

**BREAKING THE SILENCE PHASE II**

**REPORTING PERIOD: APRIL 2024 –SEPTEMBER 2024**



Ambassadors' outreach



## INTRODUCTION

During the reporting period April to September 2024, the following activities were planned to be implemented:-

1. Peer to Peer Ambassadors,
2. Safe Space workshop,
3. Nurse School visits,
4. Consultations on how to fill the gap in community,
5. Parent meetings, Gain access to chief Barazas in Baringo,
6. Testing week sex,
7. Community level advocacy- Advocacy campaign,
8. Community level advocacy – stakeholders meeting, and
9. Media Engagement.

Most of the activities have been implemented, just a few are in progress i.e. Nurse School visits, Consultations on how to fill the gap in community and Media Engagement and will be completed by the end of reporting period –September 2024.

### **1.3.2. PEER TO PEER AMBASSANDORS**

During the previous Breaking the Silence project we had school clubs in four secondary schools and two Vocational Training Centres. Those youth in the clubs graduated as ambassadors by the end of the project period. Out of the 180 youth, 60 were drawn as ambassadors to participate in Breaking the Silence Phase II; they are participating as Peer to Peer in schools and out in the surrounding communities. Aiming to break the traditional ways of teaching whereby the trainings were done by HMDS and teachers. This approach has been adopted to improve access to comprehensive sexual and reproductive health education among young people. The use of peer-to-peer education is encouraged and consistently adopted to improve knowledge on pertinent health issues among young people. Many communities in Baringo, young people have limited access to the right information because their parents either lack the required knowledge and skills to teach them due to illiteracy or feel embarrassed to discuss reproductive health with their children. Peer education has been beneficial in improving knowledge and the intention to change behaviour in programs among high school and vocational youth. The peers were grouped 3 in each and involved 23 peer to peer outreach meetings conducted during the reporting period and they were very interactive. We reached all the 23 learning institutions reaching 4,990 students during the activity.

#### **Outcome of the activity**

They were more interactive unlike where teachers were involved. We had more questions and answers coming from the learner who participated directed to facilitating ambassadors.

The primary learners had questions to do with friendship and relationship e.g.:

- *Can boys and girls be friends?*
- *Can boys and girls sit together?*
- *Why do other students assume that I am in a relationship because I walk home with my neighbour who is a boy?*



- *My parents cook the tradition alcohol at home and they force my siblings and I to take it. What should I do?*
- *Both of my parents are alcoholic and they come home with alcohol and force me to take it. What should I do?*

Majority of the learners asked this question in most of the partner schools.

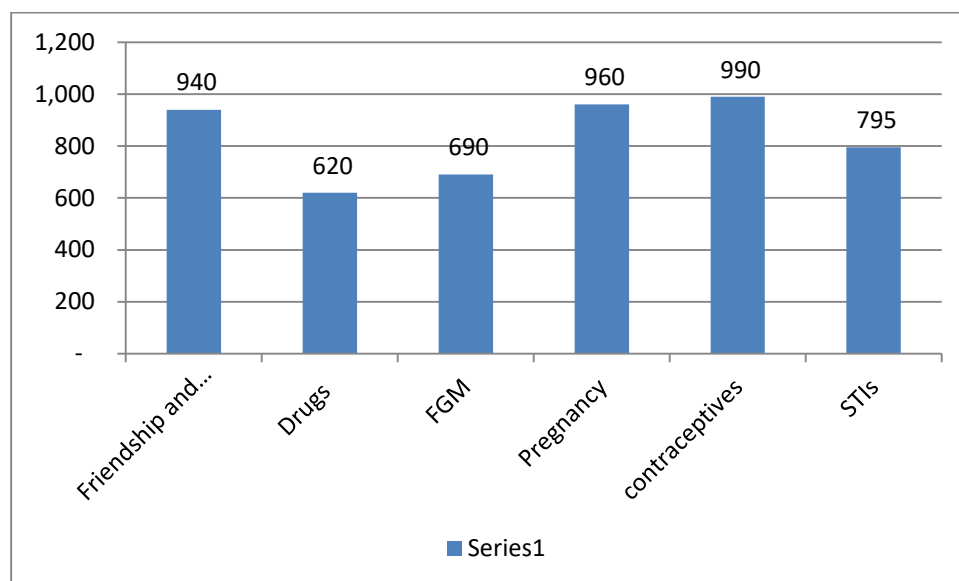
The secondary school also had question on relationship, sex and drugs such as:

- Which are the best and safe contraceptives?
- *Kunyonga iko na effect?* (Does masturbation have any effects?) *Kama umezoea kunyonga utaachaje* ( If you are used to masturbation how can you come out of it?)
- How to avoid or stop drugs when you are already addicted to them?
- Can one be a sex addict and how do you know that you are one?
- If I am pregnant what should I do?
- How many girlfriends should a boy have to be considered a man?
- If you are addicted to sex what can one do to void it
- *Condon inaweza burst*( Can condom burst)
- *Kwani watu wakitambo hakuwa wanajua wasichana hawafai kukeketwa?*( Does this mean that the old generation didn't know that girls should not undergo FGM? )

After the questions were read out the learners also gave their opinions on the question, by use of the methodologies: the four corners, straight line and anonymous mail box.

The vocational institute trainees also had similar questions to the secondary students. We observed that all the youth in different institutions had questions in regards to sex, relationship, drugs and substance abuse. We grouped the issues in four. Friendship and Relationship, Drug and drug abuse, Female Genital mutilation, Pregnancy and Contraceptives. We did analysis on these and presented in the graph below.

Graph on issues and number of student raising the issues



Students wanted to know more about contraceptives which were the highest, followed by pregnancy, Friendship and relationship, STIs etc.

Sample questions / comments:

Kama umetoca hunganga utawachaye?

If I am pregnant what should I do.

A real men should have how many girls

Kwa nini ukimwa nje, Pregnant  
Ina shaka inagawa na kumwenda  
ka nje

Kwa nini wote wakibona  
wakawa wanajua kama  
wasichana haitai kuwa  
jama?

Kama umetoca hunganga utawachaye?

## HELP MISSION DEVELOPMENT SERVICES -REPORT



*Discussions during the sessions.*

# HELP MISSION DEVELOPMENT SERVICES -REPORT

*Attendance during peer to peer meetings per school (two visits per schools) =46 outreach*

NO	SCHOOL	MALE	FEMALE	TOTAL
1.	Kapchelukuny primary	28	40	68
2.	Kapchelukuny Junior Secondary	43	33	76
3.	Oterit Primary	64	84	148
4.	Oterit Junior Secondary	62	78	140
5.	Oterit secondary	250	330	580
6.	Embogong Primary	66	63	129
7.	Kabimoi Secondary	215	200	415
8.	Kabimoi VTC	205	218	423
9.	Kures Primary	30	38	68
10.	Kimose Primary	60	68	128
11.	Kimose Junior Secondary	65	55	120
12.	Molosirwe Primary	70	63	133
13.	Molosirwe junior secondary	64	53	117
14.	Chemoinoi Primary	56	39	95
15.	Kabarbesi Primary	73	65	138
16.	Borokwo Primary	48	54	102
17.	Kabarbesi Junior Secondary	113	71	184
18.	Mogotio VTC	200	230	430
19.	Nato junior Secondary	57	60	117
20.	Sosion primary	42	37	79
21.	Nato primary	59	70	129
22.	Kimose secondary	250	261	511
23.	Mogotio township	300	360	660
		<b>2570</b>	<b>2420</b>	<b>4990</b>

### **2.3.3 SAFE SPACE**

Safe space is a physical or mental environment where you feel comfortable, secure, and free from judgment or external pressures. Safe space can also be a physical or non-physical, formal or informal, public or private, non –stigmatizing and culturally-appropriate place where members of the community can go any time to feel safer physically and emotionally, empowered and have access to information, education, recreational activities and support services. The importance of creating safe space in school is both teachers and learners to be able to express their thoughts and idea without fear of discrimination and judgments. To ensure safe space for children includes targeting the five major areas of safety: visibility, access, supervision and communication, transportation and safe technology use.

After risk mapping and identifying the risky areas like roads, people and in the community, we had to create a safe space for both learners and teachers at schools. Most teachers did not have knowledge about safe space, how to create and facilitate it to the learners and other teachers in the school; this was completely a new idea to them. They were welcoming to the idea of creating not only a safe space/ place but an environment that is safe for the kids in and out of the school. Some of our partner schools preferred that all the teachers be trained so that they can also be part and parcel of creating the safe space to create a better learning area not only for the SRHR class but for everyone in the school. The best idea that came from one of the teachers is creation of small families in school. Every teacher to hold a number of students he/she will be the parent of this group of learners, and the next group will be the extended family. Every school was open to this idea and ready to work on formation of the families in school. The main aim to help all the students gain confidence and be able to open up for sharing and interacting.

A suggestion come that we should integrate this activity to the community so that the youth can feel safe and be able to express themselves even at home and the community in general. The reason for this suggestion is that, most of the risks identified by the students and teachers emanate from the community, these learners go back to the community after leaving school,



and to different learning institutions to pursue higher learning education the learner will have to leave this school where there is a safe space to another one where he/she may not find the same safe space. If the community embraces the creation of safe space then the teachers who are not in the partner schools and parents who create the large part of the community will advocate for it and may integrate in other schools which are not partner schools in Breaking the Silence project.

During the parents meeting we were able to facilitate on safe space and the parent requested that we hold a meeting with the same teachings and invite many parents. They talked about safe space for community members both male, female, young, old and teens saying that this will help solve some of the risks in the community. *'My community needs this space for girls so that they can escape form FGM'* one of the old women says during the meeting, this was one of the risks identified by most of the students in the partner schools. This is not the only risk that was identified, with FGM come teen marriage and this leads to teen pregnancy, sexual transmitted diseases and many more side effects.

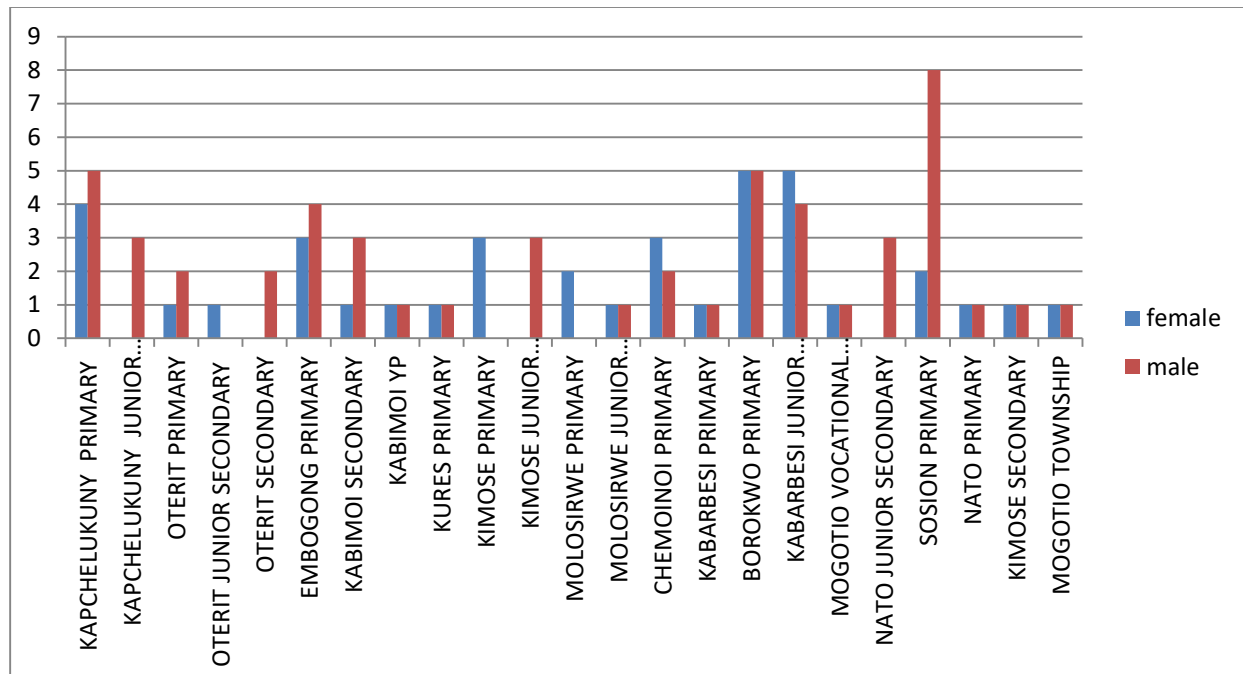
They proposed members of communities to help with creation of safe space such as church leaders, community elders, health workers, chief and assistant-chiefs. With this groups spearheading the creation of safe space then we can guarantee the safety of the children in the community.

# HELP MISSION DEVELOPMENT SERVICES -REPORT

*Number of teacher's present per school.*

NO	SCHOOL	MALE	FEMALE	TOTAL
1.	Kapchelukuny Primary	4	5	9
2.	Kapchelukuny Junior Secondary	0	3	3
3.	Oterit Primary	1	2	3
4.	Oterit Junior Secondary	1	0	1
5.	Oterit Secondary	0	2	2
6.	Embogong Primary	3	4	7
7.	Kabimoi Secondary	1	3	4
8.	Kabimoi VTC	1	1	2
9.	Kures Primary	1	1	2
10.	Kimose Primary	3	0	3
11.	Kimose Junior Secondary	0	3	3
12.	Molosirwe primary	2	0	2
13.	Molosirwe Junior Secondary	1	1	1
14.	Chemoinoi Primary	3	2	5
15.	Kabarbesi Primary	1	1	2
16.	Borokwo Primary	5	5	10
17.	Kabarbesi Junior Secondary	5	4	9
18.	Mogotio VTC	1	1	2
19.	Nato Junior Secondary	0	3	3
20.	Sosion Primary	2	8	10
21.	Nato Primary	1	1	2
22.	Kimose Secondary	1	1	2
23.	Mogotio Township	1	1	2

## HELP MISSION DEVELOPMENT SERVICES -REPORT



During the facilitation we were able to notice that the number of male teacher was low compared to that of female teachers, we were able to reach 42.22% male and 57.78% female teachers. A big percentage of these teachers were old. In the new 6 junior secondary schools we had young teachers compared to the other schools. Young teachers can be able to connect with the learners more than the older teachers. This is the challenge we face in most partner schools.

## HELP MISSION DEVELOPMENT SERVICES -REPORT



*Safe space training in Kabarbesi primary school.*



## 2.6 PARENT MEETINGS

Parents meetings were to be held in schools and outside the school grounds with the aim of educating the parents on importance of SRHR and to empower the parents so that they are capable and able to discuss SRHR matters with their children. HMDS collaborated with the partner schools and were able to reach 873 parents, 550 being women and 323 being male, they were very open to this discussion. We had topics on FGM, teen pregnancy and forced marriage, HIV and drugs abuse. The reason we choose this topics is because these were the risk identified by the children and youth at school during risk mapping activity. A Part form this we talked about creating safe space back at home for the kids so that it is easy to talk about SRHR as recommended by the teachers. They were interested to know more on the safe space and how to create it for the children. They talked about safe space for all community members male, female, young, old and teens ,saying that this will help counter same if not all the risk in the community.

We suggested some referral system such as health facilities where they could get more information on how to guide and talk to their children .We opened the communication to parents present so they can give their own input and suggest any other referral systems found in the community.

Some parents came up with questions such as:

- ❓ *When is the right age to talk with my children about SRHR?*
- ❓ *I am a father and have girls at home; am I supposed to talk with them about SRHR?*
- ❓ *I am a single father of two girls, how do I talk with them about sex and menstruation?*
- ❓ *My son is 17 years old and has impregnated the neighbor's girl. What should I do?*
- ❓ *If my son is taking alcohol at 15 years, What should I do?*

Some of the parents were able to answer the above questions and discuss with the parents who had asked these question. They had different suggestions, opinion and answers.

Some suggested that we should talk with the community 'men and women' in different sittings.

The only challenge we faced was most of the parents could not understand Swahili due to illiteracy but we used a translator and the meeting was a success. The population of women was higher compared to the men in most of the meetings.

### **Other Outcome.**

Parents suggested that we arrange for sessions with their youth/teens who are in secondary schools and are not partners with HMDS in this project during holidays.

We managed to hold the session where we had 45 girls attending and 25 boys. There is a need to have more such sessions but due to budget constrain we did not.

*Parents' attendance during parents meeting.*

NO	SCHOOL	FEMALE	MALE	TOTAL
1.	Kapchelukuny Primary	11	8	19
2.	Kapchelukuny Junior Secondary	12	8	20
3.	Oterit Primary	7	5	12
4.	Oterit Junior Secondary	10	6	16
5.	Oterit secondary	15	6	21
6.	Embogong Primary	23	3	26
7.	Kabimoi Secondary	21	2	23
8.	Kabimoi VTC	12	5	17
9.	Kures Primary	14	3	17
10.	Kimose Primary	14	7	21
11.	Kimose Junior Secondary	15	3	18
12.	Molosirwe Primary	7	8	15
13.	Molosirwe Junior Secondary	14	9	23
14.	Chemoinoi Primary	7	10	17

# HELP MISSION DEVELOPMENT SERVICES -REPORT

<b>15.</b> Kabarbesi Primary	10	4	14
<b>16.</b> Borokwo Primary	7	8	15
<b>17.</b> Kabarbesi Junior Secondary	6	22	28
<b>18.</b> Mogotio VTC	19	12	31
<b>19.</b> Nato junior Secondary	34	0	34
<b>20.</b> Sosion Primary	21	4	25
<b>21.</b> Nato Primary	14	6	20
<b>22.</b> Kimose Secondary	10	8	18
<b>23.</b> Mogotio Township	15	9	24
<b>24.</b> Oterit Catholic Church	20	15	35
<b>25.</b> Catholic Church(Nato)	26	14	40
<b>26.</b> Sosion AIC Church	18	13	31
<b>27.</b> Kabarbesi AIC Church	23	17	40
<b>28.</b> Kabimoi PCEA Church	10	9	19
<b>29.</b> Kabimoi Primary	8	10	18
<b>30.</b> Catholic Church (Kabimoi)	20	24	44
<b>31.</b> Embogong AIC Church	19	3	22
<b>32.</b> Kapchelukuny Catholic Church	18	17	35
<b>33.</b> Kimose AIC Church	13	7	20
<b>34.</b> Molosirwe AIC Church	15	11	26
<b>35.</b> Mogotio Chief Compound	30	20	50
<b>36.</b> Kures AIC Church	12	7	19

## **2.7 CHIEF BARAZAS**

### **GAIN ACCESS TO CHIEF BARAZAS IN BARINGO.**

After carrying out risk mapping in the 23 partner schools, completing the safe space training in school and parents meeting in the community, we arranged to meet with the chief, Assistant-chief and nyumba kumi elders and discuss the risk identified by the learners in schools.

With the help of the area chief we were able to meet the community leaders such as the Assistant-chiefs, religion leaders, and nyumba kumi elders. The chief is a female called Jepkemoi Rutto and was not kind to the news that the young girls are still undergoing FGM. The chief says no child should live in fear of this happening because she is always on look outs for any parents planning this act for their children; they will face the hand of law. She is planning a girl's talk that is bound to happen when schools close in October 2024.

She gave a report that shows reduction in numbers of FGM cases among the youths but an increase when it comes to older women age 27-55 in the community. Since the children in schools are protected by the government and they themselves are aware of the consequences of FGM thanks to the breaking the silence project, the community is going for the married women either during the first born child or when the woman is old and her first son is going for circumcision. Madam Jepkemoi says that the only way to counter this is by communicating with all the men and boys in the community, because if they are educated on the effects and consequences of FGM, then they will not wish for their wife and daughter to undergo the cutting.

The chief reported that number of Gender Based Violence such as domestic violence has increased for both gender, Men attacking women, women attacking men. This is caused by the increase in alcohol abuse in the community. The cases have increased since the year 2020 when covid-19 hit, many people were laid off .Due to unemployment most family have turned to alcohol which has led to home violence ,child abuse and labor. Having that some parent have turned to alcohol the youths have stepped out to find jobs so as to feed themselves.



The percentage of youth drop out in schools had increased in 2020 during covid-19 but now it has started reducing since the year 2022, before 6 out of 10 student would drop out but now it is 2 out of 10 students. She says during 2020 the girls dropped out of school due to teen pregnancy and teen marriage because of poverty back at home, the boys and a few numbers of girls had dropped out because they had to take care of their young ones they had joined a plantation farm to work and provide since their parents were alcoholic and could not take care of them.

Forced marriage has reduced among the youth but increased among the older women, the reduction in the forced marriage in the youth is because the learners are protected and the teachers are reporting if there is any case, there is also awareness among the youth thanks to breaking the silence. The increase in the force marriage among the older women in the community is because the family pushes her to get married since they are afraid that their daughter will get older before she get married and reduce the dowry price. She suggested creation of awareness in the community because this forced marriage leads to issues such as child negligence, domestic violence, and repeated sexual assault among others.

## HELP MISSION DEVELOPMENT SERVICES -REPORT

### Analysis table

Earlier Pregnancy cases		Drop out of school		Forced marriage cases reported		Gender bases Violent cases		FGM Among youth		FGM among 25- 55 yrs		Drugs	
2020	2024	2020	2024	2020	2024	2020	2024	2020	2024	2020	2024	2020	2024
120	35	60%	20%	48	20	55	40	43	15	20	31	48	60

Earlier pregnancy has reduced from 120 cases to 55 cases in mid 2024

Drop out of school has reduced with 40% by July 2024

Forced child marriages has reduced from 48 cases in 2020 to 20 cases in 2024

Gender bases violence has reduced to 40 cases from 55 cases in 2020

FGM has reduced among youth from 43 cases in 2020 to 15 case in 2024

FGM among married women have increased from 20 to 31 case

Drugs abuse among population has increased from 48 to 60.



*One of the community leaders talking to the community on FGM*

*Population reached during the chief Barazas meetings in the four meetings*

**VENUE: OTERIT LOCATION**

TOTAL NUMER OF MALE	89
TOTAL NUMER OF FEMALE	33
TOTAL POPULATION	122

**VENUE: CHEPISWAT LOCATION**

TOTAL NUMER OF MALE	50
TOTAL NUMER OF FEMALE	36
TOTAL POPULATION	86

**VENUE: EMINING LOCATION**

TOTAL NUMER OF MALE	123
TOTAL NUMER OF FEMALE	50
TOTAL POPULATION	173

**VENUE: KAMALANGET LOCATION**

TOTAL NUMER OF MALE	21
TOTAL NUMER OF FEMALE	39
TOTAL POPULATION	60