



## East Africa Practitioners Workshop on Pro Poor Urban Sanitation and Hygiene LAICO Umubano Hotel, Kigali, Rwanda, March 29th-31st 2011

### Children as Effective Change Agents: The Case of School Health Clubs in the Promotion of Urban Sanitation and Hygiene



**Country:** Uganda

**City:** Kampala City

**Small Towns:** Buwama and Amuria

**Initiator of the 'Best Practise':** *WaterAid in Uganda, WEDA and CIDI*

*Author: Sarah Muzaki*

#### **Background:**

Children<sup>1</sup> in Africa are widely perceived to be potential resources for social protection and economic attainment, but at the same time acknowledged as vulnerable dependants awaiting provision and guidance on what to do. The African Charter on the Rights and Welfare of the Child (1999), Uganda's Children's Act (1997) and other related instruments acknowledge this vulnerability and assert equal rights for all children irrespective of age, physical ability, race, gender or economic status. The right

<sup>1</sup> A child in Uganda is one who is below eighteen years of age.



to education and good health are some of the areas emphasized. These instruments however tend to emphasize children's vulnerability and overlook the ability of children as agents of change.

The Universal Primary Education (UPE) in Uganda has sought to realise the MDGs by ensuring that all children of school-going age have basic education to prepare them for life. Since the 1990's, this has led to tremendous increases in enrollment of children in primary schools<sup>2</sup>. Enrollment of children rose from 3.1 million at the end of 1996 to 7.2 million by 2006, with the gender comparison nearing 50:50 by close of 2009<sup>3</sup>. This has resulted in an increase in the need for safe water and adequate sanitation and hygiene in schools. In urban slums in UPE schools, between 77% and 82% of the public school and at 62% of the private schools are overcrowded according to official standards<sup>4</sup>. The lack of a friendly learning environment at home and school in these poor urban slums forces many children out of school<sup>5</sup>. Poor slums have also suffered cholera outbreaks. Slum UPE schools have very limited sanitation and hygiene facilities which are often in bad condition. These arguably contribute to the deteriorating conditions in slum communities. Because of over-use and the lack of maintenance, many of the facilities break down and are not renovated or replaced. Government funding for UPE schools is often not targeted to sanitation and hygiene. Many of the private schools in slums are also of poor quality, tending concentrate on money making rather than ensuring adequate standards for children.

WaterAid in Uganda (WAU) promotes sanitation and hygiene in poor urban communities and schools as a contribution towards addressing these problems. In its promoting principles of equity and inclusion, WaterAid recognises children as a socially vulnerable group. This is done within the context of a rights-based approach where the vulnerable are empowered to demand for their right to WASH and also to actively participate in improving the situation. Through its School WASH initiative, WAU launched a project called "**A Life Saving Lesson for School Children in Uganda**" in partnership with SIMAVI. The project has been implemented in Buwama and Amuria Town Councils by Busoga trust and Wera Development Agency (WEDA). This project *together with* the initiative by WAU's other partner – Community Integrated Development Initiative (CIDI) in Kampala slums, provides insights into how children can be effective agents for positive change in urban sanitation and hygiene.

## 5. Description of the initiative

The components of the projects included: construction/provision of sanitation and hygiene facilities (10,000-15,000 litre Ferro Cement Tanks, VIP latrines with provisions for girls' washrooms, hand washing facilities, dust bins, cleaning equipment); formation of School Health Clubs (SHCs) (Include 4 teachers), awareness creation for school pupils on acceptable sanitation and hygiene behaviors; community sensitization meetings: trainings for School Management Committee and Parents and Teachers Association members in the relationship between education and WASH, promotion of Information, Education and Communication (IEC); leadership training and community awareness campaigns. Key techniques used were talking compounds, music, dance and drama shows, learning visits, debate sessions, pictures/posters, home visits, radio talk shows, community campaigns, plus school competitions. The projects were implemented in 7 schools in Amuria, 10 schools in Buwama

<sup>2</sup> Refer to UNESCO reports.

<sup>3</sup> UNDP and SNV, 2007

<sup>4</sup> According to Uganda's official standards, the pupil-classroom ratio is 40:1.

<sup>5</sup> Musinguzi in New Vision May, 2009.



and 5 schools for the Lubaga School WASH Project (LUSSAP) Phase III in Kampala. The WaterAid – SIMAVI project benefited at least 15,249, with over 60% of these as direct beneficiaries (School children). The Lubaga School WASH project on the other hand targeted 3,439 school children and a number of others as community members and school teachers.

Both the WaterAid-SIMAVI and CIDI initiatives have used participatory approaches. The Child to Child Approach (CCA) was at the centre of the interventions. It involves a process where children's learning is linked with taking action to promote their health, well-being and development in the bigger context of their families and communities including the schools. CCA is aimed at enhancing personal, physical, psychological, moral and intellectual abilities. The CCA asserts that children as a social category have special attributes that facilitate their strategic position as change agents. ; Children by nature tend to have a high level of honesty and they can effectively pass messages on as they receive and understand them. Children learn fast, are curious and tend to enjoy taking leadership responsibilities. The public tends to trust more enthusiastically messages from children.

The project process, with support from the WAU partner technical staff plus school staff, started with children identifying and assessing their sanitation and hygiene related problems. The children assess how they and others are affected by these problems. This is followed by participatory action planning and implementation of the action plan. There is monitoring and evaluation with follow up for future improvement.

## 6. Major drivers of the process and success

While the children were at the centre of the initiatives, there were a number of other people and organizations that were instrumental from the planning through implementation and to the end of the projects. SIMAVI and WaterAid initiated the Amuria and Buwama project, while CIDI took charge of the Kampala initiative, providing support and funding.. The schools leadership and teachers welcomed the projects and took the lead in mobilizing the children and communities, plus facilitating the training and awareness creation activities. Within all this, children who formed the school health clubs (SHCs) were at the centre of the whole process. Everyone involved appreciated the children's role as change agents. Members of the SHC took on roles of leaders in the schools. They were elevated to the ranks of prefects which meant that it was easy to mobilization and directing other children. They took charge of hygiene inspections during school parades. They developed duty rosters for the cleaning of school facilities. They spearheaded community advocacy campaigns and also taught others the practices using examples. Children took the lead in passing on messages to other children The techniques used included but were not limited to: demonstrations and inter-school competitions; music dance and drama shows; establishment of talking compounds; home visits; carry-home and school speech day messaging; and community outreach.

### What triggered Change?

During discussions with WAU partner staff directly responsible for the projects, a number of revelations were made in light of what could have triggered positive changes:

- Involving those who matter and are affected as much as possible (Division officials, LC officials, School Management Committee members, school leadership, community opinion leaders, etc)
- Establishing steps and systematically and logically walking through them



- Focusing on what people enjoy doing and having, such as school performances, and provision of calendars to each child to take home. These calendars have sanitation and hygiene messages.
- Mainstreaming messages in activities children love doing most.
- Use of role models: A number of SHC members became role models. Pictures of role models were also put in the calendars.
- Realised and utilised a critical mass of people
- Establishing reward systems alongside penalties (E.g. Give out hygiene facilities like basins, soap, hand washing facilities to those schools, pupils or even parents who have excelled. Performance certificates as special recognition of community leaders who have spear-headed the WASH campaigns will also go a long way to boost the morale of schools and communities in WASH campaigns)

## 7. Resources

- The main activities requiring resources from out included financing meals during campaigns, building materials and time to be part of the initiative. The WaterAid-SIMAVI project cost \$ 162,232.62 while the CIDI project cost \$ 90,500. The projects were carried out by an average of four staff members per school as members of the SHCs. Of these, the Head Teacher and the Senior Woman/Man Teacher were by default to be members.

## 8. Successes

By the end of the project the planned targets were achieved. Many school children and teachers were able to enhance their knowledge and skills in sanitation and hygiene. All the people in the schools were able to access safe water and adequate sanitation and hygiene through the use of the facilities provided in the schools. Interviews with selected leaders and teachers of the schools revealed a lot of additional benefits realised. The neighbouring communities and beyond are believed to have accessed sanitation and hygiene education through the radio programmes. We start by providing some of the outstanding stories from the field that demonstrated achievements:

### a) Amuria Children: Let us ensure this stops!

In Jameler Primary School, one of the Amuria Town Council beneficiary schools, two female students stopped coming to school. This became a key concern to the SHC children. They decided to pay a home visit to each of the students. They discovered that one of the girls had absented herself because she had started her menstrual periods but was still shy to reveal it to anyone including the Senior Woman Teacher (SWT) and her mother. She explained to one of them that she did not know how to handle herself and so she decided to stay away. At home she had lied saying she was sick. The SHC members worked together with the SWT supported her to return to school. From then, the supply of renewable pads use was enhanced and institutionalised in the school. The second pupil still a girl, was discovered to have been ordered to stay home by her parents to help with housework. The SHC children pleaded with the parents to her to return to school. The parents became adamant about it. The SHC accordingly reported the case to the head teacher who followed up through some teachers. They won over the parents and the girl returned to school. Another boy-child in Kuju Primary School also revealed a challenge he was experiencing at home to the SHC while in a meeting. He explained that they did not have a latrine at home anymore because his parents were not willing to construct one. Out of a personal initiative, he had started digging a pit himself but



needed help. The School Health Club children organised themselves and went to work with him on a Saturday, completing the digging of the latrine pit. The boy's parents said that a number of efforts had previously been frustrated by collapsing soils and floods; and so they did not have any more money or energy to 'waste'. The case of collapsing soils is still a big challenge faced by people of Amuria and needs addressing<sup>6</sup>.

#### **b) The Buwama SHC Member/Child Preacher: In Allah's name!**

Another story was of Gyagenda Yusuf, a P.&. pupil in Mitala Maria Muslim Primary School. This was a child preacher and at the same time the chairman of the SHC of the school. He used his strategic position in the mosque to pass sanitation and hygiene messages at the beginning or end of every preaching session to Juma prayer attendants<sup>7</sup>.

#### **c) Equator Primary School SHC: We need safe water!**

It was revealed that members of the SHC of Equator Primary School on Masaka Road, found that the lack of water was a big challenge to the promotion of sanitation and hygiene in their school. They then realised the only shallow well constructed near the school had broken down due to poor operation and lack of maintenance. As a strategy, they were facilitated by Busoga Trust to have this discussed during the radio campaigns. As a result of the radio programmes, they were encouraged to approach the local government Chairman of the area to follow up the case, prioritizing the school water supply during the Sub County planning process. They held a detailed meeting with the Chairman explaining how lack of water has affected their stay and performance at the school, with evidence. The Chairman then promised to table the matter at Parish Development Committee (PDC) meeting which later approved rehabilitation of the well as a key priority for the financial year 2009-2010. This was followed through into the Sub County Development plan and later the District Development and accordingly funded. The shallow well was rehabilitated and is now effectively functional.

These were some of the key achievements that demonstrate the power of children as key change agents. Other related achievements included but were not limited to:

#### **School Enrolment:**

School enrolment increased in Namungoona Orthodox Primary School from about 401 pupils to more than 600 after three years. A similar case was reported of Amuchu Primary School in Amuria where child enrolment increases from about 600 to close to 1000 pupils by the beginning of 2010 academic year. The Headmaster revealed that both children and their parents showed that they were interested in going to schools where the environment is safe, where there was safe water and hygiene facilities and where children had opportunities to learn leadership skills.

#### **Improved attendance of girls:**

It was also reported by the Headmaster of Namungoona Orthodox that prior to the project, there was only one latrine block shared by both girls and boys. With the construction of an additional toilet block and the resultant separation of girls from boys, as well as the menstrual hygiene

<sup>6</sup> WaterAid in Uganda has taken this challenge up and plans to address it through its future appropriate technology efforts.

<sup>7</sup> The impact this has created is yet to be followed up.





education, girl children are able to remain in school consistently. Similar situations were discovered in Amuria where girl-children were now able to attend school even during their menstrual periods because there were renewable pads provided. Both girls and boys were also able to stay at school because there was water to drink and wash. One teacher from Namungoona Salaaf also said this helped reduce on the expenses of the school on water during the wet season because less and less of the piped water would then be used.

#### **Improved knowledge and skills:**

Children also learnt to look at cleaning positively. Because of what they learnt, one of the schools in Buwama also had children and teachers introduce vegetable gardens using the rubbish collected from the compound. The vegetables were consumed by children during meals. Many of the children also reported to be taking charge of the cleanliness in their homes, which practice was reportedly very much appreciated by their parents. Under the CIDI project in Kampala, the SHC made calendars with rich WASH messages. These calendars were given to each child in the school to take to the parents as a present from the school. This was reported to be a great mechanism to reach parents some of whom were difficult to mobilise.

#### **Increased a sense of responsibility and empowerment among the children:**

It was reported by that the strategy of bringing the children to the fore front in the school WASH initiatives had so much helped empower children and enhance their sense of responsibility. In Namungoona Salaaf Primary School for instance, children had realised that people from neighbouring communities were stealing the hand washing facilities. After the new sanitation facilities were constructed, they proposed to the school administration that the handwashing facilities should be portable. Duty rosters for school cleaning then also involved carrying the washing facilities out and back to the stores every morning and evening. In Amuria, and Buwama, it was reported that children were now empowered to ask questions and also challenge situations with no reservations. Both boys and girls were able to discuss issues of menstrual management without fear. This had influenced a number of other children in different schools whose knowledge was also enhanced by the SHC members. This was reported to have been greatly contributed to through inter-school learning visits. Children were also observed to be able to demand for WASH facilities from those responsible. The case of Equator Primary School is a good example to illustrate this. In Namungoona Salaaf P/S, the water for hand washing was always mixed with liquid soap in the facilities. After the training, children advocated that this be changed since the soap was not healthy to have on the hands while eating food. The walking the talk/Teaching by example was taken to be a prestigious thing among children as they also influenced others to emulate. Many more children are also reported to be increasingly showing interest in the promotion of sanitation and hygiene both in schools and neighbouring communities. Menstrual hygiene was promoted and the personal hygiene of adolescent girls was reported to have improved leading to reductions in absenteeism. Parents also felt appreciative and humbled when children took initiative to improve their household living standards.

## **9. Lessons learned**

Lessons learn include these but are not limited to:

- Children are the best agents of change by virtue of what they are;



- 
- Society can change faster through children when they are given the opportunity to be empowered;
  - Children react better when they appreciate; Children learn best from other children;
  - Children engineer faster behavioural change than adults;
  - Children are very interested in taking leadership roles and realising results;
  - Knowledge and skills transfer techniques are very crucial in ensuring children take charge;
  - As you teach children, there is a lot you learn;
  - There is a great need to conceptualise sanitation and hygiene in a bigger picture because then the communities easily appreciate its importance;
  - When initiating an idea, working with those who matter and are affected is very crucial;
  - It is easy to track changes in household sanitation and hygiene through children.

**10. More information:** Sarah Muzaki *and* Joseph Ssemmanda, WaterAid in Uganda, Plot 90 Luthuli Avenue Bugolobi, P. O. Box 11759, Kampala. Email [JosephSsemmanda@wateraid.org](mailto:JosephSsemmanda@wateraid.org); [SarahMuzaki@wateraid.org](mailto:SarahMuzaki@wateraid.org)

**11. Further reading:**

a) <http://www.ioe.ac.uk>

b) Al Khateedb M (1996) Children Teach Parents About Infectious Diseases in Upper Egypt. Learning for Health (Issue 8).

c) Ebreo A, et al (2002) "Effect of Peer Education on the Peer Educators in School-Based HIV Prevention Program: Where Should Peer Education Research go From Here?" Health Education and Behavior (Pp 411-423).

d) Hart R. G. (1997) Children's Participation, the Theory and Practice of Involving Young Citizens in Community Development and Environmental Care. London: Earthscan Publications, Ltd.

e) IRC, SNV and NETWAS (2009) "Learning for Practice and policy on Household and School Sanitation and Hygiene"

f) WaterAid (2010) "SIMAVI End of Project Evaluation Report"

g) WaterAid Equity and Inclusion framework (2010).

h) CIDI End of project Report (2009)

i) CIDI – Lubaga Schools WASH Project document

i) WEDA and Busoga trust Periodic Performance Reports.

j) WEDA and Busoga Trust End of Project reports.