

HELP MISSION DEVELOPMENT SERVICES

Status of the implementation:

Graduation

1.1.2 DEVELOPMENT OF STEP BY STEP SYSTEM

- Six out of seventeen schools were not able to graduate for these reasons but like school Oterit primary school, Kimose primary school and Molosirwe show great potential of graduating by mid this year. Teachers in these schools have shown real potential and willingness to facilitate SRHR in their schools. The remaining three schools are a bit weak but are still moving on and may graduate by then end of this year.
- Transfers of the trained teacher, most of the schools have experienced transfers of teachers including the teachers who were trained to spearhead the Break the Silence (BTS) in schools. They had trained other teachers; these teachers are able to handle the BTS topics and methodologies well but are not yet ready to graduate. Most are able to conduct SRHR education through Active Assessment Methodologies and respect to child protection mechanisms such as confidentiality and are still learning.
- The eleven schools that were able to graduate are in the capacity to:
 - I. Create a safe space.
 - II. Conduct SRHR education through Active Assessment Methodologies.
 - III. Respect child protection mechanisms such as confidentiality.
 - IV. Pass knowledge of SRHR to other teachers.
- They were able to train the new teacher in the new selected schools, junior secondary schools (JSS) and were able to conduct and facilitate SRHR trainings.
- So far, 22 teachers in 11 schools are able to conduct SRHR education comfortably, 6 teachers in 3 schools will graduate by mid 2024 and the remaining will graduate by end of 2024. In conclusion all the teachers in 17 schools will be conducting SRHR education through Active Assessment methods independently.

TRAIN OF TRAINERS

This is implemented in six selected junior secondary schools which need to have a comprehensive and scalable “train the trainer” (teacher to teacher) component has been tested and established in six selected junior schools -

Train new schools in Active Assessment and SRHR education by working with teachers to increase their knowledge and confidence levels. The training is essential since it addresses the gaps in teachers’ knowledge of SRHR topics and to provide them with improved approaches (Active Assessment Methodologies). Employing a train-the-trainer approach, the facilitators were drawn from the other partner schools as facilitators to deliver SRHR curriculum training to teachers. During these sessions, some head teachers, teachers were present showing interest to using the methodologies in teaching and delivery of SRHR education in schools. Enhancing the capacity of teachers in schools to deliver the rights-based curriculum in rural areas of

Baringo will further empower young people to be actively engaged and informed of their sexual and reproductive health and rights. Based on the success of these sessions, we are hopeful that SRHR messages will continue to be adapted in other learning institutions hence and those confident, knowledgeable teachers can continue to provide SRHR to the next generation of students.

NO	NAME OF THE SCHOOL	TEACHERS AT SCHOOL	TEACHERS TRAINED
1.	Molosirwe JSS	3	3
2.	Nato JSS	3	3
3.	Kapchelukuny JSS	3	3
4.	Kimose JSS	3	2
5.	Kabarbesi JSS	3	3
6.	Oterit JSS	3	2

It was expected that by the end of 2024 a minimum of 12 teachers at 6 new schools would have received training in Active Assessment and SRHR topics through teacher-to-teacher methods but we managed to train 3 teachers in some schools totaling 16 teachers in six institutions. The training was completed by February 2024. The teachers are able to facilitate SRHR education in the schools as par the follow up meetings.

PEER TO PEER AMBASSANDORS

The 60 ambassadors participating in Breaking the Silence phase II, they are participating as Peer to Peer in schools and the surrounding communities. This approach is improving access to comprehensive sexual and reproductive health information among young people. Peer education is beneficial in improving knowledge and the intention to change behavior in programs among high school and vocational youths. 33 peer to peer outreaches done to date, by June 2024, we will have done 46 outreaches. By mid-2025, 92 outreach meetings will have conducted at 23 schools and surrounding communities.

RISK MAPPING

We were able to conduct risk mapping in the 23 schools partners all students were involved from the age of 10 and above. We were able to reach 1580 and hope to reach the target population by mid 2025 .Two methods applied for students to identify the risks were through: Students were asked to either to identify risks and risky areas by

- Drawing /Maps
- Letter writing

We choose these methods because some students are not able to express themselves with words but can with drawings. The drawing and letter writing were anonymous in that the name

of the child/ youth was not to be written. Some children were courageous enough and wrote their names.

Drawings and letters were collected, group according to risk and analysis of the risks done by HMDS.

We grouped the results of our findings in three categories namely:

A. Cultural norms risks

Under this the following was identified;

Female Genital Mutilation (FGM), Forced Marriages, Forced Child Marriages (FCM), Harassment to and From School, Rape, and Not Getting Marriage

B. Behavioural Risks.

Under this the following was identified;

Drugs and drugs abuse, unsafe sex exposure by youth, Sexual Transmitted Disease and Women biting risks.

C. Socioeconomically Risks.

Under this the following was identified;

Earlier pregnancy (Child motherhood), Boda boda risk, School dropout's risk, not seeking medical treatment risks

It was analyzed graphically in report.

Follow up meetings by HMDS were conducted in all the 23 schools and this risks were discussed by HMDS and teachers to address all the students .Referral points were shared with the students.

WEEK SEX

Week sex was conducted, but new name was given that was local friendly name as-“HEALTH WEEK” .It was conducted in a secondary school -Kabimoi secondary school. The teachers in charge of SRHR in school were the one to spearhead this program in school. The students were provided with writing materials.

Student was sub-divided in 8 groups with 2 teachers as head and 10 student's par group. They called it a family so it is friendly to the students and are able to view the teachers as their parents. They covered topics such as early and teen pregnancy, Drug abuse, harmful practices and culture practices that affect the students in the community. Student ask question gave their to this topics, teacher provided insight to the topics and gave answers to the question asked.

ADVOCACY EFFORTS

a. County level

We managed to reach county education office and have plans for sex week and quality SRHR education

b. Community level

During the reporting period, one advocacy campaign by the ambassadors has been done. There was a role play, Speeches, song T-SHIRTS with the message among others in regards to SRHR. We had CSO from Emining representing county government, Local administration, police Officer in charge OCS, Sub county Registrar and 124 youth represented by 60 female and 64 male.