

Working with Children in Humanitarian WASH Programmes

Introduction

Children under five years can represent up to 20% of the population. In some cases children under 18¹ years may represent over 50% of the population. They are thus major stakeholders in all humanitarian programmes.

This briefing paper describes the practical issues that need to be considered when involving children in humanitarian WASH programmes.

Why work with children?

Apart from the fact that children are often major stakeholders, there are numerous other reasons why programmes should endeavour to work with them:

- Oxfam supports a rights-based approach, which includes the rights of children
- Children under five years are especially vulnerable to water and sanitation related diseases
- Children will have specific WASH needs e.g. child friendly toilets and handwashing facilities
- Children in many countries are often responsible for caring for their younger siblings
- Working with children can contribute to their psychosocial recovery
- Families and communities benefit from the diversion provided by children's activities (i.e. drama, song, or other cultural performances staged by children)

- Children learn quickly and are more adaptable than adults and this makes them powerful change agents in their community
- Children who learn good hygiene behaviours are very likely to continue these into adulthood

Principles of intervention

Recognising children's feelings

Children's lives will often be disrupted by emergencies and despite their parents intentions to protect them, they may have experienced significant trauma. They may suffer:

- An increased risk of disease and accidents, in an unfamiliar environment
- The loss of home and familiar routines
- The loss of loved ones
- Exposure to violence

It is important to recognise that children will need time to grieve for their loved ones. They will also need the support of understanding adults who will

Peru earthquake response (urban context)

It was noticed that children loved making and flying their own kites as well as playing Monopoly. A competition of kites displaying hygiene items and messages was organized. A board game similar to Monopoly was also developed. This required participants to identify positive and negative hygiene practices.

• ¹ According to the UN Rights of the Child, a 'child' is defined as being less than 18 years old.

acknowledge their feelings of sadness. Engaging in play can help to provide a supportive environment that makes it easier to adapt to loss.

Children are not 'little adults'

Children behave differently to adults. There may be different constraints for children using latrines for instance, and they may resort to open defecation if their specific needs are not addressed. Talking to children and listening to their concerns will ensure that their specific viewpoints are heard and integrated into the programme.

Do not overburden children

Children may have a variety of roles. They may be caregivers for their siblings, or responsible for family hygiene, food preparation, and water collection. Programmes should be careful not to inadvertently increase the burden on children by insisting on their participation without consultation.

Link the hardware and software

Joint planning between the public health promotion (PHP) and engineering teams will ensure the development of complementary WASH activities. Special adaptations in the design of facilities may be required for children. Hygiene promotion should also focus on helping children understand how to use the available facilities. Children may often be tempted to play on tapstands or water bladders and hygiene promotion efforts need to be directed at preventing breakages and the misuse of facilities.

Not all staff may have experience in working with children and may need briefing or training on why it is relevant



and how they can be child- focused.

Protecting children

The protection of children is of the utmost importance and precautions will need to be taken to ensure their safety. Adults must never act in ways that may be abusive or may place a child at risk of abuse. They must never shame, humiliate, belittle or degrade children or use language that is inappropriate or offensive. Some countries may require criminal records checks before undertaking work with children.

(See: <http://www.keepingchildrensafe.org.uk/> for further information.)

Co-ordination with others

It will be vital to co-ordinate and liaise with government authorities, the education sector and parents when initiating activities with children.

You will need to find out what existing provision (resources, groups, organisations) there is and what plans other agencies including the government have for working with or supporting children.

National staff can usually provide information on the school system and which government authorities you will need to consult with.

There may be child protection legislation and checks in place and you may only be able to work with staff who have been vetted such as teachers, youth workers or health staff.

In some settings there may be an existing government health-promotion programme targeting children. Rather than duplicating initiatives, assess if it is possible to integrate or reinforce existing hygiene information.

Involving parents from the beginning increases their acceptance of programme activities and may make them more likely to support children's suggestions for changes in hygiene practices at home.

In El Salvador clowns are a commonly used form of entertainment for children. Clowns were thus hired to promote hygiene messages to children following the earthquake.

Other NGOs may be implementing their own child-focused programmes and there may be opportunities to integrate WASH messages. At the coordination level, advocacy with other agencies regarding child-focused services and activities is essential. For example, Oxfam latrines may be child-friendly but others' latrines may not be, and children may continue to defecate in the open in some areas.

Coordination with government increases the likelihood of sustainability and is also an opportunity to advocate for children's rights. There may also be opportunities to bring Oxfam child-focused programming to scale through sharing best practice and through advocacy at provincial and national levels.

Gender

Interventions can also integrate gender issues by challenging and exploring gender roles and stereotypes that are related to hygiene. For example water collection or caring for younger siblings is often the responsibility of girls and this may interfere with school attendance.

Menstrual hygiene management should not be neglected. A lack of facilities for this purpose can also have a negative effect on school attendance for girls and mean that they miss out on other activities and opportunities.

Bear in mind the seasonal threats to children's health and plan activities accordingly. Dysentery may be more common during the dry season whereas an emphasis on malaria may be more important during the wet season, when the incidence is higher. Rotating activities by season can also have the benefit of reducing apathy or fatigue from repeating the same messages.

Disability

Provision must also be made for children with various disabilities and various ages and an assessment of the context specific issues must be made. Collaboration with a disability-focused NGO such as Handicap-International can provide an entry point for working with children with disabilities and much can be learnt from their expertise.

Pakistan earthquake response

A decision was made to implement children's activities through PHP staff as the project was short term and there was not enough time to train community volunteers. Some PHP staff had experience of working with children and were happy to carry out the activities themselves. However, they actively involved community volunteers in the implementation.

Programme design

There are various possible models and approaches that could be employed when working with children. The programme could recruit specific children's facilitators or could train school teachers or youth leaders to facilitate activities. Support could also be given to schools or youth centres to initiate children's health clubs. The Child to child and CHAST materials provide useful models and ideas for activities.

Child to Child

The Child-to-Child approach encourages children to participate actively in the process of learning and to put into practice the information that they learn (see appendix). Children are encouraged to identify their own needs, design and plan their own solutions, apply their knowledge within their family and community, and get involved in monitoring and evaluation of the activities.

CHAST

CHAST is a children's version of PHAST (Participatory Hygiene and Sanitation for Transformation). The steps are described in the appendix and more information is available from: <http://www.irc.nl/page/13170>.

Facilitation

Training children's facilitators

Choose facilitators who enjoy working with children and have experience of encouraging children's participation. In the case of PHP staff, one or two members could be appointed to focus on working with children. In the case of community members, selection of facilitators will also take into account previous experience,

creativity, time available, and community acceptance. Important topics that should be included in the training are: children's WASH related needs, specific activities that children can take to prevent diarrhoea or care for facilities, involvement of community members, planning interactive activities, use of child focused materials and monitoring and evaluation.

Training children as facilitators

Child-to-Child and CHAST both suggest training children as facilitators who can then work with other children – either their peers or their younger siblings. It will be important to identify children who are responsible, committed, flexible, honest and enthusiastic and who work well with others. They should also be interested in health issues and should be able to represent different children's groups or geographical areas. Parents' approval and support is essential from the beginning, as well as their understanding on what is expected from their children. Encouragement, praise, support and understanding of their roles as facilitators are also vitally important.

Assessment and analysis

The collection of data related to both children's WASH practices, and carers' practices (in the case of children under 5 years), old is very important. This will identify the main risks, the barriers to change and feasible and realistic changes in practice. Assessment should also try and identify the methods of communication that children of different ages are most likely to use and trust.

A practical way to collect this information is through observation, exploratory walks, picture games (such as two and three pile sorting) and semi-structured interviews with carers. Also try to identify children's preferences for games and activities through informal discussions with children and by observing them at play.

Where possible, involve older children in the assessment process by asking them to observe e.g. if their friends or younger siblings are washing their hands. Their data can be cross-checked with

epidemiological data that can validate the relevance of proposed activities.

Assessment data is meaningless without subsequent analysis of the information and the setting of priorities. The **response should be targeting the major problems and focus on the most significant risk factors.**

Planning and objective setting

It is important to establish specific objectives and behavioural outcomes even for simple activities with children.

Remember to keep focused on the objectives of encouraging hygiene action rather than just having fun

Depending of the length of the project short and long term objectives may be required. Involve children in the identification of needs and solutions where possible.

Location

Consider the location(s) where the activities could be implemented:

- In schools, temporary or pre-existing?
- Child friendly spaces (within camps)?
- In camps or resettlement areas?
- In youth centres or clubs?

(Note that during an emergency, many schools are closed or may be occupied by displaced people.)



Action and implementation

There is a wide choice of children's activities and tools available. Base your choice on the information collected during

the assessment and staff or facilitators' skills, time and resources available. Activities should cover understanding, finding out, planning and doing.

It is preferable to focus on two or three children's activities or tools and develop them in detail, rather than trying to implement too many different activities. The activity sessions should always include discussions, reflection time and sharing of experiences of hygiene issues and practices. Below are some examples of activities that have been carried out with children.

Songs

Choose an attractive, popular rhythm so that songs will be easily picked up and remembered. Do not expect that songs on their own will be effective in changing children's behaviours, as people tend to remember the tune and may forget or misunderstand the lyrics. In competitions songs should be judged on the message they contain and how easily people remember this rather than just on whether children are singing in tune.

Theatre

In many countries children have an amazing skill and passion for theatre. This is evident in their performance and creativeness and in the delight it gives to audiences. Theatre can include song and dance but also provides an opportunity to actually demonstrate hygiene practices and may therefore be more effective than songs on their own.

Competitions and tournaments

It is vital to plan ahead when organising competitions and tournaments. The criteria for entry will need to be defined, taking into account different age groups. The criteria for judging performances will also need to be prepared in advance. Tournaments (a series of different competitions) can be very exciting and attract many people but will take time to organise and implement.

Camp cleaning campaigns

These should also be organized in advance and define the type of solid waste

to be collected and what tools are to be used, where it will be disposed and any protective clothing required or safety issues addressed. The involvement of parents and other relevant community members is also important. It is useful to link the clean up with other hygiene practices like handwashing and to ensure that facilities are available for this.

Memory board game

This game has been used in many different contexts and is very popular. A set of cards are made using hygiene pictures specific to the context. Each picture has a duplicate and all the cards are laid face down on the ground. Each participant must then turn over two pictures that are identical to win that set of cards. The person with the most sets of cards at the end is the winner. Cards depicting malaria, AIDS and H1N1 prevention messages have also been used.

Snakes and Ladders:

This can be played as a small board game for 4 to 6 children or using large plastic sheeting for bigger groups of children. A local artist can often be found who will paint the snakes and ladders on the giant game and cardboard can be used to make giant dice.

Comic books

Children often appreciate comic books and they will be especially popular where reading material is scarce. They can include quizzes, word searches and activities as well as stories about hygiene issues.

Once the comic book is drafted, it is important that it is pre-tested with different children's groups, parents and other stakeholders before printing it in large quantities.

Indonesia tsunami response

Comic books were developed with a local artist. The designs were attractive, colourful and appropriate for the context. They were tested with some children and printed in large quantities. Some parents however were not happy with their children having the comics. It turned out that meetings had been organised by some Muslim religious leaders who believed that the NGOs were trying to convert their children. The type of the letter "t" used in the comic resembled a Christian cross and this sparked their suspicions.

Once children have read the comic, it is useful to organise sessions to discuss the issues covered by it and give children the opportunity to ask questions and clarify misunderstandings. They could even prepare a theatre performance or role-play based on it.

Demonstration of latrine use

Children learn through observing others. Demonstrations of latrine use are often popular, especially where children and parents are not familiar with latrines. Demonstration of latrine use should include maintenance issues (i.e. use of ash, use of water), use of the lids and the importance of handwashing.



Monitoring and evaluation

Whilst there are numerous examples of child-focused activities in Oxfam

Pakistan earthquake response:

Simple questions were asked to children who participated in the puppet show:

- *What did you learn from the puppet show?*
- *What messages did you remember?*
- *What songs did you remember?*
- *Did you talk to anyone else about the puppet show and what did you tell them?*

programmes, these have often been

poorly monitored and documented. It is vital to improve systems for monitoring children's activities and their impact, to ensure that best practice is shared and lessons are learnt for the future.

There are simple tools that can be used to assess the effectiveness of interventions with children and the changes in their knowledge and practices.

Monitoring information can be collected

Angola cholera response

A monitoring tool was developed to assess a hand washing demonstration activity. Questions to children at home included:

- *Why is hand washing important?*
- *Why is soap used?*
- *When is it important to wash hands?*

The interview finished by asking children to demonstrate hand washing and observing their practice.

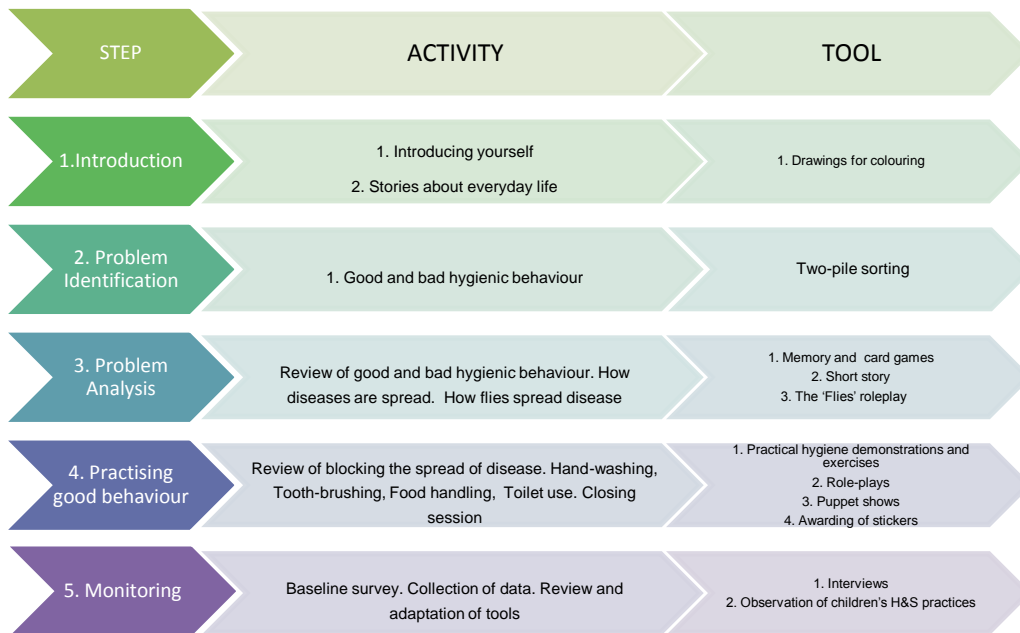
from both children and their carers.

If time allows, an assessment of the impact on other family members could be ascertained by interviews or focus group discussions.

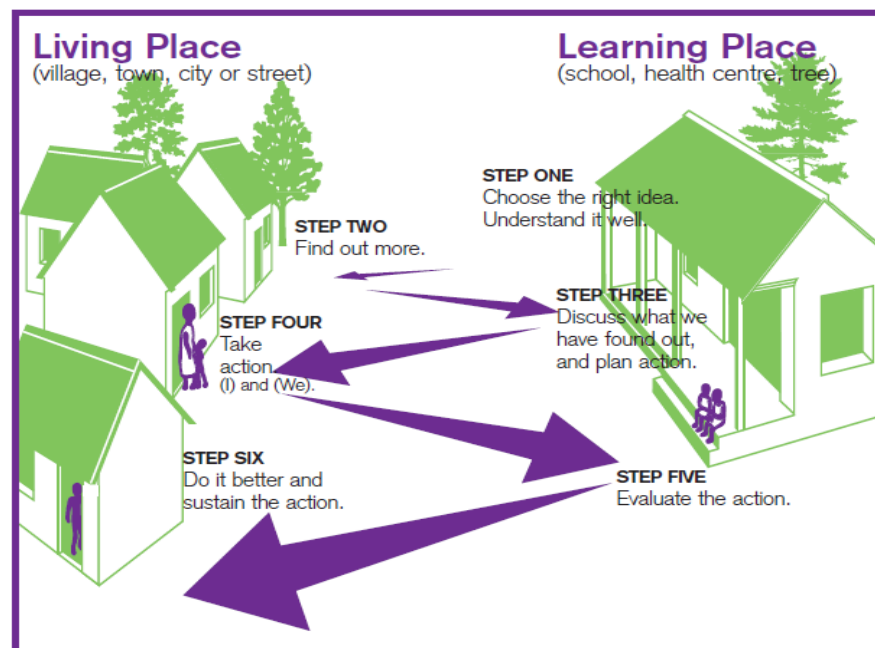
Monitoring sessions with children can also be fun and can help to reinforce the lessons learnt. For example after two months children could be asked to reproduce story boards showing the chain of transmission of diarrhoea or they could fill in the speech bubbles in pictures depicting good and bad hygiene practices. Another way of monitoring is to spontaneously document comments received from children, parents, teachers and community members.

Children can also be involved in monitoring and could collect data on handwashing, the state of latrine blocks or evidence of faeces around their school or community.

Children’s Hygiene and Sanitation Training (CHAST) Approach Framework



Child to Child Approach



The six-step zig-zag process is a communication medium between children and their community. Implementation requires at least one staff member with expertise in working with children to coordinate activities, including training teachers or volunteers as facilitators.

WASH Minimum Requirements

All WASH programmes must include provision for the specific needs of children, taking into account their vulnerabilities and capacities. All public health staff must ensure that child labour is avoided, facilities are designed and sited with children in mind, and that NFI distributions include items that children can use.

Issue	Activity
<p>Water and Sanitation Facilities</p> <p>At minimum, water and sanitation facilities must be accessible to children.</p> <p>Children should be able to use all our facilities in a hygienic manner and they should not experience any increased vulnerability while using facilities.</p>	<ul style="list-style-type: none"> • Ensure that children (and their care-givers) are consulted on design and site of facilities. • Coordination between the Engineering and Hygiene Promotion teams during the data collection process will ensure appropriate engineering designs and the development of relevant hygiene promotion messages.
<p>NFI Distributions</p> <p>Materials that cater specifically to children's needs should be included. Hygiene promotion messages for children as well as adults may be required to ensure proper usage of the NFIs.</p>	<p>Items to consider could include:</p> <ul style="list-style-type: none"> • Children's toilets or other suitable items, e.g.: potties, trowels and spades. • Culturally appropriate menstrual material and WASH provision for girls (could also include information on managing periods etc.) • If appropriate: <i>250ml of lotion for infants and children up to two years old</i> is also recommended in the Sphere Guidelines
<p>Hygiene Promotion</p> <p>Developing hygiene messages for children is a minimum standard for all programmes. There are many ways of doing this, although there may not be time or funding for them all.</p>	<ul style="list-style-type: none"> • One-off children's activities. Can raise awareness and be designed as a rare opportunity for children to have fun. If possible, children should help plan and implement the activities rather than it being an activity FOR children designed by adults. • Integrating WASH into existing programmes in schools or communities. In a natural disaster, training and material support could be provided to re-start or continue such a programme. In a refugee/IDP setting there may have been child-focused health programmes where the population lived previously and these could be continued. Advocacy with government departments and school leaders may be sufficient for WASH content to be integrated. Coordinating with ongoing programmes should also include an assessment of the approach being taken, and if needed modelling of effective practices for working with children.

Age appropriate activity ideas at different developmental stages

Age	Ability	Suggested Message/ Activity
<3 years	<ul style="list-style-type: none"> • The ability of very small children to use hygiene messages is limited. Concentrate on educating parents and care givers. 	<ul style="list-style-type: none"> • Potties/ scoops for children’s faeces (adults will also need appropriate cleaning facilities to be able to wash the items after use) • Latrine slabs with smaller holes for children • Child friendly designs can be built without the superstructure but still with a pit. A bar to hold onto could also be provided • Cloth nappies, care is needed for their proper disposal • Handwashing at key times (after cleaning baby's bottom and before breastfeeding etc)
4-7 years	<ul style="list-style-type: none"> • Sense of time is focused on the present – could be important in story-telling • Influenced by fantasy and make believe • Problem solvers • Give tools to learn consequences • Develop friendships and skills for playing with other children. • Able to compose music • Learn to use symbols in more complex ways and in two-dimensional form. • Can attach language to actions and ideas. • Explore relationships between objects and how parts and whole fit together (as in building bricks). • Learn how to plan ahead. 	<ul style="list-style-type: none"> • Explain that they must not urinate in or pass stools anywhere near the water. They should not put their hands or dirty objects into the water container. Teach them to put the cover back on the container after they have finished. Do not put the cover on the floor whilst taking water. • Imaginative stories – <i>My Life as a Fly</i> • Construction toys with interlocking pieces; new dramatic play items--props to recreate real life and puppets; art materials such as markers, paint, scissors, glue, and blank paper of various colours and textures; • Simple musical instruments and noisemakers, including shakers and rhythm sticks for songs about hygiene • Outdoor play materials (balls, bats and giant chalk pieces); and natural outdoor materials, (rocks, sticks, and leaves). • Children’s action is most useful if others can be asked to help e.g. families, teachers, health workers

8 – 12 years	<ul style="list-style-type: none"> • Abstract thinking • Rational judgements • Opportunity to ask questions and explain back to you • Show more concern for others around them • Learn group skills, including cooperation and conflict resolution. • Follow rules designed by others (as in board games and sports), as well as create their own rules to follow with peers. • Use new skills to organise objects, ideas, and skills in logical and interconnected ways (as in magic tricks) 	<p>Questions to ask children could be:</p> <ul style="list-style-type: none"> • What causes diarrhoea? • How can diarrhoea be prevented? • Why is it important to be especially careful with younger children’s stools? • What are some of the good hygiene habits that can help to stop the spread of germs? • How many families now have a special latrine for small children?? • Have the children helped younger brothers or sisters to learn better hygiene? • Ask them to describe what they did. • In what way can water help us? In what ways can water harm us? • Do some children have upset stomachs of diarrhoea? Are there others in the family who also do? What about babies? What do you think causes this? <ul style="list-style-type: none"> • Mixing the special ORS drink • Form a group to make regular inspections of latrines to ensure that they are clean and covered. • Construction tools; other games involving rules, skill (e.g. jacks), and strategy (e.g. checkers); • Tools for dramatic performances and storytelling (blank books, materials for making props, and costume materials).
Adolescents (13-18 years)	<ul style="list-style-type: none"> • Peer pressure is a significant influence • Will question sources of information • Can invent their own activities 	<ul style="list-style-type: none"> • Wide range of possibilities – plays, songs, radio show, sports tournaments, art, cleaning campaigns etc. • If the water source is not clean, they should filter or boil their water. Explain that containers must be clean. • Older children can build a child-sized latrine in the compound as an example. Parents can provide the materials.
All Ages	<ul style="list-style-type: none"> • Helping activities in the community e.g. protecting water supplies and spreading messages through campaigns, drama, health songs etc, or within the home e.g. covering food • In small groups: children can go and find out where the sources of water are. Find out which sources are clean and well looked after and which are dirty. Watch how water is collected and carried home. Is the water kept clean and safe? Discuss what you have seen with the other children. Show appropriate use of pumps, especially if there is a lot of damage. • At home: Make a list of all the containers used for water. Make a list of people in the family who have had an illness which comes from dirty water. Who keeps the water clean and protected? Is there a ladle? Do they wash their hands after defecating, before eating and drinking? 	

Participatory Project Cycle Management for involving children in WASH Programmes.

Project Cycle	Purpose	Examples of child focused programming	Tools
Assessment	To identify WASH needs (water, sanitation, safe disposal of faeces, solid waste, hygiene practices, health and hygiene knowledge and practice etc)	<ol style="list-style-type: none"> 1. Children are consulted on latrine or water point design. 2. Children map locations where open defecation occurs. 3. Focus group discussions with children using pictures to learn more about their position, gender roles, and responsibilities 4. Children carry out key informant interviews with classmates to determine school WASH priorities. 5. Gender analysis to identify stereotypes. 6. Stakeholder mapping to identify government departments or other NGOs implementing children's programming. 	Focus group discussions (FGD), Exploratory walks, Mapping, Observation, Community meetings, Key informant interviews, mini surveys
Planning Problem analysis Planning for solutions	<p>To exchange findings, give feedback and ascertain that target group understands the PH issues and are well informed to block disease transmission route.</p> <p>To help the target group formulate action plans around improving sanitation and hygiene practices, provision of water etc</p>	<ol style="list-style-type: none"> 1. WASH facility design revised based on children's input. 2. Children share results in community meetings with adults and community stakeholders. 3. Children develop messages and images to communicate risky hygiene practices to their peers, classmates or families. 4. Explore ways of integrating WASH information into existing health curriculum with teachers and government. 5. Train Oxfam PH team and external partners on child-focused methodologies. 6. In coordination with children and external partners, finalize monitoring framework, including orientation to formats and reporting frequency. 	<p>Community mapping, Community meetings with men and women, Discussions, Three-pile sorting, Disease transmission route.</p> <p>Community meetings with men and women, Blocking disease transmission route, Barrier charts, Gender role analysis, Voting exercises, Stakeholder analysis</p>
Implementation	To implement action plan e.g. construction of latrines with input from beneficiaries and support from Oxfam; covering of water storage containers by target group etc	<ol style="list-style-type: none"> 1. Launch behaviour change campaigns targeted at children and their carers 2. Construct child-friendly facilities 3. Implement the Child-to-Child approach in weekly sessions. 4. Assist teachers in implementing revised health curriculum to include WASH information. 5. Introduce messages and activities to challenge gender stereotypes. 	Implementation poster, Observation, Community meetings/note taking of meetings, attendees and frequency of beneficiaries engagement in different activities etc

Monitoring	To support the community in determining whether the situation is improving/deteriorating i e determining if actions are implemented and effective.	<ol style="list-style-type: none"> 1. Children collect qualitative and quantative data on a weekly/monthly basis to measure progress 2. Review data and discuss with children to ensure that activities are not putting them at increased risk, e.g. ask do you feel safe when collecting water, using the facilities etc. 3. Children monitor progress of their Child-to-Child activities. 4. Teachers, staff, community volunteers identify improvements in their approach to working with children. 5. Review epidemiological data for changes in morbidity and mortality among children. 6. Hold discussions with parents and community stakeholders on progress of intervention 7. Children are able to access accountability mechanism to register concerns or complaints. 8. Share monitoring findings internally and externally and revise approach based on findings. 	<p>Community monitoring checklist, Exploratory walk, participation Spider gram, FGD, Oxfam monitoring checklist, Observation, Monthly monitoring forms</p> <p>Design forms with pictures so illiterate children can collect monitoring data.</p>
Evaluation	To support community to assess the project output/outcome, relevancy and check on unintended impacts of the project	<ol style="list-style-type: none"> 1. Children evaluate the Child-to-Child approach, identify their successes and make recommendations for future activities. 2. Teachers, staff, community volunteers evaluate their performance and identify effective practices for working with children. 3. Internal or external evaluation of child-focused activities. 4. Lessons learned compiled and shared at country and regional level with other PH programmes. Regional and Oxford based advisors receive copy of final report and tools used. 	Participatory evaluation, FGD, Interviews, Spider gram, Exploratory walks, Mapping, Observation, Stakeholder meeting

Resource materials

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