



PROJECT OVERSIGHT PROGRESS REVIEW QUARTER 1 REPORT.

Ugunja Development Initiative is implementing a school health club pilot project in twenty-two schools of Ugunja Sub County. The project aims at empowering the adolescents and youth to make informed decisions and build their leadership capacities. The project runs from one Year beginning June 2021 to May 2022. Therefore, it was necessary for the department of Health and Education to be engaged to provide oversight progress review for quarter one to provide feedback on project progress and the schools commitment towards the project.

The review focused on; health teachers' knowledge on school health club program, WASH status of the school, partners implementing the school health activities, school capacities to comply with COVID-19 pandemic containment measures- hand washing facilities, sanitary products availability for girls, the school record system, the capacities of the champion to provide leadership, learners behavior change, tracking of teen pregnancy cases, sexual gender based violence, STIs, drugs and substance abuse and menstruation.

SCHOOLS	Teachers training				WASH	TOILETS		Sanitary towel stock levels	Champions leadership capacities	Teen pregnancy cases	SGBV	STIs	Drug Abuse	Program Rating
	SHC		SRH		Hand washing Facilities	Boy	Girl		5-Highest 1-Least	2019 2020 2021				5-Highest 1-Least
	M	F	M	F										
Sigomere Sec	1		1	1	6	10	9	5 Ctns	4	10	0	1	1 Bhang	4
Tingare Sec	1	0	1	1	10	6	6	0	4	11	0	1	3 Bhang	4
Mudhiero Sec	0	1	0	1	10	4	8	50 Pkts	4	11	0	1	0	4
Mayingo Sec	2	0	1	0	7	3	2	0	3	10	0	0	0	4
Ugolwe Primary	0	2	0	1	-	4	10	150	3	2	1	0	-	4
Sidindi Primary	1	0	0	2	7	4	8	40 Pcs	4	3	1	0	-	4
Wang'Otong Pri.	1	1	1	0	8	8	4	72 Pkts	3	1	0	1	Bhang	4



Simenya Sec	0	1	0	1	10	12	10	7Pkts	4	5	0	0	3-Bhang	4
Luoka Primary	0	1	1	1	8	3	4	33Pkts	4	0	0	0	0	5
Musiko Primary	1	1	0	1	6	4	4	12	3	1	0	0	Bhang	4
Uloma Primary	1	0	0	0	4	2	3	20	3	1	0	0	Bhang	4
Raduodi Primary	1	1	1	1	3	4	6	144	3	0	2	0	-	4
Ulawe Primary	1	1	0	1	5	9	6	80 Pkts	3	4	0	0	-	4
Ogeda Sec	1	0	1	0	3	3	2	100Pkts	3	3	0	0	-	4
Mbosie Sec	1	0	1	0	5	8	4	0	4	9	0	1	Bhang	4
Baratheng Sec	0	1	0	1	3	1	2	1pkt	3	1	0	0	1	3
Rambula Sec	1	0	1	0	7	12	12	Few	3	5	0	0	1 Bhang	3
Ngunya Sec	0	1	0	0	5	6	12	27 Pkts	4	18	0	0	-	4
Umina Sec	1	0	0	0	6	8	10	100 Pkts	4	33	1	1	Bhang	4
Ulwani Sec	1	0	1	0	5	4	4	0	5	9	0	0	Alcohol	5
Uluthe Sec	1	1	1	1	2	8	7	0	4	4	0	0	Bhang	4
Ukalama Sec	0	0	0	0	2	2	3	0	3	9	0	0	Miraa Alcohol	
Total	16	12	11	13		125	136		3	150	5	6		3

Fig.1: Check list analysis.

- 72.7% of male health teachers are trained on school health club with 54.5% of female respectively. Similar, 50% of male and 59.1% of female are trained on sexual reproductive health within the twenty -two schools. There is one school with no trained teacher both on school health and SRH.
- Over 80% of the twenty- two schools are implementing WASH within their various schools. Most source of water is rain harvested and borehole. There are no modern standard improved toilets in all the schools since they all constructed traditional pit latrines which some are not in good conditions. However, there are improved hygiene in most of the schools both environmental and personal among learners.



- The schools recognized DREAM program that is targeting adolescents' girls in and out of school and UDI that targets both boys and girls within the twenty-two schools as building the capacity of learners with knowledge and provision of sanitary products including underpants and parental skill training and involvement in adolescents' reproductive health. Additionally, Ministry of Health and Education was also recognized.
- 50% of the schools reported no handwashing facilities available at both boys' and girls' toilets. However, there are a few with at-least one at each boys and girls' toilets. On the other hand, averagely each school has five hand washing facilities/ stations as COVID-19 control measure and improving hygiene.
- Only one school out of twenty-two received disposable sanitary napkins in 2019, Four schools received in 2020 while nine received in 2021 from the government. 40% of the schools reported having at least over 30 packets of sanitary napkins stock levels for emergency, 32% reported bellow 30 packets while 28% has no emergency sanitary napkins within the twenty-two schools. However, 72.7% of the schools at-least reported having records of received and distributed sanitary napkins from the government while 27.3% reported no records.
- 36.4% of the club sessions are conducted on Monthly basis, 31.8% weekly and 31.8% meet every two weeks through the leadership of the champions and health teachers. On the other hand, the schools reported leadership capabilities of champions as average i.e. 3 in scale of (5 highest and 1 least) with female champions taking lead than male champions.
- Most schools indicated experiencing a number of behavior change in both club members and general school learners that include; Reduced school absenteeism, reduced indiscipline cases, improved personal and environmental hygiene, increased learners' confidence.
- Most of the schools lack records of cases of teen pregnancies despite one hundred and fifty reported cases within the twenty-two schools during the review exercise. Further, there are five sexual gender based violence cases and six sexually transmitted infections reported. Similarly, there are also a number of drugs and substance abuse cases most dominantly bhang and local brew alcohol cases. All the of these lacked clear documentation and reporting mechanisms.
- Over 50% reported menstruation especially menstrual pain as challenge in schools and in some cases schools provide painkillers, refer to the health facilities for medication while some send learners home for rest.
- From the analysis, UDI school health project was rated at 3 in a scale of 5-1 as effective.
- 31.8% of the schools reported having capacity to sustain this project with no reservations and plans while 31.8% also reported as having capacity although they haven't indicated their capacity in terms of adequate supply of sanitary towels, developed structures and systems of implementation and monitoring, mechanisms of addressing knowledge gap for both teachers and learners, plans to improve WASH needs and 36.4% reported as having no capacity to sustain the project immediately after the pilot phase. The reasons include; Inadequate funding to facilitate the project, knowledge gap especially with health teachers and champions, student familiarity with teachers will lead to disregard of information from teachers as they pay more attention to outside speakers. Schools lack capacity to acquire external resource persons to provide technical support to learners and teachers.

Education enrollment in Ugunja sub county beneficiary schools:

Ugunja sub county has fairly good school enrolment and transition. Below is the statistics from the twenty-two schools Udi is implementing school health project.



SCHOOLS	BOYS	GIRLS	TOTALS
WANG'OTONG' PRIMARY	157	146	303
MAYINGO SECONDARY	51	76	127
SIGOMERE SECONDARY	271	269	540
SIDINDI PRIMARY	354	353	707
MUDHIERO SECONDARY	161	157	318
BAR ATHENG' SECONDARY	41	57	98
RAMBULA SECONDARY	336	241	577
MBOSE SECONDARY	89	113	202
RADUODI PRIMARY	229	211	440
NGUNYA SECONDARY	278	263	541
ULOMA PRIMARY	186	177	363
UKALAMA SECONDARY	130	141	271
UGOLWE PRIMARY	245	197	442
SIMENYA SECONDARY	335	325	660
ULWANI SECONDARY	117	161	278
LUOKA PRIMARY	179	191	370
ULUTHE SECONDARY	123	136	259
OGEDA SECONDARY	58	70	128
ULawe PRIMARY	307	294	601
UMINA SECONDARY	320	345	665
TINGARE SECONDARY	179	181	360
MUSIKO PRIMARY	109	87	196
TOTALS	4255	4191	8446



The enrollment of boys is estimated to be at 50.36% while that of girls is 49.63%.

Status of WASH in schools:

From WHO standards on learners to toilets ration, the approximation based on the provided school population indicate 1:34 for boys and 1:30 for girls instead of 1:30 and 1:25 respectively. This is below the WHO standard.

During the exercise, some key stakeholders’ roles and responsibilities were identified to actively engage in order to successfully realize the project goal and response to sustainability. Together with Ugunja Development Initiative, the following key partners were recognized;

ROLES OF KEY STAKEHOLDERS IN IMPLEMENTATION OG SCHOOL HEALTH CLUB PILOT PROJECT			
#	MINISTRY OF HEALTH	MINISTRY OF EDUCATION	COUNTY GOVERNMENT SIAYA-{DEPT. EDUCATION, GENDER, YOUTH AFFAIRS, SPORTS & SOCIAL SERVICES}
1	Joint continuous support supervision and progress tracking.	Joint continuous support supervision and progress tracking	Joint continuous support supervision and progress tracking.
2	Establish a youth friendly center and provide a comprehensive integrated SRH youth friendly service	Monthly data collection on Teen pregnancy, SGBV, School absenteeism –Menstruation gaps.	Review policies that strengthen and respond to SGBV including teen pregnancy and enhance prevention.
3	Referral and Linkage for services in Collaboration with lined Ministries & partners.	Access to schools	Budget allocation in response to policy implementation.
4	Enhance school health education	Provide technical support and school ensure school policies are uphold	
5	Provision of technical support on Health issues including compliance with policies.		

Conclusions;

This school health pilot project being implemented is receiving a lot of positive feedback from the beneficiary schools. From the exercise, this project is yielding fruits as most schools have understood the importance of documentation in informing decision making. However, the schools are considering this project as key to empowering learners and teachers with information on sexual reproduction and life skills through a standard manual that help learners not only in improving their knowledge on health and development matters but also help them improve their academics. Further, it was also noted that this project is strengthening leadership and confidence among learners. It was also noted that schools WASH status is still a challenge in most schools for they are below the WHO standards.

Additionally, the schools’ capacity in promoting menstrual hygiene management is still a challenge since there is erratic supply of sanitary products including underpants to improve personal hygiene among learners. Sexual and gender based violence, Sexually Transmitted Infections,



Drugs and substance abuse and teenage pregnancies are still major challenges in these schools. Despite level of effort by the schools in controlling these problems, there is need for strengthening the existing structures and systems in order for control and elimination. This program therefore is recommended due to its design and intended impact beyond the pilot phase.

Challenges

- Most schools lack documentation on teenage pregnancies, SGBV, STIS and drugs and substance abuse cases.
- Inadequate trained health teachers on management of school health interventions.
- Erratic supply of sanitary products in most schools.
- Most schools lack modern WASH facilities.
- There is no system/ mechanisms of handling and reporting various cases.
- High dependency for partner support to implement school programs.

Recommendations

1. Strengthen schools' capacity to improve documentation.
2. Train and mentor more teachers on school health, Sexual Reproductive Health and Management of integrated school health interventions.
3. Strengthen implementation of education policies including consistent supply of sanitary products in schools.
4. Need for multi-sectoral partnership to improve WASH in schools.
5. Need for review of existing school policies to fully implement school health interventions.

Gallery:



Fig.1: The Director MoE and team interviewing health teachers at Mudhiero secondary, Ugolwe primary and Ulawe primary respectively.