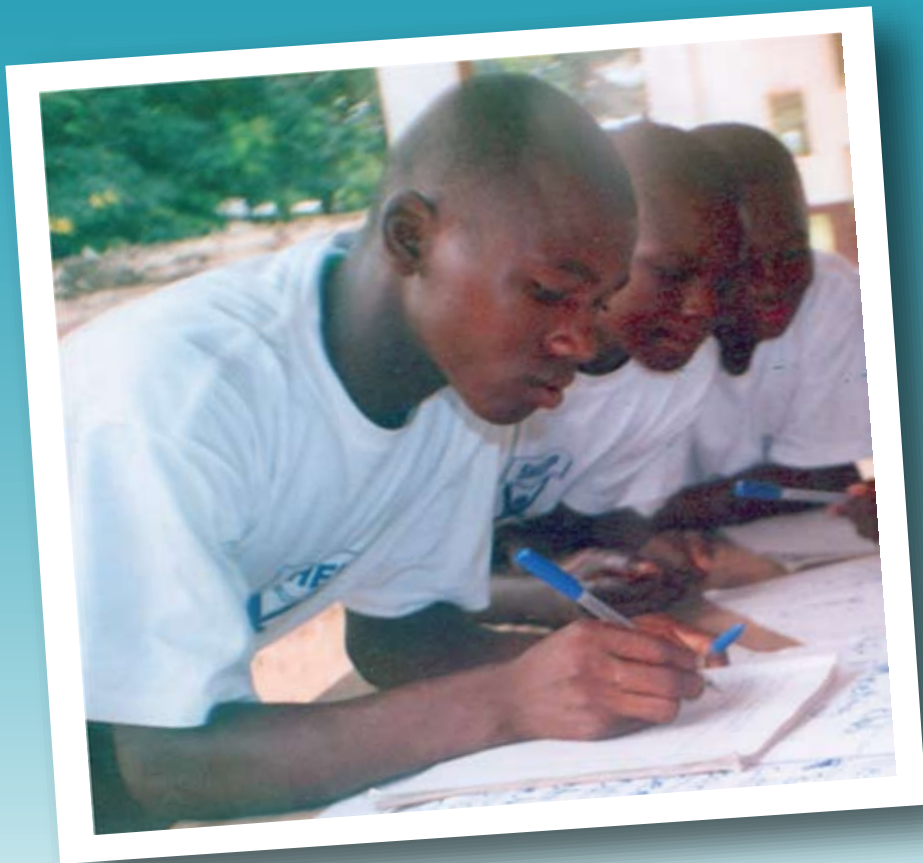




## Child-led School Health Education Programs by CRS/Ghana







# How-to Guide Series

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## *Child-led School Health Education Programs*

*by CRS/Ghana*

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Written by CRS/Ghana Education Team

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## Letter from CRS Education Technical Advisors

Dear friends and colleagues,

We are pleased to present this latest edition in our Catholic Relief Services (CRS) education “How-to” series: *Child-Led School Health Education Programs*, which was created by CRS/Ghana.

The “How-to” guide series was created as an opportunity for CRS country programs and their local implementing partners to highlight and share an aspect of their work that has been particularly successful. Instead of presenting a detailed description of their program history and accomplishments, however, the focus of the guides is on the practical steps that CRS country programs and partner organizations can take to adopt similar activities. The recommendations will need to be interpreted for each particular context, but the topics addressed in each guide are ones that would strengthen and improve any existing program: how to reduce the number of school drop outs; how to increase child participation in programming; how to use adult literacy to improve rural development.

This guide from CRS/Ghana addresses school health and, in particular, the ways that children can be mobilized as leaders in the effort to create more healthful school environments and communities. A child’s health status is a major determinant in whether or not s/he will succeed in school. Reducing environmental threats to health and promoting healthy behaviors can positively impact attendance and achievement at a school. The guide also describes the need for effective partnerships among schools, community groups, and ministries and other government service providers. These are important to leveraging the enthusiasm of the students for school health and creating a foundation for long term sustainability.

Best wishes,

Anne Sellers and Eric Eversmann

Education Technical Advisors

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## Letter from CRS/Ghana Country Representative

Dear friends and colleagues,

I welcome you to this How-to Guide on Child-Led School Health Education Programs (SHEP), an effort to harness the great energies and enthusiasm of children to improve health, hygiene, and sanitation through conscious changes in behavior.

The CRS/Ghana SHEP initiative builds on the age-old ideal of a sound mind in a sound body. All our education programs aim at improving access to quality education, thus developing a sound mind. But illness brought on by unsafe hygiene and sanitation practices undermines that aim.

This How-to Guide not only looks at activities to ensure a sound body, but outlines how shifting the focus of efforts and resources from adults to children can have a far greater impact on both children and adults, in the present and, most importantly, for the future.

The guide was written by our talented education team. It reflects experiences mainly in underserved rural Ghana. However, children are powerful change agents universally, and we believe that the accomplishments in Ghana can be replicated in any part of the globe.

I trust that this guide will prove useful to organizations and individuals in government, the nonprofit sector, and academia who work for children's well-being. It is our hope that this publication will foster a qualitative and quantitative increase in the opportunities for children's active participation in their own development.

Best regards,

Vewonyi Adjavon

CRS/Ghana Country Representative

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## A C R O N Y M S

<b>BCC</b>	Behavior Change Communication
<b>CRS</b>	Catholic Relief Services
<b>CSHMC</b>	Community School Health Management Committee
<b>GES</b>	Ghana Education Service
<b>GHS</b>	Ghana Health Service
<b>IEC</b>	Information, Education and Communication
<b>SHC</b>	School Health Club
<b>SHEP</b>	School Health Education Program
<b>SILC</b>	Savings and Internal Lending Community
<b>UNICEF</b>	United Nations Children’s Fund
<b>USAID</b>	United States Agency for International Development

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“*The goal of SHEP is to ensure a safe, hygienic school environment that encourages children’s participation and success in education.*”

## Introduction

Catholic Relief Services undertakes emergency assistance and development programs in Ghana to support marginalized families in low-income communities. Since 1997, CRS/Ghana has focused its efforts in the country’s three northern regions, where poverty is most prevalent and profound. According to the 2005 Ghana Living Standards Survey,<sup>1</sup> 70% to 90% of the people in this area are considered very poor, earning less than a dollar a day.

The north also has Ghana’s lowest average educational attainment and worst access to healthcare, clean water, and sanitation infrastructure. Low rates of school enrollment and completion, especially among girls, and high rates of adult illiteracy mean that the majority of women, men, and children do not have the level of learning necessary to meet their basic needs or to direct the development of their communities.

Key education stakeholders in northern Ghana have identified the health status of preschool and primary-school-aged children as a key determinant of educational attainment. Prevalent health problems such as recurrent cases of guinea worm and other waterborne diseases keep children from school. Sixty-five percent of school-age children in these regions suffer from severe Vitamin A deficiency; 71% suffer from anemia.<sup>2</sup>

<sup>1</sup>Ghana Statistical Service. 2007. “Patterns and Trends of Poverty in Ghana.” Accra.

<sup>2</sup>UNICEF. 2000. State of the World’s Children. New York: UNICEF.

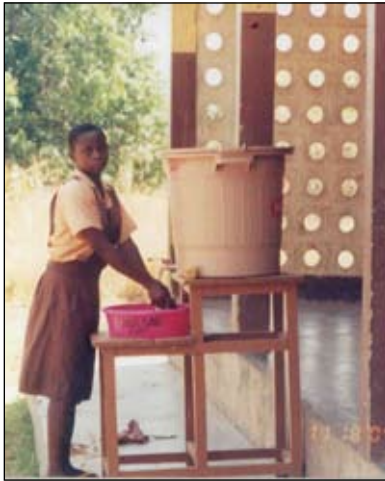
## **The School Health Education Program**

Since 1997, CRS/Ghana has collaborated with the Ghana Education Service (GES) to implement a USAID-funded food-assisted education program in these poverty-stricken regions. And although significant gains were made in its early years, it was clear that the continuing poor health of children presented a significant impediment to achieving the project's objectives.

As a result, in 2004 CRS/Ghana extended the scope of the project to include a School Health Education Program (SHEP) that would address the basic health needs of school-aged children, especially those health factors that prevent children from enrolling in, attending, and completing primary school. The CRS program builds on Ghana's own school health education program, which was established in 1992 and is implemented jointly by the GES and the Ghana Health Service (GHS), which provides health services in schools as part of its child health program.

The goal of SHEP is to ensure a safe, hygienic school environment that encourages children's participation and success in education. SHEP uses three key strategies to reach this goal.

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*A pupil of Adaboya primary school in the Upper East Region of Ghana washing hands with soap bought from the sale of Shea nuts*

- **School Health Clubs.** For CRS, SHEP is first and foremost a student-centered initiative. Students who are interested in health and hygiene issues at their schools and in their communities come together to form School Health Clubs, through which they identify health risks and devise their own activities to address them. The clubs are student-led and develop leadership skills while tackling community health issues.
- **Institutional Partnership.** CRS/Ghana works in partnership with the Ghana Education Service and Ghana Health Service to maximize experience, expertise, resources, and program impact and to ensure sustainability. Both these ministries have institutional responsibilities for school health. The GES regional and district school health coordinators oversee the program and designate school health teachers from among the teaching staff at each school. The GHS provides nurses who regularly visit the schools. CRS supports both these institutions as primary implementing partners.

“...the goal, whenever the club is formed, is to have a core of interested and active children who will lead SHEP at their school...”

■ **Community Integration.** In addition to the School Health Clubs, CRS also forms Community School Health Management Committees (CSHMC). These committees are composed of two child representatives of the School Health Club and adults from the school and community who have responsibilities related to relevant health issues, including water, sanitation, hygiene and food and nutrition. The CSHMC serves as a liaison between the students and the larger community and a resource that the School Health Clubs can leverage to maximize the impact of their activities.

## 1. Why School Children?

Children are the most vulnerable to and most affected by diseases related to poor hygiene and sanitation, such as malaria, diarrhea, typhoid, and intestinal parasites.<sup>3</sup> These illnesses lead to general poor health and reduced energy levels that keep children from school. Intestinal parasites, for instance, steal nutrients, leading to malnutrition and retarded physical development; physical ill-health affects attendance, retention, and punctuality, compromising the child’s academic performance.<sup>4</sup> For many children, the final step is dropping out of school altogether, as they gradually become unable to cope with their coursework.

In the communities where CRS works in Ghana, such health problems are endemic. Therefore, CRS/ Ghana’s School Health Education Program also sees working with children and schools as a key health strategy, an entry point through which beneficial changes in behavior can be introduced into the larger community.

<sup>3</sup>UNICEF. 2004. The State of the World’s Children 2005: Childhood under Threat. New York: UNICEF.

<sup>4</sup>Ibid.

## **The following are some of the benefits of working with children and schools:**

- Children are great carriers of news and ideas to their peers, family members, and the general population in the community.
  - Children spend at least six hours in school. These six hours present great opportunities to channel behavior-change messages.
  - Creating awareness among children of improved health and hygiene practices motivates them to use sanitation facilities and keep themselves, the school, and their home environments clean.
  - SHEP empowers children to be agents of change for themselves, their families and their communities.
  - SHEP helps children to understand basic hygiene and sanitation practices to help protect themselves from illness, so that they have the capacity to lead healthier and happier lives as children and later as adults.
  - Finally, involving children builds their self-esteem, for they are proud of what they have done or are doing. The children engage in peer education, which not only promotes sustainability but boosts their confidence, promotes critical and creative thinking, and develops decision-making and problem-solving skills.
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*The health walk passes by a soak away*



*School Health Club members assessing sanitation situation during a health walk*

## 2. How to Spark Children's Interest in Starting a Club

CRS Ghana's School Health Education Program emphasizes a child-focused approach. The centerpiece of the program is the School Health Club, which endeavors to empower children as change agents promoting good health, hygiene, and sanitation to their peers and parents.

The School Health Club is an association of students interested in working to ensure that they, their peers, and their parents live in a healthy, clean, and safe environment free from preventable illnesses. Each club is made up of 20 students (ten females and ten males between the ages of six and twelve) from one school. These students take the lead in promoting activities to improve the health, hygiene, and sanitation of the school population and the community. Forming a School Health Club is the first stage in mobilizing students in the SHEP.

## How to Conduct a Health Walk

- Step 1:** Explain to the children what a health walk entails.
- Step 2:** Assist children to identify possible routes for the health walk.
- Step 3:** Divide children into groups according to the number of routes.
- Step 4:** Have each group elect a leader who will document findings and report.
- Step 5:** Assign an adult—the school health teacher, member of the Community School Health Management Committee, etc.—to guide each group on the walk.
- Step 6:** Take the walk. During the walk, children note and record any thing or behavior that might promote or bring about diseases or ill health.
- Step 7:** After they return from the health walk, each group makes both verbal and pictorial presentations of their findings.

Below are the steps in creating interest in the club. They can be taken over a couple of days or spread over weeks, depending on the situation. CRS/Ghana usually waits until the end of this process to formally create a club. It is possible, however, that the club could be formed at any point after step 2, depending on the situation. The goal, whenever the club is formed, is to have a core of interested and active children who will lead SHEP at their school.

**1. Meet with parents and community members** to explain the concept of SHEP and the children's role in its implementation, and to ask for permission from parents to invite children to participate in the School Health Club. This step can begin with focus group discussions with parents and other community members, followed by a later, community-wide meeting to consolidate the ideas and opinions of the focus groups. In agrarian communities, it is best not to hold these meetings at the height of planting season or harvest, when people are busiest.

**2. Assess the children's knowledge of health, hygiene, and sanitation,** using focus group discussions, semi-structured interviews, or other appropriate methods. Make sure to avoid using overly technical language, which the children may not comprehend. Questions should be based on health, hygiene, and sanitation issues familiar in the locality, which can be determined from prior reading and research or by observation.



*School Health Club members drawing an Action Plan*



*School health coordinator observing a group work session at a workshop for school health teachers and head teachers*

**3. Invite all interested children to begin discussing these issues in more detail.** Gaps in the children’s knowledge about good health, hygiene and sanitation practices revealed by the knowledge assessment should be addressed. This should be done in a fun way that uses active learning methods and increases the children’s interest in participating in the club. For example, organize a discussion under shady trees in and around the school compound. To kick-start the discussion, ask children to look around their school compound and ask: Could it be cleaner? What role do children have in keeping it clean? Such an approach draws out, and builds, the children’s understanding of what constitutes a poor health, hygiene, and sanitation practice. It begins the process of leading children to discover that they are part and parcel of creating a better, cleaner, and more hygienic environment.

**4. Conduct a health walk.** A health walk is a kind of transect walk through the school and community. It is carried out by the children to assess the environment and sanitation situation of their school and community at firsthand. It is fun and exciting and ensures active participation by all children. It also enables children to discover and investigate issues by themselves. The health walk may be led by the person who will be directing SHEP at the school—the school health teacher—and by the school nurse or staff from CRS or the implementing partner.

**5. Analyze the data.** After the health walk, children should categorize their findings as “good,” “bad,” and “needs improvement.” This can be done through “circles of assessment”—voting by placing pebbles or other similar objects into three circles drawn on the ground (one for each category). Discuss children’s role in community



health, hygiene, and sanitation. After the circles of assessment exercise, talk about how children are also contributors to what they saw in the community. Children should discuss how their own behaviors negatively affect their health and that of others. Finally, make a list of suggestions about what can be done to address issues in the “bad” and “needs improvement” categories. Have the children discuss what can be done to improve health, hygiene, and sanitation in the community.

**6. Support the formation** of a School Health Club by children who resolve to address the problem collectively.

### 3. Establishing Partnerships

Partnerships are a fundamental feature of all CRS/Ghana’s programs. Realizing that as an agency we cannot operate alone and achieve results on the scale required, CRS/Ghana works with partners to maximize experience, expertise, and resources, and to ensure sustainability. The objectives set for SHEP generally, and the School Health Clubs specifically, can only be met through concerted efforts.

For sustainability and efficiency, the concept of School Health Clubs should be established in the context of effective partnerships. Taking this approach does not create parallel structures or systems; instead, it works through and with governmental actors who are responsible for school health. In Ghana, these partners include the Ghana Education Service, the Ghana Health Service, and participating communities.

In countries lacking such a well-developed school health system, efforts should be made to conduct joint planning exercises with all relevant governmental and non-governmental partners—e.g., national education and health officials, as well as local government representatives. The objective of this joint planning should be not only successful implementation of the immediate project but also the long-term institutionalization of these functions within the responsible agencies. For example, CRS/Ghana supports the work of GES school health coordinators by providing logistical support in the form of motorcycles, teaching and learning materials, and behavior-change communication (BCC) materials.

“ CRS/Ghana works to maximize experience, expertise, resources, and ensure sustainability.”



*School health teacher assisting club members during a workshop group session*

## Partnership with Ghana Education Service

The Ghana Education Service is the operational unit of the Ministry of Education, responsible for the implementation, management, and administration of all basic education-related programs, policies, and personnel. At regional and district levels there are SHEP coordinators—designated GES point persons responsible for day-to-day coordination and supervision of SHEP activities and programs.

In CRS' School Health Education Program, these coordinators have the following functions:

- Hold community sensitization meetings on behalf of CRS
- Lead the formation of School Health Clubs and Community School Health Management Committees
- Assist in training SHEP participants
- Participate in School Health Club activities
- Act as a liaison between GES and GHS on school health issues
- Receive, gather, and disseminate information and resources on behalf of CRS and partners
- Coordinate the implementation of SHEP activities and related activities in the district
- Assist school health teachers to mobilize and organize children for drama, debates, and quiz competitions
- Collect, review, and submit regular reports to CRS and GES on School Health Club activities
- Monitor the progress of SHEP activities in schools and communities in the district
- Act as a resource person for teachers and other GES staff

## Training the School Health Teacher

The school health teacher is empowered in the performance of his or her job with initial training at recruitment and annual refresher trainings. Introductory trainings cover topics such as: community entry and mobilization; child-to-child methodologies; introduction to BCC and information, education and communication (IEC) strategies; organizing drama, debates and quiz competitions among children; developing action plans; preparing a monitoring and supervision plan; roles and responsibilities of the various actors in school health; prevalent health problems in schools and communities, including causes, effects, management and the role of children and community members in their prevention; developing school health improvement plans; report writing and documentation skills; and the use of Participatory Hygiene and Sanitation Transformation (PHAST) tools.

Which topics are covered is jointly determined by all partners considering the expected outcome of the program, an assessment of the capacity of the key partners, the prevalent health, hygiene and sanitation issues, and the annual workplan of both the GES and GHS in the locality. These trainings are coordinated by CRS staff but also take advantage of other local experts, such as GHS nurses, who can discuss community-specific emerging health issues. The training is usually done on cluster basis that brings together SHEP teachers from neighboring schools. The initial training spans two days, while the annual refresher training lasts one day. Head teachers are usually invited to take part in these trainings as well, since they have oversight responsibility for all professional development at their school.

### The School Health Teacher

Each SHEP school has a point person, known as the school health teacher, who is responsible for the day-to-day mobilization, coordination, and implementation of school health activities at the school and community levels. The school health teacher is the pivot around which the CRS/Ghana SHEP program revolves. S/he coordinates the day-to-day activities of the program with fellow teachers and students, in consultation with community leadership structures such as the community school health management committee.



*Public health nurse of Ghana Health Service educating teachers and community members on the benefits of de-worming*

## **Role of School Health Teachers**

- Coordinate and support the School Health Club to develop a school health action plan
- Assist the School Health Club in formulating health guidelines for the school
- Monitor progress and performance of SHEP implementation
- Present health education messages to students during assemblies
- Assist children to identify themes and develop activities for peer education
- Coordinate weekly personal/environmental health inspections in the school
- Act as a link between school and community on school health issues

Where school health teachers don't already exist, CRS/Ghana recommends working with local education, health, community, and school authorities to select one of the school's existing teachers for this role, taking into account the following qualities:

- Interested and willing to contribute to and support school health
  - Knowledgeable, creative, and innovative
  - Interested in working with children
  - Willing to dedicate his/her time to promote the health of children and the school population as a whole
  - Interested in working with members of the community to promote school health
-

- Able to lead and coordinate the program with other teachers
- Trustworthy
- Able to model healthy behaviors
- Patient, tolerant, and respectful of others' views
- A team player

### **The Ghana Health Service**

Partnership with the Ghana Health Service, like partnership with the GES, ensures sustainability of the program. The GHS, which is also a governmental body, works with the Ghana Education Service, CRS, and other stakeholders to provide packages of health education and essential services for school pupils.

In the GHS school health division, one public health nurse takes charge of each district. By working through the structures created by the GHS, CRS reduces duplication of effort and improves compliance with rules and procedures established by the GHS.

### **Role of the Ghana Health Service**

- Assist in the training of school health teachers, CSHMC and School Health Club members, and other volunteers in appropriate methods of de-worming, good sanitation practices, personal and environmental hygiene, and general good health practices
- Assist in the monitoring of de-worming activities
- Provide technical health services support for the entire SHEP
- Assist in the preparation of training manuals and conducting baseline surveys



*Community school health management committee members on a hygiene promotion visit to a household*

“ The CSHMC is a resource that the SHCs can leverage to maximize the impact of their activities...” ”

### **The following is the package of health services provided by the GHS:**

- General physical examination
- Vision testing
- Hearing, speech, and language assessment
- Immunization status and growth promotion
- Oral health screening
- Monitoring and certification of food vendors and quality of food sold in schools
- Health/hygiene education
- Referrals to health facilities

### **Participating Communities**

As a way of improving community involvement in school health activities, Community School Health Management Committees have been formed and trained in all CRS/SHEP schools and communities. The goal in creating these bodies is to bring together representatives of the various school and community groups concerned with education and health issues. In Ghana, CSHMCs often have the following composition:

- The head teacher
- The school health teacher, who functions as the secretary of the committee
- Community health volunteers
- A representative of school food vendors (if any)
- Representatives of other community organizations oriented toward food or nutrition, such as Community Food Management Committees
- A representative of the parent teacher association or school management committee
- Two representatives of the School Health Club

- A member of any water and/or sanitation committee who is responsible for health promotion with that committee

### **Roles of Community School Health Management Committees**

- Assist children in the setting of priority health and hygiene themes for the school and community
  - Act as liaison between the school and local authorities/community leaders to make the school a healthier place
  - Promote links between the school and local health programs, health centers, and local health workers and services
  - Improve the safety and security of the school
  - Prepare venues for IEC/BCC activities (e.g., dramas, quiz competitions, debates, talks)
  - Assist the school health teacher to monitor children's health and hygiene activities
  - React quickly to specific health needs and emergencies
  - Assist in de-worming and ensure that all schoolchildren are de-wormed twice yearly
  - Help teachers generate interest among children in participating in school health activities
-

## The Benefits of Clustering

Early experience in SHEP in Ghana found that the training of School Health Clubs one school at a time was not sufficiently motivating for the participants. Instead, by training them (workshops, discussion sessions) through clusters, where a maximum of five–six schools forms a cluster, CRS found a higher level of enthusiasm as children made friends, visited communities outside their own, exchanged ideas, and developed a healthy level of competition among themselves.

## 4. Involving Children in the Start-up and Governance of Clubs

### Establishing Roles and Responsibilities

An important feature of CRS/Ghana’s school health program is that it involves children at each level of implementation. Involving children in programs affecting their lives is critical; it improves effectiveness and ultimately leads to ownership of the program by children and community members, thereby enhancing sustainability. When children are involved, it makes them proud owners of the program, and they happily spread its benefits.<sup>5</sup>



*Secretary of School Health Club responding to questions from participants*

As indicated earlier, the direction of the School Health Clubs does not emanate from CRS/Ghana but from the schoolchildren themselves. CRS/Ghana only facilitates the creation of School Health Clubs as a platform for children to brainstorm and reach a consensus on their roles and responsibilities. In setting up the School Health Club, the important thing is to use a methodology that will encourage the full participation of children. The facilitator’s role is to guide children to maintain their focus on health-related activities.

Some of the most common roles and responsibilities of School Health Clubs include:

- Ensuring that the school environment is clean and stays clean

<sup>5</sup> For more information on the benefits of child participation in education initiatives, please see [http://www.crs.org/publications/pdf/Edu200705\\_e.pdf](http://www.crs.org/publications/pdf/Edu200705_e.pdf).



- Practicing good personal hygiene, and educating their peers to do the same
- Making sure that the hand-washing containers have clean water for use during school hours
- Using dramas, quizzes, and other activities to educate their peers and parents to patronize only sellers of hygienically prepared or preserved foods
- Designing and implementing IEC and BCC strategies specific to their school and community
- Assisting the school health teacher to conduct health inspections in the school. In these regions of Ghana, school health teachers conduct weekly inspections focusing on the various parts of the body—finger nails, teeth, hair, hands, and so on
- Assisting Community School Health Management Committees and the school health teacher to organize health talks to community members
- Helping make the school an attractive place by maintaining beautiful landscaping and promoting gardening and tree planting
- Helping destroy mosquito breeding places in and near the school

## Fundraising

In Ghana, School Health Clubs have generated money and other resources in a variety of ways, including:

- Audience donations during drama activities
- Gardening and sale of produce
- Collection of Shea nuts for sale
- Appeals for funds to local organizations, groups and individuals
- Sale of club souvenirs, such as t-shirts

## Decision Making and Implementation

Some of the strategies used by the CRS/Ghana SHEP program to involve children in decision making and implementation include the following:

- Including School Health Club members alongside adults in activities to sensitize the school and community on the aims, objectives, and benefits of school health
- Training sessions to build children’s capacity to organize school health activities, diagnose personal and environmental health problems of their peers, and conduct meetings

“*School Health Clubs are a good basis for introducing children to participate in decision making regarding their own health, hygiene and sanitation...*”

- Assisting children to compose songs, poems, and drawings and write simple letters on health issues
  - Assisting children to draw up and implement action plans related to personal and environmental health issues
  - Motivating children by helping them undertake excursions to both clean and polluted places, to help them appreciate the sharp contrast and inspire them to take action
  - Supplying incentives like T-shirts and calendars with simple health messages
  - Encouraging children to compete among themselves through dramas, quiz competitions, debates, drawings, poetry recitals, composition of short stories and songs. Attractive prizes can be given as awards
  - Instituting a best club, best school award
  - Encouraging club members to act as role models for their peers
  - Involving children in the drafting of a constitution for the management of the clubs
  - Working with School Health Clubs in clusters to foster friendships and exchange ideas
-

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## **Roles and Responsibilities of Club Executives**

Each CRS/Ghana School Health Club has a membership of 20 students (10 male and 10 females). Membership is based on interest. However, to keep the club together and provide it with direction, leadership is needed. To become a leader of a School Health Club, a student must be elected by the entire school to serve in a particular capacity. This section spells out the roles and responsibilities of the various School Health Club officers. All executives of the club are students. Ex-officio members may include other elected student representatives. Club patrons, and members of the School Health Club, are the school health teacher and an elected member of the CSHMC.

### **The President**

- Presides over all meetings of the club
- Casts a ballot on difficult issues, in consultation with the health teacher
- Informs/discusses with school authorities any pressing issues concerning the association
- Signs all incoming and outgoing letters for the club
- Sets meeting agendas, in consultation with the other executives and the school health teacher, fixes the meeting venue and time, and identifies guests
- Closes meetings and identifies actions for follow-up

### **The Vice President**

- Performs all duties of the president in his/her absence
- Performs other duties as required by the president

### **The Secretary**

- Keeps the minutes and correspondence of the club
- Keeps the tangible assets of the club, such as stamps, registers, rulers, pens, and the minutes book
- Writes the correspondence of the club for the signature of the president

### **The Organizing Secretary**

- Invite other pupils, teachers, community members to club meetings and activities
  - Sees to the preparation of venues for meetings and other activities
  - Welcomes any invited resource persons or dignitaries from the community to meetings and activities of the group
  - Consults the patrons for assistance in any of these tasks
-

## **The Treasurer**

- Keeps the financial assets of the club
- Keeps the financial records of the club
- Presents financial records for auditing on a regular basis to the patron, president, and secretary, who form the auditing subcommittee. The auditing subcommittee is then responsible for making the results of the audit known to the whole school

## **Ex-Officio Members**

- Attend all executive council meetings and make comments and suggestions
- Enjoy all privileges except voting privileges, and are actively involved in all plans and activities of the executive council

## **Patrons**

- Provide guidance and direction to the club
- Demonstrate measurable interest in the day-to-day operations of the club
- Liaise with the head teacher to provide resources and time for the activities of the club

# **5. Success Stories of Child Participation**

## **School Health Club of Adaboya Primary School**

School Health Club members and the school health teacher observed that the incidence of diarrhea among children in Adaboya rose each year when the shea nut was in season, between the months of March and August.

The shea nut is a delicious greenish fruit from the shea tree, the seed of which, when processed, yields a butter that is widely used in cosmetics as a moisturizer and emollient. The seed is also edible, and is used in the chocolate industry as a substitute for butter. Children often collect fallen nuts and eat the pulp surrounding the seed.

The club members, apart from educating their peers to always wash the nuts with clean water before eating them, also took action to break the fecal-oral cycle of transmission by encouraging hand washing with soap. In order to ensure a continuous supply of soap, a project was initiated whereby each pupil was tasked to store the seeds of the shea fruit they consumed. At the end of August each year the accumulated seeds were sold and the proceeds used to purchase cartons of soap for the school. The surplus funds were saved in the local community bank in Bongo, the district capital.

This tradition was quickly transferred to the wider community, which saw a marked reduction in the incidence of diarrhea.

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## School Health Club of Feo Primary School

For many years the Feo Primary School, in the Bongo district of the Upper East Region of Ghana, was regularly overwhelmed by the unpleasant stench from people indiscriminately urinating near the school. Realizing the danger posed by this unhealthy practice, the School Health Club members initiated action to improve upon the sanitation of the school.

School Health Club members appealed for support from the larger community, through the SCHMC, to engage local masons to put up two urinals for boys and girls. The club members volunteered to provide labor by fetching water and carrying mortar for construction.

In a similar way, School Health Club members realized that children were indiscriminately leaving toilet paper on the toilet floor and the school compound. In response, they repurposed empty vegetable-oil cans as garbage containers.

## 6. Building Sustainability in CRS/Ghana's School Health Program

For CRS/Ghana, sustainability refers to the ability to maintain project benefits over time. In the context of school health, it means being able to reach successive classes of primary school children with adequate and appropriate knowledge to enable them to make positive decisions regarding their own health, hygiene, and sanitation practices and to influence their peers and parents. CRS/Ghana's School Health Education Program views sustainability as a critical goal and therefore adopts an inclusive approach in the planning, design, and implementation of school health strategies.

### **Some of the issues or challenges to sustainability identified by SHEP include:**

- Sustained community commitment and participation in school health activities
- Inadequate resources to provide alternative options for safe and hygienic sanitation practices
- High attrition rate of trained school health teachers
- Sustained commitment by government partners
- Low knowledge level of school teachers and community members in school health and hygiene programs
- Inadequate time in the school calendar for school health activities

There are various strategies CRS/Ghana uses to build sustainability in its programs to ensure continuity. These include the following:

“...they monitor to ensure that their fellow community members are abiding by simple hygienic practices, obeying by-laws enacted, and attend meetings, dramas, health talks regularly...”

## Targeting Children

CRS/Ghana uses schools and schoolchildren as an entry point for introducing sanitation and hygiene education to the wider community. With schools and schoolchildren CRS has a constant supply of new members, even though children graduate and newcomers join. Involvement of schoolchildren at all levels of the program enables them to acquire knowledge and skills for life and pass these on to their peers and other members of their community.

By directly participating, children learn about health by doing. This is an effective way to help young people sustainably acquire the knowledge, attitudes, values, and skills needed to adopt healthy lifestyles that they can take with them when they leave school.

## Building Support through Joint Activity Planning and Participation

The success of a school health program demands an effective partnership between the Ghana Education and Health Services, teachers, and health workers. In implementing the school health education program, CRS also collaborates with existing governmental organizations mandated to do school health. These stakeholders jointly identify responsibilities and coordinate to improve health and learning outcomes for children.

Once the diagnosis of the health, hygiene, and sanitation problems of the school and community is done by club members, these are shared with the community through the CSHMC. The School Health Clubs and the CSHMCs jointly meet to plan for addressing the problems. A joint action plan is then drawn up and resources (material and human) pledged to address the issues outlined in the plan.

## Inclusive Participation and Ownership

Participation here includes the active involvement

of club members and community members in identifying their hygiene and sanitation needs and finding their own solutions. The maintenance and use of existing sanitation facilities, conducting hygiene education activities, and decision-making responsibility throughout the project all make children feel pride in and responsibility for what they have done.

### **Resource Mobilization**

Mobilization of resources within the locality to enhance club activities is the surest way of attaining sustainability in school health programs. Once the School Health Clubs and the community are able to mobilize some resources to carry out school health activities, the program can go on without support from CRS. Training and sensitization have led club members to undertake income generating ventures, such as picking and selling shea nuts. Clubs have also raised funds through general cleaning of community common areas, like markets where people congregate; picking of stones to sell to building contractors; and basket weaving. This income supports school health activities like buying soap for hand washing and purchasing simple local costumes for drama and other recreational activities.

### **Capacity Building**

Capacity building of key actors in SHEP is crucial to sustaining the School Health Club concept. In Ghana, capacity building takes place in workshops and trainings for club members, teachers, CSHMC members, and other partners. With effective capacity building, partners and key actors are empowered to continue after CRS has left the community.

## **7. Monitoring of Projects and Activities**

Regular monitoring of SHEP is essential to success. The objective of monitoring is not only to collect information but to critically analyze how the program is going, document successes and challenges, and offer technical support and guidance to correct problems.

Appreciative Inquiry, an approach to organizational change developed by David Cooperrider and Suresh Srivastva in the 1980s, is the basis of CRS/Ghana's monitoring strategy. "The approach is based on the premise that 'organizations change in the direction in which they inquire.' So an organization which inquires into problems will keep finding problems but an organization which attempts to appreciate what is best in itself will discover more and more that is good. It can then use these discoveries to work toward a future where the best becomes more common."<sup>6</sup>

<sup>6</sup> [www.new-paradigm.co.uk/Appreciative.htm](http://www.new-paradigm.co.uk/Appreciative.htm)



*A community school health management committee chairperson in a group work session with club members*

CRS/Ghana's monitoring strategy is further guided by the use of action plans. The content of each action plan is tailored to a particular school and community, according to the hygiene, sanitation, and health situation there. Each School Health Club has its own action plan, based on the health issues it has identified. Monitoring visits use the action plan as a basis for assessing the School Health Club's progress toward its goals.

### **Monitoring takes place at various levels of SHEP, as follows:**

#### **■ The School Health Teacher**

The school health teacher is the pivot around which the school health program revolves. The health teacher undertakes weekly personal hygiene inspections of all pupils of the school and, with the support of other teachers, inspects the school compound and sanitary facilities daily. He/she also collects all the IEC and BCC health-related activities delivered by all teachers into a simple, standardized checklist called the monthly health report form. The forms are then forwarded to the district SHEP coordinator for validation and onward submission to CRS/Ghana, where the information is recorded in a database. With this system in place, CRS/Ghana is able to analyze and monitor progress across the School Health Clubs. This enables the CRS/Ghana team and partner staff to plan their respective monitoring and follow-up visits to schools and communities. Using the Appreciative Inquiry approach, schools and communities that are doing well are encouraged and challenged to do better. Those not doing well are also encouraged and assisted to strategize to overcome their challenges.

#### **■ Executives of the School Health Clubs**

The School Health Club members also monitor the activities of the program. As noted above, members



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assist the school health teacher during personal health and compound inspection and record their findings on a simple checklist. This information is submitted to the school health teacher on weekly basis, and transferred to the monthly health report. The members also monitor the implementation of their various action plans and seek support from School Health Club patrons.

### ■ **Community School Health Management Committees**

The CSHMCs are also involved in the monitoring of health activities both in the school and community. They ensure that action plans developed by children are completed in a timely manner. Together with School Health Clubs and teachers, they monitor hygiene education sessions as well as inspection of pupils. Additionally, they ensure that their fellow community members are abiding by simple hygienic practices, obeying by-laws enacted, and attending meetings, dramas, and health talks regularly. CSHMC members pay unannounced visits to public places, such as markets, to inspect general cleanliness. Through monitoring, CSHMC members are able to draw up plans to mitigate hygiene and sanitation problems on quarterly basis.

### ■ **Regional and District SHEP Coordinators**

Coordinators monitor the program on behalf of the Ghana Education Service, which has the mandate to run school health programs. As noted above, CRS/Ghana, together with government partners, has developed monitoring instruments to provide guidance. Each partner visits each school at least once a month. Coordinators in turn report to CRS/Ghana once a month on findings, challenges, and recommendations.

### ■ **CRS/Ghana Staff**

CRS/Ghana's program officers have designated districts in which they monitor the activities of the school health program. Their district assignments change quarterly, so no one officer stays in a district for more than three months. This enables the various School Health Clubs to tap the expertise of different officers, which further aids program effectiveness. The officers are also guided by a monitoring checklist and offer recommendations to help improve the program.

### ■ **Ghana Health Service Staff**

GHS has designated nurses who visit the schools and communities to offer advice during monitoring sessions. They normally monitor the CRS de-worming program. They also conduct health assessments of pupils, treat minor ailments, and refer serious cases to other health specialists. The GHS nurses share their findings with the GES district SHEP coordinators for incorporation into the coordinators' quarterly reports to CRS/Ghana.

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## 8. Content of Training Programs

This chapter looks at the content of training program for the School Health Club. Training forms a key component of CRS/Ghana's capacity building strategies for its implementing partners. Under the SHEP program, CRS/Ghana offers training to School Health Clubs once a year.

### Composition

CRS/Ghana uses a cascade approach in the training of club members. Ten members are selected from each school to attend the training sessions; they in turn are able to deliver training to their colleagues when they return home.

### The training programs are geared to the following goals:

- Give children more insight into the school health program and build their capacity to organize and participate in school health activities
  - Educate children on good personal hygiene, sanitation, and environmental practices
  - Share with children how poor hygiene, sanitation, and environmental practices can be harmful
  - Assist children to identify personal hygiene, sanitation, and environmental health problems among themselves and in and around their schools and communities with the aid of checklists and the “circle of assessment” tools
  - Assist children to draw up and implement action plans for personal hygiene, sanitation, and environmental health issues
  - Assist children to compose songs, poems, drawings, and simple letters on health issues
  - Motivate children by helping them to undertake excursions to clean and polluted areas, to help them appreciate the sharp contrast and motivate them to take action
  - Provide children with the skills to conduct meetings with their peers
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## 9. Challenges Facing School Health Clubs and Suggestions for Improvement

Implementing the School Health Education Program by empowering School Health Clubs to be proactive in hygiene, sanitation, and environmental education has not been without challenges. Notable among them are the following:

**1. High rates of attrition.** CRS/Ghana operates in some of the poorest communities in northern Ghana. These areas tend to lack such things as potable water, electricity, good roads, and transportation. Teachers in these schools frequently seek to be reassigned to urban areas that have such amenities. When they leave, they take with them the knowledge and experience they've gained.

**2. Volunteerism fatigue.** Thus far, all partners—government officials and community representatives—are contributing and participating in SHEP activities as volunteers, and there are times when it is difficult to have their full participation and commitment. CRS/Ghana does not pay financial incentives or salaries. Once in a while in-kind incentives are provided, such as t-shirts, motorcycles, fuel, stationery, trash cans, rakes, gloves, and boots. However, these incentives seem to be insufficient to motivate all members.

**3. Coordination among partners.** Even though collaboration has been a key to the success of the program, challenges remain. Despite review meetings, joint planning, and sharing of activity plans, there are occasions when government partners, especially, are not able to participate. This stems from the fact that the government partners have so many other partners (NGOs) who have similar demands for the use of the same key officers. The government's coordination of the activities and schedules of these NGOs has often been ineffective.

**4. Inadequate coverage of water and sanitation facilities.** Some participating schools lack adequate water and sanitation facilities, making it difficult for children to practice what they have been taught. For effective school health programming, there should be a balance between hygiene education and water and sanitation provision.

**5. Seasonal low attendance to club activities.** Even though parents understand the importance of the club activities and their benefit for children and themselves, some are still compelled to keep schoolchildren home during the planting and harvesting seasons, limiting attendance at School Health Club meetings.

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## **Suggestions to Improve on the School Health Club Concept**

**1. Sensitization.** There should be continuous sensitization to leverage the support of community members and parents in club activities.

**2. Integration of SILC.** SILC stands for Savings and Internal Lending Communities. The basic principle is that a self-selected group of people form a SILC and pool their savings, which becomes a source of loan capital for the group members. The purpose of a SILC is, principally, to provide savings and simple insurance facilities in a community that does not have access to the formal financial services sector. When the amount of money saved by the membership is sufficient, any SILC group member can borrow from this source and repay the loan with interest. This allows the fund to grow, as members multiply their assets by investing their loans in productive, income-generating activities. Provision of microcredit activities to assist CSHMTs would both motivate them and help mobilize resources to support School Health Club activities.

**3. Integrating support for improved agriculture production.** Communities which are mostly agrarian could be supported in their farming activities through credit packages or improved market linkages to increase the productivity of farmers. Indirectly, this can boost participation in the School Health Club. This may be especially so when communities and parents know it is through the club concept that they are enjoying these benefits.

**4. Child rights issues.** School Health Clubs are a good basis for helping children begin to participate in decision making regarding their own health, hygiene, and sanitation. It can be expanded to include other issues that touch on child rights, such as education, play, and the civic and moral needs of children.

**5. Advocacy activities.** In addition to the dramas, quizzes, and debates organized in the school and community by School Health Clubs, endeavors can also be made to organize at least annual meetings with local, district, regional, and possibly national government officials. These meetings can be used for advocacy on select needs of children, which they identify themselves.

**6. Club-to-club learning.** In addition to clustering, there should be times when all School Health Club members (not only the executives) can meet for a jamboree. Here they would be able to make friends and learn from each other.

**7. Excursions.** Excursions organized for School Health Club members will help them spread best practices to surrounding communities and peers. It will also encourage many children to join the club.

**8. Audio and video recordings.** Making recordings of School Health Club drama performances and other health campaign activities, and playing them back for additional audiences, can serve as a source of motivation for the club members.

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## CRS in Ghana

CRS has operated in Ghana since 1958 with the goal of improving the quality of life among the poor and most vulnerable and helping victims of natural and man-made disasters. The choice of humanitarian and development activities is based on the organization's mandate to alleviate suffering and its commitment to work for the poorest of the poor. In Ghana, these are most often women and children in food-insecure households in rural communities where the major income-generating activities are farming and agro-processing.

To achieve its goal, CRS/Ghana acts as a service and support agency for programs and projects, which are implemented by the Catholic Church, the Government of Ghana and its various ministries and agencies, and other religious and nonreligious organizations that pursue common development goals.

Since 1987, in the spirit of CRS' mission to work with the poorest and most underprivileged populations, CRS/Ghana has focused its efforts on the country's three northern regions: Northern, Upper West, and Upper East. Two exceptions are the HIV project and the Safety-Net initiative, which are operational throughout Ghana.

CRS programming in Ghana today focuses on five major areas: education, health, water and sanitation, agroenterprise and conflict transformation. Education is CRS/Ghana's longest standing program and includes school feeding, school health education, and quality education improvement. CRS/Ghana's education program reaches all 38 districts in the three northern regions.

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