



Consultative Group on Early Childhood Care and Development

CHILDREN CARING FOR CHILDREN—A REVIEW OF PROGRAMMES

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Introduction

Millions of infants and young children in Third World countries die every year. For those children under the age of six who manage to survive, the world is a threatening place. Infant death and problems in growth and development in the early years have many causes. Famine, war, and unemployment all take their toll. Lack of potable water and poor sanitary conditions are common. Childhood and tropical diseases continue to kill because health and social services fail to reach many places with preventive and curative services that could save lives. These conditions are exacerbated by the recent decline in economic development in many countries and by the associated need for major adjustments in government budgets and programmes.

In such adverse circumstances, assuring proper care and development for children is a major challenge for families, governments, and international organizations alike. The continuing problems of survival and healthy development in the early years cry out for low-cost approaches

that will reach large numbers of children. Hospitals for children and formal preschools or childcare centres are usually costly solutions and reach only a privileged few. While campaigns to vaccinate children and to educate adults may reach many, they are short-term solutions resulting in little change in fundamental attitudes and practices. Primary health care systems are limited in coverage and are not always used by those who most need the service. Each of these approaches makes some inroad on the immense problem and, taken together, they have had a significant impact on reducing infant mortality and improving children's health status. However, the vulnerability of young children is profound, and our attention must continue to focus on programme approaches that address the quality of life beyond survival.

Children-caring-for-children

This article describes and reviews one promising programme approach to child care and development that is being applied increasingly in diverse settings throughout the world: children-caring-for-children². In most parts of the world, such care is part of a time-honored system for helping to meet childcare needs. Older children are routinely expected to look after the health and development of a younger brother or sister. In so doing, they are not only providing care to others but are also being socialized to the role of parenthood. This traditional practice is now being rediscovered and applied in new ways as a basis for programming.

Building programmes around the idea of children-caring-for-children is an attractive and potentially effective complement to other programmes for at least four reasons:

1. Working with child caregivers offers the possibility of directly affecting the health and development of younger children by providing older children with information they can use in a caretaking role. Where care of younger siblings is common, a naturally occurring practice exists that can be reinforced and improved. For example, sibling caregivers can help to assure that the children under their care are vaccinated, treated with oral rehydration salts when needed, fed properly, talked to, and played with.
2. Programmes of children-caring-for-children have a potential for being effective in the long term because the older caretakers, although still children, will soon be parents themselves. By learning proper ways of caring for younger children, they will be better prepared for impending parenthood.
3. Another potential benefit of working with child caregivers derives from their communication abilities. Children can often provide information about new practices to peers, parents, and other family members. Using the child as an agent for change has, as one of its many appealing characteristics, the advantage of drawing on the older children's receptivity to new ideas and an absence of commitment to traditional practices.
4. Primary school-age children can have an effect on care and development through community action programmes. For example, the child may be involved in activities aimed at improving the quality of the environment, or in activities that increase the benefits generated by the environment.

To realize these potential benefits—to the younger child, to the prospective parent in the older child, to other family members, and to the community at large—programmes are needed to educate and mobilize child caregivers. Many variations of Child-to-Child programmes exist, and

experiences with them are multiplying rapidly. In some regions the idea has spread naturally. For instance, in local primary school classrooms, teachers have taken advantage of the presence of younger children who have accompanied their older sisters or brothers to school so that they would not be left alone at home.

A significant influence in the articulation, implementation, and worldwide dissemination of the Child-to-Child approach occurred in 1978 with the development of an international coordinating body located within the Institutes of Child Health and Education at London University.³ The activities of this organization include the provision of materials and technical and financial assistance. At present these low-cost materials are published in fifteen languages and are used by programmes in over sixty countries. In addition, the Institute's Child-to-Child Programme facilitates the exchange of information and ideas between and within countries through the organization of workshops and training programmes.

Although programmes capitalizing on children-caring-for-children are found in a variety of settings, formal evaluations of these efforts have emerged only recently. In the execution of activities and programmes a number of issues and ideas have surfaced. The following review highlights some of these issues and ideas and offers an analysis of the translation of the Child-to-Child approach into a range of programming options. A description of selected projects that have been evaluated is provided as well. The review also draws some conclusions about the Child-to-Child approach, with a view to aiding policy formation and the implementation of programmes.

Translating the Idea into Programmes—A Typology

This section describes the ways in which the practice of children-caring-for-children is capitalized upon and adapted to a variety of contemporary settings. Programmes differ with respect to the following:

Goals and primary beneficiaries

Initiators

Institutional setting

Methods and materials

Scale

Goals and Primary Beneficiaries. Older children between the ages of eight and fifteen constitute the focus of attention for Child-to-Child programmes. These children are the main group to be mobilized. However, as seen in the previous section, these older children may be variously regarded as:

Caretakers

Future parents

Communicators of messages

Agents to improve conditions affecting health and development

The emphasis given to these respective roles in a particular project is closely related to the definition of the primary beneficiary, thus this emphasis influences the project's goals as well as its structure and content. As the idea of children-caring-for-children has been translated into programmes, greater attention seems to be given to the latter three roles than to the role of actual caretaker.

The primary beneficiaries in a Child-to-Child programme may be:

Younger children

Older children

Adult caretakers, and the family

The community and the environment

Initiators. Programmes of children-caring-for-children may be initiated by individuals with various backgrounds and levels of training in education, health, and community work. Initiators from the education sector include teachers, decision-makers, school inspectors, advisors, and curriculum planners. Initiators with health backgrounds include physicians as well as other professionals and paraprofessionals in primary health centres. Project initiators from other sectors include social workers, community workers, adult literacy workers, coordinators of women's groups, and youth group leaders affiliated with organizations such as the Scouts, Guides, and Red Cross.

Institutional Setting. Given the range of backgrounds characterizing project initiators, it is not surprising that projects can be found in a variety of non-formal and formal institutional settings. Formal settings include schools, primary health centres, and other health institutions. Non-formal institutions include daycare centres, literacy centres, community centres, youth centres and churches.

In spite of the range of institutional settings, the majority of programmes can be found within the formal school system. It is interesting to note that many Child-to-Child school-based programmes have been initiated by outside professionals, especially health workers, who have migrated into schools. This tendency of health workers to target the formal schools stands in contrast to the imperviousness of health institutions to penetration by non-health professionals.

The appropriateness of the formal school as a programme setting is obvious. Formal schools are by far the most cost-effective institutions for the delivery of knowledge, skills, or services to large numbers of young people. In most countries, at least fifty percent of the desired age group can be reached through the formal school system. However, the attractiveness of this setting for the implementation of innovative projects can, in fact, be seen as a barrier to long-term project success. Schools are often burdened by a multiplicity of initiatives. Different groups of professionals, each with its own agenda, all converge upon the school system. Despite the high degree of programme overlap both in methodology and content, coordination between

programmes seldom exists, and "project fatigue" can be a dangerous consequence of this competitive environment.

Methods and Materials. While programmes building on the practice of children-caring-for-children adopt many methods of teaching and mobilizing children, emphasis is most often placed on the development of an active and participatory approach to learning and teaching. In this approach teachers are taught to act as a catalyst to encourage children to help each other and their communities. In accomplishing this goal, programme initiators are encouraged to:

Explore ways children can identify health needs, problems, and priorities

Discuss ways of meeting these problems

Understand through role-play and drama other people's feelings and views

Design appropriate activities which are acceptable and easily implemented

The general content areas usually stressed in programmes of children-caring-for-children include:

Personal and community health

Nutrition

Prevention and control of disease

Accident prevention

Children's mental and social development

Some programmes attempt to address all these areas, while others concentrate on a particular problem area, such as the promotion of immunization and the prevention and treatment of diarrhea.

Emphasizing an active participatory approach, Child-to-Child materials include songs, plays, skits, puppetry, posters, and stories. To complement and build on locally produced materials, the Child Health Institute in London has produced a series of activity sheets covering such topics as preventing and controlling diarrhea and feeding the young child. Targeted toward the primary school-age child, these materials combine factual information with suggestions for the design of constructive learning materials. These prototype activity sheets have been used around the world and can easily be adapted to meet the needs and concerns of children in specific circumstances.

Scale. Child-to-Child programmes vary in scope. At one end of the continuum are programmes delivered to groups of eight to ten children in private homes, while at the other extreme are massive national programmes reaching all students enrolled in a school system. According to a recently completed survey of Child-to-Child Programmes affiliated with the Institute of Child Health, University of London, an average project has just under 250 participants, with three quarters of the projects reviewed reaching fewer than 1,000 participants (Somerset 1987). One question raised by this variability is the degree to which large-scale programmes can successfully have an impact on behavior. The way in which scale and impact are related is a critical issue in need of further investigation.

HIGHLIGHTS FROM

"SNAPSHOTS OF CHILD-TO-CHILD PROGRAMMES FROM AROUND THE WORLD"

Initiators:

- Child-to-Child school-based programmes organized by the Ministries of Health and Education.
- Child-to-Child school-based programmes supported by non-governmental organizations.
- Child-to-Child programmes focussed on special populations: preschool, handicapped, hospitalized refugee, street and displaced children and children living in remote areas.
- Child-to-Child programmes integrated into the training of medical personnel.

Factors characterizing successful efforts include the following:

- Active involvement and support of relevant ministries, including education, health, social welfare, and agriculture.
 - Ability to elicit and sustain local support from educators, health care personnel, and community groups.
 - Ability to collaborate with policy-makers and administrators.
 - Programme implementation in a step-by-step fashion, including examination of cultural relevancy and acceptability.
 - Integration of Child-to-Child information and activities into existing curricula and programmes.
 - Programme flexibility and ability to respond to changing circumstances and needs.
 - Innovative teaching practices and activities acknowledged and rewarded through programme incentives.
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Children Caring for Children-Case Studies

This section reviews five programmes selected from a wide range of Child-to-Child Programme initiatives taking place in Africa, India, and the Caribbean. In spite of a range of barriers and constraints confronting the implementation of these programmes, successful Child-to-Child activities are apparent throughout the world.

■ JAMAICA

In rural Jamaica, Knight and Grantham-McGregor (1965), report results of a pilot Child-to-Child intervention programme for fourth- and fifth-grade children.⁴ The purpose of this review was to assess the effects on childrearing practices of teaching primary school children basic health care and developmental concepts with the aim of improving the children's knowledge and practices, as well as those of their parents or guardians. In an initial pilot phase, a total of 100 children received 30 one-hour lessons over the course of a year. The immunization material focussed on preventable diseases, the purpose of immunization, and appropriate immunization schedules. Information on dental care included care of teeth and appropriate food selection, while the child development lessons included major developmental milestones and appropriate child-management techniques. In addition, children were taught how to make toys from locally available materials. This information was translated into action-oriented activities such as role-playing and participating in group discussions. Toy-making, drama, and poster competitions provided a mechanism to reinforce these ideas.

To assess the effectiveness of this programme, parents were asked to complete a questionnaire. Children's knowledge and practices were evaluated before and after the programme. No observable change occurred in the health or nutritional status of the preschool children. However, results indicated that older children, the direct beneficiaries of the programme, improved their knowledge of health, nutrition, and early development. Parental reports also indicated that some of the health practices of these older children had changed as well. Guardians improved their knowledge and encouraged older children to play with younger children, but no changes were found in adult caretaking behavior. One unanticipated but positive effect of the project was on the teachers, who improved their own knowledge of health and development. Thus, an important outcome of this pilot initiative was its overall impact on educational practices.

Based on the success of this initial pilot project, the programme was expanded to cover fourteen schools reaching approximately 1,000 students. In addition, the primary school curriculum has been revised to include Child-to-Child activities by incorporating the information and related activities into the existing curriculum.

■ UGANDA

A Child-to-Child Programme was established in Uganda in 1983 by a group of private citizens concerned with the promotion of health education. UNICEF provided initial financial and logistical support, and the programme continues today with assistance from the Bergen Schools Project in Norway. In Uganda approximately 20-30 schools have Child-to-Child programmes. Most of the schools are located in the city and its surrounding areas, with a few found in isolated rural areas. The programme is relatively informal, and participation is voluntary. Students are recruited from standards 5, 6 and 7 and receive instruction from classroom teachers.

The main focus of the programme is on the preparation of plays, songs, and poems with health-related themes. Child-to-Child hosts a half-hour radio programme each Saturday morning with materials prepared by the participating schools. Child-to-Child themes are also presented through plays given at parents' meetings and common gatherings. The opportunity for Child-to-Child participants to perform publicly acts as a powerful, motivating force, which, in turn, enhances participant morale and commitment. The themes most commonly addressed in the Ugandan programme include immunization, oral rehydration, nutrition, and personal hygiene, with attention placed on the identification and eradication of harmful traditional practices.

The communication of health messages is a central component of the Ugandan Child-to-Child Programme. This communication occurs largely between groups, where the message is transferred from a group of children to a group of respondents. The group-to-group mode of communication is in contrast to the one-to-one approach that often characterizes the Child-to-Child Programmes. Proponents of the group-to-group method claim it is a less stressful and more effective approach when children are attempting to translate often contradictory messages to their parents. A drawback to this approach, however, is the tendency for adults to view the children's performances simply as entertainment, so that it has little ability to affect behaviors. Further investigation is needed to determine how an audience interprets these messages and to what extent they are internalized and acted upon.

■ BOTSWANA

The Child-to-Child Programme in Botswana has been designed to provide informal preschool education for young children while enhancing the educational experience of older, primary-level children. The older children (little teachers) help prepare the younger children (preschoolers) for school entry and in turn enhance their own cognitive and affective development. Beginning in 1979 with two schools, the programme is now in operation in twenty-eight schools. Formal control of the programme is held by the Board of the Child-to-Child Foundation of Botswana, which includes representatives from Ministry of Education and local government, multilateral and bilateral aid donors, and the American Women's Association.

Initially the Child-to-Child Programme functioned as a one-to-one outreach programme. Little teachers drawn from standards 1, 2 and 3 received two additional periods of instruction each week. To guide the Child-to-Child teachers, lesson booklets focussing on four major themes were developed: "Feelings and Who Am I?" "Preparing for School," "Health in the Home," and "The

Village". More recently, greater emphasis is being placed on the development of basic writing and number skills.

Since 1981, the programme has shifted its emphasis from out-of-school activities to in-school activities. Preschoolers come to school several times each week to participate in Child-to-Child sessions in which each preschooler is paired with a little teacher. The work of the little teachers is divided between school and home. Child-to-Child teachers hold a training session for the little teachers before each visit by the preschoolers. Although teachers are present during the in-school sessions for the preschoolers, their role is mainly organizational and supportive. The little teachers deliver most of the instruction.

After the in-school sessions, the pair continues to work at home practicing writing letters and numbers and learning simple songs and games. Sometimes the little teacher uses a worksheet prepared during the training sessions, but often the children write in the sand, using a finger as a writing instrument. In the next training session with the Child-to-Child teachers, the little teacher has an opportunity to report on his experience during these home lessons. Thus, the demand for an in-school programme for the preschoolers has been met, but at the same time the original programme for the little teachers has been maintained.

Several factors have contributed to the shift in focus from the home to the school. Child-to-Child teachers felt that the original approach did not allow enough opportunity to supervise the work of the little teachers. Furthermore, the organization of home-based programmes is likely to have been the cause of problems that could easily have been avoided by moving the activities to the school. However, parental demand for institutionalized preschool education has perhaps been the most important factor in the recent shift. In Botswana, as in many other developing countries, the value of preschool education has risen steadily over recent years. As competition for formal employment has intensified, parents have sought to provide their children with educational experiences that will improve their chances of success. It is believed that children who get an early start to their education have an advantage in this competition.

In one of the schools, a Child-to-Child programme has been running long enough for the first group of preschoolers to complete primary school. In this school, the results of the Primary School Leaving Examination (PSLE) showed a sharp improvement in 1996—the first year that there had been ex-preschoolers among the candidates. Both the Headmistress and the Chairman of the Parent Teachers Association are convinced that the Child-to-Child programme has played a major role in this improvement. This success is largely attributed to the programme's ability to provide the preschool child with opportunities to explore the school environment gradually, making the difficult transition to primary school a positive experience.

A second advantage of this approach is related to the provision of one-to-one tutoring for the preschooler, which is invaluable to the acquisition of the basic cognitive, psychomotor, and social skills. Finally, little teachers are important as "communication facilitators," since the adult teachers often misunderstand preschoolers speaking local dialects. Thus, given the increasing demand for early childhood care, the Botswana programme provides an exciting and profitable programming option.

■ INDIA

Health workers and educators in India have long been receptive to the ideas inherent in the Child-to-Child approach. One reason why Child-to-Child has found such fertile ground in India is that the twin concerns of the programme—to promote preventive health care for children and to encourage activity-based approaches to learning—support the goal to design more effective health and educational services throughout India. While Child-to-Child projects are numerous, the programmes described in this review include the Mobile Creche in Bombay and the Municipal Corporation Schools project in Delhi.

Bombay's Mobile Creche. Mobile Creche is a voluntary organization that runs day-care and educational centres for the children of unskilled laborers working on construction sites. Throughout the Bombay municipal area approximately twenty creches are currently in operation. The children, ranging in age from infancy to nine years, come from homes with levels of extreme deprivation, where both parents are employed laborers. Thus, older children are entirely responsible for the care of infants and young children. Few of these children have the opportunity to attend a formal school. The Mobile Creche Project was designed to relieve older children of some of this burden and to provide them with the opportunities for cognitive and personal development that formal schools make available to more privileged children.

As a result of the temporary employment patterns, a child's duration within the creche is short, often less than a year. For many of the children this limited period may be their only opportunity to develop, through activity-based methods, basic cognitive competencies and knowledge of simple health practices. Children work together in small groups, using a variety of low-cost learning materials, including workcards, games, and readers. Because the groups are of mixed ages, older children provide much of the formal and informal instruction to younger children. In this way, familiar patterns of child care are simply transferred into the Creche Centres.

Child-to-Child is a learning rather than an outreach project; no systematic attempt is made to use the children as health messengers or change agents. Nevertheless, because of the stress on internalizing learning through activity and practice, outreach is beginning to occur spontaneously. It is obvious that this approach to learning was deeply embedded within the Mobile Creche programme before the Child-to-Child approach was formally instituted.

An important feature of the Mobile Creche is a well-developed system for monitoring the impact of its programmes through observations of participants' capacities. The social and cognitive progress of each child is monitored and recorded. Preliminary interpretation of these data indicates that the Mobile Creche is experiencing much success in enhancing the social and cognitive capacities of this hard-to-reach population of children.

Delhi Municipal Corporation Schools. Child-to-Child activities are being implemented in a sample 32 of the 1,500 schools controlled by the Municipal Corporation of Delhi (MCD). If successful, this pilot programme will gradually be extended to include other MCD schools.

Classroom teachers implement the programme in standards 4 and 5. During a series of teacher-training workshops, a set of fourteen activity sheets was developed which provides the basic curriculum materials for the programme. These activity sheets cover such topics as:

- Accidents: Burns
- Good Toilet Habits
- Environmental Cleanliness
- Skin Diseases and Personal Hygiene
- Good Eating Habits
- Care of the Eyes
- Care of the Tooth
- Prevention of Infectious, Contagious, and Deficiency Diseases
- Anemia
- Diarrhea
- Care of the Sick Child
- Balanced Diet

The goals of these workshops are to provide teachers with guidance and support and to discuss problems encountered in implementing this activity-oriented approach to teaching and learning. In addition to the training workshops, teachers' performances are observed in the classroom setting.

As a supplement to this programme, fourteen schools have participated in an Early Childhood Education (ECE) Project. The ECE programme targets four and five-year-old children in the two years before they enter primary school. Utilizing activity-oriented approaches to learning, the programme attempts to prepare children for primary school entrance. The first graduates of the programme are now in standard 1. Primary teachers are being assisted in maintaining the same activity-oriented approaches used in the ECE programme as the children move up through the primary school. Given effective coordination, it is hoped that activity-oriented approaches to learning may be accepted by teachers in all standards as an innovative approach to instruction across the curriculum.

As might be expected, the degree to which Child-to-Child has been accepted by the school administration varies tremendously. In some schools the acceptance is immediately apparent. Walls are decorated with posters, drawings, or charts showing the results of health surveys, and school compounds and toilets are clean. Classroom observations reveal a lively interchange of

questions and answers between teachers and pupils, even outside the official Child-to-Child periods. By contrast, in other schools, the Child-to-Child Programme is an isolated activity that occurs at specific times and places. Little impact on the school environment can be seen, and teachers, complaining of unrealistic time-demands, revert to traditional teaching methods as soon as the Child-to-Child activity is completed.

Summary and Recommendation

Looking back on a decade of activities that build on the practice of children-caring-for-children, what can we conclude about the ability of these efforts to enhance the knowledge, attitudes, and practices of younger and older children, parents, and communities? While no one paradigm or model can be described, several factors seem to characterize the most successful programming efforts. The following section describes some activities that strengthen the ability of this approach to deliver health and educational opportunities to children and families in greatest need.

Beneficiaries

Reports of the benefits of successful Child-to-Child activities to older and younger children, families, schools, and communities are numerous. Older children, in their dual role as the providers and recipients of Child-to-Child activities, benefit directly from their increased knowledge of health, nutrition, and education, improved health practices and beliefs, and they exhibit more nurturing attitudes towards younger siblings.

In addition to these positive outcomes, older children receive benefits through their role as "message carriers" to younger siblings and other children within the community. In the process, children develop a sense of increased self-esteem and confidence through school-based and/or community-based activities. Moreover, it is expected that these newly acquired skills and the knowledge of preventive rather than curative solutions to health problems will exert an intergenerational effect on the offspring of these future parents.

Benefits to teachers and other initiators of Child-to-Child activities are particularly salient. The activity-oriented, participatory approach often provides an appealing alternative to those seeking escape from traditional teaching strategies. Moreover, this approach provides a low-cost opportunity to enhance the quality of primary health education. School-based health education is generally integrated into the science curriculum, with sparse coverage of such critical topics as the prevention and treatment of diarrhea. Child-to-Child activities built upon a creative and active way of learning can act to strengthen the primary school's health education curricula.

While the positive outcomes accorded to children indirectly benefit the family and community, direct activities have included (a) community surveys and the identification of health needs, (b) the dissemination of health information designed to change negative practices, and (c) the implementation of specific health innovations.

The reported benefits to younger children are somewhat more difficult to identify. Programmers assumed that younger children would benefit directly from the activities performed with them, or indirectly through the benefits received by older children, parents, or teachers. However, programme documentation of this assumption is difficult to obtain. The absence of these data may reflect a growing trend to regard Child-to-Child approaches as school-based child health education programmes. Direct programming attention to the younger child is often absent, and the role of the older children as agents of child stimulation and development is often undervalued.

It is recommended that programme developers reassess ways in which the cross-age concept can be refined and strengthened in current Child-to-Child activities. Older children must be provided with real opportunities to put into practice the concepts stressed through the programme. In addition to the current health/nutrition emphasis, the importance of creative and active interaction of older children with the younger children in their care must receive renewed programming attention.

Methods and Approaches

As evidenced by the brief review of programmes, the activity-oriented participatory teaching approach characterizing children-caring-for-children programmes is one of its strongest attributes. Utilizing this method, project initiators stimulate a process that encourages children to identify problems, design activities, and actively implement solutions through group as well as individual activities. Innovative teaching practices are acknowledged and encouraged through a series of programme incentives.

Programmes are most effective when the content focuses on problems that are salient and relevant to the concerns expressed by the community. The programming structure must be flexible in order to encourage possibilities of local adaptation and cultural adjustment to a changing array of child health care and developmental concerns. To overcome resistance in response to innovate teaching methods, teachers must be supported and creative initiatives must be encouraged through a system of rewards and incentives.

Cultural Sensitivity

In the design of Child-to-Child activities, greater attention must be paid to the set of cultural beliefs and traditional practices that for centuries have informed and instructed behavior. Programme failure is often attributed to an inability to understand both positive and negative attitudes, beliefs, and practices of the intended programme beneficiaries. The challenge is to design Child-to-Child activities that capitalize on existing positive beliefs and practices at the same time that they discourage those that may be harmful.

The Child-to-Child effort to emphasize the child as the agent of change must be particularly sensitive to the set of cultural expectations regarding the role of the child within the family. Children participating in the programme may express ideas that challenge and criticize existing values and practices. Parental ideas regarding protocol for what a child should communicate to

an adult are often rigidly defined by cultural values. Available evidence supports the belief that Child-to-Child activities can be more effective if the messages communicated through children are reinforced by similar messages directed to parents, families, and the community.

Linkages and Integration

The long-term sustainability of Child-to-Child approaches is threatened by a range of complex barriers and constraints, including absence of financial and material resources, project fatigue, low levels of teacher morale, and high rates of personnel turnover. The ability of programmes to overcome such barriers is enhanced when they have the active involvement and support not only of educators, health care providers, and community workers, but also of policy-makers and administrators.

In addition, children-caring-for-children programmes must be closely integrated with other ongoing programmes and institutions operating within the schools and community, including women's groups, child care programmes, primary health care centres, and youth groups. A possible drawback to some school-based Child-to-Child approaches is their treatment as a separate classroom subject isolated both by distinctive content and innovative teaching methodologies. In the long run, this isolation renders projects vulnerable to the withdrawal of resource support after the initial funding period. By contrast, the programmes that persist beyond an initial critical period are those that both enhance and strengthen existing curricula.

Programme Evaluation

There is an obvious need to further document the multiplicity of benefits of the Child-to-Child approach on the intended audience. The investigation of the impact on programme recipients has been plagued by the set of constraints confronting the evaluation of all service-oriented programmes. Implementing a programme evaluation strategy utilizing both quantitative and qualitative techniques must become a priority. Such research should be designed to systematically address the following set of issues in Child-to-Child programmes

What are the short- and long-term impacts of the programme? How effective is the approach for changing the knowledge, beliefs, and attitudes of the intended programme audience? Is the programme able to enhance positive behaviors of younger and older children, parents, families, schools, and communities?

Who are the most responsive recipients of this programming approach? What are the important antecedent variables derived from a child's background and experience that influence an individual's ability to respond successfully to the programme?

How can projects and activities be modified to reach the children at highest risk?

What are the contextual and environmental factors that contribute to a programme's success, such as institutional setting, programme incentives, training, and teaching methods?

Which teaching and learning methodologies are most effective in transmitting competency?
What incentives drive the project?

What happens to the impact of programmes when they move from small scale projects to broad-based programmes reaching large numbers of beneficiaries?

The following Child-to-Child materials are available from:

Teaching Aids at Low Cost
P.O. Box 49, St. Albans,
Herts, AL1 4AX, United Kingdom or
Telephone: (0727) 53869

Child-to-Child Book. Prepared for International Year of the Child, this book describes how older children can help younger children's health and development. Now in its fifth printing, it has been translated into several languages, including French, Spanish, Portuguese, Arabic, and Indonesian.

Child-to-Child Readers. These booklets use stories to teach children health messages while learning to read. Six booklets have been prepared: (1) Dirty Water, (2) Good Food, (3) Accidents, (4) A Simple Cure, (5) Teaching Thomas, and, (6) Down with Fever.

Activity Sheets. These materials reflect the basic concepts of the Child-to-Child approach. Twenty-three activity sheets are available providing activity-based learning in five content areas: personal and community hygiene and safety; prevention and control of disease; child stimulation and development; recognising and helping the handicapped; and better nutrition. These activity sheets provide essential factual information combined with suggestions for constructive learning activities. Designed to target the primary school child, they have become how-to-do-it guides allowing project initiators to select and modify the materials to meet the specific demands of their audience.

In addition to these materials mentioned, TALC offers a wide selection of additional child health books, slides and accessories.

Endnotes

¹ This article draws heavily from the following works:

Otaala, Barnabas, and Robert Myers. "Children Caring for Children: New Applications of an Old Idea. A Review of Programmes and Approaches." Prepared for the Consultative Group on Early Childhood Care and Development, 1980.

Somerset, H.C.A. "Child-to-Child: A Questionnaire Review and Studies of Projects in Three Countries." A paper prepared for the London University Institutes of Child Health and of Education, 1988.

² In this discussion a conscious distinction has been made between "children caring for children" as a concept/idea and practice, and the "Child-to-Child Programme" of the University of London's Institutes of Child Health and Education, which has helped to institutionalize the concept.

³ For additional information on the Child-to-Child Programme, please write directly to Child-to-Child, The University of London, Institute of Education, 20 Bedford Way, London WC1H OAL, United Kingdom.

⁴ Knight, J. and Grantham-McGregor, S. "Using Primary School Children to Improve Childrearing Practices in Rural Jamaica." *Child Care, Health, and Development*, 1985, Vol. 11, 81-90.

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Early Childhood Counts: Programming Resources for Early Childhood Care and Development.
CD-ROM. The Consultative Group on ECCD. Washington D.C.: World Bank, 1999.