

Child-to-Child- India Healthy Schools Project
<http://www.child-to-child.org/wherework/india.htm>

Section I: Summary

Child-to-Child (CtC) is an international network promoting children's participation in health and development. The Child-to-Child Trust is based at the University of London's Institute of Education. Since 1979, the Child-to-Child Trust has acted as the central core of an international movement of health and education workers and programs. Active in over 70 countries worldwide the movement is estimated to impact over 1 million children annually.

Established in June 2002 by Community Aid and Sponsorship Program (CASP) and Centre for Health Education, Training and Nutrition (CHETNA) founded this CtC pilot program in schools known as the Healthy Schools Project. The project focused on nutritional, health education and developmental needs of disadvantaged, special needs and street children with a special focus on girls. The overall aim of our CtC programs is to enable and empower children so that they can gain control over their own health and contribute to the health of their families. The program involved twelve primary and upper primary schools in rural Raigad. Teachers receive two days of training on health promotion issues each working month and on site support from field workers, a community health specialist, teacher trainer and youth group members. Approximately 600 children were involved in the program.

Section II: Statement of purpose

The Healthy Schools project works with tribal and rural children in primary and upper primary schools. The overall aim of the project is to CHETNA works and contributes in addressing the nutritional, health education and developmental needs of children and youth. CHETNA's Child-to-Child activities involve disadvantaged, special needs and street children of school going age, adolescents and youth with a special focus on girls. The overall aim of our CtC programs is to enable and empower children so that they can gain control over their own health and contribute to the health of their families and communities. Our objectives are:

- To enable children to participate in their own health, education and development;
- To advocate for appropriate systems to be put in place, e.g., medical referral system for children, as well as those which encourage the participation of children in educational and developmental processes.
They also aim to promote gender equality, child rights and inclusive education.

CHETNA supports school based health initiatives such as a school health program, run in collaboration with Ahmedabad Municipal Corporation (AMC) which includes 574 schools.

Three components are emphasized - health services, healthy environment and health education. Celebration of weeks/days/events of significance such as nutrition week (1-7 September), Breast feeding week (1-7 August) World Health Day (7 April) etc are also emphasized. Additionally, the schools are encouraged to use Balmela (the Children's fair), Gram Yatra (Village Rallies) and health camps etc for creating health awareness. Our local health and education departments have been involved in the planning of health promotion in schools from the very beginning.

Section III: Outcomes

The Healthy Schools Project encourages a participatory approach to monitoring. Monitoring was ongoing and included feedback at each teacher training course as well as on-site visits every month by teacher trainer or community health specialist or social worker. Because teacher training occurred every month, a review of the month's activities always preceded planning for the following month. In March 2003, a children's workshop was held over three days, where 50 children representing their schools reviewed, demonstrated and evaluated the work done during the school year. Children presented their knowledge and skills as well as next steps to school principals, education officials and community members on the third day. In April 2004, an evaluation was done internally with teachers and children and in April 2005 an end of project evaluation was conducted with children and teachers that tested changes in knowledge and practice using a variety of methods. The results of the evaluation have been very encouraging. Children's committees in schools, soak pits, safe drinking water, clean communities have been some of the outcomes of the CtC. In nine out of twelve schools, there has been good change in the teachers' ability to use more participatory methods of learning. The program has done well spite of teacher turnover. There is a growing demand for involving more schools in the district, primary rural schools as well as tribal residential schools. The ongoing monitoring and evaluation was very helpful and resulted in a mid-course change in the strategy of CtC. Youth volunteers and health workers were trained in the CtC methodology and in this way, CtC moved out of the classroom. This new strategy ensured that teachers could coordinate and expand on what they taught *inside* the classroom with the situation *outside* it with extra assistance from volunteers.

Section IV: Additional resources

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