

Children's Experiences of Social Exclusion – what is it like living in a slum in Kampala?

Professor Margaret Sims

University of New England, Australia

Ms Teddy Nagaddya

International Health Sciences University, Uganda

Ms Florence Nakaggwa

International Health Sciences University, Uganda

Dr Charles Kivunja

University of New England, Australia

Professor David Ngungutse

International Health Sciences University, Uganda

Ms Evelyn Ayot

International Health Sciences University, Uganda

There are only 5 years remaining before the 2015 deadline for achieving the Millennium Development Goals, the first of which aims to eradicate extreme poverty and hunger. Success in this goal underpins our ability to reduce child mortality (MDG4- Millennium Development Goal 4), offer universal primary education (MDG2) and halve the number of people without access to safe drinking water and appropriate sanitation (MDG7c). UNICEF (2009, p. 572) reports that achieving these outcomes in Africa is problematic. For example, 404 million more people need to gain access to sanitation and 294 million more to safe drinking water for Africa to meet its targets. The impact of this failure is significant across all the MDGs. For example, access to water and soap for hand washing can decrease diarrhoea in children under 15 years by up to 53%, and reduce acute respiratory illnesses by 25%. The latter is particularly important given that pneumonia kills more children than AIDS, malaria and measles combined. Infestations of hookworm, roundworm and tapeworm (in 47% of children under 9 years) are associated with an average decrease in IQ points of 3.75 points and 25% of school absenteeism (CARE et al., 2010).

Urban slums contribute significantly to the numbers of people living in poverty, although not all those who live in slums are poor (UN-Habitat, 2007). There exist many fallacies about slum dwellers but in reality, there is little research undertaken in these contexts. UN-Habitat argues that whilst slums clearly mirror intra-city inequality and urban poverty, they also offer opportunities for social and economic mobility. Recent micro-economic enterprises can lead to physical transformations, and slum dwellers may choose not to move out but re-invigorate the slum environment.

Recent work has focused on the social determinants of health and demonstrates the complex network of factors contributing to poor health, poverty and low educational achievement. There is agreement that early life experiences have a major impact along with community and contextual contributors (Erulkar & Matheka, 2007). Erulkar and Matheka, for example, undertook research with adolescents in the Kibera slums in Nairobi. They found that only 25% of these slum dwelling adolescent women had access to a safe place to meet up with friends, and that the first experience of

sex for 43% of girls was coerced or forced. These experiences created a context in which the young women made decisions around health practices, education, employment, and leisure activities.

The UN Convention of the Rights of the Child (CROC) creates the framework around which work such as this with children and young people operates. CROC positions children as active citizens with the right to express their views and feelings. Out of this has arisen a new sociology of childhood which encourages examining and theorising children's accounts of their lived experiences, rather than relying on adults' understandings of what is in the best interests of children (Conroy & Harcourt, 2009; Dobson, 2009). The voices of young people are beginning to be heard, but rarely are children living in poverty included in this research (Ridge, 2002). This is unfortunate given that children have a huge contribution to make towards the achievement of the Millennium Goals. Children's role as change agents is exemplified in South America, where ideas proposed by the children's groups have led to micro-financing of projects resulting in significant levels of community change (Tanner & Gaborit, 2007) and advancement towards the Millennium Goals.

Creating opportunities for the voices of young children living in poverty to be heard are challenging, but essential if policies and programmes are going to address the real barriers and challenges experienced by children and young people (Dobson, 2009). One such attempt has been made in Uganda, where many of those who had fled from the conflict in the north remain in camps, transit sites and urban slums. Consultation was undertaken with children in the north as part of the process in developing a Child Protection Recovery Strategy (Government of Uganda & UNICEF, 2009). The children reported major concerns around the high risk of defilement and rape, forced early marriage, domestic violence, HIV and AIDS, and child labour. They reported that inadequate judicial systems often resulted in perpetrators of abuse remaining at large, creating a culture of unchecked violence. Schools lacked basic resources such as water or classrooms, and teachers were reported to sexually, physically and emotionally abuse students and sometimes require them to work in their gardens or homes. Orphaned children are often perceived as sources of free labour by their extended family and are denied access to education. Some children (particularly girls) reported having to travel up to 5 kilometres to get clean water.

The Government argues that Uganda may achieve the Millennium targets for education, safe drinking water and sanitation if significant effort is made (Government of Uganda & UNICEF, 2009). Currently, in the northern villages water coverage is as low as 30% and sanitation less than 10%. Across urban areas, water coverage is 66% but the rate of population growth makes maintenance of this level challenging. Only 31% of schools have adequate hand washing facilities and the average pupil:latrine ratio is 43:1. The Ugandan Government introduced Universal Primary Education as part of its strategy for meeting Millennium targets in education. Fees are paid for children, with funding becoming available to schools around the middle of each term. However, other costs (such as uniforms, books) are not covered, and schools often require funds to run long before Government funding is made available. Therefore, it is not uncommon for families to be unable to afford schooling for their children. Nationally, 51% of the population reach basic literacy standards (to Primary 6 level) and 44% reach similar numeracy standards. The primary 7 completion rate is 47%. Of these, less than half sit the primary completion exam, and of those who sit, 37% pass. More boys than girls complete primary education.

Whilst the Ugandan Government has offered opportunities for the voices of children in the north to contribute to policy development in child protection (which in itself feeds into the Millennium Goals), there has not been similar opportunities for children living in urban slums. This project reports on just such a consultation in Namuwongo, an urban slum in Kampala.

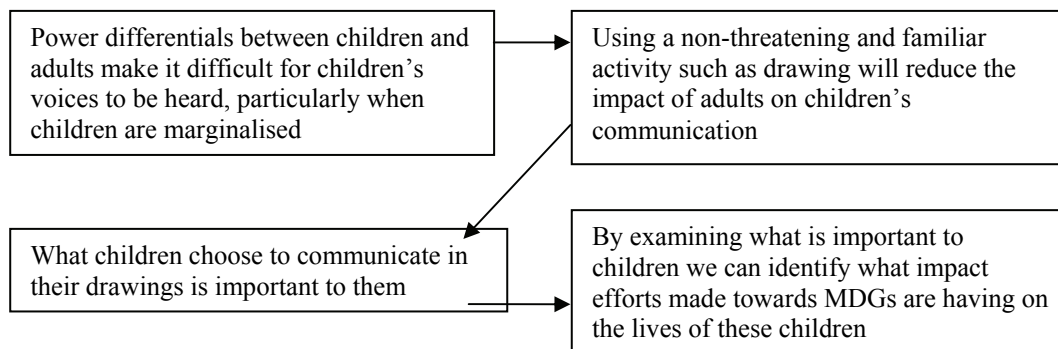
Methodology

We use an interpretive approach informed by the phenomenological underpinning of the new sociology of childhood (Conroy & Harcourt, 2009; Schiller & Einarsdottir, 2009). In this approach we position children as active citizens who are able to give account of their own lived experiences. In accordance with Schultz's interpretation of phenomenology (Holstein & Gubrium, 2005), our perspective encourages us to focus on the way our participants experience their every-day world. Our role in the research is to interact with our participants to create a shared understanding of these experiences.

We have chosen to collect information through children's drawings: a form of visual data collection identified in Pauwel's Integrated framework for visual research (Pauwels, 2010, p. 552) as respondent-generated imagery. Drew, Duncan, and Sawyer (2010) point out that images are important tools to communicate issues as words alone rarely bridge the gap between the researcher and the researched, particularly so when dealing with populations who are marginalised. They argue that a visual approach is positioned to both support and empower young people and promote the hearing of their voices. In creating their drawings, we assume children will choose to portray the things that are most important to them. As Pauwels (2010, p. 572) writes: "... every act of representation obliterates many aspects of the depicted and at the same time adds new elements through the specifics of the instrumentation and the way the representational process is executed (stylistic choices)". In other words, when asked to draw their experiences of their community, children will choose some aspects to portray and other aspects not to portray. We argue that those choices reflect the key aspects of children's experiences; the things most important in their lives to them.

Our approach is illustrated in Figure 1

Figure 1: Our conceptual framework



Context – physical and interpersonal

This project is the beginning of an extensive engagement in Namuwongo undertaken by staff and students at the International Health Sciences University in Kampala. The long term aims of this engagement are to enhance community capacity to work towards change, and in particular, to achieve the Millennium Goals in this community. In the process, students at the university gain practical experience in working in communities and this contributes towards their degrees. Students visit the communities regularly, and build up secure and trusting relationships with the residents. The material reported in this paper arose out of these visits and interactions with community members.

Namuwongo is divided into 3 zones and we have chosen to undertake our research in two of these (Yoka and Zone B), enabling us to have a comparative zone for future impact evaluations. There is little communication between zones thus minimal risk for impact contamination.

About 1500 people live in Namuwongo Zone B with 650 being children (500 below the age of 5). Many are from the war torn region of Northern Uganda. The lower part of the zone is closest to the swamp, and people there make their shelters from the raw materials (clay, sand) that are locally available. Most residents can not afford to build their own toilets, particularly since the high water table does not allow the construction of deep pits, so are forced to use public pay latrines or dispose of their waste in other ways including tipping waste into the drainage system, “flying toilets” (plastic bags filled with human waste and thrown away, often onto roofs where rain water is collected for drinking), and bucket toilets. This leads to contamination of food and water, particularly in the rainy season where flooding leads to further contamination, destruction of property, high numbers of malaria cases, and outbreaks of diarrheal diseases. The floods are brought about by the clogging of wastes in the drainage system leading to stagnation.

Few children attend school because most families do not have the money to pay for their children’s education. Of those children who do attend school, many have to attend schools outside their zone because there are limited opportunities within the Zone.

The children suffer mainly from malaria and diarrheal diseases brought about by poor waste disposal. The care takers of these children can only afford to take their children to small clinics within the zone, some of which are not registered, and which may not have the necessary treatment regimes.

Yoka Zone, the most densely populated of the 3 zones, has a population of about 5000 people with an estimated 1600 children below the age of 18 years. Around 1700 children below the age of 10 years live in this zone and 900 between 11-18 years. About 300 attend school.

Local brew is sold cheaply, and drunkenness is common. There is a high concentration of bars and people come from other zones to buy alcohol. There is no age restriction in the bars, so children can access alcohol. The crime rate is high.

The drains in the zone are used for dumping waste. The clogging of this waste provides a breeding place for mosquitoes leading to a high number of malaria cases. “Flying toilets” are common and human waste is often dumped at the central refuse site.

Participants

The students used a snowball technique to meet and build relationships with children in the two zones. Initial contact was made through key community leaders and permission was gained from the leaders, the children’s parents/guardians and the children themselves. Children were then asked to introduce the students to their friends and other children they knew. When appropriate permissions were obtained, these children were then visited and engaged in the study. This paper reports on consultations undertaken with a core group of children: Flavia¹ (4.5 years), Tracey (6 years), Aaron (4 years), Sharon (4 years), Meti (5 years) and Shalin (5 years).

Method

¹ When I have written this I will change all the names to pseudonyms – do you have any suggestions as to what these could be? Or are these already pseudonyms?

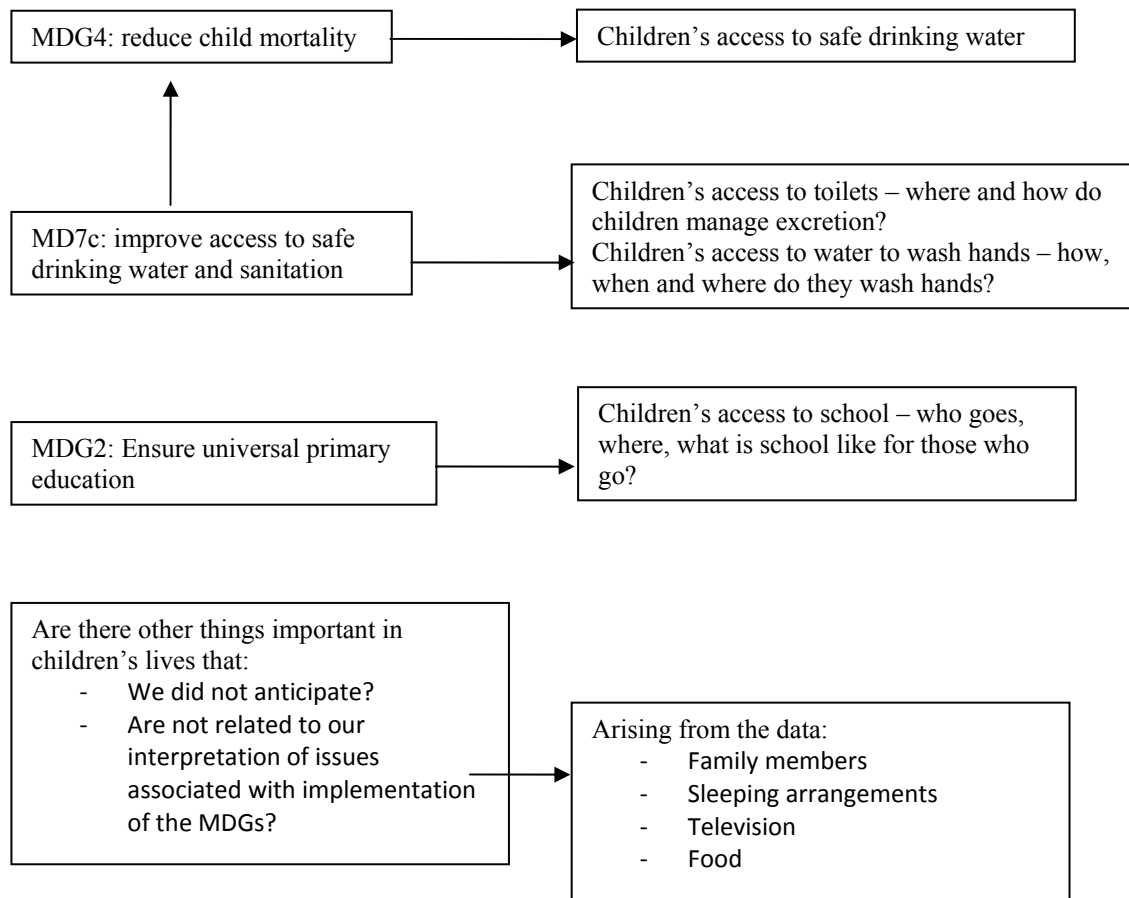
Students visited the homes of the children multiple times in order to build secure and trusting relationships with family members, including the children. They engaged in conversations with the children, individually or in groups, depending on what the children were doing at the time of the visit. They brought biscuits with them to share with the children. Not all of the children spoke English, and not all spoke the same dialect, however, students were able to converse with children in their home languages. Children were asked to draw their communities, and whilst drawing, engaged in conversation around their work. This process of drawing and talking is identified as an effective strategy for eliciting children's views, experiences and the meanings and understandings children have around their experiences (Einarsdottir, Dockett, & Perry, 2009). Drawings allow children to express multiple levels of knowledge and experience (Lewis, Osofsky, & Moore, 1997)

Analysis

Students wrote field notes of the conversations they had with each child, and copied their drawings. We assumed, as did den Besten (2010), that children chose to draw things that had significance to them. The combination of field notes and drawings were treated as individual case studies and a process of constant comparison (Glaser, 1965) was used to create shared meanings between the children and the members of the research team.

In our analysis we particularly focused on the aspects of life we thought were most likely to have been influenced by work towards the MDGs: that is children's experiences of sanitation and hygiene (toileting, washing hands, access to drinking water) and schooling. Whilst the children were not instructed to focus on these in the discussions or in their drawings, we used these key components as guides to determine how work at government level towards the MDG was actually impacting on the children's daily experiences living in Namuwongo. Thus we examined their pictures, and the students' notes of conversations, for information relating to these themes. In addition, we examined the field notes and drawings for themes other than those related to our expectations and identified a theme related to sleeping arrangements. Our analysis framework is illustrated in Figure 2.

Figure 2: Our analysis framework

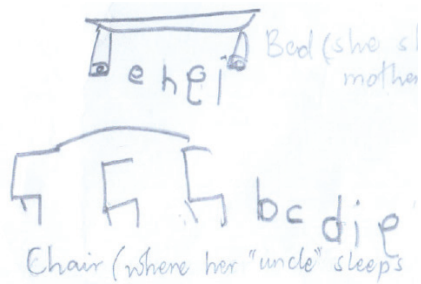


We have chosen to report each child's experiences so that our data presents a holistic picture of each child's life, rather than separate out our results into the themes we examined. The purpose of this is to ensure that we gain some understanding of the totality of children's experiences.

The children's experiences of their world

Flavia lives in a single room with her mother, 'uncle' (later we found this to be her step-father) and sister. She drew a picture of the single bed upon which she sleeps with her mother and sister and a chair on which her 'uncle' sleeps. The students noted that the chair is actually a cushionless couch covered with a spare mattress. The family do not have a latrine of their own and Flavia urinates and defecates behind the house. Flavia drew a small rectangle some distance from her drawing of her house to represent where she goes to the toilet. On the very edge of her drawing is a picture of the spring well (a medium sized rectangle) where the family get water. They do not use the tap nearer to their house because they believe the water is dirty. Flavia has a large rectangle in her school drawing to represent the school latrines and an equally large rectangle to represent the taps where she can wash her hands. She prefers these latrines as the one at home smells.

Figure 1: Flavia's family's sleeping arrangements



Tracey and her brother Aaron live in a room divided into 2 by sheets of cardboard. One 'room' serves as a clinic and the other a bedroom. There is a small room attached to the house which the family use as a laundry and toilet. The house is located between two bars and is always noisy and very smelly (the smell of the local brew).

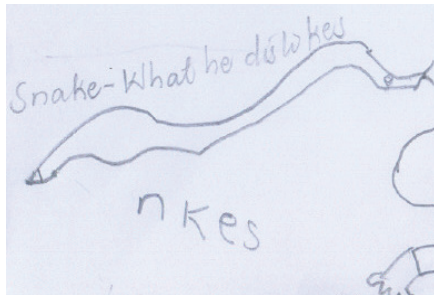
Tracey is adopted, shy and presented as sad much of the time. She sleeps in the house with her mother and brother. She did not appear very interested in food, and was happy to share her biscuits with her friends and the students. Tracey does not like the family toilet because, she says, it has 'snakes'. She drew a lot of wriggly lines to represent these snakes. These are actually earth worms, living in the stagnant water in this room. Tracey is responsible for fetching water from the spring well which is some distance from her house. She drew a picture of herself with a water container on her head, positioned at the edge of the paper far away from her house.

Figure 2: Tracey fetching water



Tracey's adopted mother is a teacher and Tracey attends the school where her mother works. She drew her favourite school things: the merry-go-round, ball, slide, swing and a book. She likes to use the latrines at school, and can wash her hands afterwards. She does not like the food at school: juice and posho (corn meal).

Figure 3: Aaron's 'snakes'



Aaron also hates the 'snakes' in the home latrine area and drew a large 'snake' with whiskers and a visible eye. He uses the public latrine to defecate and mentions that he can wash his hands there. Unfortunately it is some distance from his house and he drew it in the diagonally opposite corner of the paper from his house. Aaron drew the girls' and boys' toilet blocks in his picture of the school and a large tap where he washes his hands. He also drew 2 school rooms: one his class and a primary class (presumably the class his sister Tracey attends).

Both Aaron and Tracey like to watch television and both included a picture of a TV in their drawings. Aaron was particularly interested in food, and requested more biscuits when he had finished his. He loves beans, cabbage, rice and cornmeal but hates millet bread. He says he refuses to eat when he is unhappy.

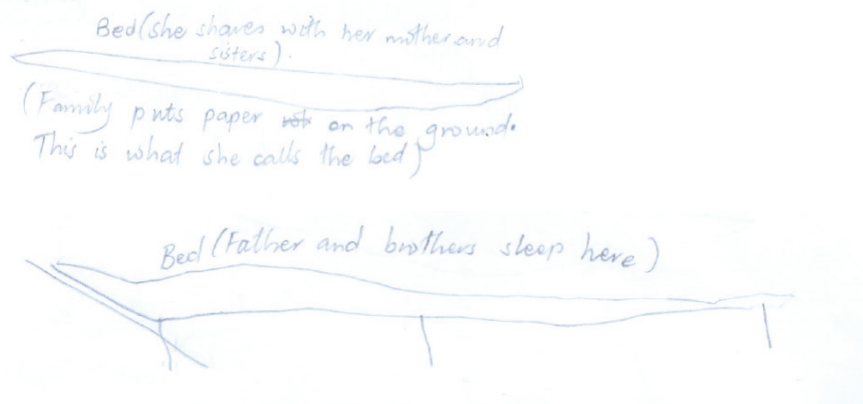
Sharon lives in a mud and wattle single room divided into 2 with a dirty sheet. One 'room' is a bedroom and the other acts as a local bar from which her mother sells her local brew. The house is about 100 metres from the community rubbish dump and Sharon plays on the path outside her house leading to the dump. She lives with her mother, father and brother. The majority of Sharon's picture is taken up with pictures of people: her family members, herself and her friends. She has positioned herself in the centre of the page. Next to her is a very small rectangle which represents her house. Her drawing of the TV is almost as large as her house, as is the picture of the ball with which she plays. Her classroom is positioned on the edge of the drawing and is larger than her house, but still smaller than any of the people in her drawing. Her school bag and juice bottle are depicted as big as the people she has drawn. She says that the thing she likes best about school is her bag and juice bottle. Sharon shares a bed with her mother and brother and gets the family water from a tap near the house. She urinates outside the house and uses the public latrine for defecation.

Figure 4: Sharon and her house



Meti sleeps in a single room with all 9 of her family members. Her father and the boys sleep on a mattress on the bed, and her mother, sisters and herself (7 in total) sleep on a pile of papers covered with a sheet on the floor. In her drawing, Meti labels this as her bed, and her drawing of her father and brothers' bed is larger and has legs. The family use one room as a bathroom and urinate there. They all use the public latrine for defecation. Meti is responsible for collecting the family's water, and carries it in a 2 litre jerry-can. She does not go to school any more as the family can no longer afford the fees. Meti is sad about that because she misses her friend Shalin. She is happy to be living in Namuwongo because she is with her family and does not go to bed with an empty stomach, a common experience when living with her grandmother in the village.

Figure 5: Meti's bed and the bed used by her father and brothers



Shalin goes to a school in the next parish and this is some distance away. She lives with her mother, father, two brothers and a sister. She sleeps with one of her brothers. The family urinate just outside the back door and there is a pit latrine the family use for defecation. Shalin drew the former but not the latter. Whilst the students were visiting, Shalin wanted a drink. She was given money to buy water. She returned with a plastic bag of water which she poured into 2 cups (one for her and one for her friend) then tossed the bag outside the house. When the children finished drinking, Shalin returned the cups to the cupboard. Shalin also enjoys watching TV and her favourite programme is a translated soap opera. Shalin says when she is happy she plays with her friend, Meti, but when she is sad she sits on the floor and does not talk to anyone.

Figure 6: Sharlin's house and toilet area



Our interpretations

Through their drawings and conversations the children have shared with us their every day experiences. We have used our understandings of the world around us to extrapolate their ideas and experiences to help us understand what might be of assistance in achieving the Millennium Goals.

The children who went to school identified the school toilets and hand washing facilities as important in their lives, preferring the school facilities to those in their homes. School facilities were less smelly, and didn't have 'snakes'. Health professionals working in the community identify the lack of sanitation and clean drinking water as a major problem, the cause of disease and death. Public latrines have been built by various NGOs and church groups (a latrine costs approximately \$US1000) but some families are unable to use these if there is payment required, thus continue to use alternative means to dispose of human waster such as "flying bags" or drains. In our visits to the community, we have observed children playing in these drains, drinking from them, and, in many places, the drains provide the only 'pathway' to access homes.

Not all the children were able to attend school. Of the children who did, Flavia drew her class, the table where she ate, the slide, herself swimming, the latrines and tap for hand washing and 3 friends. Aaron drew 2 classrooms, the girls' and boys' latrines, tap, merry-go-round and himself playing with his friend. Tracey drew her class, the tap, a ball, a book, the swings, slide, merry-go-round, the food she dislikes and herself and her friend. Sharon drew school and home on the one drawing. The school-related pictures included her class, a ball, the swing, her school bag, juice bottle and her friend. It is interesting that none of these children drew their teachers and the only 'academic' theme in all the drawings is the book Tracey drew. There is nothing in any of the drawing reflecting activities inside the classrooms. In the conversations, Sharon mentioned her teacher, a lady she calls 'Madam' and Shalin said she likes drawing on the blackboard. Much of the focus is on toileting and play, issues clearly important to these children. Clearly, whilst education is an important Millennium Goal, the children's experience of education is more focused on the opportunities provided for play. Given that there are no play spaces (except the rubbish dumps and drains) for the children in their lives outside school, the space offered in the school playground is important.

Relationships children have with others contribute to a sense of belonging to their community (den Besten, 2010). Without exception, the children drew their family members in their drawing of home, and Meti told us that she liked living in Namuwongo because she was with her family. Those who drew their school also included a drawing of their friend(s). For these children relationships were clearly important. Meti told us that she was sad not to go to school because she missed her friend Shalin, however Shalin would sometimes teach her things she had learned in school. Given

the role of schools in creating a sense of belonging, a sense of place through the relationships children have with peers, it is important that access to education is enhanced for these children. Once in school, there are opportunities for children to gain cultural capital which will support their lives in the city (Dobson, 2009), facilitating achievement of the Millennium Goals. Additional funding to cover the cost of school lunches, uniforms and books would ensure that education was more universally available.

The future

Our work in Namuwongo is only beginning and we will continue to build secure relationships with members of the community, both adults and children. We are engaged in a long-term community development project which involves us working in partnership with residents to achieve the Millennium Goals. We acknowledge the rights of children to be involved in changing their community, and will continue to create opportunities for their voices to be heard. We will seek to work with residents to build on community strengths, recognising the diversity of opportunities Namuwongo provides to build safe, satisfying and contributing lives for residents. And we will continue to honour our partners, the resilient, strong and wise residents of Namuwongo.

Reference List

- CARE, Dubai Cares, Emory University Center for Global Safe Water, IRC International Water and Sanitation Centre, Save the Children, UNICEF, et al. (2010). *Raising Clean Hands. Advancing learning, health and participation through WASH in Schools. Joint Call for Action 2010*. New York: UNICEF.
- Conroy, H., & Harcourt, D. (2009). Informed agreement to participate: beginning the partnership with children in research. *Early Child Development and Care, 179*(2), 157 — 165.
- den Besten, O. (2010). Local belonging and 'geographies of emotions': Immigrant children's experience of their neighbourhoods in Paris and Berlin. *Childhood, 17*(2), 181 - 195.
- Dobson, M. (2009). .Unpacking children in migration research. *Children's Geographies, 7*(3), 355 - 360.
- Drew, S., Duncan, R., & Sawyer, S. (2010). Visual Storytelling: A Beneficial but Challenging Method for Health Research With Young People. *Qualitative Health Review*.
- Einarsdottir, J., Dockett, S., & Perry, B. (2009). Making meaning: children's perspectives expressed through drawings. *Early Child Development and Care, 179*(2), 217 - 232.
- Erulkar, A., & Matheka, J. (2007). *Adolescence in the Kibera Slums of Nairobi, Kenya*. Nairobi: The Population Council.
- Glaser, B. (1965). The constant comparative method of qualitative data analysis. *Social Problems, 12*(4), 436 - 445.
- Government of Uganda, & UNICEF. (2009). *Country Programme Action Plan 2010 - 2014*. Kampala: UNICEF.
- Holstein, J., & Gubrium, J. (2005). Interpretive practice and social action. In N. Denzin & Y. Lincoln (Eds.), *The Sage Handbook of Qualitative Research*. (pp. 483 - 505). Thousand Oaks, CA: Sage
- Lewis, M., Osofsky, J., & Moore, M. (1997). Violent cities, Violent Streets: children draw their neighbourhood. In J. Osofsky (Ed.), *Children in a violent society*. (pp. 277 - 299). New York: The Guilford Press.

- Pauwels, L. (2010). Visual Sociology Reframed: An Analytical Synthesis and Discussion of Visual Methods in Social and Cultural Research. *Sociological Methods & Research*, 38, 545 - 581.
- Ridge, T. (2002). *Childhood poverty and social exclusion. From a child's perspective*. Bristol, UK: The Policy Press.
- Schiller, W., & Einarsdottir, J. (2009). Special Issue: Listening to young children's voices in research - changing perspectives/changing relationships. *Early Child Development and Care*, 179(2), 125 - 130.
- Tanner, T., & Gaborit, M. (2007). *Children's Voices in Disaster Policy Spaces. Field Report: El Salvador*. Institute of Development Studies, UK and Universidad Centroamericana "José Simeon Cañas", El Salvador.
- UN-Habitat. (2007). *Today's Slums: Myths versus Reality*. (No. GRHS/03/B4). Nairobi, Kenya: United Nations Human Settlements Programme.
- UNICEF. (2009). *Soap, toilets and taps. A foundation for healthy children. How UNICEF supports water, sanitation and hygiene*. New York: UNICEF.

Authors

Professor Margaret Sims is Professor of Early Childhood at the University of New England in New South Wales, Australia. She has research interests in community based services for children and families, issues around child care and family support, cross-cultural working and social inclusion. Her work, using cortisol as a biomarker of stress, was used to argue for legislation change in adult: child ratios in child care in Australia. She has two books published this year: one on working with infants and toddlers, and one looking at the new Australian Early Years Learning Framework and its relationship to social inclusion.

Teddy Nagaddya is currently a Research Assistant at the International Health Sciences University, Kampala Uganda. She has just completed her Bachelor of Science in Public Health from the same university.

She has participated in various research studies in collaboration with International Universities. In 2010, she carried out a situational analysis of multi-grade pedagogy in Buvuma Island and produced a documentary aimed at fostering policy change and appropriate training of multi-grade teachers in poor resource communities.

Having a passion for community development, she has developed various Information, education and communication materials for children and people living in under-privileged communities such as slums to promote health, children and women's rights, and social development through integrating health and education.

Her working experience with children in slums has formed a firm foundation for her lifelong dream of becoming a renowned International researcher and writer with emphasis on children and women.

Florence Nakaggwa has recently completed her Bachelor of Science in Public Health at International Health Sciences University. She is currently a Research Assistant at the same university and resides in Kampala, Uganda. She has previously worked as a Research Assistant for International Medical Foundation, Uganda.

Her previous research studies have been done mainly about slum populations in Uganda ranging from sanitation to contraception and general health related issues among different age groups. This has been fueled by the desire to help communities improve their health using the few resources that

are within their reach and to have young people take a stand in matters that affect their health and well being.

Over the years she has gained experience in dealing with slum communities and fostering sustainability of community interventions.

Dr. Charles Kivunja is a Lecturer in the School of Education at the University of New England where he is a member of the Learning and Teaching as well as the Educational Leadership Groups. He conducts lectures and coordinates the units on Teaching for Active Learning and Planning for Assessment in the Bachelor of Teaching/Master of Teaching (Primary) course for pre-service teachers and, as well, coordinates the doctoral leadership unit: Professional Workplace Culture and Learning. He is Course Coordinator for the Master of Teaching (Primary).

He is particularly interested in qualitative research methodologies and is the Manager and Coordinator of UNE's Leximancer qualitative software development project. His recent research is focused on leadership and its impacts on holistic education including multigrade pedagogy and practice in African contexts, particularly in Zambia, Uganda, Kenya and South Africa. Before joining UNE he had leadership roles and taught HSIE subjects in high schools in NSW for 25 years.

Professor David Ndungutse is Professor and Dean of the Institute of Health Policy and Management at the International Health Sciences University. He is the Ugandan Team leader in the Namwongo research project out of which this paper was generated. His areas of interest are epidemiology, research methods as well as general public health.

Evelyn Grace Ayot (Ms) has been the Registrar of International Health Sciences University for the last 4 years. She has had a wide experience working with students for the last 13 years. She is a graduate with a Master Degree in Development Studies, with keen interest in Gender, Women and Children Issues. She has a key role in the Namuwongo research project as a team member, giving administrative support and direction as a Management representative.