

BREAKING THE SILENCE PROJECT IN BARINGO COUNTY
ACTIVE ASSESSMENT EVALUATION REPORT
FEBRUARY 2022



Marie at Mogotio township Secondary school during active assessment evaluation.

HELP MISSION

Marie Bang visited HMDS and Baringo County to carry out active assessment evaluation in Breaking the Silence Project. She first met HMDS staff where she did active assessment evaluation with use of questionnaire which is attached as annex to this report.

The Evaluation of Active assessment was also done three institutions with Marie in accompany of Carsten and HMDS staff. The institution visited were Mogotio Vocation Centre, Mogotio Township Secondary school and Kapchelukuny Primary school.

It was agreeable to evaluate Secondary, vocational Centre and Primary school this provided different experience from these different institutional levels.

Apart from the active assessment, we had need assessment visits to church, schools, administrative offices, health facilities in Baringo county whereby we met church assistant priest, principals, teachers, school board of management, parents representatives, community health works, nurses, doctors and clinical officer, public health officers, community and elders.

DAY ONE

MOGOTIO VOCATIONAL CENTRE

We visited Mogotio vocational Centre on Thursday 17th February 2022 where we had teachers and youth who engaged in different methodologies i.e. anonymous mail box, the hot chair and role play to address and engaging other fellow youth in discussing pregnancy and pregnancy prevention. It was lively to see the youth take over and own sessions. It was well presented with the role play. Some questions asked from the anonymous mail box were:

- 1. If a girl gets pregnant and boy who is responsible ignores it what advice will you give a girl*
- 2. Is family planning or contraceptives good for someone who has never had a child?*
- 3. What is the meaning of safe days for girls*
- 4. If you do sex without in jugulating can a girl get pregnant- withdrawal before jugulating.*
- 5. Are contraceptives only for married people?*

MOGOTIO TOWNSHIP SECONDARY SCHOOL

This was the second school to visit and both the teachers and the students participated in discussing rights and responsibilities in regards to children and youth people especially when it comes to rights to information, access to health facility services, sharing of information. It

was done very well by their teacher relating responsibilities with rights since most youth think its other peoples responsibilities when they need to be provided for and forgetting that they too have a big role to play instead of demanding from other people. Students asking questions, and use of four corners, and line exercises.

DAY TWO

KAPCHELUKUNY PRIMARY SCHOOL

This was a primary school where two teachers led the session and the pupils participated freely and most actively in carried out the puberty and body changes.

The teachers explained to the pupils that its normal to go through this stage in life. He explained al the physical, social, emotional and psychological changes that occur and it's ok to experience the confusions. The session was interactive and they did four corners, line exercises where pupils took their stand and defended their answers very well. The question asked was” who do you share with information regarding adolescence?” responses were:

Parents as parent is the close person to the child and will always be there for you.

Teachers: since the teacher is most educated and cannot mislead you.

Friends: friends are your age mates and will understand you better and feel free to share with

Social media: some responded that it is the best since you are alone and no one will know the sites you visited and what you search for on internet.

Lastly, with the line exercise some were girls alone, boys and mixed girls &boys each group giving their opinion some preferred to have the discussions alone since their matters concerning the boys alone like circumcision for boys should be shared with boys alone. Menstruation for girls should be done with girls alone as it's not for boys to listen too. The mixture group thought it's best for both since they are living in the same society and it's helpful for all. This shows the active assessment helps the young ones to reason and make good choices.

DAY THREE

OTERIT HOME STAY

Travel from Nakuru to Baringo home stay at madam Linah's family.

NEED ASSESSMENT

After active assessment evaluation in schools, we did need assessment and we met different stakeholders namely the priests, teachers, parents, community health workers, nurses, public health officers and one in church of the hospital.

First, Marie met with assistant church to hear opinion of the church in regards to sexual reproductive health rights. The priest was optimistic about and recommended that its time the parents should be enlightened so that they can free with their children on any discussion. She also had talk with women in the church and supported the project is good to spread in the community.

DAY FOUR

OTERIT CHURCH

Attending church services and meeting with assistant priest who supported it and think its important for parents should open up and engage their children in discussing whatever comes at hand.

DAY FIVE

OTERIT PRI. SCHOOL

We met different stakeholders at the school as a central meeting point. We had talks with the teachers, parents representatives, community assistant chief and principals to get their views on the project. They all admitted that the project is vital and it should spread to the community in order to empower many too. We also visited the nearby dispensary and admitted that students are freely visiting the facility whenever need a raise, and readily offering the services require too.

DAY SIX

HEALTH FACILITY

we visited the Emoring hospital where we met the clinical health officer, public health officer and nurses. They said they are aware of the project in most of the institutions and also admitted that they receive youth mostly coming in for pregnancy clinics, condoms, and contraceptive counseling and use,

Evaluation of Active Assessment

Questions for PLK and HMDS

- How did the implementation of active Assessment at the schools go? It went well(positively).
 - How did the teachers react to this new methodology/

Teachers react to this new methodology

1. It was viewed by teachers as student centered tool where they are proved by the use of questions to bring out the information that they have on a particular topic.
2. This tool was used to get students to show their knowledge about the topics that was taught on reproductive health (SRHR) without judging any one
3. Issues pertaining Reproductive health awareness was created using the tools with assistance of students themselves and well understanding of the topics and issues around SRHR in the society.
4. The attention was among students themselves unlike other methods where attention is usually on teachers or facilitator during the trainings.
5. It was a way of getting information from your student in a good way and giving facts in the right way to them by teachers
6. It was used to engage the learner to actively participate in the lesson and topics were not boring to them

Have they embraced it?.

- Basing on their observation or views stated in above, we can say that embraced they have embraced it, this can be evidenced because some of the teachers at the schools participated during trainings.
- It was viewed by the teachers as an added advantage with the new CBC Curriculum in the schools.
- What challenges did you face implementing the new methodology? For example, with students, teachers, school management, parents, etc.? what have you done or what can we do about the challenges you faced?

challenges did you face implementing the new methodology with students

1. The students saw this as a new learning culture they were used to traditional methods of **"teachers are always right"** where it was difficult at start to argue their case. But with time they opened up and embraced it as an open discussion session of people.
2. The teachers on the other hand saw that it will have a wash back effects on the way they are teaching and also on how student learns and this may affect their normal learning ways in schools. After two to three visits to schools it was observed that it will have a positive impact to the contribution of students in class because students learn from one another apart from only teachers.
3. The time challenge was also observed in all the schools because particularly on four corners, line Exercise and Hot sit methodologies because it involved movement and this was taking sometime thus a challenge. Anonymous-mail box was only seen as a challenge only when presenting and discussing questions
4. Covid 19 was the biggest challenge we faced because it has several impact on the project. We were forced to share the time of four terms per year compressed by the ministry of Education with teachers to make time for the activities at the same time and this meant that we had limited time with the students. What we did is arranging with teachers to train up to late hours and in some schools, we agreed on weekends to cover the topics. What we can do in future is to have an allowance in the proposal for project extension equal to amount of time wasted in case of such epidemic.
5. Finally, all the students in school particularly in secondary schools and Youth polytechnic wanted to participate but there were trained teachers as far as number of facilities were concerned. In future we need to train more than 6 teachers in a partner school to be facilitators and school heads to be included in the training.

We want to have a room for reflection during this time to reflect how the active assessment component has gone so far and to find out if we need to change something while we still have time. This is the overall focus for the dialogue for the next couple of days.

- How did social workers/ persons from HMDS and PLK succeed in implementing the action plan for active assessment?

The action plan was implemented differently from the way we had designed due to COVID19 pandemic. We were to incorporate more social workers volunteers to see that the project will be completed in time. We also managed by engaging other social workers so that we can visit more institutions in total we had 4 social workers.

- How was the action plan followed?

The action plan was followed and changed to suit different learning institutions basing on the need per school and we were flexible with the schools in mind the school syllabus that they should observe as far as the guidelines of the Ministry of Education is concerned. As mention above we involved volunteers to make sure that changes as fewer to the action plan.

- How did you manage to adapt to local context at each school?

We had a good relationship with school management and this made it possible to negotiate and come to agree with local context in each school. We requested each school

their needs as far as the topics were concerned and prioritizing them so that we can start with the burning issues that they need to be addressed.

○ What challenges did you face?

1. Trained teacher's transfers from one school to another which was not a partner school was a big challenge that we faced.
2. The second challenge trained teachers who were going on maternity leaves meaning that we were again given another teacher to replace the other as extra recap of training was done for her/him to be in line with what we were doing.
3. Third challenge was at a time students were sent home for school fee and find out that we had a mixed classroom some were behind some in front of the others as far as trainings were concerned,
4. Materials to schools were not enough to student as far as books were concerned it was to have a ratio of 1:2 or at least 1:3.
5. We had a bigger number who wanted to participate in baseline survey and data analysis took some time to be done.
6. More schools wanted the project at their schools because they can see positive changes.

○ How did you overcome those challenges?

- ✓ Challenge one and two, we trained other teachers to replace those who had left for maternity leave or transferred to other schools.
- ✓ The third challenge was solved by postponing the training with that school and where possible to call another school to see if they could take the training on that day and this worked very well for managements were also flexible and accepted our request.
- ✓ Regarding the books we developed a summarized version on the topics and gave out to other few students but it did not reach the ratio.
- ✓ Regarding more schools to have the project at their school, we were forced to include one more school in the project but we had 15 extra schools asking for the project in their schools.

○ How did the teachers react on the material you shared with them- the facilitation guide you created?

- ✓ They appreciated for the materials which will be helpful to them and even during guiding and counselling in schools.
- ✓ They requested the ratio to be increased so that more students can access them.

○ What would be important to take with us if this project evolves into a larger project involving more schools?

1. The project should cover between 3-4 years to properly evaluate the processive of change in the communities.
2. There should be more outreaches to the communities through chiefs barazas and at least once per month to have with church leaders and their followers
3. As far as schools are concerned, the ratio of book to students should be where possible 2:1.

4. Health visits to the schools should be arranged to be done on quarterly basis at the schools.
 5. At least 4-6 teachers should be trained in a school and they should be young teachers aged-25-40 years and also school heads to be trained.
 6. Secondary schools and youth polytechnics should be increased so that they can be at par with primary schools.
 7. We should incorporate scholarship to some poor students and particularly day school of say half of the fee required.
- Especially for the social workers: how was it for you personally to introduce active assessment and the exercises? *It was easier for us because we had gone through the training.*
 - In relation to the teachers: have you talked with the teachers about how it was for them personally to use this new methodology and facilitate the student in discussing personal issues (issues that the teachers perhaps themselves have experienced or feel embarrassed about discussing openly) *Yes we did*
 - How can the teachers support each other if they find it difficult to discuss these topics and/or have personal experiences that are being ripped open?
We have some personal issues touching on different gender and we have discussed and agreed with teachers that they should assist each other in case they are not sure of the issues at hand they can refer. This has been observed most men teachers have little knowledge on menstruation and we have advised them to refer such to female teachers.
 - School clubs
 - How did you start up the school club? *We visited the selected schools ie. 4 sec schools and 2 VTC whereby we introduced the principles, trained teachers and students on the formation of clubs, the criteria which included 30 members, the naming of the club and how it will be conducted and networking.*
 - What grades did you include? *In high school we included form 1-3 and in Vocational training Centers - First years and second years.*
 - How is the sustainability element of the schools' clubs being going- getting students to run the school clubs and teachers to support?
With the students trained on facilitation skills alongside teachers and creation of networks, these will make the club to be sustainable
 - For next phase: what should be taken from this intervention and what do you think should be added?
 1. The formation of school club should start and run parallel to the SRHR trainings at the partner institutions
 2. More outreaches that can last for two years should be included and these should be targeting youth in sports, women groups, chief barazas and even some learning institutions that may not be in the program
 3. Exchange programs of clubs between inter partner institutions' can be included in future.
 4. Three visits per institution per months is proposed in future on a such project

5. Advocacy in the community by use of club members and HMDS can be done on quarterly basis and role model from the society can be invited as guest speakers.
 6. Medical urgent needs should be included as from experience we have observed on one on one with students as shown in our 2021 report on case studies at least 2% of budget should be set aside in such cases
- How did the teachers manage when students brought up issues that needed to be reacted to? Ex. Abuse at home, rape, bullying.
We learnt that students were free to tell HMDS issues they are facing much at easy than with parents. Examples and how we managed them as below and also can be found in our 2021 reports send to positive life as case studies.

PHOTOS GALLERY







HELP MISSION DEVELOPMENT





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Line exercise at Kapchelukuny Primary school

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