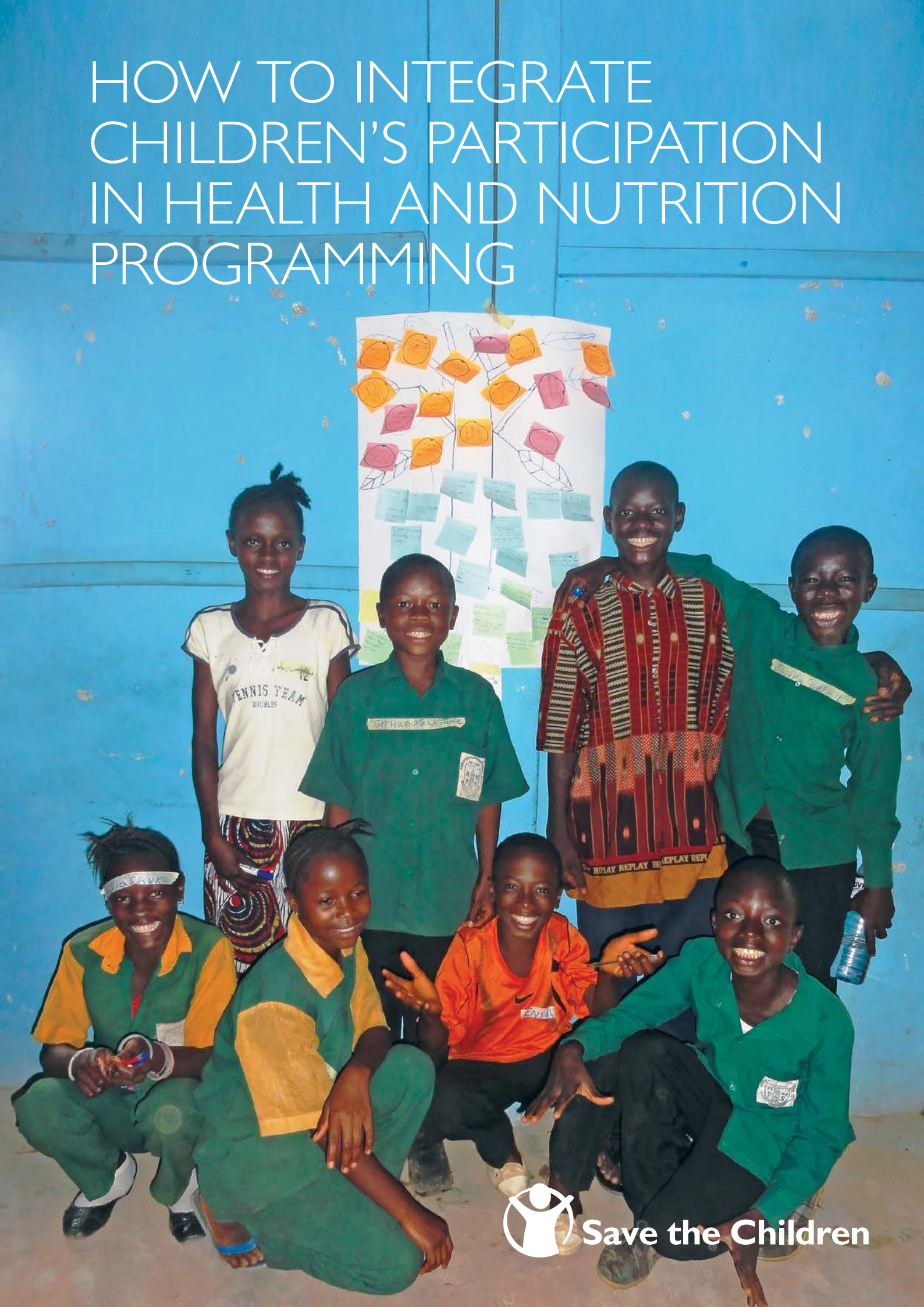
HOW TO INTEGRATE CHILDREN'S PARTICIPATION IN HEALTH AND NUTRITION PROGRAMMING



Save the Children

Save the Children works in more than 120 countries.
We save children's lives. We fight for their rights.
We help them fulfil their potential.

Acknowledgements

This guide was written by Paula Valentine and Claire O'Kane

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INTRODUCTION

Save the Children's vision is a world in which every child attains the right to survival, protection, development and participation. Our mission is to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives.

Our health and nutrition programmes – both during emergencies and as part of long-term development – are a key area of our work. The broad framework for work in health and nutrition is the continuum of care for maternal, newborn and child health, primarily at the level of primary healthcare. Newborn and child survival – and Millennium Development Goal 4 on child mortality – are organisational priorities for Save the Children.[1] Save the Children's work also supports efforts to address the health and well-being of mothers to accelerate progress towards MDG 5. Save the Children works in a way that strengthens existing government health systems (national, provincial, district) and community based healthcare systems.

This guide has been developed for Save the Children's health and nutrition staff and partners so they can better **support the meaningful participation of children and young people** in health and nutrition programmes.

It focuses on opportunities for children's involvement in maternal, newborn and child health and nutrition, especially at the community and primary healthcare levels. It looks at the opportunities to actively communicate with and listen to children **under the age of five**.

As Save the Children's health and nutrition programmes tend to focus on children under five, staff are often hesitant to recognise the relevance of children's participation to their work. But there are ways to communicate with and seek the views of younger children.

Children's participation is a **principle, a means and a goal**:

- Children's participation is a **principle** of Save the Children's rights-based programming approach. All our sector programmes are now expected to monitor and report on a global indicator on child participation.[2]
- Children's participation is a **means** to securing other rights, including their rights to health and nutrition.
- Children's participation is also a **goal**. It engages with **children as active citizens**, and includes children in governance processes that affect them.

It is also important to bear in mind that in many parts of Asia, Africa and Latin America, parents from the poorest families often have to leave home to find work. This regularly leaves children, especially girls aged from around six to 18, to act as the primary caregivers for their younger siblings.[3] Therefore, it is important to equip children with the knowledge and skills they need to take care of their own health and that of other children in their care.

The 'Child-to-Child' movement (see page 6) has emphasised the role of older children in promoting not only the physical health of babies and young children, but also their mental stimulation and emotional well-being:

> *"An older child who prevents infection, feeds a younger child often, understands feelings and comforts younger ones who are unhappy contributes to their mental as well as physical development. There is a whole catalogue of life-saving and life-developing activities that older children can do for and with under-fives that are both creative and fun to do."*
> (Child-to-Child, p. 8–10)[4]

This guide does not focus on young people's participation in sexual and reproductive health, as existing guidance in this area is readily available.[5]

The document contains five sections:

Section 1: What is children's participation? provides a definition and brief descriptions of different types of children's participation, with examples from health and nutrition sectors.

Section 2: Why is children's participation important? outlines the rationale for and benefits of children's participation, with a focus on health and nutrition programming.

Section 3: Making children's participation meaningful provides a checklist using indicators for the internationally agreed basic requirements in children's participation.

Section 4: How to involve children in health and nutrition programming gives practical guidance to involve girls and boys of different ages in health and nutrition programmes, including information on practical ways to involve children and young people in each stage of the programme cycle. We give special consideration to children's evolving capacities and how to reach and engage children under the age of five years in health and nutrition work.

- 4.1 Raising awareness among staff of human rights principles and involving children in understanding childhoods
- 4.2 Involving children in analysing rights
- 4.3 Involving children in the design of health and nutrition programmes
- 4.4 Involving children in implementing health and nutrition programmes
- 4.5 Involving children in monitoring and evaluation
- 4.6 Involving children in external influencing, advocacy and accountability

Section 5: Further reading sets out resources you might find useful on children's participation in health and nutrition programmes. Throughout the document you will find hyperlinks to relevant tools/resources/videos that provide practical guidance on how to incorporate children's participation in the health and nutrition programme cycle.

Icons: The following icon is used to exemplify practical tools: 

1 WHAT IS CHILDREN'S PARTICIPATION?

> *"Participation is about having the opportunity to express a view, influence decision making and achieve change. Children's participation is an informal and willing involvement of all children, including the most marginalised and those of different ages and abilities, in any matter concerning them directly or indirectly. Children's participation is a way of working and an essential principle that cuts across all programmes and takes place in all arenas, from homes to government and from local to international levels."*
>
> Save the Children definition[6]

At each stage of developing a programme there are three potential levels of engagement for children and young people – **consultative, collaborative and child-led**.[7] Which of these three approaches is appropriate depends on the goals of the programme or initiative, and can change over time. There is a dynamic and often over-lapping relationship between them. For example, good consultation can lead to a collaborative approach.[8]

1 Consultative participation involves adults seeking children's views so they can increase their knowledge and understanding of children's lives and experience. It is often initiated, led or managed by adults. It may or may not allow for sharing or transferring decision-making processes to children themselves. However, it does recognise that children have expertise and perspectives, which need to inform adult decision-making.

Consultation lets children express their views and is useful, for example, when undertaking research; planning processes; developing legislation, policy or services; or making decisions affecting individual children – for example, about healthcare or nutrition – within the family.

Children taking part in Myanmar Children's Forum

2 Collaborative participation involves more of a partnership between adults and children, and gives children the chance to actively engage in any stage of a decision, initiative, project or service. It can be characterised as: adult-initiated; a partnership between adult and child; the empowerment of children to influence or challenge both processes and outcomes; and increased levels of self-directed action by children over a period of time. There are also examples of collaborative participation that are child-initiated.

Collaborative participation might include the involvement of children in designing and undertaking research, policy development, or peer education and counselling. It might mean they participate in conferences or are represented on boards or committees.

Children's participation in healthcare is collaborative rather than consultative when it involves children more fully in decision-making processes. Some of the most meaningful children's participation in health initiatives is collaborative, where adults are willing and ready to collaborate and support.

CONSULTATIONS WITH CHILDREN ON HEALTHCARE IN SOUTH AFRICA[9]

In a consultation with children in South Africa about their experiences of healthcare, the children repeatedly commented that nurses and doctors did not always seem to care about them or their health.

Even when they were in pain, many felt that there was no one who they could tell or who was interested in them. As children, they found it difficult to ask for help or attention when they needed it. One child said: *"It makes us sad when we ask the doctor or nurse what is wrong and he won't tell you."* Many also expressed fear because doctors and nurses sometimes shouted at them, or treated them roughly, for example, when changing bandages. They were also concerned about a lack of privacy and respect for their dignity.

Some of them criticised caregivers who had failed or refused to take them to a doctor, even when they were sick or in pain. They felt that health professionals had a role to play in educating caregivers about early identification and referral.

Children also felt that health workers should be sensitised to the power relationship between adults as authority figures and children, and children's vulnerability when sick. They wanted health workers to pro-actively offer care in ways that acknowledge the child's feelings.

3 Child-led participation involves affording children the space and opportunity to initiate activities and advocate for themselves. It is characterised by: children themselves identifying the issues of concern; adults serving as facilitators rather than leaders; and children controlling the process.

In child-led participation, children can initiate action by seeking medical advice or using complaints mechanisms, for example. And as a group – or constituency – they can initiate action by establishing and managing their own organisations, which might work to raise awareness; provide peer education on child rights, healthcare or nutrition; and engage in policy analysis or advocacy on issues that affect children. Children and young people may also elect their own peers to represent them in governance processes that affect them.

The role of adults in child-led participation is to provide children with information, advice and support so that children can pursue their own objectives.

EVOLVING PARTICIPATION

All three levels of participation can be appropriate during a single project, with initiatives that begin at a consultative level evolving to enable children to take more control as they acquire greater confidence and skill. For example, a local municipality may decide to consult children on aspects of health policy and planning. As the children become more familiar with the governmental processes, they may seek to establish their own council or local parliament through which to take a more proactive and representative approach to bringing the issues that concern them to the attention of politicians.

Conversely, children involved in child-led initiatives – for example, on health education – may want to collaborate with adults who are in a better position to take practical action or influence policy.

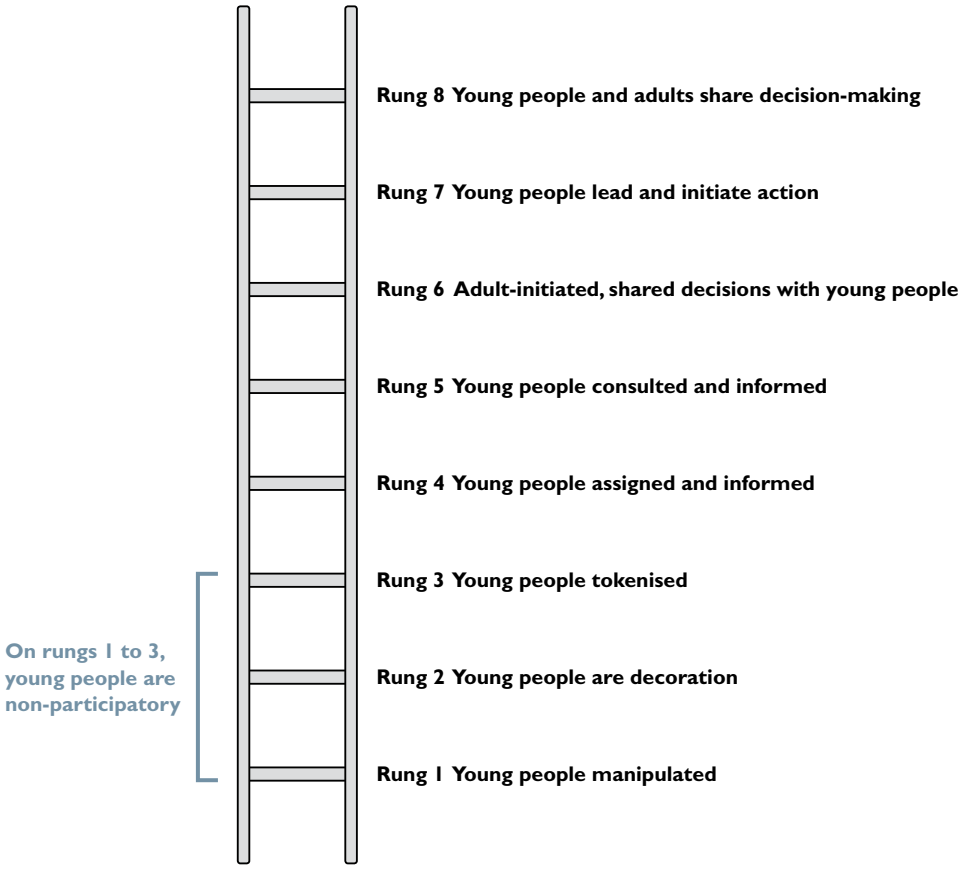
CHILDREN PROMOTING HEALTH AMONG MIGRANTS IN CHINA[10]

Migrants living in urban areas of China do not qualify for residency permits and often have limited or no access to basic services, such as health or education. Their access to services is also hampered by the high medical fees resulting from healthcare privatisation.

In Songjiang district, Save the Children worked with migrant children in one of the few migrant schools certified by the government. We used child-centred research to collect information about the hygiene and health of migrant families. Children aged 11–12 years were trained as 'junior reporters' to collect information, analyse findings and to develop community health promotion.

The result has been improved healthcare and hygiene for migrant children and their families. The important role that children play in their community is also being increasingly recognised. Children have been identified as good informants and agents of change, and therefore need to be considered as important partners to inform and enhance health knowledge and practice among peers, families and communities.

In many contexts, the best scenario is for children, young people and adults to share the decision-making, as shown in Roger Hart's Ladder of Young People's Participation, below:



CHILD-LED EFFORTS TO REDUCE ILLNESS IN INDIA[11]

In the Indian state of Madhya Pradesh, child-led water, sanitation and hygiene (WASH) initiatives – run in partnership by UNICEF and the Bharat Boy Scouts and Girl Guides – are helping to reduce hygiene-related illnesses.

Children are part of hand-washing campaigns and take on the role of 'patrol leaders' to organise cleanliness campaigns in their schools and communities. These patrol leaders participated in a five-day WASH training session, and one 15-year-old learned that his village was probably spreading disease by using its fields as a toilet. He then persuaded his father to construct a toilet, and now neighbours are following their example.

2 WHY IS CHILDREN'S PARTICIPATION IMPORTANT?

In many parts of the world, children and young people have traditionally been excluded from decision-making. The contribution children could make is often underestimated by adults, particularly those in authority.

Children are the real experts on their own lives and should be recognised as potential agents of change. From the earliest age, babies and toddlers communicate with the people around them and can learn how to influence the decisions that affect them.[12]

Children should be encouraged to participate wherever possible. Adults should learn about the importance of listening to and taking into account the views and suggestions of girls and boys.

GENERAL COMMENT BY THE CHILD RIGHTS COMMITTEE ON CHILDREN'S RIGHT TO BE HEARD (2009) INCLUDES A SECTION ON HEALTH:

The realization of the provisions of the Convention requires respect for the child's right to express his or her views and to participate in promoting the healthy development and well-being of children. This applies to individual health-care decisions, as well as to children's involvement in the development of health policy and services. (para 98)

Children, including young children, should be included in decision-making processes, in a manner consistent with their evolving capacities. (para 100)

States parties should also introduce measures enabling children to contribute their views and experiences to the planning and programming of services for their health and development. Their views should be sought on all aspects of health provision, including what services are needed, how and where they are best provided, discriminatory barriers to accessing services, quality and attitudes of health professionals, and how to promote children's capacities to take increasing levels of responsibility for their own health and development. This information can be obtained through, *inter alia*, feedback systems for children using services or involved in research and consultative processes, and can be transmitted to local or national children's councils or parliaments to develop standards and indicators of health services that respect the rights of the child. (para 104)

All our programmes are expected to measure to what degree they support voluntary, safe and inclusive participation, and meet a global minimum standard. This is because children's participation:

- supports child development
- leads to more effective programmes
- is integral to Save the Children's vision, mission and theory of change
- is a human right
- is a means of accessing and securing other rights
- promotes protection
- encourages civic engagement and active citizenship
- increases accountability.

CHILD PARTICIPATION IS IMPORTANT BECAUSE IT...

...supports child development: Children can begin to participate in decisions about their daily lives from a very early age. In a virtuous circle, participation contributes to a child's ability to communicate, express him or herself, problem solve, negotiate and make decisions – and as a result to increase his or her level of participation.[13] Allowing children to participate in a meaningful way often increases their confidence, self-esteem, self-efficacy and ability to cope.[14]

...leads to more effective programmes: Programmes that focus on health and nutrition education can greatly benefit from children's participation. Children and young people are good at educating their peers, communicating with them in a way they understand and can relate to. The active engagement of children also provides an insight into their lives, helping to inform health legislation, policy, budget allocation and services.

...is integral to Save the Children's vision, mission and theory of change, and it enables us to deliver immediate and lasting improvements to children's lives. All programmes are expected to apply a global indicator on children's participation, measuring the extent to which programmes support voluntary, safe and inclusive participation.

...is a human right: Children's participation is a key principle of the UN Convention on the Rights of the Child (article 12), and is integral to the application of a rights-based approach. Children have rights to information (article 17), expression (article 13), and to freedom of association (article 15). Article 5 is also important, as it refers to parents' role in providing direction and guidance, while at the same time respecting children's evolving capacity to form their own views and influence decisions.

…is a means of accessing and securing other rights: When children – particularly those from marginalised communities – can access information, express themselves, speak out, form their own associations and participate in decisions that affect their lives, they are more able to protect and claim their rights. And they can better hold adults accountable for fulfilling these rights. For example, children can speak up about the need to see a healthcare provider when they are sick; or collectively influence a health policy that affects them.

…promotes child protection: Providing girls and boys with information, encouraging them to articulate their concerns, and introducing safe and accessible mechanisms for children to challenge violence and abuse, are key strategies for keeping children safe. Children who have access to information about health and sexuality are better able to protect themselves from unwanted pregnancy, sexually transmitted diseases and HIV. Through taking part in children's clubs, girls and boys are more able to protect themselves from early marriage.[15]

…promotes civic engagement and active citizenship: Participation helps children to exercise citizenship and ultimately plays an important part in establishing and maintaining healthy, active democracy. Children are far more likely to grow into responsible, participating adults if the skills and responsibilities involved in a democratic process have been introduced to them at an early age.

…increases accountability: Participation is a means through which governments and other duty bearers can be held to account. Recognising children's right to be heard can make an important contribution towards creating more transparent and accountable governments and institutions.

Practical guidance on integrating participation and accountability mechanisms in all our programmes can be found in the Programme Accountability Guidance Pack: **http://www.savethechildren.org.uk/sites/default/files/images/Programme_Accountability_Guidance.pdf**

3 MAKING CHILDREN'S PARTICIPATION MEANINGFUL

In 2011 we were part of a broad consensus that child participation should meet nine requirements, known as the nine basic requirements for effective and ethical children's participation. These were adopted into a general comment on Article 12 of the United Nations Convention on the Rights of the Child (UNCRC).[16]

These nine requirements are essential in ensuring effective, ethical, systematic and sustainable children's participation across our programmes. They can be used to plan, monitor and/or evaluate the quality of children's participation processes. They are, in large part, based on Save the Children's seven practice standards, published in 2005.[17]

The nine basic requirements stipulate that child participation should be:

1. transparent and informative
2. voluntary
3. respectful
4. relevant
5. facilitated with child-friendly environments and working methods
6. inclusive
7. supported by training for adults
8. safe and sensitive to risk
9. accountable

Reflect on the questions in the checklist below, even if you are just preparing for simple discussions or consultations with children. You can use the checklist to document and share the results of your participatory work with colleagues in your project team.

The results can feed in to our reporting of how we are applying voluntary, safe and inclusive children's participation, and can help honour our pledge to integrate children's participation into everything we do.

MAKING YOURSELF UNDERSTOOD

How adults **communicate** with children is key to ensuring children's participation is meaningful and effective.

Communication between adults and children should be **clear, effective and assertive** so that everyone is clear about the aims and intentions of the activity to involve children. Make sure that your communication is also culturally appropriate: conduct activities in a language that all participants understand and that is appropriate to all participants.

USING THE NINE BASIC REQUIREMENTS IN CHILDREN'S PARTICIPATION AS A CHECKLIST

REQUIREMENT	QUESTIONS ON KEY INDICATORS
1. Participation is transparent and informative	• Do children have enough information about the programme to make an informed decision about whether and how they may participate? • Is information shared with children in child-friendly formats and languages that they understand? • Are the roles and responsibilities of everyone involved clearly explained and understood?
2. Participation is voluntary	• Is children's participation voluntary? • Have children been given enough information and time to make a decision about whether they want to participate or not? • Can children withdraw (stop participating) at any time they wish?
3. Participation is respectful	• Are children's own time commitments (to study, work, play) respected and taken into consideration? • Do the ways of working with children consider and build upon local cultural practices? • Has support from key adults in children's lives (eg, parents, carers, teachers) been gained to ensure respect for children's participation?
4. Participation is relevant	• Are the issues being discussed relevant to the reality of children's own lives? • Do children feel any pressure from adults to participate in activities that are not relevant to them?
5. Participation is child-friendly	• Are child-friendly approaches and methods used? • Do the ways of working build self-confidence among girls and boys of different ages and abilities? • Are child-friendly meeting places used? Are such places accessible to children with disabilities?

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REQUIREMENT	QUESTIONS ON KEY INDICATORS
6. Participation is inclusive	• Are girls and boys of different ages and backgrounds, including younger children, children with disabilities, and children from different ethnic groups, given opportunities to participate? • Is the process inclusive and non-discriminatory? • Are children encouraged to address discrimination through their participation?
7. Participation is supported by training for adults	• Have staff been provided with training on child rights, participation, safeguarding children, child-friendly communication and participatory tools? • Do the staff have confidence to facilitate children's participation? • Are staff able to effectively support children's participation in your community?
8. Participation is safe and sensitive to risk	• Do children feel safe when they participate? • Have risks and ways to keep children safe been identified? • Do children know where to go for help if they feel unsafe while participating in the project?
9. Participation is accountable	• Are children supported to participate in follow-up and evaluation processes? • Do adults take children's views and suggestions seriously, and act upon those suggestions? • Are children given feedback from Save the Children about any requested support needs and follow-up?

CHECKLIST 2: MEETING THE NINE BASIC REQUIREMENTS FOR EFFECTIVE AND ETHICAL CHILDREN'S PARTICIPATION

REQUIREMENT	HOW TO MEET THE REQUIREMENT
1. Transparent and informative	• Manage expectations by clearly communicating the purpose of the session and how any information generated by the session will be used. • Before the session, provide children with information about the activities – verbally or by using information sheets. • Design a group contract at the start of the session to ensure children keep each other's opinions and experiences confidential.
2. Voluntary	• Make sure children are well-informed before the session and allow them sufficient time to decide whether they would like to be involved. • Provide consent sheets for children and caregivers. • Let children know that they can leave the session whenever they want and that they don't need to give a reason. • Consider how children will be selected or elected.
3. Respectful	• Consider the best way for children to communicate, given the context – eg, would it be better for them to draw/tell stories/ write/discuss? • Conduct the session in the language the children feel most comfortable communicating in. • Decide whether it is more appropriate to work with boys and girls in separate groups. • Respect children's timetables and routines – eg, school hours, leisure time. • Value what children say, even if it doesn't fit within your agenda.
4. Relevant	• Understand the cultural context and ensure your session is relevant to the children's lives. • Make sure the sessions with children are clearly linked to outcomes and decision-making.

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REQUIREMENT	HOW TO MEET THE REQUIREMENT
5. Child-friendly	• Provide specific, visual, simplified and relevant explanations. • Create a friendly, relaxed and fun environment for the sessions. • Let children set the pace – don't try to push things too fast or expect too much. • As part of a clear plan, gather contextual knowledge to understand how groups of children might best interact. • Before any staff member runs a session, ensure they have been trained in communicating with children and the organisation's child safeguarding protocols, in order to ensure that children participate freely and safely, without risk of abuse or harm.
6. Inclusive	• Select a good, representative sample of children, including vulnerable groups and the right mix of girls and boys. • Think about group composition: ensure the mix of children in groups does not marginalise some, and that it allows everyone to feel included and comfortable joining in. • Consider splitting groups by gender, especially if discussing sensitive topics • Choose the language that best suits the group. • Train facilitators to be observant, control dominant participants and encourage silent participants. • Make sure the session, methods and activities are pitched at the right level for the age group, literacy level, etc. • Consider the geographic location of the groups – are those living much further away able to attend?
7. Supported by training	• Ensure all programme and research staff receive child safeguarding and child participation training. • Select data collectors with child participation skills. • Ensure good quality training that challenges negative perceptions of child participation. • Ensure that staff understand they can be flexible with the sessions, adapting them if they're not relevant to the context. • Implement an ongoing quality checking process during data collection. • Provide a daily debrief and psychosocial support for data collectors, especially those dealing with difficult issues. • Ensure everyone is signed up to and understands the safeguarding policy and code of conduct.

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REQUIREMENT	HOW TO MEET THE REQUIREMENT
8. Safe and sensitive	• Ensure all staff complete training on Save the Children's child safeguarding policies and procedures, including the code of conduct. • Assign one or more 'child safeguarding coordinators' who are responsible for child safeguarding throughout the activities. • Carry out a risk assessment, including an assessment of the safety of the location, the risks to children of travelling to and from the session, and ethical risks – eg, could there be any repercussions for children for the feedback they give? • In line with child safeguarding protocols, put a disclosure and reporting plan in place – facilitators should be clear what they must act upon and how. • Assess and mitigate the risk to staff and researchers during research. • Make sure the data collection process is understood and approved by local leaders and parents. • Implement a consent process for participants and adults where appropriate. • When conducting participatory research with children, consider data management and confidentiality, and coding and safety of data. • In an introductory or 'contract' session, make it clear that children who want to raise a sensitive issue can speak directly to a dedicated person rather than in front of the whole group. Make sure at least one male and one female member of staff is available for this.
9. Accountable	• Make a commitment to follow up, evaluate and feed back on your session. • In any research or consultative process, children must be told how their views have been interpreted and used. Where necessary, they should be given the opportunity to challenge and influence any findings, and participate in follow-up activities. • Explain to children what support will be available for them from the programme after participation activity has finished. • Take children's views seriously.

CHILD-TO-CHILD: WORKING FOR MORE THAN 30 YEARS IN CHILDREN'S PARTICIPATION IN HEALTH[18]

Child-to-Child was founded in 1979 as an international network to promote children's participation in health and development. Over the past 30 years Child-to-Child has spread to more than 70 countries worldwide, benefiting more than a million children every year.

The Child-to-Child approach is guided by principles and characteristics[19] that reflect the nine basic requirements. It supports engagement with children as active citizens in health and development issues relevant to them. It promotes child-centred, active learning on health and development.

Children then teach what they've learned to other children, their families and their wider communities through participatory research activities. Lessons and action research from Child-to-Child have also been used to influence health promotion policy, including establishing health education as a part of national curricula.

See **http://www.child-to-child.org/**

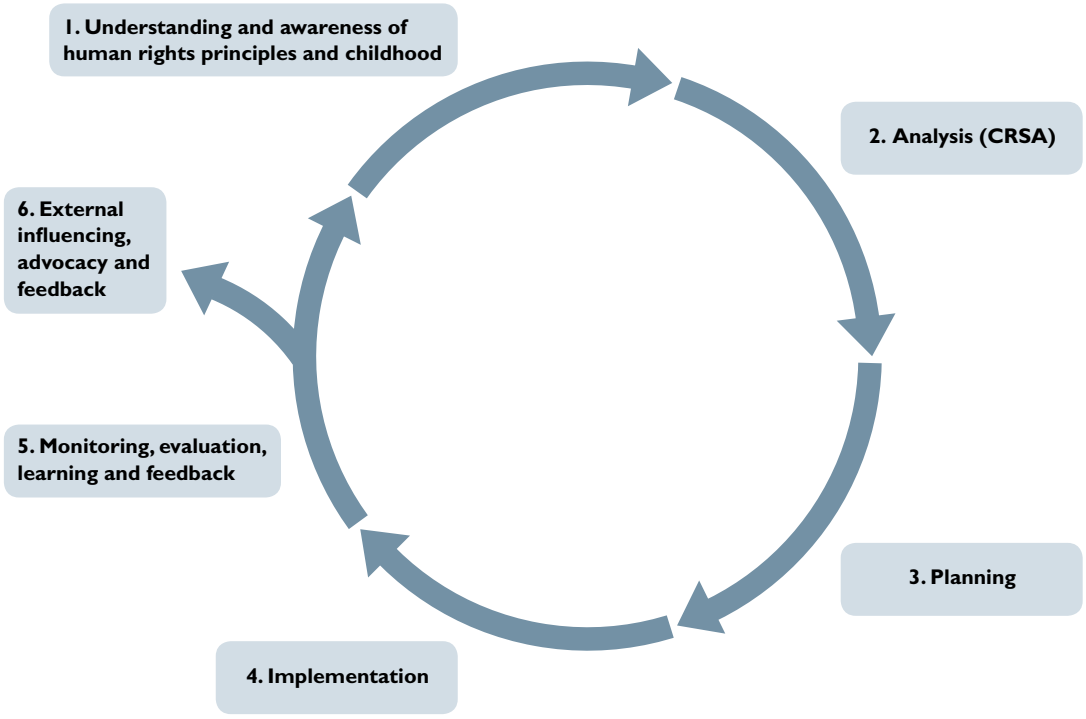
4 HOW TO INVOLVE CHILDREN IN YOUR HEALTH AND NUTRITION PROGRAMMES

This section shares practical guidance on how to involve girls and boys of different ages at each stage of the health and nutrition programme cycle. It includes information on:

- **understanding childhoods**
- **situation analysis**
- **planning**
- **implementation**
- **monitoring and evaluation**
- **advocacy**.

This section gives special consideration to children's evolving capacities and to engaging children under five in health and nutrition programmes.

Save the Children's **child rights programme cycle**[20] (below) is grounded in human rights principles – universality, indivisibility, inalienability, participation and accountability; and child rights principles – survival and development, non-discrimination, best interests, and participation.



The rest of this section will explore practical ways to involve children and young people in each stage of this programme cycle.

4.1 WORKING WITH CHILDREN TO UNDERSTAND LOCAL CHILDHOODS

Health and nutrition programmes, which tend to focus on child survival and children under five, often leave out the potential for children to participate, and instead focus solely on adults, as caregivers. In order to guarantee children's health rights we need to look at health and nutrition programmes from a child rights perspective, and look at programming with the child's best interests at heart.

This section puts forward tools to help you find out from children about their lives and realities. In doing this, as in all stages of the programme cycle, staff need to follow child rights principles of participation, non-discrimination and consideration of children's best interests.

Children's childhoods are influenced by a range of factors including the socio-political, cultural and geographic context, as well as by gender, age, sibling order, family income, ethnicity, religion, disability, and other factors.

In health and nutrition programmes that have an explicit focus on the survival of children under the age of five, there is often an assumption that infants' daily caregivers are adults. However, **children often take a primary role as caregivers** for siblings under five – a fact that should shape how health and nutrition programmes are developed.

Older children often have responsibility for looking after younger children.

ACTIVITY: 'DAY IN THE LIFE OF…' TIMELINE

This activity explores the responsibilities girls and boys may have in caring for younger siblings, especially those under five. The purpose of the activity is to inform understanding of local childhoods – in particular, regarding children's healthcare and nutrition needs.

Time needed: 45–60 minutes.

Use with individuals or groups: Ideally, undertake this activity with a mixed group of 8–16 boys and girls who are all involved in caring for younger siblings.

Materials needed: Paper, pencils, pens, coloured crayons, erasers.

Activity: Ask children to prepare a timeline of a typical day in their lives (see below for an example timeline).

Practical steps

- Ask children to draw a horizontal line across the bottom of a piece of paper. This line represents the passing of time over the course of a day.
- Starting on the left end of the line and moving right, ask the children to mark symbols along the line that represent different stages of the day. For example, they may want to start when it is still night time with the moon ☽, then mark when the sun rises ☼, and then finally when the sun sets again and the moon is out ☽.
- Then ask each child to think about a typical day in their life. It may be easier for them to recall 'yesterday' if this was a normal day. Above the horizontal line they should write or draw what they usually do during each stage of the day. You could ask some of the following questions as prompts:
  - What time do you get up?
  - What do you do from the time you get up to the time you go to sleep?
  - What kind of jobs do you have to do and where – for example, at home, in the fields, elsewhere?
  - How much time do you spend at school or studying?
  - What do you spend the rest of your time doing – eg, leisure, religious practice?
  - Do you have different roles and responsibilities on a non-school day or market day? If so, what are they?
  - What time do you go to bed?

Discussion session

- After they've produced their timelines, ask the children to share and discuss them in small focus groups of the same gender/age/care background. Encourage them to discuss the following questions:
  - What caregiving responsibilities do you have for younger siblings, especially for children under the age of five?
  - Why do you have these responsibilities?
  - What do you like most about taking care of your younger siblings?
  - What do you like least about taking care of your younger siblings?
  - Are you involved in preparing meals and/or feeding infants and young children? If so, how?
  - If your younger siblings are ill while you are looking after them, what do you do?
  - Do girls and boys have similar or dissimilar responsibilities in caring for younger siblings?
  - What kind of information or support would enable you to take better care of your younger siblings?

Example of a 'Day in the life of...' timeline

TOOLS IN ACTION: USING THE 'DAY IN A LIFE…' TIMELINE WITH CHILDREN IN SIERRA LEONE

The 'Day in a life…' timeline was used successfully in a small child-focused participatory evaluation study in Freetown and rural Kailahun, Sierra Leone. The study was designed to gather the views of younger children about the project's impact on their lives. Child facilitators aged 13 to 17 and adults were trained to use the 'Day in a life…' timeline to gather qualitative data from younger children for the evaluation.

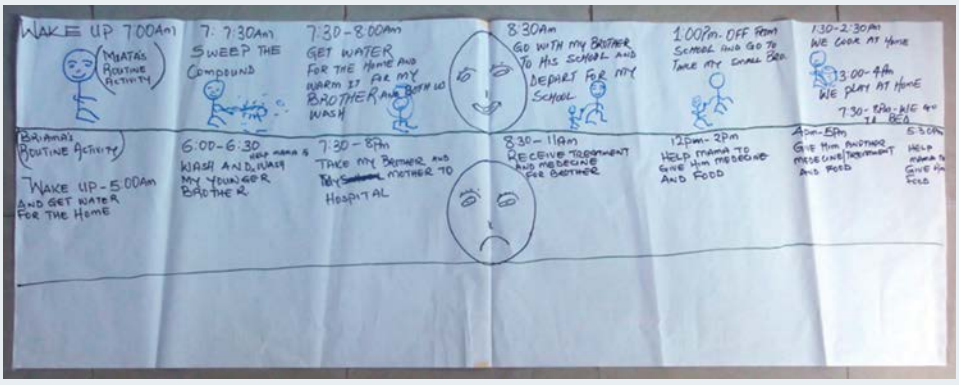
The younger children were divided into groups of four or five and asked to draw two timelines representing activities they engaged in during the course of a typical day when their younger siblings were:

- **healthy** ☺
- **sick** ☹ (see image below).

The timelines showed that many children, even some as young as six years old, have a lot of responsibility for looking after siblings under five. The children said they would like more information about how to better care for their young siblings.

This data will be used to feed into the next phase of programming, which aims to support sibling caregivers. It seeks to increase child participation in the community case management of malaria, diarrhoea, and pneumonia, where there is great potential for older sibling caregivers to support each other in caring for younger children through simple health education and child-friendly empowerment strategies (such as the Child-to-Child approach).

> *"When my brother is sick I like to fetch water to wash him and give him medicine."*
> 12-year-old girl, Kailahun



A 'Day in the life…' timeline for a 12-year-old girl from Freetown, Sierra Leone

4.2 INVOLVING CHILDREN IN ANALYSING RIGHTS

You can involve children in the analysis of rights at the beginning of a programme – in the child rights situation analysis (CRSA), as well as in baseline or situation analyses of household health, nutrition, and infant feeding, or water, sanitation and hygiene (WASH).

Health and nutrition research initiatives that involve children and young people can also inform programme and strategic planning.

CARRYING OUT A CHILD RIGHTS SITUATION ANALYSIS

Undertaking a comprehensive CRSA[21] informs country strategic plans, annual plans, and health and nutrition programmes, helping them to more effectively address violations and gaps that prevent children securing their rights to health and nutrition.

As part of a CRSA process, consultations can be organised with girls and boys of different ages and backgrounds to seek their views and experiences about:

- violations or gaps in the provision of child health and nutrition
- the immediate and root causes of the gap or violation
- who is responsible for these causes and why.

INVOLVING CHILDREN IN ANALYSING HOUSEHOLD HEALTH AND NUTRITION BEHAVIOURS AND PRACTICES

Children's participation can also be integrated into initial baseline or situation analyses on household health behaviour such as the Knowledge Practices and Coverage surveys,[22] barrier analysis assessments[23] or infant and young child feeding (IYCF) assessments.[24]

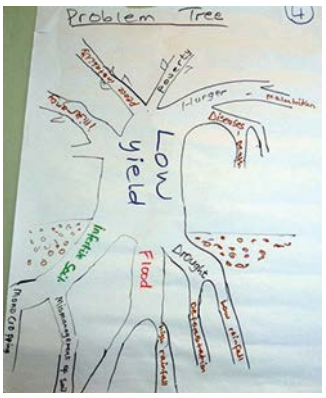
Health and nutrition assessments often seek information from women, men, community elders, local officials and health providers – but rarely from girls and boys. This is a serious omission. As explained earlier, in many parts of the world children, and especially girls, are playing significant care-giving roles for their younger siblings. Children and young people therefore have the potential to play a vital role in educating and creating change in their own families, schools and communities. So it is crucial to seek their views as part of the assessment and analysis phase of any health or nutrition programme.

To enable children to participate in assessments, the survey tools will need to be adapted so that the questions are relevant to girls and boys, especially older children who look after younger siblings. Other methods can be used to gather complementary information from children and young people to inform the assessments, such as focus-group discussions with girls and boys in different age groups (eg, 7–12-year-olds, 13–17-year-olds), as outlined below.

PARTICIPATORY TOOLS FOR THE CRSA PROCESS

The following tools for participation can be used with and by children and young people:

- **Body mapping (likes and dislikes)** can be used to explore how children and young people think their context has affected them.
  Resource: Save the Children Norway 'Kit of Tools', pages 18–19 (see page 25 of this guide for full reference)
- **Mapping child rights violations using images:** Images can be used to consult children and young people about whether, why and how most, some or few children in their communities experience their right to health and nutritious food. In the process it can reveal which children are least likely to experience their rights. Each right that you are concerned with should be explored one at a time in groups of the same gender and similar age (eg, girls aged 8–12, boys aged 13–17).
- **Drama/poetry/drawing/creative expression** may be used by children and young people to present and illustrate how their rights to health and nutrition are violated. A short play, picture or poem on the violations that most affect or concern them can be prepared and presented in plenary by each gender/age group after the images mapping.
- **'Problem Tree' analysis** with and by children and young people to explore the root causes and impact of the main child rights violations – eg, the problem of not having an accessible health centre.



Resources

'Together Now' 100 Participatory Activities to Mobilise Communities around HIV and AIDS. **http://www.eldis.org/vfile/upload/1/document/0708/DOC22870.pdf**

State of the World's Children: **http://www.unicef.org/sowc/**

PARTICIPATORY TOOL: IYCF FOCUS-GROUP DISCUSSION

This tool may be used to gather information from small groups of between five and ten girls and/or boys who play a significant role as caregivers of younger siblings, to inform infant and young child feeding (IYCF) assessments:

1. **Provide a clear introduction to children** about the purpose of the assessment and ensure they give informed voluntary consent. Explain that the findings will be anonymous and describe how the assessment will be used to inform programming and/or advocacy. Encourage the children to be open in sharing their experiences and concerns to help develop effective health and nutrition programmes.

2. **24-hour recall of infant feeding through drawing or writing**

   Ask the children to draw one of their younger brothers or sisters, noting their age beside the picture (eg, 18 months, 3 years). Ask them to draw or write down everything the infant drank or ate during the past 24 hours on the timeline below.

2am–4am	**4am–6am**	**6am–8am**	**8am–10am**	**10am–noon**	**Noon–2pm**	**2pm–4pm**	**4pm–6pm**	**6pm–8pm**	**8pm–10pm**	**10pm–midnight**	**Midnight–2am**

3. **Focus-group discussion**

   With the completed timeline in mind, ask the children the following questions:

   1. Do you think your younger sibling had sufficient food to eat yesterday? Why?
   2. What food or drinks do you think are most healthy or nutritious for your younger siblings? Why?
   3. What factors influence the availability of healthy or nutritious food for your younger siblings?
   4. How often are you responsible for preparing and/or giving your younger siblings their food?
   5. Are there certain times of the day or days of the week when you have more responsibility to take care of your siblings? When and why?
   6. Until what age do you think a baby should be breastfed by his or her mother?
   7. What challenges prevent mothers in your community breastfeeding a baby until this age?
   8. What foods do you think are good for babies aged 6–12 months? Why?
   9. What are the main challenges you face in feeding your younger siblings?

OTHER RESOURCES

Other resources that can be used for qualitative research with and by children include:

Save the Children Norway – *A Kit of Tools: Participatory Research and Evaluation with Children, Young People and Adults*. **http://resourcecentre.savethechildren.se/library/kit-tools-participatory-research-and-evaluation-children-young-people-and-adults-compilation**

Utilising Participatory Data Collection Methods to Evaluate Programmes with Very Young Adolescents. **http://resourcecentre.savethechildren.se/library/utilizing-participatory-data-collection-methods-evaluate-programs-very-young-adolescents**

Photovoice: **http://www.photovoice.org/projects/international/young-lives-save-the-children-ethiopia**

Child carers: Child-led research with children who are carers. **http://resourcecentre.savethechildren.se/library/child-carers-child-led-research-children-who-are-carers**

Using Qualitative Methods to Improve the Quality of our Programmes, Skovdal, M, Save the Children UK, 2013

CHILDREN'S PARTICIPATION IN RESEARCH INITIATIVES

It is also possible to increase the participation of children in research initiatives on health, nutrition or WASH issues. Guidance materials are available to increase training and support for children and young people participating in research.[25] Before carrying out any participatory activities with children, it is important to make sure everyone involved is trained in key ethical protocols to keep children safe, and to ensure that their participation meets the nine basic requirements.

Follow this checklist to keep you on track:

CHECKLIST: HOW TO PREPARE FOR YOUR ACTIVITIES WITH CHILDREN

- ✓ **Resources and equipment:** Ensure that you have all the resources you need and that voice recorders have a fully charged battery and enough memory to record the whole session.
- ✓ **Adapt your session to the group:** Gather information about the needs and capacity of the group, and adapt your session accordingly. Take time at the planning stage to make sure everyone in the group can understand and participate fully. For example, if there are children who can't read, use visual images instead of the written word wherever possible.
- ✓ **Child safeguarding:** Adhere to the Child Safeguarding Policy, Code of Conduct and Safe Child Participation Policy. Carry out a risk assessment for any activities with children, and ensure you have obtained children's consent to participate, as well as parental consent. Make sure that children know where to go if they need to express any concerns during the activity and that they can opt out at any point if they want to. Ensure you and any other relevant colleagues will be prepared to respond appropriately if a child discloses something during the activity. Consider any other ethical implications of the children's involvement – eg, missing school.
- ✓ **Group contract:** It is important to draw up a group contract at the beginning of the session, which states that anything discussed during the session must remain confidential.
- ✓ **Be sensitive to the different needs of girls and boys:** In every culture there are different ideas about what is normal behaviour, depending on whether you're a boy or a girl. In some cultures girls are expected to be quiet, not to speak their mind and to think about others' needs before their own. But it is vital that we understand what is in the hearts and minds of girls and boys if child participation is to be meaningful. That is why we ask you to disaggregate all data by sex and use colour-coding in the exercises below. You can also use the following methods to make sure boys and girls feel safe to speak up during your research:
  - Putting girls and boys in separate groups for the exercises might make them feel able to speak more freely. This avoids any difficulties to do with ideas about how they should behave in relation to each other. This could be particularly worthwhile during adolescence, when boys and girls can be very sensitive and shy in front of each other. Try and help them to feel comfortable. You may need to divide girls and boys into single sex groups.
  - Make sure that you explore issues specific for boys and for girls. For example, discuss girls' issues of becoming a wife and mother, or menstruation (but be sensitive), and boys issues of the expectations of becoming a breadwinner and dropping out of school to earn money. As we are continually striving for equality, it is useful for girls and boys to discuss issues that affect both sexes, so they can better understand each other's issues.

- Give equal time for girls and boys to talk, and place equal importance on what they say. Research has shown that there is a natural tendency to listen more to boys and men than to girls and women, and to give more weight to their feelings, thoughts and opinions. Be aware of this tendency and make sure girls' feelings, thoughts and opinions get equal attention. Sometimes we think girls don't want to speak up, but they often do given the right support.

4.3 INVOLVING CHILDREN IN THE DESIGN OF HEALTH AND NUTRITION PROGRAMMES

Child health and nutrition programmes often focus exclusively on adult caregivers and fail to take into account the views of children, the principle target of such programmes. Children and young people's participation in the planning and design of programmes (at both national and local levels) can lead to the development of health, nutrition and WASH programmes that better meet their needs.

Save the Children's country strategic plans and planning processes need to involve children and young people in meaningful ways, and should be informed by the voices and experiences of children and young people – seeking their perceptions, views and ideas about how our strategies can make a positive and lasting impact on their lives.

Strategic and annual planning processes can also involve **children's representatives**.[26]

Involving children and young people in Save the Children's strategic planning and annual processes can encourage government health and nutrition programmes to place greater emphasis on children's participation in their plans and budgets. This can increase the impact of these programmes on children. For example, it may mean child-friendly information about nutrition, health and hygiene is produced and disseminated in order to increase children's knowledge and improve their practices (see Child-to-Child approach in 'Implementation' section).

Specific strategies should also be informed by the views and perspectives of children and young people. And they should include indicators, plans and budgets that support children and young people's participation.

IMPROVING CHILDREN IN STRATEGIC PLANNING

Children and young people can participate in and contribute to **community health mapping**[27] to identify health risks and resources in their community[28] (see page 30).

Other participatory rural appraisal (PRA)[30] **problem analysis**, **priority ranking** and **action planning** tools can also be used with and by children and young people on health and nutrition issues affecting them (see page 30).

CHILDREN'S PARTICIPATION IN ANNUAL PLANNING IN MYANMAR

In early 2011 Save the Children organised a series of local consultations and a national children's forum in Myanmar, to inform the country strategic plan. Girls' and boys' views and experiences about Save the Children's existing programmes were sought.

Children used an **'H' assessment** (see page 31) to evaluate the strengths and weaknesses of existing sector programmes, including those on health and nutrition, and put forward recommendations for the future.

2011 Children's Forum, Myanmar

CHILD-FRIENDLY BUDGETING IN NEPAL THROUGH CHILDREN'S CLUBS

In **Nepal**, village development committees (VDCs) are the national political system's local governing bodies. The VDCs are mandated to make decisions and allocate resources for education, healthcare and other basic services.

Children's clubs and networks established by Save the Children have developed strategic links with the VDCs and can influence their decisions. Children's club representatives regularly attend VDC meetings, and they can also register as organisations at the VDC level. In some areas, VDCs are providing financial support to children's clubs.

At the district level, district child welfare boards (DCWBs) have been set up, with representatives from government and other relevant agencies to make government budgets and plans more 'child-friendly'. Children's representatives from district-level children's club networks are included in these DCWBs.

Representatives from different parts of the country have also met in national-level forums to share their views and to influence national policies that affect children, including the development of national plans of action on children and the national constitution.

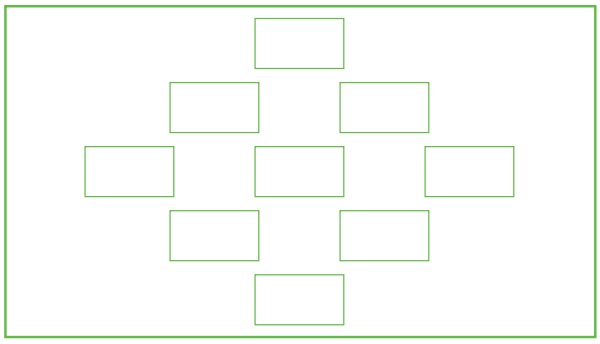
TOOLS TO USE IN STRATEGIC AND COUNTRY PLANNING

There are a number of child-friendly and participatory tools that can be used in carrying out strategic planning exercises:

- **A 'vision tree'** can be used to explore how children can be better cared for, protected and supported in families and how to achieve the vision (goals), strategies (to reach the goals) and resources (needed to implement their strategies).

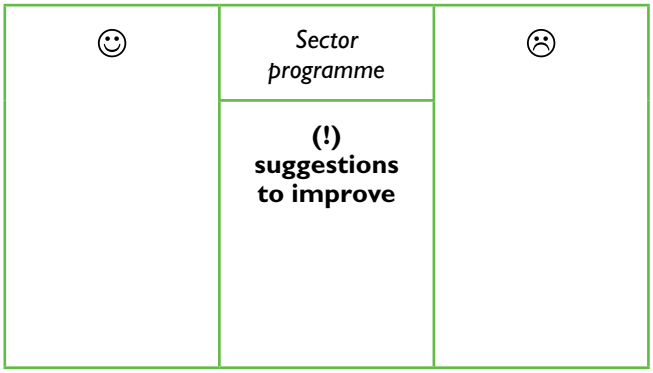
  Draw an image of a tree. Say that the:
  - fruit represents the children's vision/dream/goals (individual and collective)
  - roots represent their individual and collective strengths as children and as communities
  - trunk represents strategies and action plans to move towards their vision(s).
- **Child-led tours:** Children and young people lead a tour for planners, researchers and programme staff of their early childhood care and development centre, school, or community to explain changes they would like to see created by health and nutrition programmes.
- **Community risk and resource mapping.** Children and young people map their community, to identify risks, concerns, things they do not like, and places where they do not feel safe. Then they highlight places they like, where they feel safe and the resources (human, material) that could help them secure their rights.
- **Diamond ranking** or **sticker voting** to identify the priorities of girls and boys of different ages and backgrounds, with different coloured stickers used depending on the child's gender, age and background. (A child's background may refer to their ethnic, socioeconomic status, household livelihood, or be self-defining.)

  The children decide on the issues that are most common or serious in their community by putting them at the top of the diamond, and put the least common or serious at the bottom of the diamond.



During the exercise, the facilitator needs to help children understand the issues in order for them to rank their priorities. At the end of the exercise the facilitator helps children identify the differences and similarities in the issues faced by different groups of children, by getting them to tally the number of stickers that are the same colour with the same issues and come up with statements about trends. This piece of collaborative work could contribute to a situation analysis within a strategic plan.

- **Puppets, drawing, 'magic wish'** and **child-led photography** can be used to seek the views and ideas of very young children. For example, children describe their community before the programme, where they feel it is now, and then, through a 'magic wish' drawing, identify their hopes for the future for health and nutrition in their community.
- **An 'H' assessment** can be used to gather information on the strengths, successes, weaknesses and/or challenges of children's groups or initiatives at different stages in the programme cycle.



COMMUNITY HEALTH MAPPING[29]

Children and young people can draw a 'health map' of their community or neighbourhood. They should start the community map by drawing the area's main landmarks (eg, the schools, temple/church/mosque, main roads, river). On the map they can then mark places:

- that may be a health risk – a source of disease (eg, a dirty river where mosquitos breed) or where accidents are likely for young children (eg, an open well)
- where water is collected, and where food is bought and sold – areas that need to be kept clean and clear of animals
- where rubbish is dumped
- where latrines have been built
- where there is a health clinic or hospital (on the map they can also add information about opening times)
- where there are health workers, members of the village health committee and/or other people with special health knowledge (eg, a pharmacist or traditional herbalist)

The community health map can be used to plan action about how to prevent diseases, where to get nutritional food and where to go if someone is ill.

'PROBLEM/OPPORTUNITIES CHART' PLANNING TOOL

Here is an example of a 'problem analysis chart', which can help children participate in the analysis of poor nutrition and identify what they can do to overcome the problems they face:

PROBLEMS LEADING TO POOR CHILD NUTRITION

PROBLEM	HOW COMMON? (0–5)	HOW SERIOUS? (0–5)	HOW MUCH CAN CHILDREN DO? (0–5)	IMPORTANCE TO THE CHILD-TO-CHILD PROGRAMME
Children do not have breakfast before they go to school	3	5	3 – Children can ask the Women's Group for help. With women's and teachers' support, snacks are provided at the start of the school day.	11
Families grow crops for cash not for family consumption	4	5	3 – With teachers' support children can start a school vegetable garden and share whatever they grow with all the children.	12
Girls are not given as much food as boys	3	5	4 – With teachers' and health workers' support, children make posters and put on puppet shows to raise awareness about the importance of healthy eating for ALL children.	12
Children with disabilities are often undernourished	4	5	3 – Children 'twin' with a disabled child to help find out why.	12

CHILDREN AS CHANGE AGENTS

Children and young people should be involved in designing and adapting child-friendly information on nutrition, health or WASH. A small group of interested girls and boys of different ages and backgrounds could be brought together for a one-day workshop to share their ideas on how to adapt existing information to make it more child-friendly.

In many contexts, girls and boys often have primary responsibility for water collection. This makes them an invaluable source of information for designing child-friendly WASH facilities and practices. Children can also help develop child-centred indicators[31] for monitoring WASH outcomes. (See the Monitoring and Evaluation section on page 60 for more on children's participation in WASH.)

Click here **http://www.youtube.com/watch?v=TnxMDUC7ihQ** to find out how children are helping to improve hygiene and sanitation in Nepal.

Alternatively, a partnership with a local school or pre-school could enable children to adapt and develop child-friendly health, nutrition and WASH materials as part of their education programmes. The FRESH (Focusing Resources on Effective School Health)[32] approach is a good example of how effective partnerships can engage children as part of a 'whole school approach' to improving health, nutrition and WASH education.

CHILDREN AS AGENTS OF CHANGE IN TRACHOMA CONTROL, ETHIOPIA

Ethiopia has more recorded cases of trachoma, a type of eye infection, than anywhere else in the world. But by using school health education to involve children in helping to prevent and control the disease, Ethiopia achieved 60% increase in the coverage of trachoma control (through screening and mass drug administration). Schools were an ideal place to target children – who are most susceptible to trachoma infection – and increase coverage on a large scale.

In 2005, the Carter Center began health education in 700 schools in the Amhara National Regional State. Teacher training was scaled up in 2008 and 2009, after the programme was expanded to cover the entire region. In total, 7,822 primary schools now have ongoing health education.

How were children involved?

- Children helped to identify family members with trachoma, by learning simple diagnostic techniques.
- Provided with information by their teachers, children were able to educate family members about trachoma. Their views were generally respected by their families, who were proud to have a child attending school.
- Children supported mass drug administration campaigns by participating themselves and encouraging family members to take part.

continued on next page

CHILDREN AS AGENTS OF CHANGE IN TRACHOMA CONTROL, ETHIOPIA *continued*

- Children learned good hygiene habits, including cleaning their own faces and those of younger siblings, and helping to monitor the facial cleanliness of other children.
- At school health clubs, children learn how to use latrines and how these latrines can prevent diseases like trachoma. Some children have convinced their families to construct latrines at home.
- Health clubs help children to organise environmental sanitation campaigns at school and in the community.

The healthy habits children are learning in school now will improve their own health, the health of their families and the health of future generations.

Girls and boys can be encouraged to make the health education they provide accessible to children with disabilities, or to children who cannot read or write by using visuals and audio. The example from Mali, below, shows how effective such inclusive approaches can be.

HEALTH PROMOTING SCHOOLS IN MALI: AN INCLUSIVE APPROACH

Save the Children Canada supported a programme of health promotion in schools in Mali. It adopted an inclusive approach, using materials specially tailored to the needs of disabled and street children.

The programme involved 6,500 children in 2001, mostly from primary and pre-schools, and a further 1,250 from associations set up to help disabled, street, working and other marginalised children.

Promoting children's participation and developing their life skills is at the heart of the programme, and both teachers and children found the increased responsibilities given to children new and challenging. Training was provided based on Child-to-Child approaches (see page 16). Child-friendly and local language materials and a video were produced.

The main aims of the Child-to-Child activities were to:

- increase children's participation
- link children's learning in schools with learning in the home and community
- link the child's learning with the child's life
- strengthen the relationships between children and their families and members of their communities.

The project was also interested in promoting gender equality, inclusive education and children's rights.

4.3 INVOLVING CHILDREN IN THE IMPLEMENTATION OF HEALTH AND NUTRITION PROGRAMMES

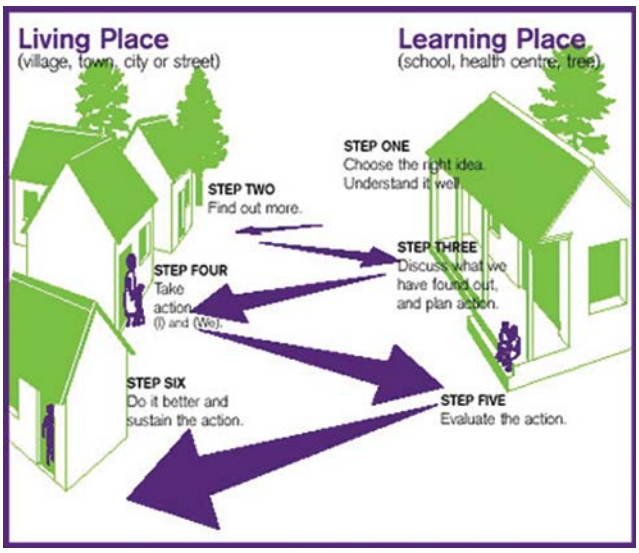
Children can help to implement health, nutrition and WASH programmes by:

- participating in community health promotion initiatives
- child-to-child approaches (see below)
- being peer educators
- becoming members of village health committees.

Children and young people can also be encouraged to collaborate with health providers to develop child-friendly health services.

The **Child-to-Child approach** has been used to support children's participation in the analysis, planning and implementation of health, nutrition and other development initiatives in their communities. The Child-to-Child Step Approach[33] involves a six-step process to help children think about health issues, make decisions, develop their life-skills and take action to promote health in their communities. Here are the six steps:

1. **Choose and understand:** children identify and assess their health problems and priorities.
2. **Find out more:** children research how these issues affect them and their communities.
3. **Discuss what we found and plan action:** based on their findings, children plan the action they can take individually or together.
4. **Take action:** children take action based on what they planned.
5. **Evaluate:** children assess the action they took. What went well? What was difficult? Has any change been achieved?
6. **Do it better:** Based on their evaluation, children find ways of keeping the action going or improving it.



The Child-to-Child Trust has developed a range of **child-friendly materials and activities** on preventable illnesses, nutrition and hygiene, in different languages, that could be adapted and used within programmes. For example, as explained below, child-friendly health promotion clubs in Haiti adapted materials produced by l'Enfant pour l'Enfant in France.

ADAPTING HEALTH PROMOTION MATERIALS IN FRENCH, HAITI

The Scouts for Health programme in Haiti introduces Child-to-Child activities through clubs. One of the centres, in Port-au-Prince, focuses on children who are domestic workers, and another centre in Fond des Nègres targets children orphaned by HIV/AIDS.

Auxiliary nurses facilitate and conduct the training in Child-to-Child approaches using materials translated into French by l'Enfant pour l'Enfant in France. Some of the content of these teaching materials has been adapted an expanded.

The programme produced some materials which collect together the most important content of the publications we use. These materials are given to children who finish our course and receive their certificates.

You can download the following Child-to-Child publications:

Child-to-Child and Vulnerable Children: Supporting Vulnerable Children Using the Child-to-Child Approach, Bonati, G., ProVIC/International HIV/AIDS Alliance/Child-to-Child **http://www.child-to-child.org/resources/pdfs/Manual-C2C-VulnerableChildren.pdf**

Child-to-Child a Training Manual, Bonati G., **http://www.child-to-child.org/resources/pdfs/CtoC_training_manual-revised.pdf**

Child-to-Child Readers: Online Stories for Children: **http://www.child-to-child.org/resources/stories.htm**

A new initiative called the 100 Project from Children for Health, a UK-based charity and specialist in children's participation in health, aims to increase online access to free child-friendly health information:

CHILDREN FOR HEALTH AND THE 100 PROJECT

Children for Health is an organisation dedicated to the promotion of health education in developing countries. It works to help children develop as health ambassadors and communicate essential health messages in their communities.

The Collection: The Children for Health Collection is an online hub containing reliable health education messages for teachers, parents and others who live and work with children. It contains activities to inspire children from eight years old.

The 100 Project: In recent years, mobile phone ownership and usage has grown dramatically, even in the poorest areas of the world. This trend opens up an exciting opportunity to reach children – particularly those who care for younger brothers and sisters – with essential, life-saving information.

Responding to this opportunity and to children's natural enthusiasm and effectiveness as communicators of health information to other children, the 100 Project seeks to:

- create and disseminate 100 essential child-health messages to children through mobile phones and social media
- equip individuals and organisations with ideas and tools to recognise and boost the role of children as health educators in their families and communities.

This will equip children, via their parents, teachers, community health workers and programme managers, with child health information in ten categories – early childhood development; water, sanitation and hygiene; nutrition and growth; malaria; immunisation; HIV and AIDS; diarrhoea; intestinal worms; coughs, colds and other serious illnesses; and injury prevention. There are plans to cover many more categories.

You can download essential health messages and child-friendly education activities to help involve children in health promotion in families, schools and communities.

Visit **www.childrenforhealth.org** and **www.the100.org.uk** for a demonstration.

THE ROLE OF HEALTH PROMOTERS AND PROVIDERS

Health promoters and providers have a key role to play in promoting children's participation in health and nutrition programming. They should make sure children and young people know about childhood illnesses, and promote healthy behaviour by giving them to access to child-friendly information about:

- preventable illnesses (how to recognise danger signs, common symptoms, and what to do if they have them)
- good nutrition (main food types)
- the importance of immunisation
- hygiene (hand washing with soap, using a toilet, covering food).

Health promoters and providers can use child-friendly health education approaches, such as Child-to-Child (see above), to enable children to pass on essential health messages to other children.

They should involve children in:

- Integrated Management of Newborn and Childhood Illness (IMNCI)[34]
- Integrated Community Case Management (ICCM)[35]
- Community Management of Acute Malnutrition (CMAM).[36]

These approaches, which are at the heart of Save the Children's health programmes.[37] include helping community health workers deliver ICCM for the correct assessment, classification and treatment of diarrhoea, pneumonia and malaria for children under five. These approaches can be improved upon greatly by including children's views and perceptions of the impact the programme is having on their lives.

Staff should advocate for and support the inclusion of child-centred participatory health education in community health promotion initiatives and in the school curricula. In-service training for community health workers should include a focus on engaging with children, as well as with women and men. Collaboration with education sector staff can inform the inclusion of child-centred health education in the school curricula. In an emergency response, health, nutrition and WASH staff can also collaborate with the child protection sector to ensure inclusion of child-centred health education in Child Friendly Spaces.

If provided with relevant information and given the opportunity to take action, children and young people can contribute to, for example:

- timely referrals by recognising danger signs
- raising awareness among peers and siblings about health issues
- monitoring and reporting on under-nutrition, acute malnutrition and poor health.

Save the Children and partners – Children for Health, and Anthrologica, an Oxford-based research consultancy specialising in social anthropology and qualitative research – are currently carrying out research in Sierra Leone to explore appropriate ways to include children in ICCM, with particular focus on older children caring for younger children.

NUTRITION EDUCATION BY CHILDREN, WITH CHILDREN, FOR CHILDREN IN MOZAMBIQUE

In Mozambique 44% of all children are chronically malnourished.

The government has launched a national plan to reduce chronic malnutrition – called the PAMRDC. The plan aims to:

- increase education on nutrition
- improve the health of adolescent girls
- reduce micronutrient deficiencies
- increase levels of exclusive breastfeeding
- improve family diets
- ensure locally available food is better used.

Tete Province is the first to develop its own five-year action plan to achieve these objectives. With the help of numerous participants, including children, a government team in Tete devised a rights-based, child-focused nutrition education programme, Children's Participation in Learning and Action for Nutrition (CPLAN). Children for Health provides technical support.

CPLAN recognises:

- the important part children already play in caring for the health and nutrition of their siblings
- the enthusiasm and time children have
- the capability of children to learn and share nutrition messages and practices
- the ability of children to adapt what they learn about nutrition and health to their own reality and make it 'live'.

Funded by DANIDA and USAID, CPLAN is working in 12 schools in Tsangano, a district in Tete Province with high levels of chronic malnutrition despite an ample supply of food being available. The eight topic areas are all linked to the objectives of the PAMRDC, the national primary school curriculum and family health messages created by the provincial health department in Tete.

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NUTRITION EDUCATION BY CHILDREN, WITH CHILDREN, FOR CHILDREN IN MOZAMBIQUE *continued*

Pictured below is a role-play where two boys play mothers. One 'mother', cradling a big parrot as a makeshift 'baby', tells the other she is not breastfeeding her baby, who is small and undernourished. The first 'mother' tells the second 'mother' why it's important the baby has colostrum, that exclusive breastfeeding is good for the baby, and not to give extra fluids or water until the baby is older. 'She' tells her that this helps the baby grow and prevents disease.

CHILD-FOCUSED HEALTH EDUCATORS IN AFGHANISTAN AND YEMEN[38]

In Afghanistan and Yemen, Save the Children has developed child-friendly learning materials on first aid, vaccinations, diarrhoea, avian flu, cholera, adolescent health, HIV and AIDS and how to use the modules in a child-friendly space.

We have also trained volunteers to inform children about health and nutrition, and to mobilise children as health educators.

The result of this increased access to information, and from the growing acceptance that children have an important part to play, has been a growth in children's participation in Save the Children programmes.

PEER EDUCATION

Peer education among young people and children on health, nutrition, immunisation and hygiene in families, schools and communities should be supported.

A peer education programme is usually initiated by health or community professionals, who recruit members of the 'target' community to serve as peer educators. The recruited peer educators are trained in relevant health information and communication skills. Armed with these skills, the peer educators then engage their peers in conversations about the health issues that concern them, in order to equip them with the knowledge and skills to make informed choices about their health

Research is needed to find sustainable ways of training and keeping peer educators motivated.

Nevertheless, peer education is extremely effective in sexual and reproductive health programmes with young people, and in HIV and AIDS prevention. Peer education on health and nutrition can be effectively supported in both development and emergency contexts.

IMPROVING HEALTH THROUGH CHILD PARLIAMENTS IN MOZAMBIQUE[39]

Following the floods in Mozambique in 2008, Save the Children trained groups of 'child parliamentarians' in local communities on key health issues and messages.

The child parliamentarians took their newly-acquired knowledge to the resettlement centres where they worked with children of all ages. They used large pictorial flipcharts to engage the children in discussions about health issues, such as the dangers of diarrhoea and cholera.

They have helped children identify good and bad health practices and what must be done about the harmful practices.

CHILDREN'S EVOLVING CAPACITY

When seeking opportunities for children and young people's participation in health and nutrition programmes, we need to consider their evolving capacity.

Children and young people's capacity obviously increases with age. But there are genuine ways to observe, communicate with and listen to children of all age groups, including children under five.

This section contains guidance on how to support communication with and participation of under fives[40] – the age group our health and nutrition programmes tend to focus on. Health providers (including Save the Children staff and our partners) need to observe and listen to the views of infants and young children to inform the design, planning and delivery of services.

> *"Early years professionals know and understand that young children are skilful and competent communicators from birth, communicating their views an experiences all of the time, through the sounds that they make, their movement and actions. The key role of the adult is to listen, tune in to, document and reflect on this communication."*
> Early Years Practitioner[41]

Infants communicate from the earliest age and there are genuine ways to listen to and communicate with children of all age groups, including children under the age of five. The chart below details the different stages of developmental capacity of children aged 0–5 years, the types of decisions they can make, and the methods we can use to facilitate their participation in decisions being made about them.

CHART: THE EVOLVING CAPACITY OF INFANTS TO COMMUNICATE AND PARTICIPATE IN THE DECISIONS THAT AFFECT THEM

0–18 MONTHS

DEVELOPMENTAL CAPACITY	CAN PARTICIPATE IN DECISIONS ABOUT	METHODS OF PARTICIPATION
• limited mobility and control over their bodies • experience the world through their senses • wholly dependent on others for provision of their basic needs • use facial expressions, body language and gesture, and pre-linguistic verbalisation to express feelings, needs and preferences • limited memory span • largely egocentric – concerned with own needs and operate on an individual basis • can respond only to things in the immediate present that they can see, touch, hear, taste and smell • limited experience and understanding of danger	• food • clothing • who they want to be with and how they are handled • what they play with *Children of this age range depend on adults to ask the 'right' questions, to interpret their responses and to take these into account.*	• accepting or refusing things offered • indicating what interests them and/or their preferences by gazing intently; turning towards, reaching out or pointing; nodding or shaking their heads • indicating how they are feeling through facial expressions, body movements and responses such as tears and laughter → *So the interests and preferences of young infants can be identified through careful observation.*

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1½–3½ YEARS

DEVELOPMENTAL CAPACITY	CAN PARTICIPATE IN DECISIONS ABOUT	METHODS OF PARTICIPATION
• increased mobility and control over their bodies • still express many feelings and indicate preferences physically, but are also beginning to use language for these purposes • increased memory span and ways of expressing themselves enable them to consider options beyond their immediate present (eg, a child indicates he wants to go outside by walking to the door and saying 'coat on') • older children within the age range will play or work in pairs or small groups • beginning to use language to cooperate and negotiate with others • will take part in small group work provided they can participate in activities such as singing or movement	• the kind of food that they eat and how much • what they wear • activities they want to engage in • who they spend time with • which (if any) early years group they attend and when	• choosing between given options (as before), plus verbal communication, pointing to pictures, using movement • suggesting additional options, using language, mime and movement • express feelings (as before), plus using language, mime, movement, painting and music → *So creative methods such as puppets, movement or drawing can be effective in seeking the views of infants regarding their likes and dislikes about health, nutrition, hygiene or caregiving practices.*

continued on next page

3½–5 YEARS

DEVELOPMENTAL CAPACITY	CAN PARTICIPATE IN DECISIONS ABOUT	METHODS OF PARTICIPATION
• can empathise with the feelings of others and consider their needs • use language to express feelings and ideas, to influence the behaviour of others, and to explore more abstract ideas • use their imagination to explore situations and roles beyond their immediate experience – can explore 'What if…?' • can cooperate with others, share, take turns and follow rules • can spend more time in group activities • talk about past experience and can look to the future • have a growing understanding of cause and effect and can begin to consider the effects of their actions on themselves, others and their surroundings • use logic and reason to explain and make sense of the world • are physically adept at self-help skills such as dressing, pouring drinks, going to the toilet	• food, clothes, activities, people, groups they attend • their immediate environment • menus • routines of the day • solving problems and conflict resolution • caring for themselves and others • rules and boundaries	(as before) AND • choosing between given options • suggesting additional options • expressing feelings and preferences • compiling scrap books/ books about themselves • making representational drawings and models • discussing issues raised in books • making up and acting out stories personally or using puppets • taking part in group activities and discussions in a forum such as Circle Time → *So with this age group a range of creative methods can be used including puppets, drawings, drama, participatory tools and stories. For example, child-friendly health stories can be used to share information, to seek children's views and to influence children's practices in their early years concerning health, nutrition and hygiene practices.*

INVOLVING CHILDREN UNDER FIVE IN A PLAY SPACE REVIEW, UK[42]

When care is taken to develop and use creative participatory tools and respectful processes, children as young as three can be meaningfully involved in review and planning processes.

In the UK a pilot study was undertaken over a six-month period to involve children under five in the decision-making processes concerned with changes to an outdoor play space. In the first stage, the study used the 'mosaic approach' with 28 three- and four-year-olds (and with adults – practitioners and parents). This combined the traditional research tools of observation and interviewing with participatory methods, including the use of cameras, map making and child-led tours.

In the second stage, children and adults were creatively involved in discussions about the key findings. Children's comments and photographs from stage one were made into a book, so that children could talk about their photographs and answer questions about future changes to the space. A large plan was made to summarise the visual and verbal material produced by the different research tools.

In stage three decisions were made about changes to the play area based on children's views and ideas. For example, the fence was made safer without closing up gaps, so children could continue people and dog watching – activities they'd said they enjoyed.

The pilot project has demonstrated how young children's views and experiences about their environment can play a tangible part in decision-making about change.

Some **general tips** on communicating with younger children:

- Engage with younger children respectfully, focusing on their strengths, not their weaknesses.
- Ensure consultations are organised in child-friendly venues that are safe and accessible to younger children.
- Get to know the children and build trust – this will foster better communication.
- Be creative. Encourage use of different methods to help children communicate their views and experiences. You may want to use drawings, puppets, stories, photos or games to gather children's views and experiences on health, nutrition and WASH practices.
- Use 'natural conversations' and ask concrete questions to seek and understand younger children's perspectives.

Below are a series of tools you can use to promote good communication with young children:

PUPPETS

Use puppets to explore younger children's views and experiences about nutrition or health issues.

You can make puppets out of easily available materials (such as socks with eyes, a mouth and hair drawn on). The puppets may be used with children individually, in pairs or in small groups. Here's how you might conduct your puppet session:

- The puppet introduces him/herself 'Hello children, my name is …' (give the puppet a local name).
- Encourage the children to tell the puppet their names.
- The puppet can then ask the young children concrete questions concerning nutrition or health, such as:
  - What is your favourite food?
  - Do you eat your favourite food every day, or only some days? Why?
  - How often do you eat fruit and vegetables?
  - Who prepares your meals?
  - Do you wash your hands before your meal?
  - Have you been sick or unwell recently? If so, what was wrong?
  - When you were sick who took care of you?
  - Were you taken to see a health worker or a doctor? If so, who? If not, why?
  - What can you do to be healthy?

CHILDREN'S PHOTOGRAPHY

Children aged three to five years old sometimes have access to disposable cameras. You can encourage them to use their cameras to take photographs of what they eat, who looks after them and what makes them healthy or unhealthy.

The photographs can be printed and children can be encouraged to describe why they took the photo and what it shows or what it means to them.

FISHING FOR RIGHTS

Fishing for rights is a game you can use to explore children's rights to healthcare and nutrition:

- Prepare fish shapes covered with drawings showing a child receiving healthcare or eating nutritious food.
- Attach a metal paper clip to each fish.
- Give young children a fishing rod with a magnet on string and encourage them to catch the fish.
- When children catch the fish, ask them: "What does the picture show?" (eg, a child going to see a nurse or doctor, or a child eating good food).

Ask about whether they experience this right (eg, whether they are taken to see a nurse or doctor when they are sick, or whether they eat good food? And why?)

SNAKES AND LADDERS

'Snakes and ladders' can be adapted. When children have the chance to go up a ladder, ask them to share an experience or idea about what helps them be healthy. When children land on a snake ask them to share experiences or ideas about what makes them unhealthy.

DRAWINGS OR PAINTINGS

Encourage children to draw pictures of 'What makes you healthy?' or about 'What makes you unhealthy?'

COMMUNITY PARTICIPATION

Community mobilisation and participation are often thought of in terms of adult involvement, through mechanisms or processes such as health committees, health clubs, women's groups, community dialogues and community action cycles.[43]

These forums can offer great opportunities for the meaningful participation of children, but only if community facilitators are trained how to engage children in a child-friendly way to identify problems, plan, set priorities, and take and evaluate action.

Community dialogues and community action cycles facilitate understanding of action (health practices) that can be taken at home to transform negative household level behaviour into positive health practices. As part of this process, given that children often carry out care-giving practices for younger siblings that have an impact on girls' and boys' nutrition and healthcare choices, community-based programmes should consider including a focus on promoting children's participation in family and household decision-making.

Children's participation in family decision-making is also important for girls and boys to be able to continue education, to prevent early marriage – which significantly increases risks of neo-natal and infant mortality – and to stay with their families, all of which may reduce the risks of early motherhood and sexual violence.[44] Collaboration between health and child protection staff may support empowering and preventative work with children and families, especially as the global Child Protection Initiative breakthrough 2020[45] is focused on the care and protection of children in families. Training for frontline health staff and community health workers in child protection policies and procedures as part of health and nutrition programmes would strengthen efforts to keep children safe.

Children's clubs and groups can increase the role of children in community health and nutrition programmes. Through regular children's group meetings, girls and boys can express themselves, share information, and analyse and plan how to address the health or nutrition concerns affecting them.

Their groups can give children and young people collective power, increasing their confidence and ability to negotiate with parents, caregivers, local leaders, health providers and government officials. As a result, children are more able to hold adult duty bearers to account for protecting their rights.

Therefore, health staff should design programmes that strengthen children's clubs and groups, and that mean they can provide training for children on child rights, health (childhood diseases, immunisation, etc), nutrition/undernutrition and WASH.

Training and/or support for **child-led media initiatives** (wall newspapers, radio, drama) can also increase the scale of health and nutrition awareness-raising initiatives. In particular, children can be effective health messengers through broadcasting regular radio programmes.[46]

CHILDREN'S HEALTH AND NUTRITION INITIATIVES, NEPAL[47]

As part of a school health and nutrition programme in Nepal, child club members were trained on health and nutrition topics (including preventable diseases, hygiene, use of latrines and waste disposal).

After the training, girls and boys performed street dramas and made radio broadcasts to raise awareness among other children, parents and community members.

In collaboration with teachers, child club members were also involved in distributing iron and de-worming tablets, and in the prevention and treatment of intestinal parasites.

PHOTO: SUZANNE LEE/SAVE THE CHILDREN

PARTICIPATING IN THE HEALTH SYSTEM

Children and young people can also actively participate in practice and policy changes to ministry of health facilities at national, district and local levels. Investment in participatory planning processes, with budget and human resources dedicated to support meaningful child participation, is needed to develop child-friendly health and school health services.

CHILDREN AND YOUNG PEOPLE'S PARTICIPATION IN HEALTH SYSTEM IMPROVEMENTS, UK[48]

The Royal Manchester Children's Hospital actively engaged young people in its review of healthcare delivery. This included children and young people informing treatment plans, the design of physical environments, and the development of child-friendly information and communication materials.

4.5 INVOLVING CHILDREN IN THE MONITORING AND EVALUATION OF HEALTH AND NUTRITION PROGRAMMES

Children's participation in **monitoring and evaluation** of health and nutrition programmes is necessary to assess their efficacy and to identify lessons learned and the necessary improvements made. Girls and boys (of different backgrounds and ages) should be consulted and/or actively involved in monitoring and evaluation processes to determine whether health, nutrition and/or WASH programmes have achieved their objectives.

Children can help to monitor and evaluate programmes using systematic observation, questionnaire surveys, video diaries, 'before and after' body mapping or drawings, and stories of change/challenge to collect data about other children, young people and adults.[49] These methods are explored in more detail in the table on pages 53–58.

Enabling children to help monitor and evaluate our programmes poses particularly challenges for the staff involved, such as ensuring children can express their opinions when they may not be used to doing so.

However, when planned well, when facilitators are adequately trained, and when the same groups of children are used throughout the life-cycle of the project, children's participation can provide invaluable insights into where programmes can better cater for their needs and guarantee and protect their rights.

EMBEDDING CHILDREN'S PARTICIPATION INTO DAY-TO-DAY PROGRAMMING IN SIERRA LEONE

Save the Children UK advisers worked with Sierra Leone country office staff to:

- increase the capacity of MEAL (monitoring, evaluation, accountability, learning and participation) and field staff to incorporate children's views (especially those of younger children, aged six to ten) in an end-of-project evaluation
- carry out a robust pilot of some of the participatory research activities with children described in this guide
- institutionalise children's participation in current and future programming.

Seven Save the Children staff were trained in children's participation and the Nine Basic Requirements (see page 13). They then selected four or five appropriate participatory research activities to carry out with 44 children, to gather qualitative data on their views on how the project had affected their lives. The facilitators also supported child facilitators to carry out the selected activities with children in Freetown.

A month later the staff used their knowledge and skills to train other Save the Children colleagues in Pujehun. The team of advisers are planning to train more staff in Sierra Leone to include children's participation throughout another project's cycle.

CHILD-FRIENDLY MONITORING AND EVALUATION TOOLS

The table below describes a range of child-friendly methods, tools and approaches for participatory research with and by children. The ones with a tick ✓ were piloted in Sierra Leone.

TOOL	DESCRIPTION	TYPE OF INFORMATION PRODUCED	ADAPTATION NEEDED?	ACTIVITY DURATION	LINK TO RESOURCE
Before and after body mapping ✓	A participatory tool which can be used to explore children and young people's views on the way in which their context has affected them.	Comparison of children's emotions and perceptions of their healthcare and general circumstances before and after the intervention (baseline/endline).	Yes. Originally designed for use in conflict, post-conflict or peacebuilding situations. It can be adapted to the health and nutrition context by asking how the project or aspects of the project have affected children's lives.	40–60 minutes.	Save Norway Kit of tools pages 18–19*
H assessment ✓	A simple tool that can be used with and by children, young people or other stakeholders to explore strengths, weaknesses and suggestions to improve children's participation/tailor programming to children's needs.	The strengths, successes, weaknesses and/or challenges of children's groups or initiatives at different stages in the programme cycle.	Minimal adaptation of the questions.	40–45 minutes.	Save Norway Kit of tools page 12*
Tableau vivant	An instrument that allows a change in a community to be depicted through a drama scene of the life story of children/young people shown in three still frames (or tableau vivant).	The first frame identifies the weaknesses of a children's initiative. The second frame identifies the actions undertaken to strengthen the child's capacity/children's initiative. The third frame describes what has changed.	Can be combined with the H assessment and easily adapted.	45–60 minutes.	Save Norway Kit of tools pages 12–13*

* see page 25 for links to resources

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TOOL	DESCRIPTION	TYPE OF INFORMATION PRODUCED	ADAPTATION NEEDED?	ACTIVITY DURATION	LINK TO RESOURCE
Focus group discussions ✓	A research method to explore children's and young people's ideas and views about how they would like to contribute to thematic evaluation and documentation process.	Children's ideas, views feelings, emotions, perceptions, impressions of how the initiative has changed their lives, and to ensure the participatory process is both meaningful and safe.	Bespoke questions needed.	45–60 minutes.	Save Norway Kit of tools pages 13–15*
Most significant change stories (can use with participatory video)	Child-led documentation and dissemination of children's stories of most significant change (positive or negative) to evaluate projects	Children and young people can express, document and make use of their views about the benefits and/or disadvantages of programmes to help improve them.	Bespoke questions needed	1–2 hours for reflection/ collection of stories, 2+ hours for sharing and analysis	Save Norway Kit of tools
Before and after risk mapping/ community mapping ✓	A tool to explore the risks children face/faced before and after the initiative in their local communities. It can also be used to identify protective factors in their local communities, and the risks they most want to change.	Two maps of the community: one before the initiative; the other at the monitoring/evaluation stage. Map one identifies the risks that existed before the initiative; map two identifies the risks that have been eradicated by the initiative, and the remaining risks and protection mechanisms. Alternatively, one map can be drawn and children can mark in different colours the situation before and after initiative.	Needs adapting from original 'risk mapping' tools. Would be wise to combine with the 'body mapping' activity with younger children.	45 minutes.	Save Norway Kit of tools pages 21–22*

* see page 25 for links to resources

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TOOL	DESCRIPTION	TYPE OF INFORMATION PRODUCED	ADAPTATION NEEDED?	ACTIVITY DURATION	LINK TO RESOURCE
PhotoVoice/ video diaries	A tool that allows people to create and discuss photographs as a means of bringing about personal and community change. PhotoVoice engages people in active listening and dialogue; creates a safe environment for critical reflection; and moves people toward collective action.	Children and young people can use photography, video and storytelling to express, document and make use of their views about the benefits and/or disadvantages of programmes to improve them.	Drawings can be used instead of photographs or video – clear instructions needed.	1–2 days training on using cameras and taking photos. One day for sharing and analysing images/ documenting stories. More time needed if children are to use photos/ video in self-advocacy activities.	Qualitative Research – PhotoVoice 2012*
Pots and beans	Participatory tool that allows children to explore which activities – including those they undertake during an initiative or in their daily lives – they like most and why.	Children are given beans or stones to rank their activities in order of preference. They can also give their views on those activities and the reasons for their preferences. Can be adapted to preferences in other areas – eg, chores, tasks, daily activities.	Easily adaptable from engagement in a particular initiative. Can use 'pots and beans' activity to rank preferences.	45 minutes.	

* see page 25 for links to resources

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TOOL	DESCRIPTION	TYPE OF INFORMATION PRODUCED	ADAPTATION NEEDED?	ACTIVITY DURATION	LINK TO RESOURCE
Cobweb matrix	A way of charting the difference an intervention makes to people's lives, where they are able to compare a matrix they completed before the intervention with one completed afterwards and discuss what has changed.	Analysis of positive changes and barriers, and the progress towards eliminating those barriers and increasing those positive changes.	More suitable for older children with more developed critical thinking skills.	60–75 minutes.	Participatory Qualitative Research and Learning – training manual pages 27–28
Flower map	A simple visual tool to explore which people support children and young people.	Children's and young people's views on who they seek and gain support from during times of conflict, difficulty or distress and the kinds of support they do and/or do not receive.	Easily adaptable from the conflict to the health context.	30–45 minutes.	Save Norway Kit of tools page 26*
Circle analysis of what role children can play in health	This tool uses a visual image of individual children in the middle of eight concentric circles representing the child, the family, the children's club, school or workplace, the community, the district, the country, and internationally, to explore what role the children are playing in promoting health at each of the different levels.	Children's vision and understanding of health, and their role in promoting health, and taking responsibility for their own health and the health of their siblings.	Easily adaptable from the conflict to the health context.	40–60 minutes.	Save Norway Kit of tools page 32*

* see page 25 for links to resources

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TOOL	DESCRIPTION	TYPE OF INFORMATION PRODUCED	ADAPTATION NEEDED?	ACTIVITY DURATION	LINK TO RESOURCE
Balloon activity	The visual image of a hot air balloon is used to explore children's understanding of health and their experiences of participating in healthcare.	How children are involved in healthcare, children's vision for health, and factors that hinder or promote health and children's participation in healthcare. Explores the risks of children's participation in healthcare and the strategies to minimise or overcome them.	Easily adaptable from conflict context	40–60 minutes.	Save Norway Kit of tools page 33–35*
Preference ranking	Participatory tool that explores which activities – including those they undertake during an initiative or in their daily lives – children prefer and why.	Children's opinions, preferences and perceptions of the activities they participate in, and the reasons for those preferences. Can be adapted to preferences in other areas – eg, chores, tasks, daily activities.	Easily adaptable from engagement in a particular initiative. Can use 'pots and beans' activity to rank preferences.	45 minutes.	Save Norway Kit of tools page 36–37*
Child-led tours	A child-led method where children use a village tour to identify personal and community changes. Can be combined with 'mapping' or 'before and after' activities to identify positive changes resulting from programmes and the remaining challenges.	Children and young people can express, identify and document their views about the benefits and/or disadvantages of programmes to improve them.	Easily adapted from before/after mapping. Would need to follow up the tour with FGD.	1–2 hours.	

* see page 25 for links to resources

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TOOL	DESCRIPTION	TYPE OF INFORMATION PRODUCED	ADAPTATION NEEDED?	ACTIVITY DURATION	LINK TO RESOURCE
Visioning tree or 'magic wish' drawing adapted with mapping exercise ✓	Visualisation exercise used to help children and young people dream about their children's groups, their communities and their role as agents of change in the future. Vision tree: 'fruit represent their dreams; roots are collective strengths; and the trunk is used to map recommendations for action. The 'magic wish' drawing involves children producing a picture of their ideal living situation.	Children identify the situation of their community before the programme, where they feel they are now, and their hopes for the future in terms of health.	Evaluation can combine 'before mapping' with vision tree/magic wish for the future, looking at how children can be pivotal in positive changes for the future. After the mapping/drawing/ visioning, combine with an FGD.	75–90 minutes.	Save Norway Kit of tools pages 30–31*

* see page 25 for links to resources

Feedback on the participatory tools from the Sierra Leone pilot really highlighted the potential of children to provide valuable learning for our programmes and tools. A few soundbites can be found below. A more comprehensive analysis of the pilot can be found in Annex I, page 81.

> *"I never thought the children would be able to perform the way they did, especially with the vision tree. I learnt from the children too."*
> (Child facilitator, aged 13)

> *"Today I realised that it is possible to obtain information from children as young as eight years of age. I was sceptical, I didn't say it wasn't possible. With the right explanation, environment and skills it is possible to get information from children as young as this age… If children are aware and have information on our activities in their community then they can tell us about what we're doing and about our services."*
> (MEAL Advisor, Freetown)

> *"I have learnt that no matter how small they are, we are able to learn from children. Sometimes we think that these children cannot understand but they can. We proved today that if we allow children to partake in these activities we can achieve so many things. These are really good tools and I believe we will continue to use them."*
> (MEAL Officer, Freetown)

Including child facilitators in the participatory monitoring and evaluation of programmes also proved to be an effective strategy, as in this example from Sierra Leone:

CHILDREN AS FACILITATORS IN SIERRA LEONE

Child facilitators aged 13 to 17 were trained alongside their adult counterparts in child-friendly participation tools appropriate for gathering qualitative data from younger children for a small-scale participatory evaluation. This formed part of a larger end-of-project evaluation. Each child facilitator was supported by an adult facilitator who acted as a 'backstop' and would provide co-facilitation if necessary.

The benefits of having older children facilitate younger children were:

- children were more relaxed and open with people closer to their own age
- clear and direct communication between child participants and child facilitators
- it was very empowering for the older children to be given this level of responsibility
- it was very motivating for the Save the Children Sierra Leone staff to see how meaningful children's participation can be effective on a practical level
- Save the Children UK staff improved the ability of the MEAL advisors and field supervisors to provide child-friendly facilitation, the UN Nine Basic Requirements,[50] and participatory child-friendly tools for data collection.

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CHILDREN AS FACILITATORS IN SIERRA LEONE *continued*

When using child facilitators there is a need:

- for comprehensive training on what constitutes children's participation; the UN Nine Basic Requirements; facilitation skills with younger children; and the child-friendly participatory tools for gathering data
- to allow plenty of time for activities with younger children (double the time planned!) so they can have fun (eg: sing songs, play games), as well as participate in the data collection activities – if time only allows for data collection, children feel this pressure and it tends to distort the information they give
- for adult support to ensure that children do not become 'little teachers', imitating the most non-participatory techniques and dictating to children.

CHILDREN'S USE OF 'BEFORE AND AFTER' DRAWINGS TO INFORM THE EVALUATION OF A HYGIENE PROGRAMME IN PAKISTAN[51]

A 'draw and write' technique was used to evaluate the impact of a child-focused health education programme in Peshawar, Pakistan.

Children were asked to draw a picture of themselves and their homes before attending the health education. They were then asked to draw a picture of themselves and their homes after attending the health education. Children were also given a chance to explain the meaning of their drawings to ensure they were correctly interpreted.

The 'before' and 'after' drawings indicated improved hygiene among children and in their homes. The drawings and descriptions also showed an improvement in children's self-esteem, with more 'after' drawings showing children with happy smiley faces.

CONSIDERATIONS FOR CHILD-LED RESEARCH

Child-led research projects vary in nature –for example, they may be short-term or long-term. To aid planning and ensure an effective and meaningful approach, the following considerations should be taken into account:

QUESTION	CONSIDERATIONS AT THE PLANNING STAGE
Preparation for the young researchers	
Do the young people have enough information to be able to make an informed decision about whether they would like to participate?	• Have you prepared information in a child-friendly format? • Have you given them enough time to consider their participation? • Do they have all the information they need about how much time and commitment the process will take?
What is the young people's previous experience of doing research?	• How much time will be needed to prepare the young people? • If they are low in confidence and not used to working with each other as a team, you may need to factor in team-building activities and time for just building rapport and getting to know each other.
What kind of support will the young people need?	• Is the topic of the research sensitive? Think through the kind of support children might need if they will be talking about sensitive topics. • Will you be meeting the children in their own community or will they need to travel and stay over somewhere? If so, there will need to be adults available to be with the young people during travel and overnight stays.
What new skills will the young people need to learn? For example, interview techniques, data analysis.	• Where do you need to start in terms of a learning journey? Will you need to spend time introducing concepts such as 'M&E' and 'research', and their importance? • How long will it take for children to learn a new data-collection method, practice it and feel confident in facilitating sessions using this method? • Do they need training on other core aspects such as 'good listening skills', facilitation techniques, building rapport with a group, effective note-taking and data analysis?

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QUESTION	CONSIDERATIONS AT THE PLANNING STAGE
Preparation for the young researchers *continued*	
How available are the young people? Will you work with them during the day, or in the evening/weekend?	• Have you arranged meetings at a time that doesn't conflict with other responsibilities they may have, such as school or caring duties? • How long will the young people be available for you to work with them? • Do they already meet regularly together, eg, at a children's club? Could you meet them there? • Can you meet them regularly over a period of time, eg, once a week for a couple of months? Or will it have to be an intensive three-day meeting? What would work best for them?
What age are the young people and are there any special considerations you need to take into account when planning activities?	• The amount of time it will take to adequately prepare the young people will be dependent upon their age and other considerations such as whether they have a disability. The way you design activities must cater for this, and ensure all children can participate equally. • It may take longer to work with a group that is new and needs time to get to know each other and you/other adults.
How can it be fun and engaging?	• What participatory methods will you use? • Can young people work with you to plan the activities so that they are as suitable as they can be?
Logistical preparations	
Child safeguarding	• Who will assess the risk of all activities involving young people? • Who will be the nominated child safeguarding coordinator for these activities (could be more than one person)? • Have all staff who will be working with the young people had child safeguarding training? • Are all staff clear and aware of reporting procedures? • Who will be available to support young people in case they need someone to talk to?
Consent	• Consent forms must be obtained for all young people – this can take time so needs to be factored in well in advance.

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QUESTION	CONSIDERATIONS AT THE PLANNING STAGE
Logistical preparations *continued*	
Where will the activities take place?	• Choosing a place young people are familiar with can really help the process.
When will the activities take place?	• Must be at a time that doesn't conflict with other responsibilities. • Is there a time that's mutually suitable for staff and young people?
Support for staff	
How many staff will be available, and for how long, to support the child-led research?	• When planning, it should be clear from the start how long these activities will take and, therefore, what time staff need to make available to support the process.
What training and support do staff need?	• Before starting work with young people, the staff should be happy and confident in their roles.

MEASURING CHILDREN'S PARTICIPATION

Child participation is a crucial pillar of Save the Children's work and it is integrated in our Programme Quality Framework.[52] We need to involve children significantly to understand what their issues are and learn from them how to better orientate our policies and programmes. The insightful ideas and creative solutions of children can teach us a great deal.

We need to monitor how well we involve children in our work. One way we are fulfilling our promise to children is through the Global Indicator on Children's Participation.

GLOBAL INDICATOR ON CHILDREN'S PARTICIPATION[53]

The indicator assesses the quality and the scope of child participation in Save the Children's country programmes. It captures the extent to which projects involving child participation comply with Save the Children's Practice Standards in Child Participation. It specifically focuses on the internal quality of our programmes, not the impact of child participation in the wider community.

We want to monitor and document the quality of child participation practices in order to improve programme quality and relevance overall, and be credible advocates for child participation. The link in endnote 53 provides guidance on how to report on the indicator.

CHILD PARTICIPATION MEASUREMENT TOOL

We need to take children's views and feedback seriously. They should inform updates to our strategy and programmes.

One tool that can help to achieve this is the **child participation measurement tool**. It captures girls' and boys' perceptions of our emergency responses to inform programme monitoring, evaluation, accountability and learning. The tool helps us learn from children's feedback to increase the effectiveness and accountability of child-focused humanitarian programmes, so we can better support children and their families, especially the most vulnerable.

It is a variation of the 'H' assessment, which allows us to explore:

- the strengths of the intervention and any positive results for children, families and communities
- the weaknesses of the interventions and any negative results for children, families and communities
- an overall score of 'child satisfaction' by children in different gender and age groups, based on their discussions about the strengths and weaknesses and positive and negative outcomes
- suggestions to improve the interventions for children.

The **child satisfaction measurement tool** provides:

- quantitative scores (1–10) for children's satisfaction with key humanitarian interventions (an overall average score and/or different scores from girls and boys in key age groups)
- qualitative information from girls and boys on the strengths/successes, weaknesses/challenges, and suggestions to improve key humanitarian interventions.

☺	**Key humanitarian intervention** **Location:** **Date:** **Who involved: (specify number, gender, age of children involved):**	☹

1	2	3	4	5	6	7	8	9	10

Other ways of measuring children's participation in our health, nutrition and WASH programmes focus on creating an enabling environment and ensuring good practice standards. The second and third resources listed on the next page provide clear guidance on how to develop a monitoring and evaluation framework and indicators for children's participation.

Further resources for supporting children to participate in monitoring and evaluation include:

A Toolkit for Monitoring and Evaluating Children's Participation, Lansdown, G. and O'Kane, C. (2014), Save the Children, Plan International, Concerned for Working Children, World Vision and UNICEF. This new inter-agency toolkit for monitoring and evaluating children's participation builds upon Gerison Lansdown's earlier framework. **http://resourcecentre.savethechildren.se/library/toolkit-monitoring-and-evaluating-childrens-participation-introduction-booklet-1**

A Kit of Tools: Participatory Research and Evaluation with Children, Young People and Adults, Save the Children Norway **http://resourcecentre.savethechildren.se/library/kit-tools-participatory-research-and-evaluation-children-young-people-and-adults-compilation**

Monitoring and Evaluating Children's Participation in Health and Development, Clare Hanbury (2007). Designed for project managers to assess the quality, impact and outcomes of children's participation programmes. It includes a range of indicators that monitor progress at different levels of experience. **http://www.talcuk.org/books/child-to-child-monitoring-and-evaluating-childrens-participation-in-health-and-development.htm**

Participatory Monitoring and Evaluation Methodologies – Working with Children and Youth 'SoS'. **http://resourcecentre.savethechildren.se/library/guide-participatory-monitoring-and-evaluation-methodologies-working-children-and-youth-sos**

Utilising Participatory Data Collection Methods to Evaluate Programmes with Very Young Adolescents. **http://resourcecentre.savethechildren.se/library/utilizing-participatory-data-collection-methods-evaluate-programs-very-young-adolescents**

Listening to Smaller Voices: Using an innovative participatory tool for children affected by HIV and AIDS to assess a life-skills programme, Sonal Zaveri, PhD, Better Evaluation **http://www.child-to-child.org/resources/pdfs/Listening_to_smaller_voices_Sonal_Zaveri.pdf**

4.6 INVOLVING CHILDREN IN EXTERNAL INFLUENCING, ADVOCACY AND ACCOUNTABILITY

Save the Children staff and partners can support processes and initiatives with and by children and young people to influence policy and practice on the health and nutrition issues that affect them, and to hold duty bearers accountable to respect, protect and fulfil children's rights. Children and young people can be supported with information, training and mentoring to influence parents/caregivers, community elders, teachers, health workers and relevant government officials.

To effectively and ethically involve children in high-profile advocacy events, we need to ensure that they are safe and able to participate in ways that are meaningful.

Before involving children in an event, ask yourself these questions:

- How will children's participation enhance this event?
- What will children gain from their involvement?
- Do our staff have the skills to facilitate meaningful child participation?
- Have we done this before? How did it go? Can we improve and build on those experiences?
- Have the children participated in events before?
- How will we ensure children are accurately represented?
- Are the issues that will be discussed relevant to children's lives?
- What will be the balance of power between children and adults at the event?

MAKING SURE THAT CHILDREN ARE REPRESENTED FAIRLY

As the first step towards meaningful and ethical participation, it is essential that the children and young people who will participate in the event are selected fairly. Work with the Country Office to create a process of election and representation of children and young people. The following guidance is the ideal, but sometimes capacity and time constraints may make this challenging, so think through what is possible.

- Children should be elected through a democratic process by the children in their group, based on criteria chosen by the children's group or children in their communities. Talk to children about the importance of equal opportunities. Children from marginalised groups should be strongly encouraged to put themselves forward. An event should be inclusive and fair.
- The child/children identified to represent others should be able to speak on behalf of a broad cross-section of the groups of children from their community or on behalf of a group that is facing a specific issue.
- Although the specific election criteria should be defined by the children themselves, some of the key things to keep in mind during the election process, to ensure fair representation, are availability, age, equal opportunity, gender, language and religion.

MAKING SURE CHILDREN ARE BRIEFED PROPERLY

It is important to give children child-friendly information about:

- the purpose of the event
- what influence they can hope to have
- what role they could play
- the content and theme of the event
- their accommodation, including meal times, rules, how the place functions, etc.
- the location/building that the event is being held in and how it works (for example, if it is at the UN, explain how UN conferences run and how it works as a building and institution; if it is at the BBC, explain what the BBC is, how the building works, what happens there and what they can expect the processes to be like, etc.)
- the city or location in which the event is being held, including risks, places they need to know, what sort of transport systems they can expect, etc.
- child safeguarding procedures and the safeguarding team: what to do and who they can contact if they have a problem or don't feel safe (see Child Safeguarding section).

Make sure you allocate time to have a discussion early on with children on how they would like to raise feedback and complaints during the event/their visit. Agree on a procedure and proactively seek feedback to encourage young people to raise issues they may not be happy about. This could include a complaints box, for example, or a number that they can send a text message to.

APPROPRIATE TYPES OF INVOLVEMENT

In the chart overleaf are some of the ways in which to involve children in events, along with some specific benefits and limitations for each. Before conducting any activities, think about how you can maximise the benefits and reduce the risks.

Children may be involved in an event through any combination of these types of participation, as well as through others not listed in this guide. Decide in collaboration or consultation with children the best approach to their involvement, and map out the benefits and limitations from their point of view. Also ask children what kind of preparation and/or training they will need.

All activities need to be carried out ethically and safely, and must be sensitive to risk. When activities involve filming or are filmed, children need support to talk about difficult things and need to be informed of any possible risks. You may need to change names to protect identities.

TYPE	HOW	BENEFITS	LIMITATIONS/ IMPLICATIONS
Film-making	Children make videos depicting the issues they, and people in their communities, face. These films may include child-to-child interviews or tours of children's homes and villages, showing places that they feel are safe/unsafe, etc.	• Children learn how to direct, film and produce videos. • A greater number of children can be involved. • The film can be used at a number of events and in other advocacy activities at no extra cost. • The film can be sent to those unable to attend the event. • The film enables participants to understand the context in which a problem or issue occurs. • It provides a realistic and accurate depiction of children's realities.	• Less direct involvement in the event, unless the video is presented by children or is followed by a Q&A with children. • May not have much impact if not done to a high standard. • Staff may not be trained in video documentary making.
Public speaking	Children speak directly at the event to the audience.	• Provides greater potential to be emotive. • Enables children to learn how to speak publicly about issues affecting them. • Gives children direct access to decision-makers. • Promotes the value of children's participation in a very public way, which may also be promoted in the media.	• Limited number of children can be involved. • Children may feel uncomfortable speaking about some issues. • Children may feel overpowered by adult speakers or pressured into saying certain things.

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TYPE	HOW	BENEFITS	LIMITATIONS/ IMPLICATIONS
Drama and role play	Children show an issue creatively through drama or role play.	• Can enable children to represent issues affecting them without talking about their own experiences directly (child safeguarding and ethical practice means that children must always have an adult available to talk separately to about any concerns, and that we must be prepared to report a disclosure if necessary). • Enables children to engage in something that is interesting and creative. • Can be presented back to communities.	• Staff may not be trained or might not feel they have the skills to engage children in drama and role play. • If the participants at the event don't understand the drama and its message then the impact could be limited.
Child-led research	Children research an issue and present their findings at the event.	• The research can enable a large number of children's issues to be presented, rather than those of a few direct speakers. • Children gain research skills. • Research can also be used in publications and other advocacy activities and shared with Country Programme staff.	• Staff may not have the skills and experience to facilitate child-led research. • It needs to be organised in advance and will take time. • Children need support in conducting research.

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TYPE	HOW	BENEFITS	LIMITATIONS/ IMPLICATIONS
Q&A	A child or panel of children are asked questions.	• Participants at the event will be able to ask their questions directly to children. • Children's answers could have a powerful impact. • Children have the opportunity to engage in discussion with duty-bearers or other stakeholders.	• Children may feel 'put on the spot'. • The audience may ask questions that children do not feel comfortable answering. • Sensitive issues that were not picked up beforehand may be disclosed – eg, cases of abuse may be disclosed in public – and disclosure and safeguarding measures will need to be taken.

CHILDREN'S AND YOUNG PEOPLE'S CAMPAIGNS TO PREVENT PNEUMONIA, BANGLADESH[54]

Children's campaigning within schools, communities and homes is raising awareness about the symptoms of pneumonia in Bangladesh. The children also address the barriers preventing family access to health services.

In secondary schools in Bangladesh, children reach out to their parents, teachers and other students to inform them about pneumonia. They collect their 'hand pledge' responses, stating what they will do to prevent and respond to pneumonia. Children's representatives then meet with government officials to discuss practices and policies to tackle the disease.

Children have used modern technology to promote their campaign and to encourage other children, young people and adults to get involved. They share the results and feedback from the 'hands' on the EVERY ONE Bangladesh Facebook profile: **facebook.com/ EVERY ONE Bangladesh**

Lessons learned

- Children need to be clear about why they are involved in a campaign, what it is they are trying to change and how they would like to be involved.
- Children are often effective in analysing problems and can be supported to develop realistic, culturally appropriate campaigns that can make a difference. Building upon success, however small, can increase children's and young people's confidence and active participation.
- Children can be more meaningfully involved in campaigns when they are organised into groups and networks, providing space for regular discussion, analysis, reflection and action planning on concerns that are relevant to their lives.

USING EMPOWERMENT APPROACHES TO MAXIMISE BENEFITS TO CHILDREN

By using an empowerment approach, such as Child-to-Child, we can build children's skills and confidence.

- Children's skills are enhanced if adults listen to them and encourage them to express and assert themselves.
- By participating in events, children gain a sense of empowerment and achievement.
- An empowerment approach can enable children to access training and development (in action planning, research, filmmaking, public speaking, etc).
- Children who are used to expressing themselves may be more vocal about abuse or exploitation in the future.
- Children will receive better targeted and more relevant services and support, and could influence policy in a way that is relevant to their lives.
- Children who participate have increased access to information and knowledge (eg, their rights and responsibilities, and issues in the community).
- Children are more likely to grow up to be active and responsible citizens.
- Participating in events can raise the profile of child-led organisations, giving them greater recognition, as well as partnership and funding opportunities.

A representative from Save the Children's Global Children's Panel

TOOLS TO ENSURE MEANINGFUL CHILD PARTICIPATION IN HIGH-PROFILE EVENTS

Here are two tools that can be used to:

- identify and prioritise advocacy activities
- set out ways children and adults can work together to exert influence
- ensure children are meaningfully represented.

INFLUENCE MAPPING: AN ACTIVITY TO NEGOTIATE HOW ADULTS AND CHILDREN WILL WORK TOGETHER

Time: 1 hour 30 minutes

Resources: pens, pencils, paper

You and the children start by drawing a picture to represent your relationship to the different stages of the event. You may need more than one picture if your roles vary – for example, if adults lead in planning the event, but children lead the discussions during it. This can be a creative way to have a frank chat with the children about how you can work together and what you can hope to influence as a team. It's good to be open and friendly in your approach. Don't make promises you can't keep – young people appreciate honesty. You may face restrictions – financial or political, for example – that mean you can't do everything you would like. Include in the picture who has responsibility for what or who will have the ultimate say about what you do. Encourage group feedback and amend the drawing as necessary. Alternatively, if they feel confident and comfortable, children may prefer to act out a drama or role play to represent what a good facilitator and what a bad facilitator is to them. This method brings the situation to life and gives children a chance to understand how the process feels for you as an adult.

Afterwards, hold a discussion with children about the qualities they would like to see in a facilitator and what behaviour they want you to avoid. Remember, be prepared to change your way of working and be open-minded about the types of facilitator children want.

'Drawing up a contract': Write a contract with children – an agreement about how you want to work together. The contract could consist of three columns: one for children's promises, one for your promises and one for 'golden rules' (ie, important rules that children and adults want in place).

Tip: It is best to do this activity with somebody that children trust, such as their chaperone or someone who has experience working with children.

EVALUATION ACTIVITY WITH CHILDREN

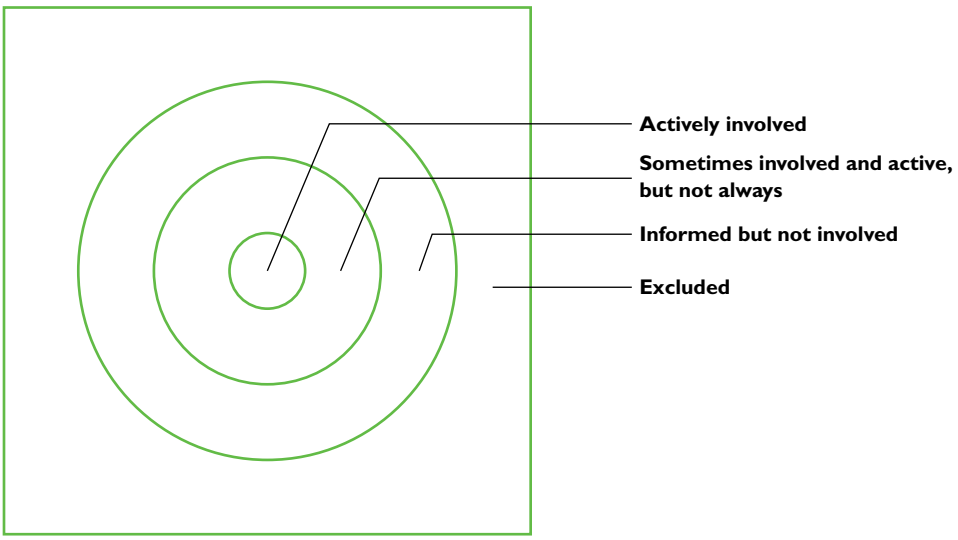
The circle analysis: Measuring children's involvement and representation in an event

This activity can be useful when you're working with a large group of children. It will help you capture levels of inclusion and how this can be improved upon next time.

Time: 45–60 minutes

Resources: flipchart paper, coloured pens, different coloured stickers

1. Introduce the circles and meaning of each circle (as shown below):



2. With children, identify different coloured stickers to represent different ages, genders, abilities and/or backgrounds.
3. Ask children to place the stickers into the different circles according to the level of involvement they feel that each group had in the event.
4. Facilitate a discussion about the analysis for more in-depth information.

HELPING CHILDREN ADVOCATE FOR THEIR RIGHTS IN ECUADOR

In Ecuador we work to sensitise children about their rights over a 12-month period. This prepares them to get involved in a range of activities to promote children's rights and publicise child-rights violations.

The children decide who will participate and when, and which issues they want to prioritise. We work with each group to debate their ideas and decide final priorities, drawing up a plan of action to be implemented and evaluated.

A key part of what we do is helping children to advocate for their rights and ensuring that their voices are heard by policy-makers.

With our direct support and through partners, children's organisations took part in the national consultation about Ecuador's new constitution in 2008. After considerable debate, the children agreed a final proposal and presented it to the National Assembly, clearly setting out what rights should be incorporated into the constitution. Partner organisations also presented proposals on education, protection and participation, which incorporated children's feedback.

As a result of these efforts, 25 assembly members signed a commitment to include those rights in the final draft of the constitution.

Practical manuals available include:

Advocacy Matters: Helping Children Change their Lives, Save the Children (2007) **https://www.savethechildren.org.uk/resources/online-library/advocacy-matters-helping-children-change-their-world**

One Step Beyond: Advocacy Handbook for Children and Young People, Save the Children (2008) **http://resourcecentre.savethechildren.se/library/one-step-beyond-advocacy-handbook-young-people-and-children**

Children's Participation in High-Profile Events, Save the Children (October 2012)

5 FURTHER READING

Action for the Rights of Children ARC Resource Pack. Foundation Module on Children's Participation and Inclusion. **www.arc-online.org**

Better evaluation for and with children. Watch the webinar here: **http://betterevaluation.org/blog/evaluating_with_children**

Boyden, J. and Mann, G. (2000) *Children's Risk, Resilience and Coping in Extreme Situations*, Background paper to the Consultation on Children in Adversity, Oxford, 9–12 September 2000 **http://www.corwin.com/upm-data/5336_Ungar_1_Proof_Chapter_1.pdf**

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Rai, C., Lee, S.F., Rana, H.B. and Shrestha, B.K., Improving children's health and education by working together on school health and nutrition (SHN) programming in Nepal **http://factsreports.revues.org/306**

Clacherty G. In association with Project Concern International (2010) We care… for younger children: Helping adolescent caregivers look after young children **http://www.coregroup.org/storage/HIV_AIDS/We_care_for_young_children_Final.pdf**

Couter, D. (2012) UNICEF child-led WASH programme reaps rewards in India as hygiene-related illnesses fall. Article on UNICEF website: **http://www.unicef.org/infobycountry/india_59029.html**

CRC (2009) General Comment No:12: The right of the child to be heard. CRC/C/GC/12. **www.unhcr.org/refworld/docid/4ae562c52.html**

Child-to-Child resources **www.child-to-child.org**

The Child-to-Child Trust (1992) Child-to-Child: A Resource Book. Part 1 Implementing the Child-to-Child approach; Part 2 Child-to-Child Activity Sheets **www.child-to-child.org**

The Child-to-Child Trust (2004) Early Years Children Promote Health: Case Studies in Child-to-Child and Early Childhood Development **www.child-to-child.org**

Child-to-Child and Vulnerable Children: Supporting Vulnerable Children Using the Child-to-Child Approach, Bonati, G., ProVIC/International HIV/AIDS Alliance/Child-to-Child **http://www.child-to-child.org/resources/pdfs/Manual-C2C-VulnerableChildren.pdf**

Child-to-Child Training Manual, Bonati G. **http://www.child-to-child.org/resources/pdfs/CtoC_training_manual-revised.pdf**

Child-to-Child Readers: Online Stories for Children **http://www.child-to-child.org/resources/stories.htm**

Davis Jr., Thomas P. (2004) Barrier Analysis Facilitator's Guide: A Tool for Improving Behavior Change Communication in Child Survival and Community Development Programs, Washington, D.C.: Food for the Hungry **http://barrieranalysis.fhi.net/annex/Barrier_Analysis_Facilitator_Guide.pdf**

FRESH (2012) Monitoring and Evaluation Guidance for School Health: Eight core indicators to support FRESH [Focusing Resources on Effective School Health] http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/HIV- AIDS/pdf/ENGLISH_M_E_Guidelines_for_web.pdf

Knotts Rodney (2010) Child Led Research with children who are Carers, Save the Children UK http://resourcecentre.savethechildren.se/library/child-carers-child-led-research-children-who-are-carers

Karki, R. Kohrt, B.A. and Jordans, M.J.D. (2009) Child Led Indicators: pilot testing a child participation tool for former child soldiers in Nepal Intervention 2009, Volume 7, Number 2, Page 92–109 http://ourmediaourselves.com/archives/72pdf/Karki.pdf

Lansdown, G. (2011) An inter-agency framework for monitoring the scope, quality and outcomes of children's participation http://resourcecentre.savethechildren.se/library/framework-monitoring-and-evaluating-childrens-participation-preparatory-draft-piloting

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O'Kane, C. (2003) Children and Young People as Citizens: Partners for Social Change. Save the Children South and Central Asia. http://resourcecentre.savethechildren.se/library/children-and-young-people-citizens-partners-social-change-highlighting-positive-impact-part

O'Kane (2013) Children's Participation in the design, analysis and planning of programmes: A guide for Save the Children staff http://www.savethechildren.org.uk/sites/default/files/images/Children_Participation_in_Programming_Cycle.pdf

Photovoice: http://www.photovoice.org/projects/international/young-lives-save-the-children-ethiopia http://resourcecentre.savethechildren.se/library/child-carers-child-led-research-children-who-are-carers

Save the Children (2013) Monitoring, Evaluation, Accountability and Learning (MEAL) 12 The child participation global indicator, Open University http://www.open.edu/openlearnworks/mod/resource/view.php?id=52664

Save the Children (February 2012) Ambition 2015: Newborn and child survival

Save the Children, Sweden (2012) Kapell, A., *Participate with you and Participate with me* **http://resourcecentre.savethechildren.se/library/participate-you-and-participate-me**

Save the Children (October 2012) Children's Participation in High Profile Events

Save the Children (2012) Programme Accountability Guidance Pack **http://www.savethechildren.org.uk/sites/default/files/images/Programme_Accountability_Guidance.pdf**

Save the Children (2011) Toolkit for Creating a Step Change in Monitoring and Evaluating Child Participation **http://resourcecentre.savethechildren.se/library/toolkit-creating-step-change-monitoring-and-evaluating-childrens-participation**

Save the Children (2011) Junior Reporters in China: Children's participation for promoting health among migrants. The Child Protection Initiative case study **http://resourcecentre.savethechildren.se/library/case-study-junior-reporters-china-childrens-participation-promoting-health-among-migrants**

Save the Children (2011) Children's Participation: Moving Forward Together – Promising practice from Save the Children thematic priorities and the EVERYONE campaign **http://resourcecentre.savethechildren.se/library/childrens-participation-moving-forward-together-promising-practices-save-children-thematic**

Save the Children (2011) Internal Discussion Paper: Linkages between the Child Protection Initiative and the Every One campaign: demonstrating how collaboration action can lead to the realisation of children's rights to protection, survival, development and participation.

Save the Children (2010) *Putting Children at the Centre: A practical guide to Children's Participation* **http://resourcecentre.savethechildren.se/content/library/**

Save the Children (2008) *One Step Beyond: Advocacy handbook for children and young people* **http://resourcecentre.savethechildren.se/library/one-step-beyond-advocacy-handbook-young-people-and-children**

Save the Children (2007) *Advocacy Matters: Helping children change their lives* **www.savethechildren.net/alliance/resources/ParticipantsManual.pdf**

Save the Children (2005) Practice Standards in Children's Participation. **http://resourcecentre.savethechildren.se/content/library/**

Save the Children (2003) *So You Want to Consult Children: A toolkit of good practice* **http://resourcecentre.savethechildren.se/content/library/**

Save the Children (2000) *Children and Participation: Research, monitoring and evaluating with children* **https://www.savethechildren.org.uk/resources/online-library/children-and-participation-research-monitoring-and-evaluation-children-and**

Save the Children and Early Years Network (1997) *Never Too Young: How young children can take responsibility and make decisions* **http://www.savethechildren.org.uk/en/54_2343.htm**

Save the Children Guidelines on CRSAs **http://resourcecentre.savethechildren.se/library/save-childrens-child-rights-situation-analysis-guidelines**

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Save the Children Utilising participatory data collection methods to evaluate programmes with very young adolescents **http://resourcecentre.savethechildren.se/library/utilizing-participatory-data-collection-methods-evaluate-programs-very-young-adolescents**

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SoS Children's Villages International (2012) Participatory Monitoring and Evaluation Methodologies – working with children and youth 'SoS' **http://resourcecentre.savethechildren.se/library/guide-participatory-monitoring-and-evaluation-methodologies-working-children-and-youth-sos**

Subedi, B. (2011) Utilising participatory data collection methods to evaluate programmes with very young adolescents **http://resourcecentre.savethechildren.se/library/utilizing-participatory-data-collection-methods-evaluate-programs-very-young-adolescents**

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UNICEF (2006) Child and Youth Participation Resource Guide **www.unicef.org/adolescence/cypguide/index_child_adult.html**

UN Nine Basic Requirements of Children's Participation **http://resourcecentre.savethechildren.se/sites/default/files/documents/childparticipation_in_unstudyvac_-_summary_final1.pdf**

Zaveri, S. (2013) Listening to smaller voices: Using an innovative participatory tool for children affected by HIV and AIDS to assess a life skills programme, Sonal Zaveri, PhD Better Evaluation **http://www.child-to child.org/resources/pdfs/Listening_to_smaller_voices_Sonal_Zaveri.pdf**

GUIDANCE ON YOUNG PEOPLE'S PARTICIPATION IN SEXUAL AND REPRODUCTIVE HEALTH

Family Health International/Youth Net (2006) An annotated guide to technical resources for community involvement in youth reproductive health and HIV prevention programs. **http://www.care.org/careswork/whatwedo/health/downloads/TechnicalResources.pdf**

Save the Children and UNFPA (2009) Adolescent sexual and reproductive health Toolkit for Humanitarian Settings. **http://resourcecentre.savethechildren.se/content/library/documents/adolescent-sexual-and-reproductive-health-toolkit-humanitarian-settings-co**

Action for the rights of children ARC resource pack module 4 on sexual and reproductive health. **www.arc-online.org**

APPENDIX: FEEDBACK ON PILOTING M&E TOOLS FROM SIERRA LEONE

Section 4, pages 53–59, details the M&E tools piloted with 44 children between the ages of 8–14 years old.

The activities tested were:

1. **Timeline mapping**
2. **Community mapping**
3. **'Before and after' body mapping**
4. **Daily routine for care of under five**
5. **Visioning tree**

Of the seven suggested activities, five were properly tested with children. The reason for not using all seven was partly due to time constraints, but also the team wanted to compare the same activities in different locations.

Generally, the feedback on the selected participatory activities was very positive from the perspectives of the children, facilitators, and Save the Children staff. However, there were some challenges in achieving understanding of the aims and instructions in a couple of the activities. Below is a tabularised summary of some of the successes and challenges in testing each tool, and recommendations for future use.

There are a couple of recommendations that go for all activities:

- The first is the giving of instructions. **Instructions** need to be simple and concise, supported with a 'real life' demonstration giving one or two examples. Instructions need to be checked by asking children to repeat them back to you.
- The second is that some **children had difficulty in writing**, and were quite distracted by colourful post it notes and marker pens.

  If children have trouble writing, the facilitator can write on the sticky notes, which the children stick on the timeline, or one or two children who are good at writing are chosen to 'scribe', or children are asked to draw pictures then explain their point.

  One facilitator commented that he would, in the case of having more dominant children in a group, "organise a smaller group of children within a bigger group, in order to minimise the possibility of more active children who will tend to dominate less active children."

TOOL	SUCCESSES	CHALLENGES	RECOMMENDATIONS
1. Timeline mapping Draw a timeline from 2010–2013. Identify project activities you have seen and put them on the timeline.	✓ Easy to explain ✓ Easy to visualise ✓ Children came up with ideas easily ✓ Promoted participation for all children in providing tasks for everyone ✓ Children said they really enjoyed the activity	✗ Not all project activities listed ✗ Children had trouble writing ideas ✗ Some children found it difficult to complete the timeline as the first activity but were able to think of project activities more easily following the community mapping exercise	→ Post-It notes help to move ideas around the timeline → It's OK to 'fill the gaps' and tell children about project activities they missed out. → See recommendation on writing
2. Community mapping Draw a map of your community in relation to health. Mark the places that are important for health. What has changed for health in your community?	✓ Children loved the drawing aspect ✓ Children like drawing/ talking about things that sustained their lives ✓ Each child fully participated either drawing his/her own image, explaining what it meant to them, or explaining to one child who did the drawing which image to draw and what it meant	✗ Not all images were relevant to 'health' ✗ Some groups just drew their community ✗ Some groups' instructions were not clear	→ See recommendation on giving instructions
3. Body mapping Draw around your colleague so you have an outline of a body. Think about how the project has affected you according to different parts of the body – what happened before and after the project?	✓ Children had a lot of fun drawing around their peers ✓ All children were able to participate in the drawing of the facial features, nails, belly button, etc. ✓ The children who 'got' the activity came up with profound and meaningful changes that had really impacted on them. ✓ Some children drew pictures on Post-its to illustrate their points	✗ Some children had a lot of difficulty understanding how the parts of the body related to how the project activity had changed their lives (before and after the project)	→ Give sufficient examples and demonstrations to enable the children to understand how the parts of the body related to changes that have happened to them as a result of the project. → Encourage children to draw pictures to describe the changes that have happened to them

continued on next page

TOOL	SUCCESSES	CHALLENGES	RECOMMENDATIONS
4. Daily routine Ask children to map out the caregiving activities they carry out for their younger siblings on a timeline from first thing in the morning until when they go to bed. Ask questions to establish what they do when the child is sick and add to the timeline or indicate on a separate line	✓ Children found the instructions easy ✓ Many carried out the activity without assistance ✓ Many children enjoyed the personalised focus of the activity	✗ Some children had trouble writing ideas ✗ Some facilitators did not ask probing enough questions to bring out gender roles, and demands and expectations of children to take on large caregiving responsibilities	→ See recommendation on writing → Alternative activity: for younger children, get them to draw a picture of a sibling when they are healthy, and list the activities they carry out, then draw a picture of a sibling sick, and also list their activities. → More focus in the training on asking follow up/probing questions. → Use smiley/sad faces when looking at care provided by children whose siblings are sick, and those who are not
5. Vision tree Draw a tree. Ask children to think about their dreams for a) their community b) themselves. Put the dreams on fruit-shaped paper and stick on the branches. Ask children to think about strategies to reach their dreams – stick these on the trunk. At the roots ask them to think about strengths/things they already have to help implement their strategies. Follow-up questions were asked about children's participation in future programming.	✓ Children really enjoyed this activity, particularly in thinking about their dreams ✓ Some groups were able to think of very powerful community dreams, and think strategically ✓ Children liked being asked about how they could participate, however… ✓ Many facilitators 'broke down' the activity and took each child's example, following through from dream to strategy to strength	✗ Some children had a lot of difficulty understanding the logic in strategic thinking – in linking the strengths, with the strategies, in order to reach their goals ✗ A few of the links between goal, strategy and strength were not logical ✗ …children did not really understand the meaning of participation because most had never taken part in activities such as these	→ Make sure facilitators give ample examples of how strengths link to strategies, which link to achieving dreams/goals → Suggest an alternative: if children are really not 'getting it', ask them to draw a picture of their ideal world (related to health) – what would it look like? How would they feel? How would they be involved? → Have fewer activities if it's the first time in engaging children in participatory activities, and include an introduction on 'what is child participation' and why it is important for the children involved

This small pilot of participatory activities and evaluation study has demonstrated that integrating children's participation into health programming can be achieved when practical guidance and appropriate support is provided to country office teams. The experience has also added great value in validating a set of robust participatory research tools to use with younger children. The experience also affirms that younger children are able to participate in activities, and can be effectively take the lead when facilitated by older children, given the proper preparation and training.

Many of the recommendations listed above are applicable to a broader organisational context, reminding us that children, as the main focus of our projects, deserve to be involved in a meaningful way at every stage in the programming cycle. With careful preparation and forethought (rather than children's participation being an afterthought, as happens all too often in programming), children can offer great insight into how all of our projects affect them, whether they meet their needs and guarantee their rights, as the design intended, and, more importantly, whether they fulfil Save the Children's vision to "…inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives".

ENDNOTES

INTRODUCTION

[1] Save the Children (February 2012) AMBITION 2015: NEWBORN AND CHILD SURVIVAL

[2] The global indicator seeks information on the number of programmes that include children's participation, and the extent to which children's participation is voluntary, safe and inclusive. Save the Children (2013) 12 The child participation global indicator, Open University **http://www.open.edu/openlearnworks/mod/resource/view.php?id=52664**

[3] Save the Children (2011) Internal Discussion Paper: Linkages between the Child Protection Initiative and the Every One campaign: demonstrating how collaboration action can lead to the realisation of children's rights to protection, survival, development and participation.

[4] See Child-to-Child brochure **http://www.child-to-child.org/**

[5] See Further Reading section for guidance on young people's participation in SRH.

1 WHAT IS CHILDREN'S PARTICIPATION?

[6] Save the Children (2005) Practice Standards in Children's Participation **http://www.savethechildren.org.uk/resources/online-library/practice-standards-children%E2%80%99s-participation**

[7] See Lansdown, G. (2011) Framework for Monitoring and Evaluating Children's Participation.

[8] Resource: Children's Participation in the Programming Cycle: Useful checklist to increase child-led participatory process (page 14). **http://www.savethechildren.org.uk/sites/default/files/images/Children_Participation_in_Programming_Cycle.pdf**

[9] Moses, S. and Urgoiti, G. (March 2008) Child Rights Education for Professionals (CRED-PRO), Pilot of the Children's Participatory Workshops, Cape Town

[10] Save the Children (2011) Junior Reporters in China: Children's participation for promoting health among migrants. The Child Protection Initiative case study. **http://resourcecentre.savethechildren.se/library/case-study-junior-reporters-china-childrens-participation-promoting-health-among-migrants**

[11] Couter, D. (2012) UNICEF child-led WASH programme reaps rewards in India as hygiene-related illnesses fall. Article on UNICEF website: **http://www.unicef.org/infobycountry/india_59029.html**

2 WHY IS CHILDREN'S PARTICIPATION IMPORTANT?

[12] See Lansdown, G. (2005) Can you hear me? The right of young children to participate in decisions affecting them. Bernard Van Leer Foundation

[13] See Lansdown, G. (2005) *The evolving capacities of the child* Innocenti Research Center

[14] Boyden, J. and Mann, G. (2000), *Children's Risk, Resilience and Coping in Extreme Situations*, Background paper to the Consultation on Children in Adversity, Oxford, 9–12 September 2000

[15] See O'Kane, C. (2003) Children and Young People as Citizens: Partners for Social Change. Save the Children South and Central Asia.

3 MAKING CHILD PARTICIPATION MEANINGFUL

[16] Committee on the Rights of the Child General Comment No.12, The Right of the Child to be Heard, CRC/C/GC/12, July 2009. These basic requirements are, in large part, based on the Save the Children practice standards which were published in 2005.

[17] Save the Children (2005) Practice Standards in Children's Participation.

[18] **http://www.child-to-child.org/**

[19] See Child-to-Child brochure **http://www.child-to-child.org/**

4 HOW TO INVOLVE CHILDREN IN HEALTH AND NUTRITION PROGRAMMING

[20] Save the Children (2007) Getting it Right for Children: A practitioner's guide to Child Rights Programming – **https://www.savethechildren.org.uk/resources/online-library/getting-it-right-children-practitioners%E2%80%99-guide-child-rights-programming**

[21] See Save the Children Guidelines on CRSAs **http://resourcecentre.savethechildren.se/library/save-childrens-child-rights-situation-analysis-guidelines**

[22] Rapid Knowledge, Practices and Coverage (KPC) Surveys: Resource: How to carry out KPC survey: **http://www.medecinsdumonde.org/content/download/1772/13753/file/6c27001736f069d23fab6b06b30ee3a1.pdf** Training Guide: **http://www.coregroup.org/resources/core-tools/242-knowledge-practice-coverage-kpc-survey-training-curriculum-**

[23] Davis Jr., Thomas P., (2004). Barrier Analysis Facilitator's Guide: A Tool for Improving Behavior Change Communication in Child Survival and Community Development Programs, Washington DC: Food for the Hungry. **http://barrieranalysis.fhi.net/annex/Barrier_Analysis_Facilitator_Guide.pdf**

[24] Three documents that provide indicators for measuring IYCF, and tools for data collection: **http://www.fantaproject.org/monitoring-and-evaluation/iycf-indicators**

[25] Boyden, J. and Ennew, J. (eds). (1997) Children in Focus – A manual for participatory research with children. Stockholm: Radda Barnen – Save the Children Sweden **http://resourcecentre.savethechildren.se/content/library/documents/children-focus-manual-participatory-research-children**

Knotts Rodney (2010) Child Led Research with children who are Carers, Save the Children UK **http://resourcecentre.savethechildren.se/library/child-carers-child-led-research-children-who-are-carers**

Video links to examples of child-led participation: **http://www.pinterest.com/children4health/childrens-participation-videos/**

'Together Now' 100 Participatory Activities to mobilise Communities **http://www.eldis.org/vfile/upload/1/document/0708/DOC22870.pdf**

[26] See experience of Child Parliamentarians in Mozambique: **https://www.savethechildren.org.uk/sites/default/files/docs/Speaking_out_1.pdf**

[27] Save the Children Norway – A Kit of Tools: Participatory Research and Evaluation with Children, Young People and Adults **http://resourcecentre.savethechildren.se/library/kit-tools-participatory-research-and-evaluation-children-young-people-and-adults-compilation**

[28] See Child-to-Child: A resource book, Part 2, p.65–68. **www.child-to-children.org**

[29] Ibid.

[30] Participatory rural appraisal (PRA) refers to a set of participatory approaches first used in rural India in the agriculture sector to involve communities in identifying and prioritising problems, seeking and implementing solutions and evaluating the effectiveness of action taken.

[31] Article on child-led indicators in Nepal: Child Led Indicators: pilot testing a child participation tool for former child soldiers in Nepal Intervention 2009, Volume 7, Number 2, Page 92–109 **http://ourmediaourselves.com/archives/72pdf/Karki.pdf**

[32] Focusing Resources on Effective School Health (FRESH) is an inter-agency framework developed by UNESCO, UNICEF, WHO, and the World Bank, launched at the Dakar Education Forum, 2000, which incorporates the experience and expertise of these and other agencies and organisations. It is a worldwide programme for improving the health of school children and young people.

[33] **http://www.child-to-child.org/**

[34] Integrated Management of Childhood and Newborn Illness (IMNCI) is an integrated approach to child health that promotes the accurate identification of childhood illnesses in outpatient settings, ensures appropriate combined treatment of all major illnesses, strengthens the counselling of caretakers, and speeds up the referral of severely ill children and newborns. In the home setting, it promotes appropriate care-seeking behaviours, improved nutrition and preventative care, and the correct implementation of prescribed care. It is carried out by trained health workers and sometimes community health workers.

[35] Integrated Community Case Management (ICCM) is a strategy to extend case management of childhood illness beyond health facilities so that more children have access to lifesaving treatments. Community health workers are identified by their community and trained in assessment, classification, and treatment of key childhood illnesses (malaria, diarrhoea, pneumonia), and also in identifying children in need of immediate referral.

[36] CMAM – Community Management of Acute Malnutrition, which identifies and refers children with acute malnutrition at the community level, manages children with moderate acute malnutrition and severe acute malnutrition (MAM/SAM) in the community.

[37] Save the Children (February 2012) Ambition 2015: Newborn and Child Survival

[38] **http://www.schoolsandhealth.org/Documents/Save%20the%20Children%20webinar%20presentation%20Child%20Focused%20Health%20Education.pdf**

[39] Speaking Out – Voices of Child Parliamentarians in Mozambique **https://www.savethechildren.org.uk/sites/default/files/docs/Speaking_out_1.pdf**

[40] See Save the Children and Early Years Network (2003) Never Too Young: How Young Children can take responsibility and make decisions. **http://www.savethechildren.org.uk/en/54_2343.htm**

[41] **http://www.teachingexpertise.com/articles/listening-to-the-views-of-very-young-children-2500**

[42] Alison Clark, Thomas Coram Research Unit, Institute of Education, London **http://www.freeplaynetwork.org.uk/new/pccac.htm**

[43] The community dialogue approach provides opportunities for families, caregivers and community leaders to discuss in-depth the information received through mass media channels or individual counselling. They can reflect on this information along with their personal experiences with a view to setting priorities, planning, and taking and evaluating action to address health problems. The community action cycle (CAC) fosters a community-led process through which those most affected by health issues organise, explore, set priorities, plan and act collectively towards better outcomes. The CAC is more far-reaching and scalable, as facilitators are trained and work through community-based organisations to ensure the most vulnerable and marginalised are reached.

[44] See Save the Children (2011) Internal Discussion Paper: The Links between the Child Protection Initiative and the EVERY ONE Campaign

[45] The child protection breakthrough is: All children thrive in a safe family environment and no child is placed in harmful institutions.

Save the Children's child protection breakthrough has the following objectives: Keep children safe; Strengthen families and prevent unnecessary separation; Securing family reunification in humanitarian crises.

[46] See example in Mozambique: **http://www.unicef.org/mozambique/media_5339.html**

[47] Chandra Rai, Seunghee F. Lee, Hari Bahadur Rana and Bharat Kumar Shrestha: Improving children's health and education by working together on school health and nutrition (SHN) programming in Nepal **http://factsreports.revues.org/306**

[48] The NHS Confederation (2011) Involving children and young people in health services.

[49] See *A Toolkit for Creating Step Change in Monitoring and Evaluation Children's Participation* **http://resourcecentre.savethechildren.se/content/library/documents/toolkit-creating-step-change-monitoring-and-evaluating-childrens-participa**

[50] UN Nine Basic Requirements of Children's Participation **http://resourcecentre.savethechildren.se/sites/default/files/documents/childparticipation_in_unstudyvac_-_summary_final1.pdf**

[51] Save the Children (2000) Children and Participation: Research, monitoring and evaluating with children, **https://www.savethechildren.org.uk/resources/online-library/children-and-participation-research-monitoring-and-evaluation-children-and**

[52] The Programme Quality Framework captures the core elements that define programme quality for Save the Children. It is a programme development tool with application for planning, proposals and advocacy. It can also be used as a diagnostic for self or peer review of the extent to which country programmes have been able to build the architecture of quality programmes. You can find more information in session 1 Introduction to the course and Monitoring & Evaluation in Save the Children as well as in OneNet.

[53] Global indicator: **http://www.open.edu/openlearnworks/mod/resource/view.php?id=52664**

[54] See Save the Children (2011) Children's Participation: Moving Forward Together – **http://resourcecentre.savethechildren.se/library/childrens-participation-moving-forward-together-promising-practices-save-children-thematic**

Promising practice from Save the Children thematic priorities and the EVERYONE campaign: **http://resourcecentre.savethechildren.se/sites/default/files/documents/4947.pdf**

HOW TO INTEGRATE CHILDREN'S PARTICIPATION IN HEALTH AND NUTRITION PROGRAMMING

COVER PHOTO: GEORGINA DOWNARD

This guide has been developed for Save the Children's health and nutrition staff and partners so they can better support the meaningful participation of children and young people in health and nutrition programmes. It focuses on opportunities for children's involvement in maternal, newborn and child health and nutrition, especially at the community and primary healthcare levels.

The following questions are addressed:

- What is children's participation?
- Why is children's participation important?
- How do you make children's participation meaningful?

This guide then looks at how to involve children in health and nutrition programming. In particular it focuses on:

- working with children to understand local childhoods
- involving children in analysing rights
- involving children in the design of health and nutrition programmes
- involving children in implementing health and nutrition programmes
- involving children in monitoring and evaluation
- involving children in external influencing, advocacy and accountability.

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