



Performance Improvement through Learning on Sanitation - PILS

A project funded by



GUIDE FOR THE FORMATION & STRENGTHENING OF SCHOOL HEALTH CLUBS

Introduction

This is a guide for NGOs, Teachers, Health assistants, Community Development Officers (CDOs) and Extension workers in education and health who would like to establish or strengthen a School Health Club (SHC). It states the background of the guide, definition of a School Health Club, objectives, composition and formation of a SHC, sub themes, roles and responsibilities of a School Health Club, follow up and monitoring activities for School Health Clubs, approaches that can be used by a SHC and action planning.

Background

IRC International Water and Sanitation Centre (IRC), Network for Water and Sanitation Uganda (NETWAS) and Caritas Gulu Archdiocese have been implementing a two and half year project in Gulu, Kitgum and Pader called Performance Improvement through Learning on Sanitation (PILS). This is a District- and Sub-County-based learning and Action-Research initiative aiming for increased performance, innovation and change in rural households' and schools' sanitation and hygiene. This is done through the facilitation of multistakeholder platforms (or learning sessions), action research and capacity building.

In the Acholi Sub region, where the project districts are located, the School Health Clubs were initially established with support from UNICEF and later strengthened under the action research component of the PILS project. The training of School Health Clubs was conducted by Sub County Health Assistants and CDOs.

During the multistakeholder platforms held in the three Districts of Gulu, Kitgum and Pader, it was revealed that the school health clubs supported in the action research sub counties were doing well. It was also noted that because of the uniqueness of the region, the implementers had gone through some challenges. Participants of the learning platform expressed the need for a guide that would include the experiences with strengthening of SHC with the aim to roll this out to other schools in the region.

This guide is an adaptation of a SHC guide developed under the action research component of an earlier learning project implemented by IRC, NETWAS and other local partners in four districts of Uganda: the Learning for Practice and Policy on Household and School Sanitation and Hygiene (LeaPPS) initiative¹. The guide developed under LeaPPS has been adapted based on the experience of schools in the areas where the PILS project has been implemented.

The main aim of forming and strengthening School Health Clubs and committees was to promote and maintain behavioral change towards good hygiene practices and proper use and maintenance of hygiene

¹ The action-research component was funded separately by SIMAVI and carried out by NETWAS.



Performance Improvement through Learning on Sanitation - PILS

A project funded by



and sanitation facilities in schools. Children are more receptive to new ideas and practices and therefore provide a suitable opportunity to introduce knowledge and habits at an early stage. Having adopted good practices from a young age, they are likely to continue so as adults, enabling reduction of water and sanitation related diseases. In addition, children can be catalysts for positive change in their household and community.

Based on his experience, the Health Assistant of Kitgum Matidi, Mr. Robert Kumakech, provides the following advice to be taken into account before any training of SHC:

- The facilitator needs to have good facilitation skills and adequate knowledge of sanitation and hygiene
- The training should be based in the school and rely on their environment and facilities, and practices
- The solutions and way forward should be developed by the participants themselves
- Choose pupils who are going to stay in the school for as long as possible (not current P.7 pupils)
- Consider pupils and school staff who are already showing an interest in hygienic behaviors to be part of the club
- The results and functionality of the club will largely depend on the support from teachers and the school administration, so make sure they are part of the training
- The training can be conducted within 3 days divided into 3 key sessions, which are described in this document.



Performance Improvement through Learning on Sanitation - PILS

A project funded by



Session 1: Definition of School Health Clubs

A School Health Club is a voluntary club formed and managed by pupils and teachers to promote good health practices and behavior change in the school and the surrounding communities. It typically comprises 20-35 pupils and 1-2 teachers. The club works in conjunction with the health prefect. The structure is headed by the School health committee, which is a working committee of the School Management Committee (SMC).

The main aim of forming and strengthening School Health Clubs and committees is to promote and maintain behavioral change towards good hygiene practices and proper use and maintenance of hygiene and sanitation facilities in schools.

Children are more receptive to new ideas and practices and therefore provide a suitable opportunity to introduce knowledge and habits at a young age. Having adopted good practices from an early age, they are likely to continue so as adults, enabling reduction of water and sanitation related diseases. In addition, children can be catalysts for positive change in their household and community.

Objectives of the School Health Clubs

The objectives of the School Health Clubs are:

- To stimulate and increase children's awareness of improved hygiene; to promote the adoption of better practices related to the collection, handling and use of water, to promote safe disposal of excreta and waste and good personal hygiene habits;
- To influence other family members and ultimately the community by popularizing healthy habits in personal hygiene and environmental sanitation;
- To motivate the pupils to avoid the hazards of gastro-enteritis and other water-borne diseases and to use sanitary latrines;
- To make pupils aware that the health of a person is the health and wealth of the family and society.

Composition/ membership and formation of School Health Clubs

A School Health Club is composed of pupils of different categories. It is important to have representation of the school management, teachers and pupils in the SHC; it should hence comprise of:

- Pupils in upper primary
- Pupils in lower primary
- Pupils with physical challenges
- Science Teacher, as the patron
- Senior Woman teacher
- All prefects
- All class monitors
- All teachers

A School Health Club works voluntarily for the benefit of the school; its selection is spearheaded by the head teacher and teachers in the school. Club members (Teachers and Pupils) should be selected upon the basis of the interest by the members and their potential for being champions (influential figures in the school).



Performance Improvement through Learning on Sanitation - PILS

A project funded by



Sub-themes of the SHC (this is optional and based on their needs)

- Water supply
- Sanitation promotion
- Hygiene education
- Environment

Roles and responsibilities of the SHC

- Conducting annual and refresher training of pupils on sanitation and hygiene
- Hygiene education
- Ensuring children drink safe water
- Orienting pupils on how to use sanitation facilities and ensuring children use latrines properly
- Mobilizing pupils and parents to provide anal cleaning materials or water for handwashing facilities
- Working with the Water Users Committee to have an O&M plan for the water facility in the school
- Advocating for facilities for physically disadvantaged children
- Mobilizing communities to participate in sanitation and hygiene activities.

What methods can they use?

Pupils can hold sessions/exhibitions in schools and communities to promote hygienic practices through:

- Stories, poems, role plays, drama, debates
- At the end of their monthly (agreed upon routine) meeting, they plan for solutions / way forward
- Letting other pupils know what is expected from them
- Conducting baseline of the school sanitation and hygiene practices and making findings known to all
- Support habitual defaulters - even back to their families
- Progress recorded and shared
- Out-reach to children within and out of schools
- Pairing the children for mentorship by older pupils
- Writing notice board news or articles on sanitation and hygiene
- Conducting health parades
- Senior female or male teacher together with club members holding reproductive health talks
- Nominating the smartest pupils/class/community of the term.

Monitoring activities of School Health Clubs

The SHC should be able to follow up and monitor some changes in the school, i.e behavior change and knowledge/ attitudes change among the pupils. The following shall be discussed during the training:

- They should collect baseline information on their school facilities and practices before they start their work
- Develop a monitoring tool for collecting data/records on personal hygiene, sanitation facilities and practices, school compound and water facility
- They should set up clear schedules for meeting (can be monthly or biweekly) to discuss progress and way forward
- Share action points developed with teachers in staff meeting, SMC and Parents-Teachers Association (PTA) meetings to gain support of the school on desired actions which may require financial support. Also identify other forums to share this information.
- Motivate best performers
- Document stories of change and share them.



Session 2: Discussion on hygiene and sanitation

(a) Participatory sanitation situation analysis

This session enables participants to:

- Establish and analyze the hygiene and sanitation situation in their school.
- Appreciate the need for improvement and suggest ways of improving the situation in their school.

There are a number of tools that can be used for this session:

Tool 1: Transect walk

- Explain to the participants that the objective of this walk is to observe sanitary facilities and practices around the school
- Ask one guide to show the way around the school
- Encourage guides or participants to stop and ask pupils questions

Discussion

- Ask participants how they felt
- What did they observe
- What has caused the above situation
- Ask them to suggest possible solutions

Tool 2: Sanitation ladder (pictures tools)

- Divide the participants into groups
- Give out the pictures
- Ask the participants to arrange pictures from the worst at the bottom to the best at the top
- Starting from the worst, ask participants to explain why each picture is better than the previous and allow them to make changes in order if necessary

Discussion

- Ask them where they would like to be on the ladder
- Ask them where they think they are on the ladder
- Discuss the constraints preventing them from reaching where they want to be
- Ask them for a more realistic choice in the face of the constraints
- Develop a way forward

Tool 3: Hygiene practices or Safe water chain (in pictures, based on the Participatory Hygiene And Sanitation Transformation - PHAST²)

- Divide the participants into groups
- Give out the pictures
- Ask the participants to arrange pictures into 2 columns of good and bad hygiene practices.

Discussion

- Starting from the bad, ask participants to explain why each picture is placed where it is
- Ask them to select the bad hygiene practices that are the easiest to change (select 2 pictures)
- Develop a way forward

² For more details, see the step by step guide developed by the World health Organization:
http://www.who.int/water_sanitation_health/hygiene/envsan/phastep/en/.



Performance Improvement through Learning on Sanitation - PILS

A project funded by



(b) Diseases prevention

Explain to the participants that, there are many diseases they can get by having bad sanitation and hygiene practices. In this session, there are a number of tools that can be used:

Tool 1: Feecal-Oral contamination barriers

The purpose of this session is to:

- Enable participants to identify the barriers to the contamination routes and therefore prevent diseases related to poor hygiene & sanitation.

Procedure:

- Divide participants into groups
- Give each group a set of transmission routes tool
- Ask participants to show the different feecal-oral routes of transmission
- Ask them which routes are common in their school and community
- After this, give each group a set of barriers tool
- Ask them to identify barriers for each transmission route
- Ask each group to fix appropriate barriers against the relevant routes to prevent contamination occurring at each route. The barriers must be seen as ways to block the routes
- Ask them whether such hygienic practices exist in their school and how they can be promoted
- Develop a way forward

Tool2: List of diseases and causes

- Ask participants to list the common type of diseases they suffer from
- Ask them to explain what they think/hear about what causes those diseases
- Share with them what really causes the diseases and how to prevent them (the facilitator will need researched facts)
- Ask them which diseases they want to get rid of fast and whether they are prepared to change their practices
- Develop a way forward.

Note:

- Facilitator should stress that contamination/disease transmission occurs due to ingestion of faeces indirectly or unconsciously
- Facilitator should emphasize that all these diseases are preventable and yet account for the top ten common diseases reported by Health Units
- Facilitator should lay emphasis on the proper maintenance of the hygiene & sanitation facilities in the school to eliminate further contamination
- Children are not empty vessels - they have experiences to tap from
- Children want to learn - allow them to ask questions
- Children learn best using a range of senses
- Children need to learn what is relevant to them
- Children love to play and have fun.



Performance Improvement through Learning on Sanitation - PILS

A project funded by



Session 3: Action Planning

The purpose of this session is to enable participants to appreciate the need to routinely plan and budget for hygiene and sanitation facilities and activities. In more details, this session will enable participants to:

- Have commitment for implementing the identified hygiene and sanitation activities
- Develop a shared vision and understanding on who is going to do what, when and how, so that roles and responsibilities for the different activities are defined.

Procedure

- Divide participants into groups
- Let each group develop an action plan to promote hygiene and sanitation
- Identify what is needed to improve the sanitation and hygiene situation. Put emphasis on latrine construction, provision of hand washing facilities, etc.
- Make a detailed work plan for the next four to six months. Also encourage the SHC to make weekly/monthly plans which attach responsibilities for O&M to each class
- Try not to be over ambitious, start small and expand later on. Use smart tools for defining the goals and objectives: ensure that the objectives are specific, measurable, relevant, achievable, and time bound
- Identify main activities and deadlines for the long term (develop a long term vision)
- Make an estimation of the time, resources (e.g information, skills, hardware) and budget needed for the identified activities and who should be responsible for what. Crosscheck whether the activities are still smart
- Develop a list of indicators to monitor.

Feb 2012