

Children's Influence in SLTS/CLTS

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Introduction:

Around the world, poor sanitation remains a major threat to development, impacting countries' progress and health, education, gender equity, and social and economic development.

Globally, 2.5 billion people including 840 million children do not use improved sanitation; 1.2 billion almost a fifth of the world's population practice open defecation. In rural areas, this is the case for nearly 1 in 3 people.¹

Open defecation and its public health social and economic impacts, can create a vicious cycle of illness, high expenditure on health care, lost work and school hours and poverty.

Poor sanitation and hygiene, highest cost for children and women, adolescent girls and infants suffer most from inadequate hygiene and sanitation facilities. The two main causes of mortality among children under age 5 is acute respiratory infection and diarrhoeal diseases - are closely linked to poor water, hygiene and sanitation. Of the 1.8 million estimated to die each year from diarrhoea, 1.5 million are children.² Repeated diarrhoea episodes are a significant underlying cause of malnutrition leading to weakened immune systems and impaired growth and development.³

In this background, various approaches have been applied by the countries to try and address the issues of poor sanitation and hygiene behaviours across the globe. This paper tries to capture the experiences on children's involvement through CLTS/SLTS with special emphasis on how they influence adult behaviours and demystify cultural ethos in their respective communities.

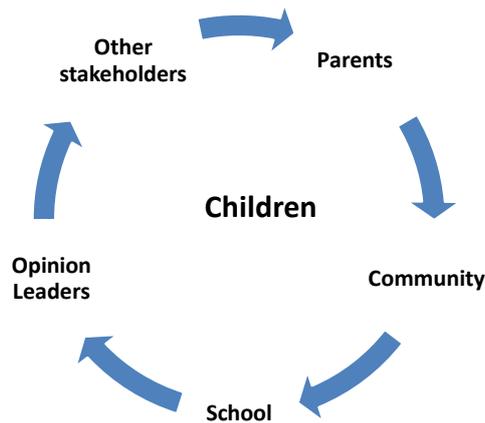
¹ World Health Organization and United Nations Children's Fund joint Monitoring Programme for Water Supply and Sanitation; Special focus on sanitation, UNICEF and WHO, New York and Geneva, 2008

² United Nations Children's Fund, *The State of World's Children 2008*; Child survival, UNICEF, New York, 2007, p. 40; and United Nations Children's and World Health Organization, *Diarrhoea: Why children are still dying and what can be done*, UNICEF and WHO, New York and Geneva, 2009, P1

³ Ejemot, Regina I.et.al., 'Hand Washing for Preventing Diarrhoea', *Cochrane Database of Systematic Reviews*, Issue 1, 2008

Experiences from African countries including Ethiopia, Ghana, Kenya, Malawi, Uganda and Zambia as well as from Asian countries of Bangladesh, India, Indonesia and Nepal

Collective Responsibility



Though the countries have adopted different approaches of promoting sanitation and hygiene, children have been seen at the centre of school and community mobilisation through triggering.

Experiences around children's influence for change involved the following:

Although CLTS principles encourages the use of shame, fear and disgust to trigger actions to stop open defecation within communities; it is imperative to note that sanitation can be looked at from an angle of upholding dignity, Identity, and pride through walk of praise among the children and the community, rewarding people with

Nepal's experience:

Children have been seen at the front of the sanitation drive within their communities through influencing their parents to construct latrines within the homes. This has been done through the support of the school teachers who visit different households performing the assessment, analysis and actions on improving sanitation in communities surrounding the schools. Action plans are pinned in classes indicating daily, weekly and monthly activities when each of the households without latrines is going to complete.

latrines; these act as catalysts to persons without latrines to construct them in their homes.

Monitoring and follow up is done by the children plus consistent reminder to the parents of the need to complete/construct latrines as per the action plans.

School hygiene improvement action plans.

From the different discussions and presentations; children take lead in informing, confirming, convincing, persuading, coercing, pressurizing, revolting against their parents actions of not constructing latrines, and can cause a revolution using their own techniques and rules.

In Ghana children educated parents to resolve disputes which had occurred due to misuse of funds for Operation and maintenance of the borehole after they were triggered during CLTS in their community .

- In Indonesia children have influenced their parents through role play as **feces police** an innovation that they came up with by them selves to deal with people who still defecate in the open. They have been keen on following up details and do not compromise with actions agreed on. Children move in the village at particular time to watch for any person defecating in the open. If they see anyone they write the persons names on a flag and put it on the feces for everyone to see whose feces it is.
In Bangladesh children have acted as **army of scorpions** to watch on people who defecate in the open. They watch in areas where people always go for open defecation and if they find any person they shout with that persons name and go to his home and stop for some time and sing and shout that the person was defecating in the open. Parents have seen as this disgusting and a shaming and have taken up initiative to construct latrine in their home and stop defecating in the open.

Children have played a great role in stopping open defecation within their communities.

They develop creative tools &

Children in India during triggering had to share their action plans with the head teacher who did not attend the triggering and requested her to visit the latrine they were using that was so filthy yet the teachers latrines were very clean. This triggered change in the school that the cleanliness was upheld and a permanent staff employed for cleaning of the latrine to avoid it becoming un useable.

techniques to put across their issues, they are self starters and have taken up the leadership challenge (natural leaders) through practical demonstration of fecal route transmission, hand washing promotion, peer support, and develop rules/norms, folk songs, instant dramas to demonstrate the effects of open defecation on their health, support elderly and helpless people. The songs are organized by the children and sung within the villages to create awareness on hygiene and sanitation but to also continuously remind the parents on their roles to construct latrines.

- The idea of leadership by the children is not only to influence the actions of parents to construct latrines within homes but further seen as a movement that has influenced both persons in high offices to take actions to change. Children have influenced hygiene behaviors of their teachers, peers, juniors, parents, out-of-school children, community, leaders, politicians, policy makers, and have acted as **child ambassadors**. They have emerged as role models and demonstrate – hand washing, toilet use, cleanliness, personal hygiene, transfer knowledge and skill, water treatment, point of use, food habits, environment hygiene, routine hygiene promotion.

To a large extent children’s role in CLTS and SLTS has been massive and can not be underestimated. They have played important roles ranging from informal assessment on children hygiene behavior, forming children clubs taking into account gender and inclusion issues, norms setting (not imposing), forming plan of action (daily, weekly, monthly) & participation in SMC/PTA, school assemblies, community clean up exercise, promotional activities/campaigns, demonstrations and rallies. Children also facilitate adults in understanding the importance of good hygiene practices and behavior change. Across the countries children have been responsibly involved in overseeing and monitoring community activities. Children are also found to be a reliable source of information with their own innovative reporting and providing data. Involving children in the toilet design & construction including selection of sites for latrine construction exhibit self confidence in engaging their peers in debates.

In Uganda, children’s clubs have taken up an initiative to participate in health parades where they point out children who are infested with Jiggers and talk to their parents to treat and help them cure. They talk to fellow children and parents about good hygiene practices and practice what is learnt from school at home.

Children and youth participate in the situation analysis by documenting existing practice, and campaigns to clean up the community were organized with children to provide a platform for raising awareness about the appalling poor community conditions.

Children also care about those who have special needs like orphans, girls, children living with step parents, differently abled and ensure that their concerns are taken into account.

Mobilizing children requires that that have capacity and knowledge on hygiene and sanitation issues. In Nepal the members of child clubs are provided training to enhance their knowledge and understanding on the issues revolving around sanitation and hygiene in their community. Empowered children serve as a catalyst to ignite the community for affirmative actions so that open defecation is totally eliminated. The children are also provided opportunities to participate in the national and international events/conferences to highlight the issues and share how they have made a difference.

In Ghana children are granted opportunity to express their opinion in some local FM stations. Occasionally they participate in local discussions to raise issues around water sanitation and hygiene bothering them and their colleagues from other schools.

Successes/Innovations

- Children are able to design their own latrines with local materials
- Children are able to draw their action plan and act on it
- Able to settle disputes in the family and communities
- Able to convince and confront their elders
- Bring stakeholders together
- Take collective responsibility
- Children have been able to convince their school authorities and communities to built sanitation facilities
- In some instances children follow the adults who have openly defecated up to their homes to announce publicly
- Children developing their own format of reporting
- Children develop their own rules and regulations
- Children enjoy adventures and fun
- Develop their own communication mechanisms

The extent of children's involvement in CLTS/SLTS

Any involvement of children should be taken into consideration as a right stipulated in article 24 sections c & e of the CRC which demands that states parties will work to combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution; and (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.

In line with the provisions of CRC, the countries should make an effort to educate and engage children and parents for better access and promoting hygiene and sanitation as a priority and as a right. But the engagement of children calls for their consent, safety and security, at all times. Involving children should not conflict with their education, health and cultural rights. At the same time the service providers must be mindful of the fact that children hold dignity, self respect and love and should not be overlooked. Their security and protection should be of utmost importance to ensure that they are in no way assaulted. The practice of children involvement reveals the fact that communities are sometimes not aware of child rights and due to their inherent culture of viewing child as insignificant

leads to cases of abuse and assault. The presentation from India highlighted this issue of child abuse during the constant follow up by children on persons who lacked latrines and defecated openly.

Who do the children lead?

In the process of stopping open defecation in the villages, the schools are supposed to be considered as the part of the community. Schools set up actions plans to become totally sanitized and conduct outreach to the community as well as other schools for action. The good works of schools provide demonstrative effects and can propel communities to take actions to stop open defecations. In the process of promoting sanitation and hygiene activities, children take a lead role in reaching out to their peers, to the other schools and communities.

In Nepal child club members normally lead the entire process of triggering, awareness raising, follow ups and monitoring of the ODF process. The children sometimes carry out local activities for fund raising to support operation and maintenance of sanitation facilities within the schools. They sometimes even support those households with a single old woman is living or the family has no resources for facility construction

What motivates the children?

In the CLTS and SLTS approach to sanitation improvement, children's motivation, interest and commitment are driven by the motive of self identity, being right holders. They also consider their, health benefits associated with good sanitation practices and recognition as a leader further contributes to their self-esteem. Normally the schools having

In Ghana and Uganda, as a result of children's involvement in the sanitation and hygiene improvement activities, there has been an increase in the enrollment as well as overall performance of the children. Children mostly possess the desire and commitment to become role models learning from others and as they are action oriented, this behavior built up activities greatly motivates them to excel and actively participate in other national programs.

good sanitation and hygiene practices fare well in their academic performance accruing from the good hygiene and sanitation practices, self performance, joint action and influence. Some of the children are interested by the improvement of their capacity and opportunity of learning and exchange of ideas at local, sub national and international exposures. As children are challenge seekers and fun lovers, they participant in the activities for self enjoyment. The yearning for leadership and scholarships sometimes drives them to always show case and

some point persons are exempted from some work at school and they are a source of information.

Lessons Learned

- When children agree that they are eating faeces and realise the importance of sanitation in their lives they take the challenge to end the practice
- When children realise that their excreta is being washed into the stream, they stop swimming
- A community cannot be declared ODF if schools do not have hygienic sanitation facilities
- If children are not guided by their parents/guardians in community triggering, they are in risk (snake bites, beating by elders, mosquito bites, fatigue, burden etc.)
- Engaging children in hygiene improvement activities enhances their knowledge, practice and behavior
- Recognizing children as role models boosts their creativity
- Involving children in planning and decision making ensures good follow up and sustainability (In Ghana school children fetched water for school building construction and sweep streets and communal toilets to develop community habits)
- Mobilizing children in promotional activities like hand washing, school premises cleanliness, waste management and safe water usage, community hygiene promotion increases government and politician’s accountability

Challenges

- In some communities children are abused and beaten for triggering the community
- How to ensure protection and safety of children?
- Monitoring and follow up of children activities
- Combining academic with community activities
- Parents and children consent for involvement in community activities
- Motivation for natural leaders for spontaneous and continuous engagement
- Funds for follow ups

Do’s	Don’ts
<ul style="list-style-type: none"> • Respect children views • Be humble and humorous • Treat equally • Separate discussion with children from adults • Be inquisitive • Behave in child friendly way • Respect cultures and traditions 	<ul style="list-style-type: none"> • Dictate • Impose • Use harsh language • Ignore their views and contributions • Stop their creativity • Challenge them • Make them ashamed and embarrassed

<ul style="list-style-type: none"> • Ensure participation of all (gender and inclusion) • Trigger in an ethical and meaningful manner • Trust them • Explore their creativity • Facilitate and assist children • Ensure that their actions have their consent • Acknowledge and appreciate them • Interact separately with girls • Provide learning/sharing platforms 	<ul style="list-style-type: none"> • Discriminate • Beat • Yell • Frown • Hinder their actions • bully
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Sources of Information:

1. Presentations and references from representative countries of CLSTS/SLTS Children Workshop held in Kenya at Lukenya Gateway Hotel, 23 to 26 August 2010 organised jointly by Plan and IDS.
2. Formal and informal interview with participants and facilitators
3. Outcome of the group work on issues around Water, Sanitation and Hygiene in respective countries
4. The flyers, research papers, journals, policy briefs, brochures distributed during the workshop proceedings
5. www.unhcr.ch/htm