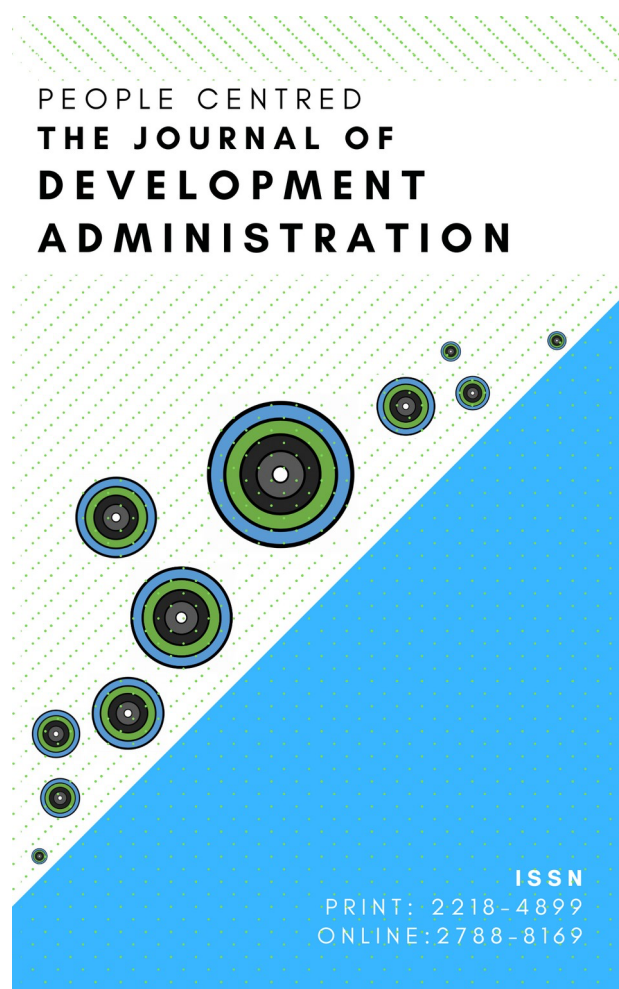


Volume 11 Supplement

4th Day of the African Child Conference of Students (DACCS)

16 June 2026, Online



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Published by the Institute of Development Administration (IDA)/Africa Social Work and Development Network
43 St David Road, Hatfield Harare, Zimbabwe.

Email: asw@africasocialwork.net | www.jda.africasocialwork.net

Global publisher: Pluto Journals

Open access: [African Journals Online](http://AfricanJournalsOnline)

Submission via [Science Open Portal](http://ScienceOpenPortal)

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Because they were, we are: Chair's address at the 4th Day of the African Child Conference of Students (DACCS) 2026

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Cite as:

Mavuso L (2026). Because they were, we are: chair's address at the 4th Day of the African Child Conference of Students (DACCS) 2026. *People Centred – The Journal of Development Administration (JDA)*, 11(1), 60. Abstract for 4th Day of the African Child Conference of Students (DACCS) organised by Mtandao – Africa Social Work and Development Network.

“Today we stand for every child's right to dignity—across villages, towns, and nations.”

Because they were, we are.

Roots held firm beneath our feet,

Songs and stories braided into our breath.

For every child, for every tomorrow:

we plant, we protect, we promise.

Honoured guests, elders, young people, partners, and friends across Africa, good morning.

We begin by honouring our elders and mentors, the custodians of knowledge and resilience who shaped our communities. Because they were, we are. Asante. Siyabonga. Tatenda. Waaw. Ase.

Today we gather under the theme: **“A CALL TO ACTION: STRENGTHENING UNIVERSAL ACCESS TO CLEAN WATER AND SANITATION TO FOSTER CHILD DIGNITY AND DEVELOPMENT.”**

This theme calls us to remember that clean water and dignified sanitation are fundamental rights that shape children's health, learning, safety, and dignity.

Thank you to our partners, and a special thank you to the organising team whose tireless work made this gathering possible.

Let this Day of the African Child move us from words to action: supporting community-led solutions, investing in sustainable water and sanitation, and ensuring every child across Africa can grow with dignity and opportunity.

Thank you for being here. Ase, *siyabonga*, thank you.

A threat to human security: opening address at the 4th Day of the African Child Conference of Students (DACCS) 2026

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Cite as:

Okoroafor EC (2026). A threat to human security: opening address at the 4th Day of the African Child Conference of Students (DACCS) 2026. *People Centred – The Journal of Development Administration (JDA)*, 11(1), 61–62. Abstract for 4th Day of the African Child Conference of Students (DACCS) organised by Mtandao – Africa Social Work and Development Network.

Good morning.

Before we start, I will want you to picture a land mine, that has the kind of violence that doesn't announce itself. It does not arrive with loud noises or sirens. It is quiet but deadly. It is patiently, patiently waiting for a test subject. The African child.

And it kills with a cruelty that is now seen as the new normal.

A child somewhere in Africa, someone who may live close to you, who woke up this morning without access to clean water. A child who will not have a safe sanitation facility today. To that child that is not a deprivation or an emergency, it is not a crisis, it is just another texture in his/her life.

And it is funny that we have agreed collectively to call that a development problem.

But I beg to differ;

What we gather here today to confront is not just a gap in infrastructure. It is not a budgetary shortfall waiting for the next cycle of goodwill donors.

It is a human security crisis.

One that threatens the dignity, the development and the survival of the African child with the seriousness and gravity that any armed conflict can muster.

The difference is that this one is invisible to the frameworks we have chosen to see through.

When we frame clean water and sanitation deprivation as just a water development issue, we risk seeing the African child as just percentages, data, statistics and five-year plans.

The African Child does not live in statistics.

This is their reality.

This conference exists because some of us have refused to look away. The Day of the African Child was born from a moment of refusal – the refusal of children in Soweto in 1976 to accept that their lives were worth LESS than the system that constrained them.

And every year, we gather in that same tradition, we renew that same commitment, the commitment to see what others have learned not to see and to speak what others may have begun to see as the new normal.

This year, our theme, A Call to Action: Strengthening Universal Access to Clean Water and Sanitation to Foster Child Dignity and Development; is not just us trying to be aspirational.

It is a mandate.

It is a mandate to move beyond documentation into problem solving and beyond awareness into precise analysis.

The conversation you will be having today in this conference matters. The papers that will be presented and the perspectives that will be shared, they all matter.

Not because conferences change the world by themselves, but because the quality of our thinking determines the quality of our action.

And the African Child requires our most precise thinking.

They cannot afford responses built on inadequate information or misframed problems or on tools that were never designed to see them. They deserve that our analysis be as sharp as the crisis is severe.

That is what I am asking of everyone in this conference today.

Not just passion, even though passion matters.

Not just goodwill, even though it is here in abundance.

I am asking for precision and depth.

An analysis that is so clear-eyed and unflinching that it looks at this crisis and calls it what it is...

A THREAT TO HUMAN SECURITY

And in the same vein, it still asks, "What can we do about it?"

We are social work students and practitioners. We are the people who sit with communities, we understand that behind every data is a person.

And whether we claim it or not, we are also analysts. We collect information, we assess need, we identify vulnerability. We determine which intervention is most urgent.

That is intelligence work.

So without further adieu, I welcome you to this conference, to this conversation and to a responsibility.

The theme calls us to action, I want us to take that seriously. Somewhere this morning, a child is waiting.

Not for our sympathy or concern but for our most precise thinking then our action.

The table has been set.

Welcome to the Palaver Tree!

The awareness of the roles of medical social workers beyond advocacy in selected private healthcare institutions in Lagos State, Nigeria

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Abstract

Background: Medical social workers are often underappreciated and inadequately utilised despite their fundamental roles in assessment and counselling, care coordination, discharge planning, case management, and crisis management. This study investigates the level of awareness of medical social workers' roles beyond advocacy in selected private healthcare institutions in Lagos State, Nigeria, addressing the gap between the clinical scope of medical social workers and their recognition and utilisation within Nigerian private healthcare settings.

Methods: A descriptive, cross-sectional survey design was employed, targeting 205 participants comprising patients and healthcare professionals in selected healthcare institutions in Lagos State. A stratified sampling method was used and data were collected through a structured questionnaire. Descriptive statistical tools were used for data analysis.

Key findings: The degree of awareness of the roles of medical social workers was high, whilst the degree of efficiency of medical social workers was moderate. Healthcare professionals understand the theoretical scope of social work; however, actual skill utilisation, particularly in emotional support and counselling, remains at a moderate level. As practitioners progress through the chrono-system of the healthcare environment, their understanding of the multifaceted nature of their profession matures.

Conclusions and implications: Whilst healthcare professionals recognise the clinical scope of social work, institutional barriers including undefined role boundaries and exclusion from clinical decision-making limit the translation of awareness into practice. Medical social workers must actively assert their clinical identities in multidisciplinary settings to resist role ambiguity.

Recommendations: Healthcare administrators should develop and implement standardised job descriptions for medical social workers and fund awareness campaigns; formalise medical social worker inclusion in ward rounds and multidisciplinary team meetings; and provide dedicated private spaces for therapeutic counselling sessions.

Keywords: Advocacy; awareness; medical social workers; roles; private healthcare institutions.

Cite as:

Abaekere V (2026). The awareness of the roles of medical social workers beyond advocacy in selected private healthcare institutions in Lagos State, Nigeria. *People Centred – The Journal of Development Administration* (JDA), 11(1), 63.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

The impact of limited water, sanitation and hygiene (WASH) services and assets on children in rural areas in Eswatini

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Abstract

Background: Access to safe water, sanitation, and hygiene (WASH) is a fundamental human right essential to children's health, dignity, education, and development. In rural Eswatini, poverty and weak infrastructure continue to limit WASH access. Data indicate that 37 per cent of rural residents lack improved drinking water sources, 50 per cent lack water on their premises, and unsafe water contributes to approximately 200 child deaths annually. This study examines the impact of these gaps and explores community water assets as resources for child wellbeing.

Methods: A desk-based literature review was conducted, drawing on UNICEF WASH reports, journal literature, and existing programmatic evidence. The approach was cost-effective and suited to exploratory research.

Key findings: Limited WASH access increases children's exposure to waterborne diseases including cholera, typhoid fever, dysentery, and hepatitis A. It also reduces opportunities for education, play, and social development. Poverty, weak infrastructure, and geographic isolation compound access barriers, while community water assets, including rivers, dams, and springs, support household resilience and livelihoods.

Conclusions and implications: Rural children in Eswatini continue to face significant WASH-related challenges. Community water assets offer practical opportunities for sustainable development. Stronger policy implementation, investment, and community participation are required to achieve equitable WASH access for all children.

Recommendations: Strengthen community management of water resources; build local capacity for maintenance and hygiene promotion; promote sustainable use of local resources; integrate social workers into rural WASH committees as child rights promoters and capacity builders; and establish multi-sectoral partnerships with health, education, and water authorities.

Keywords: WASH; rural children; Eswatini; waterborne disease; African Asset Theory; Ubuntu; community water assets; child wellbeing.

Cite as:

Gamedze, T. (2026) The impact of limited water, sanitation and hygiene (WASH) services and assets on children in rural areas in Eswatini. *People Centred – The Journal of Development Administration*, 11(1), 64.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

“No tap card, no water”: Ubuntu-inspired solutions to children’s water insecurity in Eswatini

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Abstract

Background: Prepaid water systems in peri-urban Eswatini exclude poor households from safe water access, forcing children to rely on unsafe streams. Girls bear a disproportionate burden through water collection and household responsibilities. This autoethnographic study examines these lived realities and situates Ubuntu philosophy as a practical framework for child protection and water justice, drawing on Ramose’s (2002) articulation of “Umntu ngumntu ngebantfu.”

Methods: The study uses a qualitative autoethnographic design combining personal reflection, observation of neighbours and community members, family storytelling, informal interviews, and journaling. Ethical principles of dignity, confidentiality, positionality, reflexivity, and informed consent guided the research process.

Key findings: Poor families without prepaid cards are excluded from safe water access, driving reliance on contaminated streams that cause illness. Girls carry the greatest household water burden. Ubuntu community practices, including neighbours sharing prepaid water cards, demonstrate existing collective care mechanisms that mitigate these risks.

Conclusions and implications: Water insecurity compounds children’s health, education, and safety risks, with girls disproportionately affected. Ubuntu remains a functioning African framework for community survival and child protection. Prepaid water systems structurally entrench exclusion and require policy reform.

Recommendations: Expand community boreholes and subsidised water card schemes; strengthen school-community partnerships; integrate Ubuntu into social work and development education to support community mobilisation; and challenge harmful cultural narratives, such as Kutala Kutelula, that contradict child-centred Ubuntu values.

Keywords: Water insecurity; Ubuntu; prepaid water systems; gender burden; child rights; autoethnography; Eswatini.

Cite as:

Simelane, B. (2026) “No tap card, no water”: Ubuntu-inspired solutions to children’s water insecurity in Eswatini. *People Centred – The Journal of Development Administration*, 11(1), 65.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

A pathway towards curbing recidivism among juveniles at Kadoma Training Institute, Zimbabwe: an analysis of self-efficacy theory

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Abstract

Background: Juvenile delinquency in Zimbabwe has risen by 20 per cent since 2021, with 60 per cent of offenders being repeat offenders, pointing to systemic failures in rehabilitation and reintegration. Contributing factors include family dysfunction, peer influence, community disorganisation, and poverty. Existing restorative justice mechanisms such as pre-trial diversion programmes face limited awareness and accessibility. This study examines entrepreneurship training at Kadoma Training Institute as an intervention grounded in Bandura's self-efficacy theory.

Methods: A qualitative case study design was employed. Data were collected through in-depth interviews with ten juveniles and two rehabilitation officers, selected via purposive sampling. Data were analysed thematically. The study was guided by self-efficacy theory, which posits that individuals' belief in their capacity to execute goal-directed actions shapes their behaviour, motivation, and outcomes.

Key findings: Entrepreneurship training successfully equips juveniles with practical skills in areas such as sewing and poultry farming, alongside business principles including financial literacy, market analysis, and record keeping. Participants demonstrated a shift toward a self-employment mindset and expressed strong intentions to avoid reoffending. However, social stigma, family rejection, lack of start-up capital, and employment discrimination emerge as significant barriers to reintegration.

Conclusions and implications: Entrepreneurship training is vital for juvenile rehabilitation, but its effectiveness depends on complementary support systems including community acceptance and post-release economic opportunities. The delay in enacting Zimbabwe's Child Justice Bill of 2021 deepens the crisis by leaving social workers without a unified legal framework for child-centred interventions.

Recommendations: Provide business starter packs for juveniles leaving rehabilitation; institute community-centred rehabilitation processes to support reintegration; and strengthen legislative frameworks to give social workers adequate legal tools for restorative, child-focused approaches.

Keywords: Juvenile recidivism; self-efficacy theory; entrepreneurship training; rehabilitation; reintegration; Zimbabwe; child justice.

Cite as:

Chikono, G, Tome, A.R. and Maposa, N.N. (2026) A pathway towards curbing recidivism among juveniles at Kadoma Training Institute, Zimbabwe: an analysis of self-efficacy theory. *People Centred – The Journal of Development Administration*, 11(1), 66.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

Reclaiming African approaches to child well-being: a decolonised social work perspective on water, sanitation and hygiene (WASH) through Ubuntu

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Abstract

Background: Western-led WASH interventions in Africa have often relied on external expertise and non-indigenous knowledge, resulting in low community ownership, poor sustainability, and limited improvements to child well-being. This study explores how Ubuntu philosophy and indigenous knowledge systems can ground more culturally relevant, community-driven, and sustainable WASH approaches that better serve African children.

Methods: A qualitative, desk-based research design was adopted. Data were drawn from peer-reviewed journal articles, reports from UNICEF and WHO, and other relevant academic sources focusing on child well-being, WASH, Ubuntu philosophy, indigenous knowledge systems, and decolonised social work practice.

Key findings: Ubuntu's principle of collective responsibility supports a shift from externally driven interventions to community-owned WASH solutions. Indigenous knowledge systems contribute local hygiene practices, community mobilisation capacity, engagement of local leadership structures, and environmental knowledge. Integrating these with contemporary approaches improves ownership, sustainability, and outcomes for children.

Conclusions and implications: Western approaches alone are insufficient for addressing Africa's WASH challenges. Ubuntu and indigenous knowledge systems offer a path toward sustainable, culturally grounded solutions. A decolonised social work perspective supports child dignity, community well-being, and long-term WASH sustainability.

Recommendations: Integrate indigenous knowledge systems into WASH programmes; encourage meaningful community participation; promote Ubuntu values in child welfare policy and practice; and develop African-centred social work approaches that recognise local knowledge as evidence.

Keywords: Ubuntu; indigenous knowledge systems; WASH; decolonised social work; child well-being; community participation; Eswatini.

Cite as:

Simelane, N. (2026) Reclaiming African approaches to child well-being: a decolonised social work perspective on water, sanitation and hygiene (WASH) through Ubuntu. *People Centred – The Journal of Development Administration*, 11(1), 67.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

When water is not a right: examining water, sanitation and hygiene (WASH) inequalities

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Abstract

Background: Despite international commitments to safe water, sanitation, and hygiene (WASH) as a human right, access remains deeply unequal across Africa. Children in rural areas, girls, and children with disabilities face compounded barriers that undermine their health, dignity, and development. This study examines the manifestations and impacts of WASH inequality and applies African Humanism as a framework for social work action.

Methods: The study draws on academic literature and policy documents, including the African Charter on the Rights and Welfare of the Child and UNICEF WASH reports, to examine WASH inequalities and the role of social work in addressing them.

Key findings: WASH inequalities manifest along rural-urban, gender, and disability lines. Health consequences include cholera outbreaks and increased child mortality. Inadequate WASH also exposes children to unsafe environments and generates anxiety and psychological stress. African Humanism's core principles, namely solidarity, equality, human dignity, and collective responsibility, provide a practical framework for understanding WASH access as a shared obligation.

Conclusions and implications: Children cannot thrive without safe water and sanitation. Universal WASH access is essential for realising children's rights, dignity, and potential. A community cannot prosper while some members are left behind, and this collective ethic must be reflected in WASH policy and social work practice.

Recommendations: Promote community-led WASH initiatives grounded in solidarity; prioritise vulnerable children in WASH planning to advance equality; advocate for universal WASH access as a matter of human dignity; foster multi-stakeholder partnerships to embed collective responsibility; and develop child-centred WASH interventions as a core service function.

Keywords: water, sanitation and hygiene (WASH), inequalities; African Humanism; child rights; social work; rural-urban disparities; gender; disability; Eswatini.

Cite as:

Masuku, T. (2026) When water is not a right: examining water, sanitation and hygiene (WASH) inequalities. *People Centred – The Journal of Development Administration*, 11(1), 68.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

A contextualised model for strengthening child protection services for social workers in geographically extensive districts: the case of Zvimba District

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Abstract

Background: Geographically extensive districts present unique challenges for child protection service delivery due to vast spatial territories, dispersed populations, and poor infrastructure. In Zimbabwe, despite comprehensive legal frameworks including the Constitution (2013), the Children's Act and its 2023 Amendment, the National Case Management System (2017), the UNCRC, and the African Charter on the Rights and Welfare of the Child, service accessibility and responsiveness remain severely constrained in districts such as Zvimba. These frameworks provide for coordinated and timely responses; however, their implementation is constrained by long distances, inadequate transport and fuel, limited staffing, poor infrastructure and centralised service points. According to Zvimba Rural District Council (2024), the district covers approximately 6,725 km² and comprises 35 wards. Within this extensive geographical context, child protection services are concentrated at the district office, creating significant mobility and referral barriers. These constraints contribute to delayed assessments and case management, high caseloads, fragmented referrals and uneven access to protection services, particularly for children in remote communities. The resulting gap between policy expectations and operational realities highlights the need for a context-responsive approach to strengthening child protection services in geographically extensive districts.

Methods: A qualitative case study design was employed focusing on Zvimba District. Non-probability sampling using purposive and quota sampling was applied, with data saturation reached at the 10th participant. Data were collected through in-depth interviews, key informant interviews, and document review with participants including Department of Social Development social workers, community childcare workers (CCW), provincial socialworkers, NGO socialworkers, and rural district council social services staff. Data were analysed thematically using Braun and Clarke's (2006) framework. Ethical considerations included confidentiality and anonymity, informed consent, controlled emotional involvement and protection from harm.

Key findings: Centralised, one-size-fits-all child protection models are poorly adapted to geographic vastness. Resource shortages, limited staff capacity, administrative bottlenecks, and mobility challenges lead to high caseloads and case stagnation. Inadequate institutional communication systems force social workers to rely on personal communication resources for case monitoring and follow-up, creating service blind spots and leaving isolated children invisible to the system. Fragmented referral pathways, weak interagency coordination, and underfunding of outreach mechanisms compound the crisis.

Conclusions and implications: Geography significantly affects child protection service accessibility. Vulnerable children continue to experience delayed interventions. Strengthening child protection in extensive districts requires context-responsive policies, adequate resources, decentralised service delivery, stronger referral and coordination mechanisms and Ubuntu-informed community systems.

Recommendations: Establish decentralised sub-district hubs; formally integrate Community Childcare Workers (CCWs) into the formal child protection system with appropriate institutional support and recognition; strengthen horizontal referral and coordination pathways among child protection stakeholders; strengthen targeted rural outreach mechanisms to improve coverage and reduce the invisibility of children in remote communities; and invest in further research on rural child protection.

Keywords: Child protection; geographically extensive districts; Zimbabwe; Zvimba; social work; Ubuntu; service delivery; case management.

Cite as:

Mhereyenyoka, T. (2026) A contextualised model for strengthening child protection services for social workers in geographically extensive districts: the case of Zvimba District. *People Centred – The Journal of Development Administration*, 11(1), 69.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

Water, dignity and social justice: social work's role in achieving universal water, sanitation and hygiene (WASH) access for children in Africa

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Abstract

Background: Access to water, sanitation, and hygiene (WASH) is a fundamental right, yet globally 703 million people lack safe drinking water, 2 billion lack basic sanitation, and 297,000 children under five die annually from diarrhoeal disease linked to inadequate WASH. In Eswatini, 39 per cent of the population lacks basic water services, girls miss school during menstruation, and open defecation persists in 15 per cent of rural communities. This study explores how social work, guided by African Intersectionality, can advance equitable, community-led WASH access for children across Africa.

Methods: A qualitative, African-centred reflective research approach was employed using an interpretive narrative inquiry design. Data sources included field placement reflections, community observations, WASH literature, and African policy documents from UNICEF, WHO, and the African Union. Analysis was thematic and intersectional, foregrounding race, gender, class, geography, and age as overlapping axes of WASH deprivation. The study covered Eswatini as its primary site, with comparative reference to Kenya, South Africa, Zambia, Uganda, and Ethiopia.

Key findings: Girls miss up to 20 per cent of school days due to lack of menstrual hygiene facilities. Diarrhoeal disease kills one child every two minutes globally, with 88 per cent of cases linked to unsafe water and poor sanitation. Children in informal settlements face compounded dignity violations and social exclusion. Despite 84 per cent of African countries having WASH policies, implementation remains top-down, underfunded, and excludes community voice.

Conclusions and implications: WASH deprivation is shaped by intersecting factors of gender, class, age, and geography. Social work must engage intersectional analysis to expose structural power imbalances and centre the voices of the most marginalised children. Rights enshrined in the UNCRC, the AU Charter, and SDG 6 are insufficient without equitable, community-grounded implementation.

Recommendations: Design WASH interventions using intersectional analysis; adopt child participatory action methods that include children as co-researchers; integrate WASH rights and advocacy into social work curricula; document and recognise indigenous water and sanitation practices; build multi-sectoral coalitions; and establish community-led WASH monitoring committees linked to measurable child-centred outcomes.

Keywords: WASH; African Intersectionality; social work; child rights; social justice; Eswatini; gender; community participation; SDG 6.

Cite as:

Dlamini, N.H. (2026) Water, dignity and social justice: social work's role in achieving universal WASH access for children in Africa. *People Centred – The Journal of Development Administration*, 11(1), 70.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

Community rituals and sacred waters: reclaiming cultural practices for child protection

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Abstract

Background: Safe water is essential for child wellbeing, yet modern WASH programmes frequently overlook the indigenous cultural systems that historically regulated and protected water sources. Sacred rivers, springs, and wetlands were governed through community rituals, taboos, and the authority of traditional leaders, constituting an informal but effective public health system. Sacred water rituals are positioned as decolonial strategies of child protection, demonstrating how they foster collective responsibility, safeguard health, and promote sustainable development. This study examines how these practices protected children and considers their relevance to contemporary WASH approaches, drawing on Ubuntu philosophy and Bronfenbrenner's Ecological Systems Theory.

Methods: A qualitative community-based study was conducted using literature drawn from AJOL, Google Scholar, WHO, and UNICEF databases, supplemented by oral narratives from elders and community residents. The study adopted an African Research Methodology (ARM), also referred to as Indigenous Research Methodology (IRM). Data were analysed thematically. Ethical considerations and confidentiality were observed throughout.

Key findings: Sacred water sites were protected through community-enforced taboos, including prohibitions on washing clothes in sacred rivers and sanctions for waste disposal near springs. Indigenous leaders monitored compliance, and these informal regulatory systems reduced contamination risks for children. Ubuntu's principle of collective water stewardship, captured in the Siswati expression "Sandla sinye asakhi umuti," reinforced shared accountability and sustainability across generations.

Conclusions and implications: Protecting sacred waters is both a cultural practice and a contemporary child protection strategy. Indigenous water governance systems offer proven mechanisms for safeguarding public health. However, critical reflection is needed, as some practices excluded women, girls, or other marginalised groups.

Recommendations: Integrate indigenous knowledge into WASH policy frameworks; engage elders and traditional leaders as partners in water governance; develop culturally sensitive health education; and ensure that integration of cultural practices explicitly promotes inclusion and protects child rights.

Keywords: Indigenous knowledge; sacred waters; Ubuntu; WASH; child protection; cultural practices; Eswatini; community rituals.

Cite as:

Mangwane, V. (2026) Community rituals and sacred waters: reclaiming cultural practices for child protection. *People Centred – The Journal of Development Administration*, 11(1), 71.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

School-based water and sanitation challenges and the impact on learners' dignity and educational outcomes: a school social work perspective

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Abstract

Background: Adequate WASH services in schools are fundamental to children's health, dignity, and educational participation. Globally, nearly 2 billion people lack safe drinking water and 3.6 billion lack safe sanitation. In Eswatini, approximately 69 per cent of the population has access to basic water services and 58 per cent to basic sanitation. This study focuses on St Philips High School to examine how inadequate school-based WASH conditions affect learners, drawing on Ubuntu and Ujamaa frameworks.

Methods: A qualitative study was conducted using semi-structured interviews with eight participants, selected purposively based on direct knowledge of school WASH conditions. Data saturation was reached at participant eight. Data were transcribed, coded, and analysed using Braun and Clarke's (2006) thematic analysis framework. Ethical considerations included informed consent, voluntary participation, confidentiality, and the right to withdraw.

Key findings: Three themes emerged. Poor sanitation facilities including dirty, malodorous toilets and the absence of handwashing stations undermined learner dignity and violated Ubuntu principles of collective care. WASH failures disrupted the school feeding programme, reduced concentration, and led to classroom fainting on hot days. Learners, particularly girls, experienced embarrassment, menstrual difficulties, and feelings of unsafety, contributing to psychological distress and absenteeism.

Conclusions and implications: WASH challenges in schools are not only health concerns but child rights and social justice issues. Coordinated action from schools, communities, government, and social workers is required. Ubuntu and Ujamaa demonstrate the importance of collective responsibility in supporting learner wellbeing.

Recommendations: Implement regular cleaning and maintenance of school sanitation facilities; install handwashing stations with soap near toilets; improve water infrastructure in rural schools; advocate for WASH inclusion in school development plans; and strengthen collaboration between schools, communities, and private stakeholders.

Keywords: WASH; school sanitation; learner dignity; educational outcomes; Ubuntu; Ujamaa; school social work; Eswatini.

Cite as:

Mamba, M. (2026) School-based water and sanitation challenges and the impact on learners' dignity and educational outcomes: a school social work perspective. *People Centred – The Journal of Development Administration*, 11(1), 72.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

Water, sanitation and child dignity in Eswatini: an Ubuntu perspective

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Abstract

Background: Despite safe water and sanitation being recognised as a fundamental human right, many children in Eswatini continue to experience water insecurity. Inadequate WASH services affect children's health, education, psychosocial well-being, and dignity. Limited context-specific evidence exists on children's lived experiences in Eswatini. This study explores how Ubuntu philosophy can inform sustainable, community-driven responses to WASH challenges.

Methods: A qualitative exploratory design was used. Data were collected through semi-structured interviews and observations with community members and teachers in Kwaluseni and Matsapha. Data were analysed thematically. Ethical considerations included confidentiality, informed consent, and respect for participants.

Key findings: Four themes were identified. Children reported frequent illness linked to unsafe water. Learners missed school to collect water, undermining educational participation. Lack of sanitation facilities contributed to embarrassment and stigma, compromising child dignity. Despite these challenges, communities demonstrated Ubuntu values by sharing resources and supporting vulnerable households, illustrating existing collective resilience.

Conclusions and implications: Inadequate WASH affects health, education, dignity, and social inclusion. Ubuntu provides a culturally grounded framework for strengthening community responses and informing social work practice through community mobilisation, advocacy, policy engagement, and capacity building.

Recommendations: At policy level, increase investment in rural water infrastructure and strengthen school sanitation programmes. At community level, promote rainwater harvesting and support community-led maintenance systems. At education level, expand hygiene awareness programmes and integrate child participation in WASH initiatives.

Keywords: WASH; Ubuntu; child dignity; water insecurity; social work; community resilience; Eswatini; qualitative research.

Cite as:

Masilela, S. (2026) Water, sanitation and child dignity in Eswatini: an Ubuntu perspective. *People Centred – The Journal of Development Administration*, 11(1), 73.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

African cultural practices, children's rights and water, sanitation and hygiene (WASH) in South Africa: a narrative review of Zulu virginity testing, child wellbeing and balancing culture with child protection

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Abstract

Background: Cultural practices shape children's identity, values, and community belonging, yet debates arise when practices intersect with children's rights, hygiene, and wellbeing. Zulu virginity testing, conducted primarily among adolescent girls to verify virginity and promote abstinence, carries cultural significance but raises concerns about dignity, privacy, bodily integrity, menstrual health, and reproductive education. This study applies Afrocentric Theory to examine the tensions between cultural preservation and child protection.

Methods: A narrative review was conducted drawing on academic literature and legal frameworks including South Africa's Constitution (1996), the Children's Act (2005), and the United Nations Convention on the Rights of the Child (1989).

Key findings: Proponents argue that virginity testing promotes cultural identity, self-discipline, and community accountability. Critics identify risks to dignity, privacy, and bodily integrity, as well as exposure to stigma, discrimination, and inadequate menstrual hygiene. South African law protects dignity, equality, and privacy, and requires that cultural practices not compromise child protection or the best interests of the child. WASH principles, including access to hygienic and child-friendly environments, are relevant to how such practices are conducted and governed.

Conclusions and implications: African culture contributes to identity and social cohesion, and virginity testing holds significance for some communities. Child wellbeing must encompass rights, health, and hygiene. Culturally sensitive dialogue offers a path toward approaches that honour both cultural values and child protection obligations.

Recommendations: Social workers should advocate for children's rights while respecting cultural diversity; promote hygiene and health education for adolescents; and support culturally sensitive child protection interventions that integrate WASH principles without dismissing community values.

Keywords: Zulu virginity testing; Afrocentric Theory; children's rights; WASH; child protection; cultural practices; South Africa; social work.

Cite as:

Ndlela, T. (2026) African cultural practices, children's rights and water, sanitation and hygiene (WASH) in South Africa: a narrative review of Zulu virginity testing, child wellbeing and balancing culture with child protection. *People Centred – The Journal of Development Administration*, 11(1), 74.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

Recurrent cholera outbreaks and child nutrition in Malawi: a reflective analysis of water, sanitation and hygiene (WASH) gaps

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Abstract

Background: Malawi experiences recurrent cholera outbreaks during rainy seasons, exposing deep inequalities in access to safe water, sanitation, and hygiene (WASH) services. Flooding and poor sanitation increase waterborne disease burden, disrupt child health services and compound malnutrition risks. With 35.5 per cent of children under five stunted, environmental inequalities are a key driver of poor child development outcomes. This study examines how cholera outbreaks intersect with child nutrition, health and development during climate-related emergencies.

Methods: A critical reflective analysis was employed, informed by a thematic review of literature. The study focused on four key concerns: sanitation inequalities, structural vulnerabilities, child wellbeing and disaster preparedness.

Key findings: Inadequate sanitation creates structural vulnerabilities that amplify the impact of cholera outbreaks on children's nutritional status and overall development. Climate-related emergencies such as flooding compound existing WASH gaps, disrupting health service delivery at critical periods in child development. Sanitation inequalities reflect broader structural failures that disproportionately affect the most vulnerable children.

Conclusions and implications: Protecting children from cholera requires sustained investment in resilient WASH infrastructure and coordinated policy responses. Recurrent outbreaks are not only public health crises but manifestations of entrenched inequality that undermine child rights and long-term development in Malawi.

Recommendations: Develop resilient WASH systems capable of withstanding climate shocks; establish coordinated policies that link WASH, nutrition, and child health services; and implement child-focused disaster preparedness strategies that prioritise the most vulnerable.

Keywords: Cholera; WASH; child nutrition; Malawi; climate emergencies; sanitation inequalities; stunting; disaster preparedness.

Cite as:

Itaye, T.A. (2026) Recurrent cholera outbreaks and child nutrition in Malawi: a reflective analysis of WASH gaps. *People Centred – The Journal of Development Administration*, 11(1), 75.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

A call for Lubumbano: the role of social workers in advocating for clean water access in Nkwalini Zone 4, Mbabane

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Abstract

Background: Despite existing legal frameworks including the Water Services Cooperation Act (1992), the National Health Policy (2016), and the WASH Sector Strategic Development Plan (2017–2022), sanitation and hygiene remain inadequately defined and scoped in Eswatini’s policy environment. Several frameworks are outdated or remain in draft form, most notably the National Water Policy, under draft since 2009. Urban basic sanitation coverage has remained at 57 per cent since 2000, largely due to the growth of informal settlements. This study examines WASH mobilisation gaps in Nkwalini Zone 4, Mbabane, and argues for “Lubumbano,” the Swazi concept of coming together and acting as one, as a framework for collective social work advocacy.

Methods: The study adopts Ubuntu Tenure philosophy, a collective, community-centred approach to land and environmental stewardship, to examine the roles of social workers and stakeholders in delivering WASH infrastructure. A desk-based review of policy documents and existing literature was conducted.

Key findings: Inequality among low-income urban households in informal settlements remains unaddressed by current national development strategies. Over 30 per cent of children under five in Nkwalini experienced diarrhoea, linked to poorly maintained community water sources and open defecation practices. The gap between formal and informal settlements illustrates the structural failure of WASH service delivery to keep pace with urban growth.

Conclusions and implications: Provision of supportive infrastructure and housing has not kept pace with development, and growing demand cannot be met through current systems. Addressing this requires coordinated action across national and community-level stakeholders, necessitating professional unity and collective action among social workers.

Recommendations: Optimise multi-stakeholder partnerships for collective, evidence-based action; create alternative water sources drawing on the Mbabane River; refine and update regulatory frameworks; promote inclusive and equitable WASH service delivery for low-income urban households; and develop housing solutions that support sanitation access.

Keywords: Lubumbano; Ubuntu Tenure; WASH; informal settlements; social work advocacy; urban inequality; Eswatini; collective action.

Cite as:

Shabalala, N. (2026) A call for Lubumbano: the role of social workers in advocating for clean water access in Nkwalini Zone 4, Mbabane. *People Centred – The Journal of Development Administration*, 11(1), 76.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

Access to clean water and sanitation in rural Eswatini: health, economic and educational barriers

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Abstract

Background: Rural communities in Eswatini face compounding barriers in accessing safe water and sanitation, including scarcity of clean water, inadequate sanitation facilities at schools and homesteads, and waste disposed in rivers. These barriers manifest across health, economic, and educational domains, threatening children's wellbeing, dignity, and development. This study draws on Ubuntu Social Work, Welfare and Development Theory, including its five pillars of family, community, society, environment, and spirituality, to examine these intersecting challenges and promote social justice for rural areas.

Methods: A desk-based qualitative literature review was employed, complemented by observational research conducted at key times of the day to capture active community behaviour and interactions.

Key findings: Health barriers include airborne diseases from open defecation, waterborne diseases causing class cancellations, dehydration, and the inability of adolescent girls to maintain menstrual hygiene due to inadequate sanitation. Economic barriers include household finances diverted to medical costs, estimated at 40 per cent, and inadequate funding for structural infrastructure development. Educational barriers include a 25 per cent absenteeism and late arrival rate, poor concentration linked to dehydration, and dropout risks.

Conclusions and implications: Improved WASH access in rural schools and communities would contribute to skilled labour development, longer life expectancy, lower mortality rates, and sustainable development. WASH is not only a health concern but a foundational pillar of national development.

Recommendations: Government should harmonise welfare agendas; community councils should enforce waste management rules; social workers should promote community awareness on water harvesting; and Ujamaa-based collaboration should be strengthened across health, economic, and educational sectors.

Keywords: WASH; rural Eswatini; health barriers; economic barriers; educational barriers; Ubuntu; Ujamaa; child wellbeing; social work.

Cite as:

Mabuza, B. (2026) Access to clean water and sanitation in rural Eswatini: health, economic and educational barriers. *People Centred – The Journal of Development Administration*, 11(1), 77.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

The impact of armed conflicts in Africa on water, sanitation and hygiene (WASH) and menstrual hygiene management for the African girl child: a policy analysis in macro social work practice

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Abstract

Background: Armed conflicts across Africa severely disrupt WASH services by destroying infrastructure, displacing communities, and creating overcrowded refugee and internally displaced persons camps. The African girl child is disproportionately affected, as inadequate WASH directly compromises menstrual hygiene management, education, health, and dignity. While international frameworks including the Convention on the Rights of the Child (1989), SDGs 5 and 6, and the Sphere Humanitarian Standards affirm these rights, their implementation remains inconsistent in conflict settings. This study applies a macro social work and policy analysis perspective to examine these gaps.

Methods: A policy analysis was conducted reviewing key international frameworks and humanitarian standards governing WASH and child protection in conflict settings, alongside peer-reviewed literature on menstrual hygiene management in emergencies.

Key findings: Displacement and infrastructure damage prevent girls from managing menstruation safely and with dignity. Inadequate facilities contribute to poor health outcomes, school absenteeism, and social exclusion. The commercialisation of menstrual products deepens inequality among displaced families. Humanitarian responses consistently prioritise food and shelter over menstrual hygiene and sanitation. Ongoing insecurity, damaged infrastructure, and funding constraints widen the gap between policy commitments and lived realities.

Conclusions and implications: The impact of conflict must be understood beyond casualties to include the erosion of dignity, health, and future opportunity. From a macro social work perspective, stronger advocacy, accountability, and child-centred policy implementation are urgently needed. Menstrual hygiene management is a child rights, education, and social justice issue.

Recommendations: Integrate menstrual hygiene management into all emergency WASH programmes; strengthen monitoring and accountability for WASH and child protection commitments; invest in child-centred and gender-responsive WASH infrastructure in conflict-affected communities; and expand the role of macro social workers in humanitarian advocacy and policy implementation.

Keywords: Armed conflict; WASH; menstrual hygiene management; African girl child; macro social work; humanitarian policy; displacement; gender; child rights.

Cite as:

Seroka, T. (2026) The impact of armed conflicts in Africa on water, sanitation and hygiene (WASH) and menstrual hygiene management for the African girl child: a policy analysis in macro social work practice. *People Centred – The Journal of Development Administration*, 11(1), 78.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

Promoting access to inclusive water, sanitation and hygiene (WASH) services for children with physical disabilities in Eswatini

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Abstract

Background: Equal access to WASH is integral to dignity, wellbeing, and human rights, yet approximately 14,500 children with physical or functional difficulties in Eswatini continue to face exclusion, stigma, and discrimination in accessing WASH services. Non-inclusive infrastructure, inadequate implementation, and limited understanding of diverse forms of physical disability drive these barriers. This study examines WASH access for children with physical disabilities, guided by the African Social Development Model, which affirms the equal worth of all community members including children with disabilities.

Methods: A desk-based literature review was employed, drawing on policy documents and reports from the Eswatini Association of Physically Disabled Persons, UNICEF Eswatini WASH programme reports, WaterAid Eswatini, UNPRPD, and UNCRPD. Thematic analysis was used to identify barriers to inclusive WASH access.

Key findings: A policy-to-practice gap persists despite progressive frameworks such as the UNCRPD and Eswatini's National Disability Plan of Action (2024–2028). Documentation of community initiatives remains inadequate. Women and girls with disabilities face compounded risks due to intersecting vulnerabilities. Most documented initiatives focus on household-level modifications rather than systematic retrofitting of public facilities. The lack of accessible toilets is a direct barrier to school attendance, particularly for menstruating girls with disabilities.

Conclusions and implications: Children with physical disabilities in Eswatini face persistent barriers affecting health, dignity, education, and social inclusion. Bridging the gap between policy and practice requires both systemic change and targeted social work intervention.

Recommendations: Deploy social workers to lead accessibility audits of WASH facilities at special needs and inclusive schools; facilitate child-friendly participatory planning; train social workers and school staff on disability-inclusive WASH; monitor maintenance and accountability; and embed social workers in Eswatini's National Disability Plan of Action.

Keywords: Disability-inclusive WASH; physical disabilities; child rights; Eswatini; African Social Development Model; social work; policy-to-practice gap; inclusion.

Cite as:

Mandere, V. (2026) Promoting access to inclusive water, sanitation and hygiene (WASH) services for children with physical disabilities in Eswatini. *People Centred – The Journal of Development Administration*, 11(1), 79.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

From campus action to professional advocacy: aligning student leadership with Operation Preach Social Work Initiative (OPSWI) and OPSWI ConnectHub for sustainable change

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Abstract

Background: Academic training does not always reflect the lived realities of students and communities facing systemic barriers to participation and wellbeing. There is a gap between campus learning and professional practice that leaves graduates without the institutional connections, mentorship structures, and community accountability frameworks needed for sustained advocacy. This study asks how student leadership during campus life can transition meaningfully into professional advocacy, and what role organisations such as OPSWI and digital tools such as OPSWI ConnectHub play in sustaining that transition and addressing issues of child abuse.

Methods: The study draws on Ubuntu philosophy and participatory practice as its theoretical framework. Data were generated through reflective journaling, fieldwork observations, photo documentation, and informal interviews with peers, community members, and graduates. All methods were thematically analysed to identify patterns of advocacy, exclusion, and resilience.

Key findings: Peer-led mental health dialogues facilitated by students reduced isolation and increased help-seeking behaviour, demonstrating that peer education is a scalable advocacy model. Aligning student initiatives with OPSWI strengthened accountability and maintained community connections beyond graduation. The ConnectHub digital platform enabled swift crisis response and connected graduates to mentorship networks, accelerating the student-to-practitioner transition. Ubuntu-centred collaborative problem-solving increased community ownership of advocacy and reduced dependency on institutional structures.

Conclusions and implications: Ubuntu philosophy and participatory practice provide a strong African-centred foundation for sustainable social work advocacy. Aligning student initiatives with professional organisations and digital platforms strengthens continuity, mentorship, and professional identity beyond graduation. Curricula must embed reflective practice, storytelling, and mentorship linkages so that graduates leave equipped for practice rather than only qualified on paper.

Recommendations: Embed reflective practice, storytelling, and structured mentorship into social work programmes as curriculum requirements rather than optional extras; partner with student-led organisations to create formal pipelines from campus to professional bodies; and replicate the ConnectHub model across African universities to enable affordable, scalable digital crisis response using existing mobile infrastructure.

Keywords: Ubuntu; student leadership; OPSWI; digital platforms; participatory practice; mentorship; Nigeria

Cite as:

Omowa CO (2026). From campus action to professional advocacy: aligning student leadership with Operation Preach Social Work Initiative (OPSWI) and OPSWI ConnectHub for sustainable change. *People Centred – The Journal of Development Administration (JDA)*, 11(1), 80.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa. Abstract for 4th Day of the African Child Conference of Students (DACCS) organised by Mtandao – Africa Social Work and Development Network.

Rooted in resilience: advancing child dignity through gender-based violence prevention in Lagos communities

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Abstract

Background: Children and adolescents, particularly girls, in Lagos communities face intersecting vulnerabilities of violence, poverty, and exclusion that undermine their dignity and development. Child dignity extends beyond access to basic needs to include protection from violence, exploitation, and abuse. This study examines community-based gender-based violence (GBV) prevention interventions at a frontline GBV advocacy agency in Lagos and argues for the integration of child protection and WASH as complementary and inseparable rights.

Methods: The study was conducted during a fieldwork placement at a GBV advocacy agency in Lagos. Data were generated through participatory observation, reflective journaling, informal interviews with staff, community members, and stakeholders, and client storytelling drawing on first-hand accounts from those affected by GBV. Thematic analysis was applied to identify recurring patterns.

Key findings: Awareness campaigns raised community knowledge about child protection and GBV risks. Structured case management improved response and referral pathways for affected children. Stakeholder engagement with schools, families, and local leaders strengthened community protection networks. Youth-led peer education initiatives built protective knowledge among adolescents. Girls protected from violence are better positioned to access education, health, WASH, and all other rights essential to their wellbeing.

Conclusions and implications: Safe environments and protective services are core conditions for child development, not optional extras. Culturally responsive advocacy is essential when working with African communities facing GBV. Child protection and WASH must be addressed together rather than in silos for holistic child dignity to be realised. Strengthening child protection systems must be a policy and practice priority across Africa.

Recommendations: Social workers should engage stakeholders from families to local government to build sustainable child protection networks; adopt culturally responsive advocacy approaches in GBV work with African communities; and ensure that child protection and WASH are addressed in an integrated manner within both policy frameworks and community-level practice.

Keywords: Child dignity; gender-based violence; child protection; WASH; Lagos; participatory practice; peer education; Nigeria; social work.

Cite as:

Kushimo TD (2026). Rooted in resilience: advancing child dignity through gender-based violence prevention in Lagos communities. *People Centred – The Journal of Development Administration (JDA)*, 11(1), 81.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

Abstract for 4th Day of the African Child Conference of Students (DACCS) organised by Mtandao – Africa Social Work and Development Network.

Beyond borrowed frameworks: community-based approaches as a decolonial alternative to Western social work models in Africa

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Abstract

Background: Social work practice in Africa continues to be dominated by Western-centric models developed in vastly different socioeconomic and historical contexts, raising urgent questions about their cultural relevance and effectiveness on the continent. This study identifies a critical gap in the literature: the systematic undervaluation of indigenous, community-based approaches in both social work education and professional practice across Africa.

Methods: A literature review was conducted drawing on African philosophy, Ubuntu, and participatory development frameworks to examine how community-based approaches respond to the lived realities of African communities.

Key findings: Western models, while not without merit, often overlook structural inequalities and fail to account for Africa's rich epistemological heritage. Community-based approaches rooted in collective agency, communal solidarity, and indigenous knowledge respond more effectively to African lived realities than transplanted Western interventions. Community-based systems such as Harambee, Ujamaa, Stokvel, and Mukando are living social protection mechanisms, not historical artefacts.

Conclusions and implications: Decolonising social work in Africa is both an ethical and a professional imperative. Ubuntu is not a supplement to Western theory but a complete alternative paradigm. Community-based approaches rooted in African epistemology better serve African realities, and formal social policy must build from indigenous systems rather than replace them.

Recommendations: Social work education curricula should critically integrate African epistemology, indigenous knowledge systems, and community-driven methodologies as foundational rather than supplementary frameworks for sustainable development; develop locally authored teaching materials that centre African voices; and invest in African-led knowledge production.

Keywords: Ubuntu; decolonial social work; indigenous social protection; African epistemology; community-based approaches; curricula reform; Western social work models.

Cite as:

Zaca T (2026). Beyond borrowed frameworks: community-based approaches as a decolonial alternative to Western social work models in Africa. *People Centred – The Journal of Development Administration (JDA)*, 11(1), 82.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

Championing universal water, sanitation and hygiene (WASH) access: the role of social work and African frameworks in Eswatini

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Abstract

Background: Access to safe water, sanitation, and hygiene (WASH) remains one of the most urgent human rights challenges in sub-Saharan Africa. In rural Eswatini, children continue to live without basic WASH services despite national policies and international commitments. Key barriers include policy implementation gaps, weak community engagement, insufficient child-focused budgeting, gender inequalities in water roles, geographic isolation, and limited accountability. This study examines how African community frameworks, particularly Ujamaa, can inform social work interventions to improve WASH outcomes.

Methods: A desk-based literature review was conducted using peer-reviewed journal articles, policy documents, national strategies, and regional and UN reports. Key legal instruments, including the Convention on the Rights of the Child, the African Charter, and the Eswatini WASH Policy, were analysed through a social work and child rights lens.

Key findings: Gender-responsive problems increase girls' water-fetching burden and gender-based violence risks linked to water access. Two mutually reinforcing gaps were identified: weak community engagement, where communities are excluded from WASH planning in ways that contradict Ubuntu principles; and insufficient child-focused budgeting, with schools and healthcare facilities lagging in WASH infrastructure.

Conclusions and implications: Ubuntu, Ujamaa, and Ukama frameworks offer culturally grounded and community-driven solutions to WASH challenges. Social workers are essential as advocates, mobilisers, and community WASH facilitators. Over 1,000 children die daily across Africa from preventable WASH-related disease, making action both a rights and a justice imperative.

Recommendations: Ring-fence national WASH budget allocations for children's needs; deploy community social workers to facilitate Ujamaa water committees; embed Ubuntu principles of collective responsibility in national WASH policy; design gender-transformative interventions that reduce girls' water-fetching burden and link WASH to school retention; and adopt the Batho Pele principles as a service delivery standard for public WASH services.

Keywords: WASH; Ujamaa; Ubuntu; Ukama; Batho Pele; child rights; social work; gender; Eswatini; rural communities.

Cite as:

Dlamini, N. (2026) Championing universal water, sanitation and hygiene (WASH) access: the role of social work and African frameworks in Eswatini. *People Centred – The Journal of Development Administration*, 11(1), 83.

Conference details:

Presented at the 4th Day of the African Child Conference of Students (DACCS), organised by Mtandao – Africa Social Work and Development Network, 16 June 2026. Theme: Water, Dignity, and Social Justice: The Role of Social Work in Ensuring Universal Access to WASH for Every Child in Africa.

From conversation to action: closing address at the 4th Day of the African Child Conference of Students (DACCS) 2026

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Cite as:

Mahamba DT (2026). From conversation to action: closing address at the 4th Day of the African Child Conference of Students (DACCS) 2026. *People Centred – The Journal of Development Administration (JDA)*, 11(1), 84–85. Abstract for 4th Day of the African Child Conference of Students (DACCS) organised by Mtandao – Africa Social Work and Development Network.

Salutations,

From Nigeria: *Sannu, E kaaro, Kedu*

From South Africa: *Sawubona, Molo, Goeie dag*

From Botswana: *Dumelang, Pula*

From Zimbabwe: *Mhoroi, Lotjhani*

From Eswatini: *Sawubona*

From Uganda: *Oli otya, Habari*

Chairperson, Distinguished Guests, Fellow Social Workers, Presenters, Rapporteurs, Organisers, and our Partners, all protocols observed,

To greet you in your own language is to recognise a core truth: the African Child speaks in many tongues but shares one future. And that future must be built with our children, not for them.

Chairperson, we close today having had insightful conversations.

The presentations today reminded us that the challenges our children face do not respect borders. We heard the hard reality of water inequities: that this issue is affecting both rural and urban communities. In Zimbabwean urban areas, water is sold at \$1.90 per litre — what about in the rural areas? When a child cannot access clean water, she cannot learn. When a school has no safe sanitation, a girl drops out. Water, access, sanitation, and hygiene are not separate from education. They are the foundation of it.

From the presentations one can note that decolonisation must be a combination of our ways and Western models. Western models alone will not work. We must centre cultural knowledge, community issues, and African realities.

As social workers, we were called back to our ethics: we work with the people, not for the people.

Chairperson, this Day of the African Child is not just a date on a calendar. It is a call to accountability. We have many policies. We have beautiful frameworks. We have commitments dating from the Soweto Uprising on 16 June 1976 until today. We have partnerships across this continent.

But our children are not asking for more policies — they are asking for implementation. They are asking for results.

From this forum on water inequities and from our Day of the African Child dialogue, we leave with one united call: No Child Left Behind. We call for:

1. Clean water
2. Safe sanitation

3. Good hygiene
4. Healthy children
5. A better future

Implementation means:

1. A classroom with a teacher, not just a policy on paper.
2. A tap at the school, not just a strategy on sanitation.
3. A social worker in the community, listening to the child, not just speaking about the child.
4. Research done for and by Africans, using Africa's resources as our key asset, and suited to our people and our context.

Colleagues, let us be honest. Inequality, poor WASH, and broken community support are the same forces that push a child out of school and make reintegration hard for the person who returns home. The African child and the African community are one system. If we protect one, we strengthen the other.

So, as we leave here today, I ask each of us to carry one commitment: to move from conversation to action, from resolutions to results, from policy to practice.

To our distinguished guests, our rapporteurs, organisers, and to every African Child we serve:

Tatenda. Ngiyabonga. Siyabonga. Ke a leboga. Thank you.

Thank you Dr Rugare Mugumbate for the great guidance, we are grateful.

Let us protect, educate, and empower Africa's children not only in our policies but in our implementation.

I now declare this Day of the African Child Conference closed.