

Children's health clubs in schools

Opportunities and risks

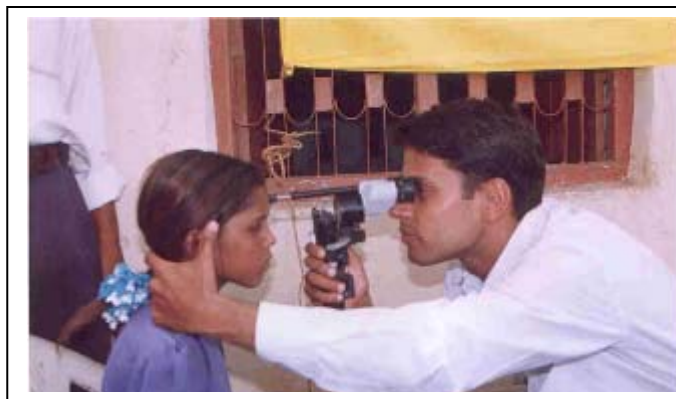


Sources: Youth health club in rural Ghana © A. Mooijman photographs; School health club UNICEF-Nepal

Many school programs for water, sanitation and hygiene have organized special children's groups. There are many names for these such as school health clubs, health scouts or hygiene rangers, or special hygiene sub-groups in children's parliaments and school councils. This paper discusses some of the benefits and risks of these school groups.

Aims and benefits

One reason for having youth health clubs is that they can provide more opportunities for participation than traditional classroom learning. The clubs can be more fun for children where, for example, they are involved in games and competitions on sanitation-related issues. Being in clubs can also help children develop leadership skills and help them to determine their own priorities for health and hygiene activities.



An aim of the clubs to involve children as advocates for hygiene and sanitation practices in the school and the community. Children can be powerful advocates for change among their peers, family members and the wider community. They can take part in public awareness campaigns, motivation in the home, teaching and helping younger brothers and sisters. The club may do other things, for example, making links with community institutions and resource people such as the doctor or clinic health worker who may give routine check-ups to children.

Another purpose of the health clubs is to help ensure that water and sanitation facilities in the school are used, cleaned and maintained as intended. The children in some clubs explain how to use facilities to the younger children. They help to organize the children, for example, by leading the group that may need to carry water to the school or by lining up and organizing children to wash hands before eating. The members of the clubs clean or work with groups of children to keep the schoolyard clean and to clean water points and toilets. This is particularly

helpful because many schools can not afford to pay adults to clean the facilities each day.



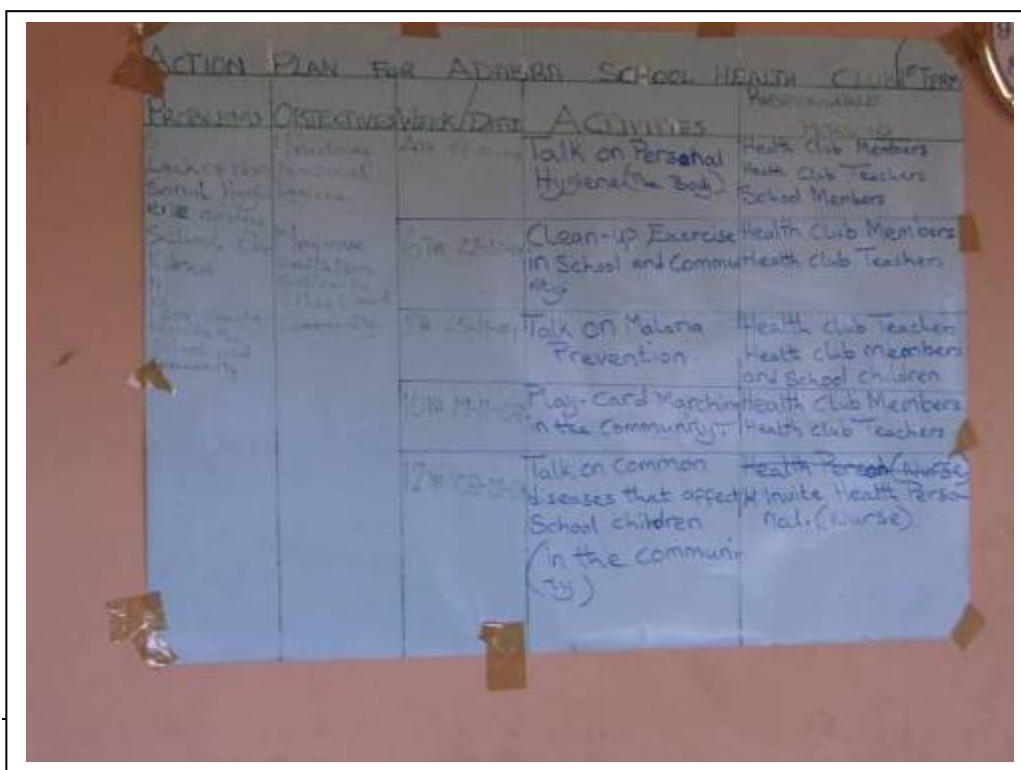
The clubs offer many opportunities for children and teachers. They can allow teachers to experiment outside the constraints of classroom and its fixed curriculum. For example, in the context of out-of-school activities it is easier to undertake community walks, observation, small experiments, discussion groups as well as to develop songs or dances with the children on health and hygiene themes.

How the clubs are organized

Who is in these clubs?

In most cases the school health clubs do not contain all the children in the school, but are composed in various ways, for example:

- all pupils of a particular class are club members, for example, all grade 5 or class 4 pupils;
- a small number of boys and five girls from each class volunteer for the club;
- club members are selected by the teachers.



The first two approaches may lead to a better motivated and more representative school health clubs.

Youth health clubs should consist of a representative group of the school population in respect of gender, socio-economic background, religious or ethnic groups as well as include children with disabilities if they attend school.

Single-subject or multi-subject clubs?

The clubs may be focused on water, hygiene and sanitation, or they can deal with more than water and sanitation. For example, some clubs focus on issues such as HIV/AIDS as well water, sanitation and hygiene. Some are incorporated into larger children's groups that deal with school governance overall. It may be easier to sustain the school hygiene effort if it is in a flexible structure, with other topics, that can shift responsibilities and keep interest up through new topics.

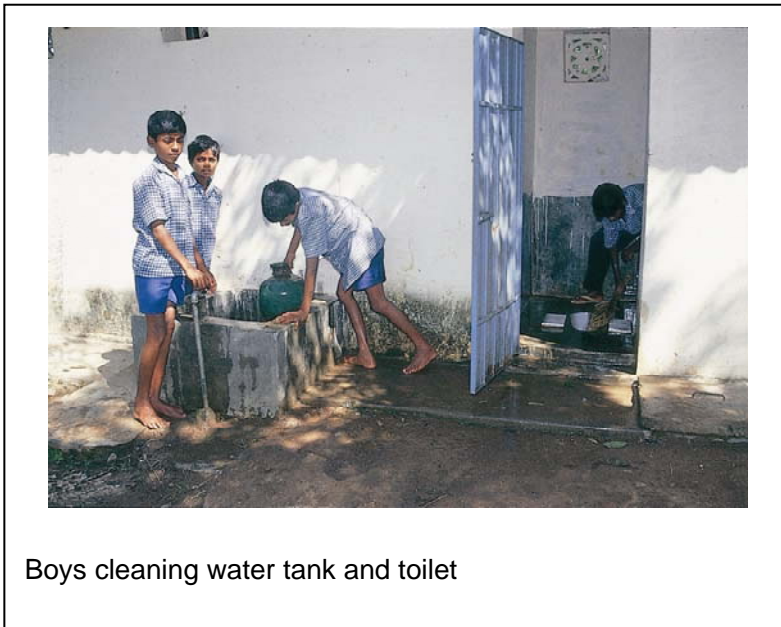
There are **different models** for school health clubs such as:

In-school clubs: Run alongside other clubs in school as teacher-led groups meeting at fixed times.

After-school health clubs: Run in the school after classes, often with input from outside the school, such as through community health workers

Community health clubs: Available for schoolchildren, but run as a separate groups, similar to boy scouts and girls scouts.

Peer group health clubs: Set up and organized by adults, the whole program is run by peer educators who lead group activities.



Boys cleaning water tank and toilet

Risks

While many program managers may be enthusiastic about the health clubs, it should not be forgotten that some clubs are not successful. One challenge is implementing them in **poor, badly-equipped and overcrowded schools** where children may not have chairs, tables or writing materials. Another problem is that the **water and sanitation facilities are sometimes badly constructed** and therefore can hardly be used or maintained.

The health clubs may be led by teachers who have received very little training. The **teachers may have limited experience or sympathy** for participation among children or exchange of information and ideas among children. Thus, the school health club should only be set up

when the idea is supported by the teachers. The teacher training should also focus on motivating the teachers and helping them plan how to lead the clubs.

Membership should reflect all children. Sometimes only a small group of "better" pupils are involved in the club. However, these children need less attention for health and hygiene because they already come from more advantaged families.

Another potential problem is that children in the clubs are given so much power that they can force peers to work for them in cleaning activities. A significant problem occurs when school health clubs **exploit children** as cheap labor to clean the school and its toilets. Related to this is the challenge of gender roles. It has happened in some schools that only the girls are carry water and clean toilets as this is considered to be 'girls work'.

Bad school health clubs, with such problems can be worse than no club at all, as they can exploit children and demoralize both children and teachers.

Managing the clubs

. Some suggested guidelines for school health clubs that help avoid such problems are:

- The relationship between the teacher or club leader and the children, 'members' is critical. A leader should listen to children and their ideas. There should be **mutual respect between leader and members**. The atmosphere should be such that children can freely talk about difficult or personal issues.
- All club leaders, who are usually **teachers, should be trained and periodically re-trained**. They can plan club activities during their training and may need some continuing support for the development of scheduling and the content development club meetings. If possible, they should be provided with materials such as paper, books and training guides.
- It should be agreed in all clubs that **all the boys and girls share equally in responsibilities**, work and opportunities.
- There should be a **mechanism to disband clubs** that are not operating as intended, or are shown to take advantage of some children.
- If the children are expected to clean facilities in the school, there must be cleaning materials and waste and soak pits that **make the work safe and as easy as possible**.

Some Information in this case study has been adapted from publications by the Child-to-Child trust. Youth clubs are being addressed in several publications by the Child-to-Child Trust (London, UK). <http://www.child-to-child.org>

Annex

About the WASH in schools case studies

Developed by IRC International Water and Sanitation Centre under the SSHE Global Sharing project financed by UNICEF.

Over the decade a rich pool of experience and programming has evolved in school programs for water, sanitation and hygiene education, which we call WASH in schools or SSHE. Hundreds of millions of children are currently attending schools that have, in one way or another, become part of this ambitious effort to enhance the lives and life opportunities of young people around the world.

In the 1980s and early 1990s, these programs focused largely on construction. This usually meant building water points and toilets in schools. Current experience, however, has provided a strong evidence base on the crucial need to combine hardware (facilities) with software, that is, management, organization, capacity development, educational methodologies and promotion of hygiene behaviors. Participation of key stakeholders—teachers and educational staff, local government and community groups, parents and children – is seen as key to the success of these new WASH in school programs.

This collection of case studies examines both hardware and software aspects of WASH in schools and in different settings. The case studies focus in one way or another on four general themes: planning and management; actions in the school and teaching-learning; technology and design; and, scaling up or expanding WASH in schools while retaining its quality. The case studies are drawn from experience in Africa (Burkina Faso, Ghana, Kenya, Malawi, Senegal, Somalia, Zambia), Asia (Bangladesh, India, Nepal, Pakistan, Vietnam) and South America (Bolivia, Colombia, Nicaragua). The case studies provide insights into programs supported by UNICEF and also by other institutions such as the Aga Khan University, Caritas, Plan International and NETWAS International. Despite the breadth of institutional and national experience upon which the case studies draw, it must be noted that these 14 papers only provide a glimpse of the rich and often exciting experience in WASH in schools from around the world. Nonetheless, this is a 'glimpse' which will hopefully provide the reader with worthwhile insights into the current state of the art in school programming. At the end of each case study there is contact information for the reader seeking further information.

The case studies were prepared by the staff of the IRC International Water and Sanitation Centre in collaboration with Annemarieke Mooiman and Sumita Ganguly. The preparation of the case studies was overseen by Therese Dooley and Henk van Norden of UNICEF (New York) whose support is greatly appreciated.

All case studies are available at the WASH in Schools web site: <http://www.schools.watsan.net>

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