Take action:** Children take action with support that they have identified as needed from adults.
- **Evaluate:** Children evaluate the action they took: What went well? What was difficult? Has any change been achieved?



Photo: M. MUTHU (SIDT)

Through direct participation in taking action, children grow in self-esteem

- **Do it better:** Based on their evaluation, children find ways of keeping the action going or improving it.

Child-to-Child activities have been used to help children affected by war, disaster and conflict. In disasters, which can affect whole communities, the needs of children are often forgotten and overshadowed because of the urgent need for medical assistance, food and water, proper hygiene and ways of keeping infectious diseases at bay. However, children can assist in providing basic needs and, in so doing, play a positive role, which enables them to cope with their fears and the loss they are experiencing, and it helps build their own confidence and self-esteem. Children have good ideas about how to demonstrate and share health activities with others. Children aged 4–5 years have been involved and encouraged to share ideas and develop useful activities that help not only others but also themselves. The energy and enthusiasm of children, even those who have been affected by conflict, is demonstrated in the following example.

#### **Promoting play through the Child-to-Child step process in an Afghan refugee camp in Pakistan**

**Step 1. Understanding the issue:** The community worker in the refugee camp noticed how very young children in the camp were not being stimulated at all. In a weekly group session with children (aged 5–10 years) through a story she discussed the importance of talking to and playing with babies for the child's development.

**Step 2. Finding out more:** These older children went back to their younger siblings in their families and observed what makes them smile. They learned that young children like clapping, singing, poems and stories. They also noticed that there are not many toys or books in the camp for the very young children.

**Step 3. Discussing findings and planning action:** Children discussed what they had found out and planned what action they could take to support the babies and toddlers in the camp. They decided to make toys for the younger children and collect materials that do not cost anything or may even have

been thrown away such as seeds, grass, bottle tops, cotton reels, string, rags and paper as well as old newspapers and magazines.

**Step 4. Taking action:** Children collected the material with the help of family members and held a special toy-making event for all the children in the camp. With the help of the community workers they made mobiles of shiny things and rattles for babies, shape sorters, pictures and books for very young children, pull-along toys and puppets for toddlers. They then gave these to babies and toddlers in the camp.

**Step 5. Evaluating action:** Children discussed amongst themselves about changes they had seen in the camp and how much the toys were being enjoyed and shared/exchanged. They noticed how some toys were not very safe for babies as they put everything in their mouths.

**Step 6. Doing it better:** Children continued these activities, using all opportunities, individually and as a group. They also encouraged parents to use the toys to play with the children and asked grandparents to share with them and the young children traditional games and stories.

#### **Involving very young children in refugee settings: Stories from Lebanon**

The Child-to-Child approach has engaged very young children affected by conflict to participate in promoting health as well, for example in refugee camps in Lebanon.

##### *The Kanafani Kindergartens in Palestinian Refugee Camps*

The Kanafani Kindergartens, set up by the Ghassan Kanafani Foundation, follow the Child-to-Child step methodology, and it has helped promote children's participation in a systematic way and has encouraged the use of active learning methods. Children as young as 4 years old have learned about and promoted health topics such as the rational use of water, personal hygiene, preventing wastage in the camp, keeping the environment clean and protecting oneself from heat. Other topics in the kindergarten curriculum include food, nutrition, bullying/violence and the dangers of smoking (see box on page 50).

#### **Tackling violence in a Kanafani Foundation kindergarten**

A group of 4-year olds were able to understand different types of violence with the help of pictures. One picture showed a child pushing another. In another an object was being thrown at a person. In another an old woman's walking stick was pulled away, making her fall. The children discussed the pictures in groups and then role-played each scene. Each child was given a name tag that represented one of the characters in the pictures, encouraging them to understand the feelings and thoughts of the person they were role-playing.

One of the children would then sit on the 'hot seat' to find a solution to the problem. This was again role-played. One suggestion was that a child could help the old woman find her stick. Through this discussion, and through thinking and role-playing, children sought out workable solutions to the problem of violence.

The children then sat in a circle around the pictures and talked about all the possible solutions. After this intensive exercise, there was only one thing left to do: snack time!

##### *The Naba'a Foundation: Including all to promote early childhood development*

The Naba'a foundation helps promote the rights and participation of 8,000 children in Palestinian refugee camps in North and South Lebanon to advance community and civil society development. It believes in inclusive education, and disabled children, young children and out-of-school boys and girls participate actively and in a planned manner in early childhood and education development (ECED) activities. Older boys help care for younger children, making toys and playing with them, helping to break down traditional gender barriers and assumptions of the traditional roles and relationships between men and women and children. The participation of out-of-school girls in ECED activities has encouraged re-enrollment in formal schools and vocational courses. The Child-to-Child approach has been powerful in demonstrating what children can do, and parents are now aware of the importance of encouraging communication and learning through

## Young children promoting health in the ECED centre, Naba'a, Saida

Young children learned to check the expiry date on cans, learned about good nutrition and what to do when there is an accident. An under-5 child, seeing his father smoke, put up the poster on smoking in the home that had been drawn in class. The father, if he has to, now goes out for a smoke. Having learned that it is wrong to share toothbrushes, children from the centre insist that each sibling has his/her own toothbrush.

play. Younger children are now seen to have a 'voice' in the family (Zaveri 2004).

What emerges strongly from these examples is the remarkable resilience of young children even in these difficult circumstances. Child-to-Child approaches have much to offer children in this recovery process. Through direct participation in identifying problems, making decisions and taking action, children grow in self-esteem, gain social and problem-solving skills and develop a sense of having some control over what happens in their lives (Harman and Scotchmer 1997).

### Resources

There are numerous examples of how to help children affected by emergencies and conflict to participate in health and community development at the Trust's on-line directory at <[www.child-to-child.org](http://www.child-to-child.org)>. Activity sheets for teachers, health and community workers are available on child growth and development, nutrition, hygiene, safety and safe lifestyles, inclusion, disease prevention, HIV/AIDS and helping children in difficult circumstances, such as children who work on the streets, children living in institutions, helping children whose friends or relatives are dying, helping children who experience war, disaster or conflict (Bailey et al 1994; Hanbury 2004). Other Child-to-Child resources include story books such as *The path of peace* (on peace education) and *Five friends of the sun* (on landmine awareness) (Bailey 2002, 1998). All are available through Teaching Aids at Low Cost ([www.talcuk.org](http://www.talcuk.org)).

### References

- Bailey, D. 1998. *Five friends of the sun*. UK: Longman, Pearson Education
- Bailey, D. 2002. *The path of peace*. UK: Longman, Pearson Education
- Bailey, D., Hawes, H., Bonati, G. 1992. *Child-to-Child: A resource book*, part 2. *Child-to-Child Activity Sheets*. UK: Child-to-Child Trust
- Hanbury, C. 2000. Mine risk education. <[www.child-to-child.org/minerisk/info.html](http://www.child-to-child.org/minerisk/info.html)>
- Hanbury, C. 2004. Sexual health, HIV and AIDS. <[www.child-to-child.org/publications/hiv aids1.pdf](http://www.child-to-child.org/publications/hiv aids1.pdf)>
- Harman, P., Scotchmer, S. 1997. *Rebuilding young lives: Using the Child-to-Child approach with children in difficult circumstances*. UK: Child-to-Child Trust
- Zaveri, S. 2004. Arab resource collective: 'A childhood for every child'. In *Early years children promote health: Case studies on child-to-child and early childhood development*. UK: Child-to-Child Trust