



Kenya netball and sexual health project

Funded by Waterloo Foundation

Final Project Report

March 2020

Introduction and background of the project

Netball Development Trust Kenya (NDT Kenya) is a growing Kenya Community Based Organisation (CBO) that is very passionate about enriching children's lives through sport. We use netball to promote sexual and reproductive health rights and awareness through provision of sanitary pads and mentorship talks. We have been active in Bungoma County since 2014.

NDT Kenya works in partnership with our mother charity - "Netball Development Trust", governments, relevant institutions, professionals and communities to support young people's introduction to and development in netball, access to sexual and reproductive health rights, scholarship opportunities for talented kids and volunteers across borders.

Through sports and sexual reproductive health, we discovered that many pupils in primary schools in Bungoma County were adversely affected by teenage pregnancy. A bigger percentage lacked the knowledge of teenage pregnancy, as parents and the community at large do not freely talk to them about teenage pregnancy. Despite the growing attention on teenage pregnancy by the Ministry of Education and other development partners on controlling teenage pregnancy among the young adolescents, teenage pregnancies have become a malaise in Kenya with some areas in the West and Coast having 1 in every 4 girls affected as per the last Kenya Demographic and Health Survey (2014)¹

Studies on teenage sexual and reproductive health rights show that teenage pregnancies pose serious health, psychosocial and economic dangers to the girls, including thwarting their reproductive health. This includes child birth, schooling and career growth, keeping them in vicious cycles of poverty (many come from already poor families), and overall limiting their capabilities, opportunities and choices. A common psychosocial impact is the trauma faced following discrimination within schools and failure to be "re-admitted" back in the same school as teachers and school management often view them as "bad examples to other girls."

In Kenya, one common consequence of teenage pregnancy for girls is the loss of educational opportunities. Pregnant girls are often expelled or forced to leave school when the teachers and the school administrators learn about the pregnancy. The "Centre for the Study of Adolescents"² reports that despite the fact that over a decade ago the Government of Kenya designed policies to protect a pregnant girl's right to continue her education, 13,000 girls leave school every year due to pregnancy. According to the same research, pregnant girls quote the stigma of pregnancy and discrimination by teachers and peers as the main reasons that force them out of school. In 1994 Kenya introduced a 'return to school' policy for teenage mothers. A girl that becomes pregnant is allowed to remain in school for as long as she wants. After delivery, she can go back to school or apply for admission into another school, if she

¹ Research on teenage pregnancy in Kenya's Kilifi County submitted to Faith to action Network by John Njoka, Research Fellow, Institute for Development Studies University of Nairobi, (2014)/<https://www.faithtoactionnetwork.org>

² <https://csakenya.org> 2016

feels she is discriminated against. The policy also says that pregnant schoolgirls and their parents are entitled to counselling. Despite the presence of such a policy, a lot of school staff are not adequately prepared to implement it, which, in turn, contributes to high school dropout rates that in places such as Bungoma and Kilifi are alarming.

Details of the project

As a result of these alarming figures and information, we chose to investigate the issue further, within our own community.

We designed a programme to use both netball and education. We wanted the children to want to attend, and to feel free to talk about their concerns, and this is why we used netball. Several of the children already play netball with us through our wider programme and so are comfortable with the coaches.

Below are the 7 schools selected for the project. Each school identified 30 pupils (15 boys and 15 girls) for the programme, so a total of 210 children in the proactive programme. We also had 7 control schools so we could evaluate and compare the results.

However, a smaller sample were used for evaluation (70 pupils in total). The first 4 are new schools and the other 3 are existing NDT schools which joined the NDT Kenya programme in 2018.

Objectives of the project

- To serve as reference point or benchmark for later comparison or impact studies to assess how well the original communication objectives have been achieved.
- To identify the root causes of teenage pregnancy in Bungoma West Sub-County.
- To empower teenage girls on how to avoid pregnancy and thereby reduce pregnancy-related school dropout rates in Bungoma West Sub-County.
- To empower teenage mothers in Bungoma to successfully adapt to their new role as a parent.
- To help teenage mothers to be integrated in the community especially their congregations and families.
- To work with congregations, schools and other stakeholders to support teenage mothers to be re-admitted back in school or placed in vocational institutions for skills training.

- To strengthen involvement of faith-affiliated and other stakeholders in addressing the issue of teenage pregnancy and girl education in Bungoma West Sub-County.

Intervention schools

1. Tororo Primary (New)
2. Tulienge ACK Primary (New)
3. Kabendo Primary (New)
4. Nasala Primary (New)
5. Wamono Primary (Existing 2018 NDT school)
6. Lwandanyi Primary (Existing 2018 NDT school)
7. Kaprot DEB Primary (Existing 2018 NDT school)

The following existing NDT schools were enlisted in the programme as the 7 control schools (i.e. the non-receiving participants to measure the impact).

Control schools

1. Machakha Primary
2. Kibindoi Primary
3. Kabkara Primary
4. Tulienge SA Primary
5. Kakala Primary
6. Namubila Primary
7. Mufungu Primary

Our team of volunteers led 4 sessions per month (once a week) in each school, with 2 volunteers per session.

We worked over a 10 month period, from March to December 2019, with the main implementation period being 6 months (May to Oct 2019).

We recruited a data collector and a sexual health expert, and volunteers shadowed them every day, to learn new skills, so they can lead in the future.

We undertook baseline and end of term evaluations to assess the impact of the project and see if there was any shift in attitudes. These M&E reports are available on request.

Finances

We spent the grant funds as below:-

ITEM & QUANTITY	Cost in Kenyan shillings
Recruitment: Preparing job description, advert costs (data collector and SRH expert) = 2,000 KSH, 3,000 KSH = transport & refreshments for interview panel	5,000
Stipend (transport and data etc) to each project delivery volunteer (2 Volunteers x 4 sessions x 500Ksh = 4,000 per month x 6 months)	32,000
Salary for full-time data collector = 10,000 per month x 8 months	80,000
Salary for SRH expert = 4 sessions per month at 1000 each x 6 months	32,000
Monthly transport for data collection 2000 Ksh x 6 months to go to schools	16,000
Airtime and Internet data for data collector = 2000Ksh x 8 months	16,000
Transport for the 2 volunteers to learn from data collector- 200 Ksh per day x 2 persons x 23 days x 6 months	64,400
Airtime/data/travel expenses for NDT Kenya coordinator (J Olita) 4000 Ksh per month x 8 months= 32,000	40,000
NDT Kenya Board Committee planning and follow up online meetings (at least 1 meeting a month)2000 Ksh per month x 8 months	20,000
Transport and meals for Jinja Visit: Kenya team visit to Jinja for benchmarking and learning 11-13 June transport - 2,000 KSH x 2 people. Meals 2200	6,200
	GRAND TOTAL: 311,600

This covers the full budget. Exchange rates have varied from 119-129 KSH to £1, so this total equates to £2415 - £2618.

Key findings

From the project and its evaluation, the study concludes many things. See the 'monitoring and evaluation report' for specific details. Some interesting snapshots are:

- 70 students (16 male, 54 female) answered our evaluation questions, though 210 took part in the programme.
- Many pupils are now aware of teenage pregnancy, its causes and methods of preventing pregnancy.
- From the findings 7.58% of the pupils indicated that breaking silence on teenage pregnancy would will help avoid fear and shamefulness 15.15% indicated it would reduce school girls absenteeism, 12.12% indicated that it will lead to increased educational performance of school girls, 43.94% indicated that it

would reduce girls' dropout from school whereas 21.21% indicated that it will reduce early marriages. From these findings we can deduce that breaking the silence on teenage pregnancy would lead to a reduced girl's school dropout.

- Many students were not aware of teenage pregnancy the first time they got pregnant. It has also been noted that teenage pregnancy management was disseminated to pupils mainly through the peer counselors.
- Many pupils are able to express themselves and can freely talk about sex and teenage pregnancy.
- Netball is an exceptional game which pupils can use to freely express themselves. During our project, 22.86% of the pupils were male while 77.14% were female.
- 77.78% of boys know that teenage pregnancy is pregnancy under the age of 19 years while 22.22% do not understand what is meant by teenage pregnancy. 92.59% of boys believe that teenage pregnancy is caused by unprotected sex while 7.41% do not know the cause of teenage pregnancy)
- Cultural factors influence teenage pregnancy in public primary schools in Bungoma West Sub-county.
- The study found that parental communication about sex reduces the chances of girls becoming pregnant.
- Electronic media influences teenage pregnancy in Bungoma, as it influences teenagers to have sex at an early age. Also, the study concludes that the influence of electronic media on teenage sex should be taught in primary schools.
- Peer groups influence teenage pregnancy in Bungoma West sub-county. It was clear that the pupils are pressurized to have sex by their friends which lead to teenage pregnancies.
- Peer pressure as a cause of teenage pregnancy is not well taught in schools in Bungoma. Additionally, the study found that parental communication on peer group pressure could reduce chances of teenage pregnancy in Bungoma. However, peer group pressure as a component of sex education does reduce chances of teenage pregnancy.

Recommendations

- The study established that parents did not talk to their children about sex. This study therefore recommends that parents should take the initiative of talking to their children about sex. The government with the help of NGOs should also ensure that parents are well educated on the how and when to talk about sex with their children.
- The study established that parental communication on peer group pressure could reduce chances of teenage pregnancy. Therefore, the study recommends that parents be encouraged to communicate with their children on peer pressure

and its negative consequences. Communication should start right at home. This should be well communicated and campaigned for the parents to be fully aware. We suggest that messages should be communicated by local leadership through location administrators; the chiefs and assistant chiefs. Only then will the whole process of educating parents and ensuring that they play their role, bear significant fruits.

- It would be interesting to monitor class attendance over a one year period and provide consistent short questionnaires to girl pupils who are missing a number of days from school.
- Cultural leaders should be involved in breaking the silence on teenage pregnancy.
- There is need to promote advocacy campaigns on the effects and coping mechanisms around teenage pregnancy.
- More emphasis should be put on knowledge dissemination about teenage pregnancy. We suggest that 'pregnancy' should form part of the education curriculum and life skills lessons in primary schools.
- Netball is a driving tool for dissemination of information about core life skills and other aspects embedded into health management skills and therefore it should be considered a priority as evidenced by the (82.86%) of the respondents. 86% said that netball empowers the girl child, promotes inclusive participation, improves effective communication and builds moral standards of an individual in the community.
- The trainings on reproductive health management should be tailored around mindset change and good reproductive health management practices.

Key learning and challenges from the project

- It took time to recruit the new team members (sexual health and data collector), longer than we had allowed
- Data collectors are not necessarily skilled in report writing, and we needed extra support from the UK and Ugandan teams who were more experienced in this area. Learning happened at every point with other volunteers learning so they are ready for next time.
- Schools are often rigid in their timetables and we need to ensure we book in a time with each headteacher ahead of time. We lost a session because the school would not allow the students out of class; this delayed the project.
- School exams and holidays do not allow for flexibility for sessions to run.
- The cost of fuel goes up regularly and we need to budget for this. We under-budgeted in this project.
- The challenge of volunteer retention; some volunteers who worked on the netball project left because of other engagements like education and paid work.

Photos

Below are a range of photographs from the project, both of the discussion groups and netball.



Joseph Olita speaking to children in the program at Tororo Primary school after an SRH program by Stellah Itubo



Virginia Akadikor, NDT Kenya Mentor (in Blue) and Stelah Itubo (SRH Expert), speaking to a cell group in one of our sessions at ACK Tulienge Primary school.



Monica Thandi meets some of the children in the programme at Tororo Primary school.



From the Left Joseph Olita (NDT Kenya coordinator), Monica Thandi (NDT founder), Stellah Itubo (SRH expert), Kenneth Akaba (NDT Uganda) and Shem Sichangi (data collector).. Monica and Ken visited Kenya to support us with the Waterloo project.



Netball training by Coach Munyasia Musa at Kaprot DEB primary school



Waterloo Tournament at ACK Tulienge Primary



Stellah Itubo (in black) and Coach Musa speaking to a cell group in one of our sessions at Kabendo Primary school.



NDT mentors at Kaprot DEB primary school



Coach Munyaiasia(Musa) showing the children and Shem Sichangi the netball manual on how to play netball using pictures at ACK Tulienge Primary school



Netball training and bonding between NDT mentors,volunteers and children at Kaprot DEB Primary school under coach Musa and NDT coordinator Joseph Olita.



Netball acton at ACKTulienge Primary school.



Netball acton at ACKTulienge Primary school.



Waterloo netball tournament at ACKTulienge Primary school.



Waterloo netball tournament at Tulienge primary school