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Team Leader's Statement

As the Right for Equality Education Team, we strive to highlight the importance of fighting for an educational environment that helps children develop (critical) thinking skills, makes them prosper, and most importantly inspires them in a multifaceted way. Therefore, we particularly focus upon schools throughout the continent of Africa, considering that education, despite being a human right, is not available to all African children, particularly in low income countries. Resultantly, we aim to shift the discourse, turning education into an aspect that does not seem at odds when thinking about the continent of Africa but rather in harmony with it.

"Education is the most powerful weapon which you can use to change the world" as Nelson Mandela mentioned. We aim to achieve this goal by employing various fundraising strategies, that are both in cooperation with Dutch and International schools as well as companies, whose values and objectives align with our vision. This goal is achieved by employing a twofold fundraising strategy: On one hand we create partnerships with International and Dutch companies, on the other hand, we collaborate with schools throughout the Netherlands, which support our values and want to support our fight for an uplifting educational environment in African low-income countries.

By collecting donations, we provide funds to various schools, which are then able to improve their facilities, including both the classrooms as well as the washrooms.

One of our current fundraising projects is dedicated to the Matinza School, in Matinza village, Uganda. The school includes around 934 students and 19 teachers, who are all eager to strive in an uplifting educational environment, however the current facilities do not allow for that. Therefore, we are currently organising an event called "Walk for Water", at International and Dutch schools, during which students and teachers donate money for the distance they have walked or run.

Considering that the project was a success last year, we expect nothing less and are content to see that schools throughout the Netherlands are eager to contribute to our mission of "right for quality education".

In order to provide more insights into the current educational system in African countries, while further drawing attention upon other pressing difficulties, this magazine presents four articles, written by different authors.

The first article addresses the intersection between menstrual health and school attendance, while the second focuses on how expressive dance and drama support gender equality. Then, the third article discusses the issue of gender differences and militarisation. Finally, the fourth author addresses the education facilities in Uganda.

Last but not least, I would like to issue a special thank you to all the CAJPHR Right to Quality Education Team members who have helped produce and publish this issue of the magazine for their dedication and commitment to this cause. I also wish to thank the CAJPHR founder and board members for creating the platform.

Catherine Draï, Former Leader of the Right to Quality Education Team of the Centre for African Justice Peace and Human Rights.

Menstrual Health and School Attendance: Evidence from the Ritu Programme in Bangladesh

FEMKE VAN HEUN

Introduction

Menstruation is one of the reasons that girls miss more school days compared to boys. In general, menstruators' main barriers to schooling are taboos and restrictions around the menstrual period as well as a lack of products and services to handle menstrual blood. Therefore, most menstrual health (MH) (3) interventions in the Global South focus on increasing menstruators' attendance rates. Several (academic) studies have highlighted the gap in evidence for quantitative studies on the causal effect of MH interventions: the link between improving menstrual health in schools and increased school attendance is hard to prove. (4) The randomised controlled trial (RCT) conducted alongside the Ritu programme was the first large-scale clustered RCT to demonstrate the causal effect of a multi-faceted MH programme on school attendance. This article will highlight the key evidence-informed interventions Simavi used for this programme (running from 2015 to 2020) as well as key learnings from the project as a whole.

Why menstrual health?

An estimated 1.8 billion girls, women, transgender men, intersex people, and non-binary people of reproductive age menstruate every month. (5) With menstruation being an essential and natural part of the reproductive system, it is a fundamental right to have the ability to navigate menstrual health (MH). However, menstruation is often seen as a taboo subject and it is used to suppress the menstruators' position in society. Achieving menstrual health for all is therefore imperative to improve global population health, achieve the Sustainable Development Goals, and realise gender equality and human rights. (6)

There has been a growing awareness and understanding of menstrual experiences and their overlap with physical, mental, and social health in international development. Interventions mainly come from the policy fields of Sexual and Reproductive Health Rights (SRHR) or Water, Sanitation, and Hygiene (WASH). (7)

Simavi has been developing several programmes that focus on the intersection of women, WASH, and climate. Building on the learnings of the Ritu programme (8), a successful combined menstrual health intervention in Bangladesh, we will share how this programme achieved breaking down menstrual barriers and improving the menstrual health of school girls.

Evidence-informed programming

The Ritu programme was designed using evidence-informed programming principles with support from the Impact Centre, Erasmus University (ICE). Essential to this approach is the use of sound evidence to better understand how sustainable change comes about, which interventions are most likely to have the desired effect, and to use this information upfront in the design of the programme. The main activities were consulting the evidence base on menstrual health programming in Bangladesh and on a global level through formative research (9) in Bangladesh and the Netrokona district.



Findings from the academic literature review conducted by ICE indicated that evidence on the impact of menstrual health interventions on school attendance and performance is mostly anecdotal. Seeing the need for more rigorous and scientific evidence on the causal effects of MH interventions, especially on girls' school attendance, Simavi issued a randomised controlled trial (RCT) (10) to evaluate the impact of the Ritu programme. The randomised controlled trial's main advantage is that the data is collected in a controlled environment which ensures that the impact measured is most likely a direct consequence of the Ritu program. The data collected was used to provide academic evidence on MH interventions as well as informing and improving Simavi's MH programming and interventions. The Ritu trial is the first to demonstrate the positive impact of a MH programme on school attendance using a comprehensive dataset of school records, survey data, and spot-check data to measure attendance. (11)

Menstrual health programming: Simavi's best practices

There are some key components we believe contributed to the effectiveness of the Ritu programme, and these are outlined in the following section.

Less is more

The evidence-informed programming resulted in a very well thought out, thorough set of direct interventions that were in strong alignment with existing knowledge and local needs and priorities in Netrokona. Although Ritu was a multifaceted programme, one of its strengths was limiting the number of different interventions.

As illustrated by the Simavi Monitoring, Evaluation and Learning (MEL) advisor: "One thing I have learned is not to try to do too many different activities, but to select a smaller number of interventions using evidence and do these really well. In this way, a programme is most likely to achieve the expected impact."

During the programme, Simavi invested in interventions that were proven to work (12). Specifically, our partners focused on training (head)teachers to give menstrual health lessons and budget mobilisation in schools to improve or construct menstruation-friendly WASH services.

Sequencing

Current evidence demonstrated that educational interventions were less effective when menstruators cannot directly practise their newly learned behaviour. In other words, WASH services need to be in place before teaching students about menstrual health and menstrual practices. Therefore, the programme started with realising menstruation-friendly WASH services through a budget mobilisation approach. DORP, a Bangladeshi NGO that implemented the WASH interventions, engaged a student forum to mobilise funds from existing school budgets, to raise funds from parents and community stakeholders, and to claim assistance from the school water and sanitation budget from local governments. Only after that was achieved, the trained teachers started their menstrual health lessons as part of their lesson plans.

Train at least 10 teachers and the headmaster

To successfully change a school environment, evidence demonstrates that it is necessary to train at least 10 teachers and the headmaster for the MH curriculum. Besides creating an understanding and supportive environment, it is also essential to not rely on individual teachers. During the Ritu programme, we focused on training the



majority of the teachers, with 10 being the absolute minimum. For the teachers' training, Simavi developed a comprehensive menstrual health training manual based on available literature (on WASH, SRHR, and menstrual health), and manuals and materials developed by Simavi and other organisations.

Teachers were trained by BNPS, a Bangladeshi NGO that implemented the SRHR interventions of the programme. The training focused specifically on teaching the curriculum to students aged 10-18, and the focus was on understanding the context and gaining didactical skills to teach sensitive topics. The sustainability of menstrual health interventions in schools largely depends on the commitment of teachers and headmasters to continue the lessons. In addition to the earlier provided training and support, BNPS organised another fifteen meetings with school management committees (SMCs) during the extension period.

Target menstruators early

School-based MH programmes often do not target menstruators early enough; usually after age 12. Therefore, menstruators are often unaware of menstruation at the time of their menarche (the first menstrual period). The Ritu programme addressed this limitation by targeting students from age 10.

Impact Ritu programme

Both the quantitative and qualitative evaluations (13) administered during the programme showed a positive and significant change in MH knowledge, beliefs and behaviour amongst students, teachers and parents. As illustrated by the Ritu programme manager, Mahbuba KumKum: "I see girls that are not ashamed because of menstruation, talking openly about menstruation, expressing their needs, playing and exercising during menstruation, going to school or work. I see fathers buying pads and mothers giving nutritious food to their daughters during menstruation. I see teachers proudly teaching about menstruation as a normal and natural function of our bodies."

School attendance

The clinical trial data demonstrated that the school absenteeism of menstruators who received the Ritu school intervention reduced by 20.9% compared to the control group that did not receive any interventions (14). The Ritu programme was thus able to increase school attendance by improving menstrual health in schools. We also found that menstruators pre-menarche have significantly lower school absence rates than menstruators who have started menstruating, providing further evidence that menstruators indeed miss school due to being on their periods.

Supportive school environment

The atmosphere around menstruation in schools also changed. The programme observed a significant and positive impact on boys' understanding of menstrual health. Compared to 47% in the control group, an impressive 100% of menstruators reported they felt that boys in school understand what menstrual health is. Moreover, 90% of boys answered 3 out of 5 statements related to menstruation correctly.

Findings from focus group discussions confirmed that the knowledge and attitude of boys improved: since boys attended the menstrual health lessons, they stopped teasing girls about menstruation. The knowledge of teachers also increased significantly: before the first training, 12% of the teachers could explain what menstruation is, and after the refreshing training this rose to 96%, thus demonstrating further that the training of teachers under the Ritu programme was effective.

Shifting taboos and increased empowerment

One of the main aims of Ritu was to promote the inclusion of menstruating girls in society. The RCT demonstrated that girls' mobility during their menstruation increased significantly; they were more likely to perform daily activities that were traditionally considered taboo for menstruators. Moreover, menstruators report growing confidence to talk about menstruation in school.

Of the control group, only 6% stated that they felt comfortable talking about menstruation with their teachers, against 39% of menstruators who received the school intervention. These findings are important because the results suggest that long-prevailing restrictive beliefs surrounding menstruation can at least partially be changed and the mobility of menstruators can be improved. Through reliable and scientific evidence, the RCT was able to demonstrate how the Ritu programme successfully increased psychosocial outcomes and confidence during menstruation, both at school and at home. For instance, compared to the control group, menstruators participating in the Ritu programme reported being less embarrassed during their menstruation. 67% of menstruators felt confident to perform their preferred menstrual practices at school, compared to 43% in the control group.

Access to WASH

Access to WASH services in school increased significantly. The Ritu programme had a positive effect on the student-toilet ratio: the number of students per toilet decreased by roughly 7. The quality of the toilets improved too. Concerning the MH-friendliness of toilets in school, menstruators were significantly more likely to report that the toilets had soap, a bin, light, and water inside, and also that they were clean.

Sustainability of menstrual health interventions

Seeing the positive impact on menstrual health and school attendance, most schools expressed their commitment to continue the lessons on menstrual health and to maintain the toilets.

We did find that during the handing-over period of 8 months, teachers of all six schools delivered menstrual health lessons at least once a month. The maintenance of the toilets was also continued in schools.

As the programme interventions were designed to last beyond the programme, Simavi performed a sustainability study in September 2021, 6 months after the handing-over period ended.

Unfortunately, all implementation activities of the Ritu programme stopped at the start of the COVID-19 lockdown in 2020. During the sustainability study, we found a drop in motivation. Some teachers mentioned that their knowledge of menstrual health had decreased, or that they now felt less comfortable talking about the topic. Where it might be difficult to avoid the impact of the COVID-19 pandemic, it should be possible to work toward wider and longer-lasting change. Our results in terms of the sustainability of a MH programme are not unique, and observed in other programmes where teaching plays a significant role in changing behaviour and understanding. However, funding often does not allow organisations to evaluate sustainability after the programme has ended. For Simavi, there is a clear need to increase the focus on research and sustainability studies before, during, and after MH programmes.

Conclusion

The Ritu programme and its rigorous evaluation performed through a randomised controlled trial methodology demonstrated that a menstrual health programme is able to break down long-standing menstrual barriers and improve school attendance. The evidence showed a positive and significant change in MH knowledge, beliefs, and behaviour amongst students, teachers, and parents. The programme taught Simavi several practices for increasing menstrual health in schools. First, investing in research before the start of the programme is essential to better understand how sustainable change comes about and which interventions are most likely to have the desired effect. Second, when working on behavioural change, sequencing interventions is crucial for success: menstruators need to be able to practice newly learned behaviour immediately to avoid losing momentum. Third, to work towards long-lasting change, an increased focus on research and sustainability studies of MH programmes are essential. Simavi continues to work and advocate for combined menstrual health programmes in schools and is currently using the outcomes of the Ritu study to inform its current and future menstrual health programmes.

References

- At the time, this information was taken from the most recent National Hygiene Survey in Bangladesh (2014). See the full report at: <https://www.ircwash.org/sites/default/files/bnhbs.pdf>.
- Examples are a needs assessment and collecting attendance and performance data from 187 schools in the Netrokona district
- Hennegan, Julia and Paul Montgomery (2016). Do Menstrual Hygiene Management Interventions Improve Education and Psychosocial Outcomes for Women and Girls in Low and Middle Income Countries? A Systematic Review. National Library of Medicine, 11 (2).
- Hennegan, Julia and et al. (2021). Menstrual health: a definition for policy, practice, and research. *Sexual and Reproductive Health Matters*, 29 (1), 32-38.
- In terms of evaluation methods, we used a combination of the randomised controlled trial and several qualitative methods, such as focus group discussions. The combination of both methods was used throughout the programme to both evaluate and sharpen the interventions.
- Lidwien Sol, Eleonora E. Nillesen and Paul Smeets (2021). Breaking Down Menstrual Barriers in Bangladesh; Cluster RCT Evidence on School Attendance and Psychosocial Outcomes of Adolescent Girls.
- Menstrual health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle. See Hennegan et al., 2021 for a comprehensive menstrual health definition.
- Ritu is a girls 'name and means 'season' in Bengali and is also used to indicate menstruation in Bangladesh.
- Simavi refers to 'women and girls' as their key target group. However, they view both sex and gender on a non-binary spectrum. Therefore, Simavi strives to include all people who self-identify as female, as well as those who do not self-identify as female but do have specific needs due to menstruation and/or pregnancy.
- Sommer, Marni and et al. (2015). Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue. National Library of Medicine, 105 (7), 1302-1311.
- The RCT was led by Lidwien Sol, PhD in collaboration with Prof. Eleonora Nillesen (UNU-MERIT) and Prof. Paul Smeets (Maastricht University) and also Dr. Julie Hennegan at (then) Johns Hopkins Bloomberg School of Public Health (currently Burnet Institute)
- This was measured as part of the RCT in 1) the intervention group existing of 78 schools and 14.000 girls and 2) the control group existing of 70 schools and 14.000 girls.
- UNICEF (2019). Guidance on Menstrual Health and Hygiene.
- Various tools were employed to test these interventions in practice and adapt the programme where necessary. Examples are pretesting, performance monitoring and progress monitoring. The findings of the various (self)test undertaken before and during the programme were continuously analysed, discussed, and incorporated in the programme to ensure quality and enhance the impact of the programme.

Kuyanana: Developing healthy relationships and gender equality through dance, dialogue and drama.

EMMA LOADER

Once you have experienced the sights, smells, ambience and people of Malawi, widely known as ‘the warm heart of Africa’, they soak deep into your soul and are impossible to forget. I first became acquainted with this beautiful country in 2016, when I volunteered one summer with UK literacy charity ‘The Book Bus’. The country and its people soon became a part of me and three years later, I enjoyed a nine-week sabbatical from my teaching job, assisting the wonderful Ripple Africa (www.rippleafrica.org) with their education projects. This and subsequent experiences with the NGO, led to a passion for international development and the pursuit of a Masters in Education and International development, which I have just completed.

Throughout the course, I became particularly interested in gender equality in Malawi, with the sub-Saharan African country being ranked 174 out of 189 on the UN’s Gender Inequality Index (GII) (UNDP, 2020). There have been important steps taken to improve these inequalities – for example, with the Malawian government increasing primary education access in 1994 and the ratifying of the UN Convention on the Elimination of All Forms of Discrimination against Women in 1987 (UNESCO, 2019). In 2013, the Gender Equality Act Implementation and monitoring plan also launched, which attempted to promote societal gender equality (Scotland Malawi Partnership and The Open University in Scotland, 2014).

However, as of December 2020, less than 42% of the indicators needed to achieve gender-related SDGs were met in and GBV against Malawian women is a prominent issue, with a quarter of 15–49 year-olds experiencing violence from a current/former partner (Concern Worldwide, 2021).

Concern Worldwide also document the issue of young marriage, with 42% of women in Malawi (20-24 years) marrying before their 18th birthday. Only 47% of Malawian women report to have autonomy over their bodily and SRH health (Concern Worldwide, 2021) and 44% of married women say their husbands make decisions about their healthcare (Oxfam, 2015). Embedded gender norms have a substantial influence on HIV prevention, treatment, testing access and support, coupled with women’s limited SRH agency, leading to reduced participation in accessing crucial care (National Aids Commission, 2020).

In 2002, the Malawi government introduced Life Skills (LS) and Sexuality and Reproductive Health Education (SRH) into schools, in order to improve gender inequality and women’s sexual health self-participation. One of the main objectives was to empower learners and teachers with LS for HIV prevention, sex and sexuality issues (Maluwa-Banda, 2003).

Although the curriculum content has been successful in challenging gender role representation, it has struggled to empower girls’ own practice – their decision making and choice. This is due to a number of factors, including the curriculum’s



emphasis on the negative views of sexuality, as opposed to knowledge development surrounding safe, consensual sex. Societal factors have also inhibited this agency, such as social norms and the beliefs of parents/communities impacting the delivery of some LS themes. Curriculum delivery and teacher agency are also issues as a result of limited training, poor infrastructure and teachers' own belief systems.

There were some positive findings from Malawi's Fourth Country Program research, conducted by UNESCO and UNFPA (2012), where the LS curriculum was judged as effective for introducing SRH information in primary/secondary schools. The programme was seen to nurture skill building and attempts to address social context issues, providing a solid foundation for gender equality, especially in the younger years. However, UNESCO and UNFPA note that although gender norms are challenged within the curriculum, some are incidentally, harmfully reinforced.

Limited information regarding puberty/bodily changes were detailed by UNESCO and UNFPA (2012), as well as pregnancy prevention and STIs. Interestingly, UNESCO and UNFPA note that there is virtually no reference to healthy relationships and very often, sexuality is presented in a negative light, abstinence is promoted and sexual risks are highlighted. UNESCO and UNFPA also document limited content on sexual consent and body integrity, support information for abuse victims and scarce attention to empowering learners, building agency, or teaching advocacy skills – the very attributes of a successful LS programme.

During my experiences as a volunteer, I also witnessed this lack of empowerment and agency in LS sessions within upper primary classrooms.

This and the research I had gathered, inspired me to design a participatory SRH project involving two primary schools as part of my Masters module on 'Participation, Health and Wellbeing'. The project is aimed at girls, but crucially, involves boys and is designed to complement the Malawian LS curriculum.

I conceptually framed my project around Kabeer's (1999) theory as I felt it effectively encapsulates its multidimensional spectrum, which is useful as a focal point to analyse the development of girls' agency through the Malawian LS programme. Power, as a concept, is central to Kabeer's theory and the ability for an individual to make choices. As Kabeer (2012) notes, the three key strands of this concept are the 'power within' (transforming the self), 'the power to' (achieving valued goals) and the 'power with' (acting collectively with others).

From this conceptual understanding, 'Kuyanana' (Developing healthy relationships and gender equality through dance, dialogue, and drama) was born. I decided to intend Kuyanana (meaning 'equality' in the local language of Chitonga) to exist within the communities in which these issues are already being tackled by Ripple Africa, who currently work within the community encouraging family planning participation and facilitating gender equality/SRH LS sessions in local schools.

Nikki Khoram, Project Development Manager at Ripple Africa, said:

"At Ripple Africa we have been running Life Skills sessions with primary and secondary school students for several years now as part of our wider Family Planning and Sexual Health project. Through simple yet effective demonstrations, we discuss a variety of issues from gender-typical roles, family size, finances, the impact on natural resources, sexual health and much more. Early marriages and ultimately large family sizes are having a devastating effect on all of Malawi's resources not just the environment"

on which many rural Malawians depend on. Schools are overcrowded, medical facilities are lacking basic equipment, jobs are few and far between. When running these sessions, we work closely with both male and female students as well as with the wider community including parents, women and men's groups and religious groups”.

Nikki also concurs that agency and voice from both males and females is important in achieving gender equality:

“It would be naïve to think that the key to achieving gender equality and women having a voice and choice is by only educating the girls. For change to happen, all members of society need to adapt and change too. Talking to one women's group recently a 24-year-old mother of two highlighted to me that she got pregnant at 19 when she was in Form 3 at secondary school. Her boyfriend was in the year above. He was allowed to continue his education and graduated from high school. This young mum did not and has not been supported by her parents to return. While she told me that this wasn't fair, she had accepted it because in her eyes, and that of her community, it's 'what happens'. It is this narrative that needs to change. We are realists in knowing that this change will not happen overnight, but we are seeing small wins and hope that over time, our work will make a positive impact in creating more equal relationships.”

Kuyanana will encompass the broader and multifaceted view of health through an ecological systems lens, as developed by Bronfenbrenner in the bioecological systems model, whereby reciprocal contextual influences are seen as vital to influencing individual health and wellbeing (Bronfenbrenner & Morris, 2006; Halsall et al., 2018). Key components to the model are process, person, context and time, with 'process' (the interaction between an individual and their environment) being the most important. This theoretical model links well with Kuyanana due to the importance it places on links with students, their caregivers and wider community.

Kuyanana is also grounded on the Ottawa Charter for health promotion (WHO, 1986) which, whilst viewing health and wellbeing as a human right, encompasses three main strategies for health promotion: enabling, mediating and advocating, achieved through participation, equity and empowerment. The five action areas of the charter conceptualisation are to strengthen community action, develop personal skills, create supportive environments, reorient health services and build a healthy public policy.

Ensuring a strategic participatory planning model is in place to guide the project, is essential to ensure structured progression. There are many differing models of health promotion, including Public Health Ontario's (2015) six step framework, featuring pre-planning assessments, goal and outcome setting, strategy establishment, activities, outputs and resources, developing progress indicators and finally, reviewing the project plan. Furthermore, the Community Action Cycle has been used in health project planning, encompassing public/private dialogue to create community mobilisation (Health Communication Partnership, n.d.). The ADDIE model, linked to instructional design, also helps to simplify this graded approach, whilst emphasising the importance of continual monitoring and adjusting, according to stakeholder needs and project outcomes (Educational Technology, 2018).

Elements of these planning frameworks have been combined to create Kuyanana's planning model (Fig. 1), which at its core, holds the key values of an enabling environment (dialogue, empowerment, trust, inclusion and participation).

A bottom-up approach underpins the model, whilst ensuring an Emancipatory Power (ECP) Framework is adopted, encouraging a 'power with' stakeholders to create the 'power to' create long lasting change (Popay et al., 2021).

Engaging males

Many worldwide projects addressing gender equality and societal norms have incorporated men's engagement and shared dialogue between the sexes (Pulerwitz et al., 2019; Oxfam, 2015; DFID, 2008). Kuyanana will ensure men's needs are considered as although power inequalities have given men advantages, they are disproportionately affected by many health challenges (Pulerwitz et al., 2019; UNESCO, 2003). Embedded beliefs surrounding social roles can also be difficult for males to navigate as expectations infer they possess relationship power, often leading to demonstrative violence (FAWE, 2008).

Challenging social norms and promoting decision-making equity

Evidence shows that social norms can influence the allocation of male/female community roles (UNESCO, 2003) and gender equality programmes which challenge these norms and patriarchal beliefs, particularly 'meta norms' (gender ideologies of perceived femininity/masculinity) show success (Concern Worldwide, 2021; Oxfam, 2015; UNFPA, 2017). Individual attitude change is beneficial but not sufficient; instead, over time, when adequate alteration of behaviours are observed, collective behavioural change can occur (UNFPA, 2017; Overseas Development Institute, 2015). Kuyanana will ensure this collective shift by involving varied community members, including those with influence, such as local chiefs. Strengthening agency through capability enhancement is also key. Kuyanana will accomplish this by creating enabling environments for stakeholders to share their views, questions and needs.

Developing self-esteem, self-confidence and advocacy

Key skills identified within successful LS programmes, such as self-confidence, self-efficacy and self-esteem, will be at the forefront of Kuyanana.

They will aid the challenging of social norms/power imbalances, promoting agency through decision-making and autonomy within the school, household and community settings (UNICEF, 2018; Care, 2020; Pufall Jones et al., 2020). Female agency development can improve power relations, transforming the structures contributing to community gender inequalities (Care, 2020).

Participatory Learning Activities (PLAs)

PLAs involve a range of participatory tools and approaches, used to plan, act and reflect, aiming to reverse power imbalances between communities and outsiders (Napier & Simister, 2017).

Feminist PLAs are useful to gather information from all stakeholders, ensuring female representation, whose views may be oppressed (Lykes & Crosby, 2014). Kuyanana's approach will be guided by this PLA philosophy and participants will have significant influence over the project's content, direction and evaluation. Dramatic Problem Solving (DPS) is a successful PLA approach, whereby theatre, story-telling and conflict-resolution combine to enable a community to advocate change (Hawkins & Georgakopoulos, 2010). DPS will be implemented as a tool within Kuyanana, alongside dance, dialogue and drama, outlined below.

Using dance, dialogue and drama

An innovative and effective PLA approach to SRH/LS education, is to create individual leadership over SRH, by incorporating music/dance to create awareness of key topics and skills outlined above (Dance 4 Life, 2022; Jones, 2022). Therefore, Kuyanana's content will be facilitated through Malawian dance, dialogue and stories, all of which are prevalent in local culture. The local language of Chitonga will facilitate the activities, aiding communication and an enabling environment, as the Ottawa Charter advocates.

Gender responsive pedagogy (GRP) facilitator training

Many teachers in contexts such as Malawi, are influenced by their own gender attitudes and have limited opportunities to reflect how these assumptions affect their lives. Therefore, it is important to provide GRP training to reimagine gender constructs through stories, especially in mother tongue and depicting local contexts (Jones, 2022; FAWE, 2018; TEACH-RSE, 2021). Kuyanana will incorporate this using the Forum for African Educationalists (FAWE), (2018) GRP toolkit (adept at limited resource activities) alongside the fundamentals of positive youth development, focussing on developing young people's social and emotional competencies (Taylor et al., 2017). Kuyanana will also be complemented by IGWG's Empowering Young women activities, advancing girls' leadership and advocacy, whilst tackling violence and nurturing self-esteem (YWCA, 2006).

Strategy

The principles of the Ottawa Charter will guide Kuyanana's strategy and mediation will occur through PLA initial assessments of participants' knowledge, needs and skills. Training will ensue, enabling participants' ownership over relevant SRH and gender equality issues. Guided by trained facilitators, an enabling environment of safety and trust will be created, where viewpoints are not only heard but wholeheartedly valued. Social structures and norms within and outside of the school environment will be addressed, so power relations can be challenged (White, 2009).

Kuyanana will adopt the ECP framework, aiming to develop not only the 'power within' by empowering individuals' capabilities, but also the 'power with' and the 'power to', by nurturing the creation of collective community decisions (Popay et al, 2021).

An advisory group will contribute to supporting and guiding Kuyanana, due to their community contextual knowledge. The group will consist of headteachers from both schools, local health workers and the family planning workers already working within the community. They will provide feedback and mediate amongst stakeholders, informing them about the project's progress and being a dissemination information channel (Agency for Healthcare Research and Quality, 2019).

The overall goal of Kuyanana will be to contribute to Sustainable Development Goal (SDG) 5 (Gender equality), namely 5.5 – ensuring leadership and participation by women and 5.4 – promote shared domestic responsibilities. It will also contribute towards achieving SDG Goal 3 (good health and wellbeing) and 4 (quality of education) by ensuring the Malawian LS primary curriculum is effectively enhanced.

Its aim is to promote an awareness of healthy relationships and gender equality amongst standard 8 students (10/11 years) and their caregivers. This will occur through enabling the critical analysis of social norms and gender roles in their own lives, whilst developing self-esteem, efficacy and confidence to participate in relationship/household decision-making.



Three main objectives for Kuyanana are as follows:

1. **(Assess):** To conduct a participatory contextual assessment to understand gender equality experiences (norms, roles and priorities), so that actions needed to improve relationships and gender equality, are established.
2. **(Develop and train):** Train teachers, community health workers and youth group leaders, as a taskforce who will facilitate sessions on key gender equality themes.
3. **(Implement and sustain):** Hold GRP participatory workshops for the standard 8 students within their existing LS curriculum, as well as an after-school club for students/their caregivers. Identify potential future actions and advocate change from practice to policy.



Monitoring

As outlined in the Kuyanana planning model, the monitoring of the project's success will be ongoing so early issues can be corrected and adjusted accordingly. The advisory group will be pivotal to this process and will document all meetings/observations of training workshops. Process and outcome indicators will be monitored – the former being key throughout the early and central project stages (Public Health Ontario, 2016). Questions guided towards the outcome intent will be asked by the advisory group (such as behaviour changes resulting in attitude shifts).

The future for Malawian girls' agency

As well as individual agency, societal change is crucial to girls' empowerment as it can expand or limit individuals' pursuit of the things they value (Kabeer, 1999). The potential is there, yet for girls' gender equality and SRH empowerment to be realised in practice, now and for future generations, institutional laws and social norms, need to be challenged and shifted. It is no easy feat, as many girls feel that contestation brings huge personal costs, yet how can these changes happen? Effective policy has the capacity to inspire 'power within'.

However, I believe the Malawian LS curriculum and delivery, at times, creates 'power over' learners, often indirectly. A revised LS curriculum or supplementary project such as Kuyanana, which nurtures girls' critical voice and self-efficacy, empowering them to take ownership over their own SRH, could be key. Community advocacy and mediation work may then lead to a critical consciousness and a challenging of beliefs regarding gender/social norms. National law change could also be instigated through encouraging collective community action, noted by World Bank (2014) who report that international laws tend to support equality, yet national laws often inhibit women's agency. Kabeer (2005) argues that it is the longer-term agency forms which alter communities and help challenge embedded structures. Change will not be instantaneous, yet over generations, has the capacity of occur, little by little.

In the case of the Malawian LS programme, the kindling of individual agency has been lit in parts of the country, yet many girls fail to further ignite it due to other disabling resources at hand – both social and concrete. The end goal is where the hidden structures of power, gender and class are confronted. Where girls living in both rural and urban Malawi, have the freedom, choice and power to exercise their immediate, intermediate and deeper empowerment, to live the purposeful lives they not only imagine, but wholly deserve.

References

- Agency for Healthcare Research and Quality (2019). Step 2: Form an Advisory Group. Rockville, MD.
- Bronfenbrenner, U., & Morris, P.A., (2006). The bioecological model of human development. Chapter 14, *Handbook of Child Psychology*.
- BSR (2012). Participatory Learning and Action Toolkit: For Application in BSR's Global Programs, HER Project.
- Care (2020). Gender Equality, Women's Voice and Resilience: Guidance note for practitioners.
- Concern Worldwide (2021). Retrieved from:
- White (2009) Analyzing Wellbeing: A framework for development practice. WeD Working Paper 09/44, University of Bath, UK.
- WHO (1986). Ottawa charter for health promotion.
- Dance 4 Life (2022). Retrieved from:
- White (2009) Analyzing Wellbeing: A framework for development practice. WeD Working Paper 09/44, University of Bath, UK.
- WHO (1986). Ottawa charter for health promotion.
- DFID (2008). The Gender Manual: A practical guide, DFID, UK.
- Educational Technology (2018). Addie Model: Instructional Design.
- Forum for African Women Educationalists (FAWE) (2018). Gender Responsive Pedagogy: A Toolkit for Teachers and Schools. 2nd, updated edition. Forum for African Women Educationalists. FAWE House, Nairobi.
- Halsall, T., Manion, I., & Henderson, J. (2018). Examining Integrated Youth Services Using the Bioecological Model: Alignments and Opportunities. *International journal of integrated care*, 18(4), 10.
- Hawkins, S. T., & Georgakopoulos, A. (2010). Dramatic Problem Solving: Transforming Community Conflict through Performance in Costa Rica. *Journal of Alternative Perspectives in the Social Sciences*, 2 (1), 112-135.
- Health Communication Partnership (n.d.). How to Mobilize Communities for Health and Social Change.
- Jones, S., (2022). Storying gender equality in Northwest Uganda: Educators develop contextually and culturally responsive stories in professional development courses. *Teaching and Teacher Education*, Volume 111, 103600, ISSN 0742-051X.
- Kabeer, N., (1999). Resources, Agency, Achievements: Reflections on the measurement of women's empowerment.
- Kabeer, N., (2012). Empowerment, Citizenship and Gender Justice: A Contribution to Locally Grounded Theories of Change in Women's Lives, *Ethics and Social Welfare*, 6:3, 216-232, DOI: 10.1080/17496535.2012.704055.
- Lykes, M. B & Crosby, A., (2014). Feminist Practice of Action and Community Research. In Sharlene Hesse-Biber (Ed.) *Feminist Research Practice: A Primer*. Second Edition. Thousand Oak, CA: SAGE p.p. 145-181.
- Maluwa-Banda, D., (2003). The Leap to Equality. Gender sensitive educational policy and practice: the case of Malawi, Paper commissioned for the EFA Global Monitoring Report 2003/4: The Leap to Equality.
- Napier, A., & Simister, N., (2017). Intrac for Civil Society, UK.
- National Aids Commission (2020). Malawi National Strategic Plan for HIV and AIDS Sustaining gains and accelerating progress towards epidemic control, 2020-2025, Lilongwe, Malawi.
- Newton, R., (2016). Introduction to Participatory Learning and Action (PLA) training course. 3Ps, Community Participation Consultants, Leeds.
- Overseas Development Institute (2015). Social Norms, Gender Norms and Adolescent Girls: A Brief Guide, part of the Knowledge to Action Resource Series 2015.
- Oxfam (2015) Putting the power in women's hands: The Wogives Project in Malawi, Oxfam, UK.

- Popay, J., Whitehead, M., Ponsford, R., Egan, M. & Mead, R., (2021). Power, control, communities and health inequalities I: theories, concepts and analytical frameworks. *Health promotion international*, 36(5), pp.1253-1263.
- Public Health Ontario (2015). Planning Health Promotion Programs: Introductory Workbook. 4th ed. Toronto, ON: Queen's Printer for Ontario.
- Pufall Jones, E., Margolius, M., Skubel, A., Flanagan, S., & Hynes, M. (2020). All of Who I Am: Perspectives from young people about how learning happens. Washington, DC: America's Promise Alliance.
- Pulerwitz, J, Gottert, A, Betron, M & Shattuck, D., (2019). on behalf of the Male Engagement Task Force, USAID Interagency Gender Working Group (IGWG). "Dos and don'ts for engaging men & boys." Washington, D.C.: IGWG.
- Scotland Malawi Partnership and The Open University in Scotland (2014). The Malawi Gender Equality Act – A Teaching Guide: For Primary and Secondary Schools in Malawi.
- Taylor, R.D., Oberle, E., Durlak, J.A., & Weissberg, R.P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development*, 88, 1156-1171.
- TEACH-RSE (2021). Research Report Teacher Professional Development and Relationships and Sexuality Education (RSE) Realising Optimal Sexual Health and Wellbeing Across the Lifespan, Dublin City University.
- UNDP (2020). The Next Frontier: Human Development and the Anthropocene Briefing note for countries on the 2020 Human Development Report.
- UNESCO (2003). EFA Global Monitoring Report 2003/4. Education for all: The leap to Equality.
- UNESCO (2019). Malawi score per indicator.
- UNESCO & UNFPA (2012). Sexuality Education: A ten country review of school curricula in East and Southern Africa. United Nations Educational, Scientific and Cultural Organization (UNESCO), Paris, France and The United Nations Population Fund (UNFPA), New York, U.S.A.
- UNFPA (2017). How changing social norms is crucial in achieving gender equality, New York.
- UNICEF (2018). Community-based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families. [Online]. New York.
- White (2009) Analyzing Wellbeing: A framework for development practice. WeD Working Paper 09/44, University of Bath, UK.
- WHO (1986). Ottawa charter for health promotion.
- World Bank Group (2014). Voice and Agency. Empowering women and girls for shared prosperity, Washington.
- YPAR (2015). Imagining our dream community.
- YWCA (2006). Empowering young women to lead change: A training manual, World YWCA and UNFPA.

The Eritrean Education System: Between Gender Issues and Militarisation

MATHILDA MASELLA

Eritrea is distinguished by a history of disputed land. Following thirty-years of struggle, Asmara obtained independence from Ethiopia in 1991. From that moment, President Isaias Afewerki, leader of the People's Front for Democracy and Justice (PFDJ) - the only legal party - has ruled the country with an iron fist (1).

In 1995, the Eritrean National Service (ENS), which aimed to convey the national values promoted during the war, was officially implemented.

The national service concerns all Eritrean citizens, aged between 18 and 40, who are obliged to provide active national service. Officially, it consists of six months of military training and twelve months of active military service. However, the duration of the service became indeterminate at the end of the border war with Ethiopia, most notably with the introduction of the Warsai Yekalo Development Campaign in 2002 (WIDC). Since 2003, all final-year secondary school students are transferred to the Sawa military training camp in western Eritrea, where they receive military and academic training. This further accentuates the marked militarization of education in the country.

The most controversial aspect of the ENS has always been the participation of women. In 2015 the Commission of Inquiry on Human Rights within Eritrea documented a high level of sexual violence in the ENS. The Commission has received many testimonies and presentations relating to rape and sexual abuse of young conscripts in military training centres.

It is evident that, in institutions such as the army, permeated by fear and intimidation and where male-dominated culture prevails, non-consensus and coercion are particularly intertwined, since consent cannot be easily rejected without the risk of harm.

Although the ENS was established in accordance with the 1995 proclamation, it was implemented in an institutional vacuum. Therefore, the behaviour of commanders and their treatment of recruits are mostly unregulated, and the abuses that permeate the ENS, including the sexual victimisation of conscripts, the exploitation of conscripts' workforce for personal gain, and the infliction of inhuman punishments, are the consequence of this absence of clearly defined and applied constraints. Moreover, given the almost unlimited power and authority of the army commanders, and the vast ability to harm victims under their command, the use of force may not be necessary to obtain "consent."

In an environment where female promiscuity and rape are a source of shame and stigmatisation, the awareness of the culture of silence donates a sense of protection to the army commanders. Those brave enough to refuse sexual advances from their commanders are repeatedly punished with torture and inhuman and degrading treatment.

Many young women use pregnancy as an escape from military service, although pregnancy is not an official reason for release, it is usually a successful, yet unpermanent, strategy. The decision whether to call married women and mothers back into service after a first leave is arbitrary. In rural areas, however, many girls drop out of school at 14-15 to not be enrolled in the next recruits of Sawa. They remain hidden for years waiting for the moment when they will marry and have children, hoping to not be recruited. Ironically, it can be said that instead of inspiring the same ideals of female strength and independence typical of partisans during the struggle, the national service has led many young girls to fall back into the more traditional forms of arranged marriage and femininity to find refuge from the expectations of the state.

Many young Eritreans try to avoid being enrolled in the army by not registering for military service at the age of 18. They hide from security agents who wander the streets in search of civilians without exemption certificate and they voluntarily fail school exams to repeat the year instead of going to Sawa.

Trapped between military service and family expectations, many young people seek ways to pursue their aspirations for self-realization and freedom outside the country.

The exodus is the last option for those who can no longer cope. Fleeing the country has become a mass phenomenon in recent years. Young people cross borders to neighbouring countries under threat of death. If they are caught trying to escape, they can be "shot on the spot" or arrested for an unspecified period. After their period of imprisonment ends, they are sent back to their military unit, where they remain under strict control and must perform forced labour. Torture, physical abuse and beatings are common in military prison camps. Moreover, those who leave the country to escape national service put their families in a critical situation. Parents are accused of facilitating the escape of their sons and daughters, which is considered an act of treason.

The most recent Human Rights Watch (2019) report on the current state in Eritrea shows that almost thirty years after the de jure independence of the country, the situation of human and civil rights within the population has not changed. Military officers, including instructors and guards, violently punish students for even the slightest infractions. As years pass, punitive practices remain the same. The Commission of Inquiry on Human Rights in Eritrea has highlighted that female students and recruits are often subjected to sexual abuse and exploitation.

The population is in an endless vicious circle, forced to a national service that takes young people away from families, conscripts do not earn enough to get to the end of the month, the system affects ever more children, girls and women. Young people are forced to leave school early to avoid conscription and take on the economic weight of families. Girls marry young hoping that marriage will make them ineligible for national service in order to avoid abuse.

Older women have fallen through the cracks in social networks because their children have either died in the war, fled the country, been imprisoned, or held up in national service and are unable to provide for their family. Those attempting to evade or defect from conscription are often caught in the roundup and subjected to months of arbitrary detention as punishment, before being sent into National Service, and the cycle begins again.

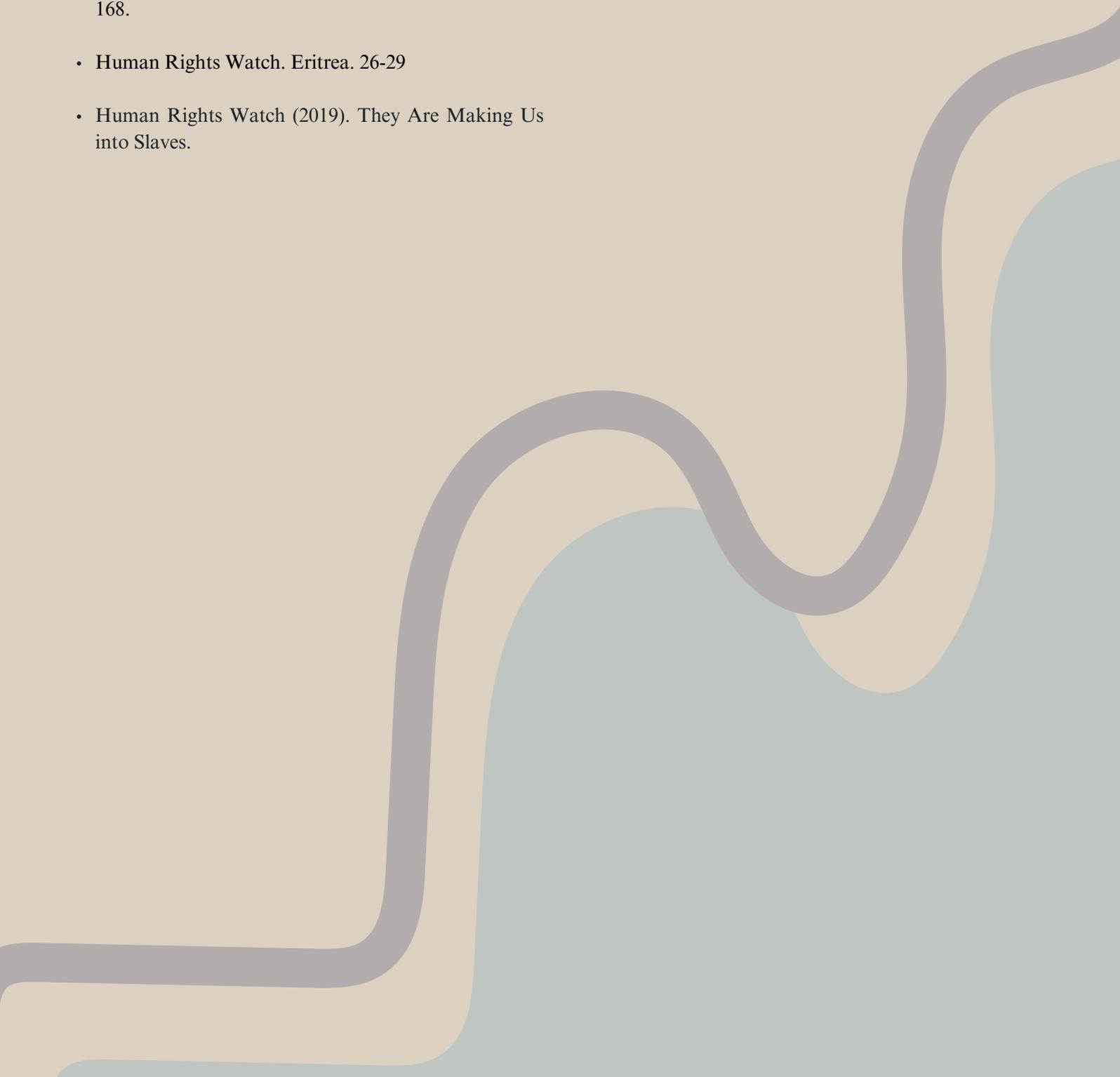
Collective experiences of violence are inextricably intertwined with what it means to be Eritrean. The war conducted on Eritrean soil for three decades (1961-1991) created the nation of Eritrea and at the same time gave rise to its diaspora. As the regime increasingly alienated Eritreans through internal repression and warlike foreign policies, individual efforts to make sense of the present and to imagine a possible national future are entangled in history. Propaganda, censorship, and national narratives focused on collective struggle and sacrifice have produced not only strategic self-censorship among Eritreans, but a more subtle political aphasia that makes some things unspeakable.

To the accusations made by the United Nations of having committed crimes against humanity in a generalized and systematic way over the last 25 years, Asmara responds by denying the facts and deeming the accusations as baseless and politically motivated, thus representing an unjustified attack not only against Eritrea, but also against Africa and developing countries.

Asmara's response, to the accusations of the United Nations, evokes a feeling of distrust towards the international community that has accompanied the history of the Eritrean party since its foundation.

The Eritreans are engaged in a deep ongoing struggle over the meaning of life and death and the politics of the nation. They try to give meaning to their lives and their history against the background of world indifference and confrontation not only with an authoritarian regime, but also with a regime of truth that served to anchor them to an identity defined by the leadership to serve their own purposes.

References

- Albanese. Rapporto Onu.
 - Amnesty International (2015). Eritrea Just Deserters.
 - Amnesty International. Service for Life.
 - Cole e Belloni (2022). Insights from the Eritrean Case. *Refuge*, 38 (1), 126–44.
 - European Asylum Support Office, Report on Eritrea.
 - Hirt e Abdulkader (2013). Dreams Don't Come True. *The Journal of Modern African Studies*, 51 (1), 139-168.
 - Human Rights Watch. Eritrea. 26-29
 - Human Rights Watch (2019). They Are Making Us into Slaves.
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Ugandan Education System

HELLEN APRIOT

Background

Uganda is one of East Africa's developing countries, bordered by Tanzania, Rwanda, the Democratic Republic of Congo, South Sudan and Kenya. It occupies 236,040 square kilometres (91,140 sq mi), and has a citizen count of 45.85 million people (2021) - more than 80 percent of its population lives rurally, while 40 percent of the population lives below the poverty line. Uganda's education system has been in existence since the early 1960s. The government body responsible for governing education is known as the Ministry of Education and Sports (MoES). Uganda's Business and Vocational Education and Training (BTVET) is in charge of the technical and vocational training in the country. The government of Uganda recognises education as a basic human right and continues to strive to provide free primary education to all children in the country. However, issues with funding, teacher training, rural populations and inadequate facilities continue to hinder the progress of educational development in Uganda.

Structure and Content of the education system in Uganda

Education in Uganda is administered in English. The system of education has a structure of 7-6-3, whereby seven years are spent in primary education, six years of secondary education (which is divided into four years of lower secondary ('O' level) and two years of upper secondary education ('A' level). (1)

Primary education in Uganda consists of four main subjects: English, Mathematics, Science, and Social Studies. Pupils sit the Primary Leaving Examinations (PLE) after seven years of learning for them to join secondary school, once the minimum qualification points have been attained from the PLE exam. In primary school, all subjects are compulsory. (2)

The secondary school consists of six years. The first four years are the lower secondary level also known as the Ordinary level (O'level) and the last two years are called the upper secondary level also known as the Advanced level (A'level). The first four years consist of senior one to senior four classes. Subjects are compulsory only for first two years; from senior three level, in addition to

the compulsory subjects, students choose subjects of interest that they will pursue later. At the end of the four years of Ordinary level, students need to pass the Uganda Certificate of Education (UCE) to proceed to the Advanced level. The subjects studied during the Advanced level are where students specialise in subjects of their interest. After these two years, students pass an exam to receive the Uganda Advanced Certificate of Education, which allows them to join University. The education system in Uganda has both boarding schools and day schools; however, the majority of the students in Uganda go to boarding school.

Primary schools and secondary schools in Uganda have different levels and categories that include;

1. Public education consisting of Universal Primary Education(UPE) and Universal Secondary Education(URSE).
2. Private education schools
3. International education schools.

Schools throughout the country are either government owned or private owned.

The Introduction of Universal Primary Education

The present system of education, known as Universal Primary Education (UPE), has existed since 1997 and its introduction was the result of democratization and open elections, as there was popular support for free education. Despite its promising boosts in enrolment, issues with funding and organization have continued to plague the Universal Primary Education (UPE). In 1999, there were six million pupils receiving primary education, compared to two million in 1986. Numbers received a boost in 1997 when free primary education was made available for up to four children per family. (3)

However, the program was not performing optimally based on its regulations due to the complex structure of Ugandan families.

Indeed, as most Ugandan families have more than four children, households started sending every child to school, which resulted in a rapid increase in student enrolment in primary schools. In response to the circumstances, the President of Uganda His Excellency Mr. Yoweri Kaguta Museveni announced that UPE would be open to all children of all families. When this new policy was executed, schools experienced a massive influx of pupils and the demand for learning materials, teachers and infrastructure became a challenge to the education system.

UPE resulted in costly consequences - including but not limited to - a poor quality education, low pupil achievement, untrained teachers, improper infrastructure and classroom settings. Even though the increased number of pupils was perceived as a good achievement, there were only 125,883 teachers, exceeding the UPE regulations which required pupil-teacher ratio of 1:40.

Consequently, the large number of pupils worsened the learning environment, and it became harder for the teachers to be heard and teach in the classroom.

Currently, classes count between 70 and 150 pupils, and the poor studying and teaching conditions lead to numerous children being over-aged for their level in all schools. For instance, third grade included pupils aged between seven and sixteen years and grade three had pupils up to nineteen years of age. (4)

According to Ugandan standards, government publications show that only some of primary school graduates go on to take any form of the secondary education. This is contingent upon their passing their Primary Leaving Examinations (PLE). (5)

The Introduction of Universal Secondary Education.

Access to secondary education was extremely limited. In order to increase access to quality secondary education for economically vulnerable families, the government of Uganda introduced a Universal Secondary Education (USE) policy in February 2007 to enhance enrolment at the secondary level. (6)

For example, in 2008, Uganda's secondary education gross enrolment ratio was extremely low (1:33). Access to the few secondary schools was limited largely to upper-income children and to urban areas. A fixed per-student subsidy was provided to private schools which were contracted. (7)

Who can access the USE program

Students obtaining a minimum score in the Primary Leaving Examinations have access to secondary education through this policy. The implementation of USE began with S.1 in 2007 and a subsequent standard per year was added to the program. All four standards of secondary school were covered under USE by 2010.

Introduction of a new education system in Uganda in 2023

The National Council for Curriculum and Assessment (NCCA) has developed the primary curriculum framework through a collaboration approach, informed by research, sustained work with school communities, wide consultation and extensive deliberation. The voices from the consultation on the framework, in particular the voices of children, indicate the need for a new curriculum that supports all children, celebrating their current childhood experiences and preparing them for their future experiences.

Primary Curriculum Framework

The primary curriculum framework was launched by the minister on 9th of March 2023. It is meant for all primary and special schools, and will guide teachers and school leaders in their work to enhance learning, teaching and assessment for all children. The framework sets out the vision, principles and components of a redeveloped primary school curriculum. It reflects our shared understanding of the many positive features of education in our primary and special schools. The key elements of the Primary Curriculum Framework are:

- Wide implementation (all primary and special schools): Special schools catering for students who have special educational needs due to learning difficulties, physical disabilities and behavioural problems.
- Sets the vision and principles for a redeveloped curriculum, including curriculum areas and time allocation.
- Introduces key competencies for children's learning.
- Introduces and expands aspects of learning including STEM education, Modern Foreign Languages and a broader Arts Education.
- Places increased emphasis on existing areas such as physical education and social, personal and health education (SPHE)
- Promotes greater agency and flexibility for teachers and children.

Reinforcement of national language

Officials from the National Curriculum Development Center (NCDC) say the new curriculum will be introducing Swahili, Science and Social Studies to learners in Primary One, Two and Three. Swahili is being introduced in the education system because Uganda is in the East African Community (EAC) of which Swahili is the language chosen to be used. Ugandans don't speak, nor understand the Swahili language, hence its introduction to the curriculum.

English has been Uganda's official language since independence in 1962. Kiswahili was proposed as the second official language in 2005 but has only been taught as an optional subject in secondary schools since 2017. Swahili language was adopted as the official language of the East African Community in 2017. EAC member states are: Tanzania, Kenya, Uganda, Rwanda, Burundi, South Sudan and most recently the Democratic Republic of Congo.

Plan for implementation of the curriculum

As the full redevelopment of the curriculum progresses, new specifications will be developed by the NCCA for the five curriculum areas as set out below and their associated subjects. These specifications will be available for the 2025/2026 school year.

- Language (updated to include modern foreign languages (MFL) in stages 3 and 4).
- Science and Technology, Engineering and Mathematics (STEM) education.



Supporting teachers and school leaders in their engagement with the primary curriculum.

The introduction of the primary curriculum requires school leaders and teachers to engage and become familiar with the structure and content of the framework at the whole school level. It is recognized that teachers and school leaders will require time and support to become familiar with it. They are advised to read the framework, discuss it with colleagues, avail professional development opportunities and engage with the support materials published. (8)

These subjects are currently introduced to learners from Primary Four. Learners were being taught subjects as subtopics in literacy One and Two. Since the government is pushing the technology and science agenda for the development of the country, Dr. Irumba, an official from the National Curriculum Development Center (NCDC), said this cannot be achieved without sciences being introduced to learners at an early stage.

Currently, pupils in the lower primary are learning six subjects including four major subjects: Mathematics, English, Literacy One and Literacy Two. They also learn Religious Education and Reading, which experts said are marked out of 50 percent.

Literacy consists of reading and writing, numerical literacy, digital literacy, health literacy, financial literacy, media literacy, cultural literacy and emotional/physical literacy.

Secondary curriculum framework

The Ministry of Education and Sports (MoES) through the National Curriculum Development Center (NCDC) revised and rolled out a new competency based curriculum to learners of senior one in January 2020. (9)

New curriculum rollout highlights.

- The new lower secondary curriculum was rolled out in a phased-out approach starting in February 2020 with S.1. (10)

- The curriculum was to be rolled out to S.2 in 2021 and subsequently to the next levels of the lower secondary in the proceeding years.
- However, the outbreak of COVID-19 and the subsequent closure of schools delayed the progress and implementation.
- In 2022 the pioneers of the new curriculum are in S.2 instead of S.3.
- Before the rollout, 90 National Facilitators, 1600 Master Trainers and 20,000 teachers of S.1 were trained.
- Teacher training took place in 27 SESEMAT Regional Training Centers across the country.
- An average of 4/5 teachers from both government and private schools were trained.
- A total of 6020 schools (both government and private) received syllabus books distributed by NCDC between October and December 2019.
- The textbook evaluation took place from November to December 2020 at Nyondo Core Primary Teachers College in Mbale.

The new curriculum allows students to study only 12 subjects in senior one and two, with eleven of these being compulsory and one elective. The compulsory subjects are English, Mathematics, History, Geography, Physics, Biology, Chemistry, Physical Education, Religious Education, Entrepreneurship and Kiswahili. (11)



How the new curriculum will affect senior three (S.3) students

The Uganda National Examination Board (UNEB) will partially grade the current senior three students using marks attained through continuous assessment (class work) when they sit for Uganda Certificate Examination(UCE) exams next year, said the Ministry of Education officials. The learners are the first to use the new lower secondary school curriculum, which is competence-based. (12)

According to the new curriculum, 20 percent of the final results will come from the continuous assessment done by the schools from the time the learners join senior three, while 80 percent will come from the final exam itself.

The deputy director of research and consultancy at the Uganda National Curriculum Development Center (NCDC), Mr. Christopher Muganga, said whereas schools are required to submit all marks of the learners since they joined Senior one in 2021, 20 percent will come from the Senior Three Syllabus.

UNEB will give all schools across the country a portal this year, where they will upload the marks attained by their students from the continuous assessments before they sit for senior four next year. He added that the UNEB will set the deadlines to which all schools should submit the marks. Initially, learners have been working for 100 percent when they sit for the UCE exams.

Mr. Muganga said the students will do a minimum of eight or maximum of nine subjects, seven of which are compulsory.(13)

References

- Development Monitoring and Evaluation Office (2020). Government of Uganda introduced a Universal Secondary Education (USE) policy in partnership with the Private sector To boost enrolment at the secondary level.
- EPDC. Available at: https://www.epdc.org/sites/default/files/documents/EPDC_NEP_2018_Uganda.pdf.
- Friends of Sabina (2024). Uganda's Primary Leaving Examination (PLE): Understanding its importance.
- Huylebroeck, Lisa and Kristof Titeca (2015). Universal Secondary Education (USE) in Uganda: blessing or curse? The impact of USE on educational attainment and performance. *L'Afrique des Grands Lacs: Annuaire 2014-2015*, 349-372.
- Mukhaye, Damali (2023). How new curriculum will affect S.3 students. *Monitor*.
- Mwesigwa, Alon (2023). Despite challenges, schools have embraced the new curriculum.
- National Curriculum Development Centre (n.d). *New Curriculum Framework With Subject Menu Ammendment*.
- SALVE International | Support And Love Via Education (2023). *Education in Uganda: Salve International*. Available at: <https://www.salveinternational.org/what-we-do/education/education-in-uganda/>
- Timothy Chemonges (n.d.) Uganda's new curriculum for Lower Secondary: Will it meet learners' skill needs?
- Ugarte, David (2023). The Ugandan education system – British-patterned, but with its own exams and unique features. *Scholaro*.
- Universal Primary Education, Uganda. Available at: <http://cdn-odi-production.s3-website-eu-west-1.amazonaws.com/media/documents/4072.pdf>.
- Wikipedia (2024). *Education in Uganda*.

Matinza PROJECT

Introduction

For most of us, education and its institutions have always represented a safe space where our basic rights and comfort have been guaranteed and respected. This simple reality for us is a goal pursued by others. In a world where it is essential to teach future generations that freedom and situational equality are fundamental rights for everyone, we find places and people who cannot live with the same basic security as the rest of us—ensuring that these changes are not only essential but everyone's duty. Therefore, the Right to Quality Education team (RQE) of the Centre for African Justice, Peace and Human Rights (CAJPHR) collaborates with African and other international stakeholders to provide vital school facilities in impoverished communities. In doing so, the RQE team aims to improve the quality of learning for the local students by allowing them to attend their education in hygienic and safe facilities. By upgrading existing and constructing new sanitation facilities, we not only support the most vulnerable within the society, but by proxy, we improve the lives of the rest of the community.

Current Situation at Matinza School

One of the current projects to promote this ideal is the Matinza project. Matinza is a primary school located in the Kisoro district in Uganda. The primary school comprises 934 students and 19 teachers and indirectly benefits other 800 community members who constantly access the school. The toilet/bathroom facility in the school is dilapidated compared to facilities in schools in developed countries. This situation has the tendency to negatively impact schoolchildren, especially those who have their monthly periods. When a student learns in an environment with poorly maintained toilet facilities, the morale for attending class and learning can suffer.

Since the school sanitary facilities are accessed by the whole community, their poor state and limited running water directly impacts the students' well-being and hygiene outside of school. As mentioned by the teachers, "children come to school in dirty clothes and children's personal hygiene is in sorry state." To alleviate the obstacles faced by students in Matinza Community and ease their access to quality education we want to make sure they have a possibility of using a safe and consistent sanitary facilities at school. So, as emphasised by the teachers, children can take better care of their personal hygiene and fall in love with school. They will be also able to save time, they normally spend on fetching the water.

TEACHERS AND STAFF DESCRIBE THE EVERYDAY CHALLENGES THEY FACE AS FOLLOWS:

"THE STUDENTS AND STAFF MEMBERS NEED TO WALK 3-4 KILOMETRES OR EVEN MORE TO REACH A WATER SOURCE.

(...) THE WATER MAY NOT BE EVEN AS CLEAN AS ONE EXPECTS.

(...) MOST CHILDREN SPENT MOST OF THEIR TIME LOOKING FOR WATER.

INADEQUATE ACCESS TO CLEAN WATER HAS LED TO WATERBORNE DISEASES, ESPECIALLY TYPHOID."

"AS TEACHERS, WE NORMALLY ADVISE LEARNERS TO COME WITH DRINKING WATER FROM HOME, ESPECIALLY IN DRY SEASON.

AT TIMES, WE ASK STUDENTS TO BRING FETCHING FACILITIES, AND AT A SPECIFIC TIME, TEACHERS ACCOMPANY THEM TO FETCH WATER FOR CLEANING OF DUSTY CLASSROOMS AND SOME WATER IS SAVED FOR DRINKING.

DURING RAINY SEASON WE HARVEST RAINWATER FOR CLEANING OF DUSTY CLASSROOMS."



Project Details

The project with the Matinza Community Primary School was initiated by the CAJPHR, aiming at re-constructing and renovating the existing sanitary facilities. As it is a developing region, this severely impacts the community schools' ability to properly manage existing facilities without external support. There is an insufficient number of latrines for the amount of students at the school and most of the existing ones are in a very bad condition, difficult to clean and hence posing a significant risk for poor sanitation-related diseases. Additionally, they lack washrooms, yet they are necessary for safe menstrual hygiene management for girls in adolescence. The lack of safe water for drinking and hand washing after use of latrines worsens the situation.



To support the community in the way ensuring both their continuous growth, as well as sustainability and durability of sanitation facilities we're currently directing our focus on these three important steps:

1. **Renovation of three existing school latrines consisting of 11 stances** for acceptable standards and construction of two additional toilets.
2. **Establishment of a rainwater harvesting system**, including gutters on all classroom blocks; connection of pipes and two rainwater storage tanks with taps.
3. Establishment of the **school health committee and pupil led school environmental club**.

What can you do?

There are several ways for you to help out in the Matinza Project. We are always open to partnerships and collaborations! You can contact us to the project's email address: matinza@centreforafricanjustice.org.

Additionally to the Walk for Water events we organize at schools around the Netherlands, we raise money on our Global Giving website (<https://www.globalgiving.org/projects/matinza/>). If you would like to donate to the cause or read more about the situation, you can visit this link or our website (<https://centreforafricanjustice.org/>)

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