
Kakenya Center for Excellence



Project Title: Health and Leadership Training

Location: Kenya, Africa

Grant Amount: \$45,000

Grantee Website: www.kakenyasdream.org

Areas of Impact: Education, Leadership, Safety and Security

Mission of Kakenya Center for Excellence

Kakenya Center for Excellence (KCE) seeks to empower and motivate young girls through education to become agents of change and to break the cycle of destructive cultural practices in Kenya such as female genital mutilation and early forced marriage.

Project Summary

The Kakenya Center for Excellence Health and Leadership Training program provides Maasai girls in rural Kenya with crucial information and skills on a range of topics, including female health, female genital mutilation, leadership, self-esteem, self-defense, and child rights. This gives them the tools they need to protect themselves from harmful cultural practices and pursue their dreams for the future rather than marrying young and becoming wives and mothers before completing their education.

The program provides multidisciplinary teams to conduct two week training camps with seminars, activities, and hands-on practice in leadership skills, self-defense, communication, goal setting and career building. Special emphasis is placed on female health, including menstruation, HIV/AIDS and STDs. The girls learn about the damaging effects of genital mutilation and child marriage that are still prevalent in the area. A celebration at the conclusion of each camp reinforces the dignity of females and the importance of rites of passage. KCE will continue expanding its educational outreach through monthly weekend trainings at other schools in the surrounding area. Girls practice leadership skills by making presentations to their classmates and serving as mentors to new students.

Why We Love This Project

We love this project because the young Maasai girls who are facing the customary FGM are mentored through empowerment and leadership training by an inspiring multidisciplinary staff. Together they journey through stages of growth as they learn to stand up for their rights, learn self-defense, female health, impact of child marriage, and grasp the wide range of choices available to educated girls. Due to this program, the customary girls' rite of passage is being transformed from FGM to a profound community celebration acknowledging the value of girls.

Video



Location Map





PROGRAM FACT SHEET

February 2014

Kakenya Center for Excellence Health and Leadership Training Program



Website: www.kakenyasdream.org

"I had a dream where all the girls in my village could go to school." – Dr. Kakenya Ntaiya

What We Are Funding

DFW's grant of \$45,000 will cover two week-long camps at KCE for 200 girls and 12 monthly weekend trainings at partner schools in the surrounding area that expand the reach of the program to a total of 1,500 girls in grades six and seven.

Mission

The Kakenya Center for Excellence (KCE) seeks to empower and motivate young girls through education to become agents of change and to break the cycle of destructive cultural practices in Kenya such as female genital mutilation and forced early marriage.



Life Challenges of the Women Served

Young Kenyan girls face many challenges, especially in remote villages such as the Maasai village of Enoosean, where KCE is currently piloting its programs. These challenges are key obstacles to leadership and economic independence for girls in Kenya:

- **Early marriage and childbirth:** According to the United Nations Population Fund, adolescents age 15 through 19 are twice as likely to die during pregnancy or child birth as those over age 20; girls under age 15 are five times more likely to die. In many areas of Kenya, girls are married before age 18. As a result, many girls become pregnant before their bodies fully develop and many die during childbirth.
- **Lack of education:** Most girls in Kenya know very little about their bodies, health, and sex education before they are subjected to female genital mutilation (FGM) in preparation for marriage, according to the 2011 article, 'Youth in a Void', by Njue et al. (p. 459-470).
- **Lack of knowledge of legal rights and resistance to the law:** Centuries-old customs remain strong and in place in remote and rural villages in spite of a Kenyan law prohibiting FGM. Although the 2008/2009 Kenya Demographic and Health Survey reported a national drop in FGM, some officials say the reported decline may be due to the practice being driven underground.

From a very young age, Maasai girls are taught by their elders to prepare for marriage and motherhood. Education for girls is neither valued nor a priority for family or community investment. In schools, girls do not receive the attention from teachers that is given to boys, and at home they are expected to do chores after school rather than homework. Thus, they tend to perform at a lower level than their male peers and most are unable to continue beyond primary education. Currently the biggest challenge for young Maasai girls is to stay in school despite pressure to drop out for marriage.

[For an in-depth look at the issue of Female Genital Mutilation \(FGM\), see this month's Food for Thought.](#)

The Program

KCE's Health and Leadership Training program provides Maasai girls in rural Kenya with crucial information and skills on a range of topics, including female health, female genital mutilation, leadership, self esteem, self defense, and their legal rights as children. The program gives the girls the tools they need to protect themselves from harmful cultural practices and pursue their dreams for the future rather than marrying young and becoming wives and mothers before completing their education.

The program has four primary goals:

- Increase girls' knowledge about health and leadership-related skills, Kenya's laws addressing the rights of children, and the harmful practices of FGM and early marriage.
- Give the girls in the community access to the fun and inspiring educational resources available through KCE.
- Foster long-term mentorship relationships and peer-to-peer training between KCE students and girls in the community.
- Empower and motivate young girls in all of the Maasai community to achieve their full potential.

Since 2011, Kakenya Center, which operates an all-girl boarding school for 155 at-risk girls, has expanded leadership opportunities beyond the school program to all girls in the community through special summer and holiday camps, held when public school is not in session. The program targets adolescent girls about to enter puberty, a time of life associated with emotional turbulence. Skilled multidisciplinary female teams conduct two week-long training camps that consist of seminars, activities, and hands-on practice in leadership skills, self-defense, communication, goal setting, and career building, all of which help foster empowerment for the girls. Special emphasis is placed on female health, including otherwise taboo subjects of menstruation, FGM, HIV/AIDS and STDs. The girls learn about the dangerous and

damaging effects of FGM and child marriage, illegal practices that are still prevalent in the area. The girls learn that they are protected by law and do not have to submit to these practices. They learn how to discuss difficult and taboo topics with their parents and elders. A celebration at the conclusion of each camp, one of which is held at the same time that FGM ceremonies are traditionally held, reinforces the dignity of females and the importance of rites of passage.

With help from DFW funding, KCE will continue expanding its educational outreach through monthly weekend trainings at other schools in the surrounding area. Topics from the weeklong sessions are also covered in the weekend training, but over a longer period of time. The girls practice leadership skills by making presentations to their classmates and serving as mentors to new students.

An element of the program that is directly related to its sustainability is the codification of current training that will become a curriculum plan. Program trainers and consultants from similar programs will compile the collection of personal materials and lesson plans from individual trainers in order to produce a curriculum that can serve as a replicable model. The curriculum grade-level handbooks will be completed by the end of 2014.

The Program Budget and How DFW's Donations will be used

The grant covers salaries (staff, coordinators, cooks, watchmen); curriculum development; monitoring and evaluation, training supplies; food and transportation for campers; camper gifts (T-shirts, certificates, sanitary napkins, cloth zip pouches for sanitary napkins); and graduation celebrations with all community members.

A large portion of the grant (30 percent) will be used for codification of the KCE training program into a set of training manuals that can be adapted for use in other communities similar to Enoosaen to further expand the number of girls who can be reached and to ensure consistency across all of the programs.

| Kakenya Center for Excellence DFW Budget | Total for Project | Paid by DFW |
|--|--------------------------|--------------------|
| Program Expenses | | |
| Food for campers | \$ 6,000 | \$ 6,000 |
| Transportation | \$ 4,000 | \$ 4,000 |
| Honoraria for motivational speakers | \$ 1,000 | \$ 1,000 |
| Program Expenses Subtotal | \$ 11,000 | \$ 11,000 |
| Personnel Expenses | | |
| Salaries for staff members involved in camp coordination, training and counseling | \$ 14,000 | \$ 14,000 |
| Non-Personnel Expenses | | |
| Training supplies | \$ 2,000 | \$ 2,000 |
| Camper gifts (t-shirts, certificates, sanitary napkins and zippered pouches) | \$ 3,500 | \$ 3,500 |
| Communications | \$ 1,000 | \$ 1,000 |
| Non-personnel Expenses Subtotal | \$ 6,500 | \$ 6,500 |
| Other Expenses | | |
| Curriculum development – codification of lesson plans for each age level into training handbooks | \$25,000 | \$ 13,500 |
| Monitoring & evaluation – development of M&E tools for camp program with consultant and local research group | \$40,000 | \$ 0 |
| | | \$ 13,500 |
| Program Total | | \$ 45,000 |

Please note: If net donations exceed the Featured Program amount, we provide Sustained Program funding (grants to selected programs previously funded by Dining for Women) and provide a reserve to ensure we are able to meet future grant obligations. Read more about our [Funding Model](#).

Why We Love This Program

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Evidence of Success

KCE has trained 280 girls over the past two years at their Health and Leadership camps. None of the 60 girls from the boarding school who attended the camps have undergone FGM or have been married. Over 230 girls attended and participated in the 2012 graduation ceremony, which was carried out at the time of year when FGM ceremonies traditionally take place. More comprehensive data will track the success of the program in the future when the measurement and evaluation tools are completed and implemented.

Voices of the Girls

Here's what girls who have attended the Health & Leadership camps had to say about their experience:



- *"Camp has enabled and encouraged me to work hard until I achieve my goals," Nasieku, 13*
- *"We were taught how to be a leader," Juliet 13*
- *"We learned more about female genital mutilation and we will go and tell our friends back home," Shura, 13*
- *"The camp taught us about the girls' rights and self-defense," Evaline, 13*
- *"In this school you won't be circumcised and we come to the holiday camp," Nampayio, 13*

About the Organization

The Kakenya Center for Excellence embodies the remarkable spirit and strength of its founder as a beacon of hope for girls and a guideline for women. Kakenya Ntaiya, a Maasai woman born in the village of Enoosaen in the Transmara region of Kenya, Africa, was engaged at the age of five. She was destined to be circumcised at puberty and married shortly after. Kakenya, who excelled in school, bargained with her father and the tribal leaders to be allowed to continue school after reaching puberty, then to leave the village and go to the U.S. to attend college. Her part of the bargain was to undergo female genital mutilation and to do something with her education to benefit Enoosaen. The entire village raised the funds to send her to college in the U.S. She attended Randolph Macon Women's College in Virginia and received her doctorate in Education from the University of Pittsburgh. She kept her promise and returned to the village where she founded a boarding school for Maasai girls that opened its doors in 2009.



Dr. Kakenya Ntaiya

The school currently has 155 students in grades four through eight. The school serves the area's most vulnerable and underprivileged girls and focuses on academic excellence, health education, female empowerment, leadership and community development. Most of the girls come from the Keiyan Division of the Trans Mara District and are primarily from Maasai households. Because the school's capacity is limited, the Health and Leadership camp program was developed to expand the educational benefits to a growing number of girls in the region.

Kakenya Ntaiya was honored with a Vital Voices Global Leadership award in 2008 and as a National Geographic

Emerging Explorer in 2010. She was named one of Newsweek's "150 Women Who Shake the World" in 2011 and counted as one of the "Women Deliver 100: The Most Inspiring People Delivering for Girls and Women". She was a featured speaker at TEDx Mid-Atlantic Conference in 2012 and honored as a CNN Hero in 2013. Her story has been the subject of a Washington Post series, a BBC documentary, and many magazine articles.

Where They Work

The Kakenya Center for Excellence is located in Enoosaen, in the Rift Valley near the Maasai Mara Game Reserve. Enoosean is remote and a challenge to reach by car. Depending on the weather and road conditions, it can take all day to travel the 220 miles from Nairobi to the village.



According to Gascoigne's "History of Kenya", the Maasai were never the largest tribe in the region, but as they spread south into Kenya in the 18th century, they became the dominant one due to frequent raids on neighboring tribes to acquire more grazing land for their cattle. Oxfam's briefing paper on pastoralism and climate change in east Africa (p. 2) discusses the loss much of the pastoralists' range lands to agricultural development, national parks, and conservation areas.

The Maasai traditionally relied on their freedom of movement to manage grazing land effectively. With their cattle squeezed onto land areas too small to provide a sustainable livelihood, and the tribe's population increasing, many Maasai have fallen into poverty.

Oxfam sees potential for pastoralist communities to help defray the damages of climate change if they are assisted, rather than constricted, by government and NGO policies. Their briefing paper states, "As a sustainable livelihood that contributes little in the way of emissions, pastoralism, if adequately supported, can play a valuable role in limiting the extent of global climate change by promoting reforestation and carbon sequestration through good rangeland management." (p. 5)

Questions for Discussion

1. Why is it important for a program like KCE to focus on building health knowledge and leadership-related skills in girls in addition to concentrating on basic education?
2. What does a girl need in order to stand up for her rights and tell her parents and elders she is against harmful cultural practices like FGM and early marriage?
3. In what ways are leadership and mentoring skills critical elements of this program?

By educating members, DFW inspires us to make a difference through the power of collective giving.

Please donate to support our programs as we change the world one dinner at a time!

<http://www.diningforwomen.org/donate>

Our special thanks to Janine Baumgartner for preparing the *DFW "Featured Program Fact Sheet"* for February 2014.

Additional Resources

On the **DFW February Program webpage for Kakenya Center for Excellence** you will also find links to:

- Food for Thought – an in-depth look at the harmful cultural practice of female genital mutilation
- Program Video – link and downloadable file
- Recipes, Customs, and Cuisine
- Recommendations for Fair Trade, Books, Films and Music

Source Materials

- Documentation and images provided by Kakenya Center for Excellence
- Trans Mara District Strategic Plan 2001-2010 - <http://bit.ly/1iYccw6>
- Maasai Association - <http://www.maasai-association.org>
- Kenya National Bureau of Statistics Population Census Results, Kenya Census 2009 - <http://bit.ly/1iYciEO>
- 1994-1997 Welfare Monitoring Survey - <http://bit.ly/1iYcmUv>
- *The Last of the Maasai*. Mohamed Amin, Duncan Willetts, John Eames, 1987 (Camerapix Publishers International) <http://amzn.to/1iYcsLJ>
- Africa Science News – Underage Marriages High in Kenya - <http://bit.ly/1iYcxis>
- The Taboo and the Teacher: Youth Sexuality and Teachers' Education Strategies for Sexual and Reproductive Health and Rights in Kenyan Maasai Land. <http://bit.ly/1iYcGSY>
- Carolyn Njue, Helene Voeten, Beth Maina Ahlberg. 'Youth in a void': sexuality, HIV/AIDS and communication in Kenyan public schools - Sex Education Vol. 11, Iss. 4, 2011 (459-470) <http://bit.ly/1iYcMtV>
- Kenya Legislation failing to curb FGM - <http://bit.ly/1iYcRhF>
- Survival of the fittest – Pastoralism and climate change in East Africa – Oxfam - <http://bit.ly/1iYcTFR>
- History of Kenya – Maasai and Kikuyu - <http://bit.ly/1iYcX8z>

Theme: Ending “The Cut” - Stopping Female Genital Mutilation

“I still remember the pain of my own cutting like it happened yesterday, because I saw a young girl die in front of me, and others whose lives have been cut short because of this; I couldn’t let this happen to my daughters.”

Aïssatou Diallo, Guinea

Girls in the developing world have little or no control over their lives. In cultures in which it is practiced, female genital mutilation (FGM) is perhaps the most devastating manifestation of the way in which that lack of control extends to their own bodily integrity. Female genital mutilation (also known as female genital cutting or female circumcision) is a ritual procedure in which all or part of a girl’s external genitalia are removed without anesthesia. Ethnic groups in 27 sub-Saharan countries and northeast Africa practice FGM. It is also practiced in Yemen, south Jordan, and Kurdish Iraq, and within immigrant communities around the world. In February 2013, the World Health Organization reported that about 140 million girls and women worldwide have been subjected to the procedure, and that in Africa, an estimated three million girls are at risk annually.

Many African countries have banned the practice—Benin, Ivory Coast, Djibouti, Egypt, Eritrea, Ethiopia, Ghana, Guinea, Niger, Nigeria, Central African Republic, Senegal, Chad, Tanzania, Togo and Uganda. However, in many, if not most of those countries, the tradition continues. In Kenya, the **Children’s Act of 2001** was supposed to end the practice, but it was not strong legislation. The much stronger **Prohibition of Female Genital Mutilation Act** passed in 2010, but it did not end the practice.

In many cultures, the purpose is to make a girl “clean” and therefore marriageable. (A local Ethiopian expression for FGM is “removing the dirt”.) FGM is usually carried out on young girls between infancy and age 15. Timing varies according to local custom. Frequently, a girl is cut around the time she reaches puberty, with the aim of marrying her off shortly thereafter. A unifying principle in most, if not all, cultures practicing FGM is the requirement that a girl be a virgin until she is married, and parents may hasten to have the procedure done for fear their daughter may not remain chaste once she has reached puberty. In some cultures, the family’s “honor” is contingent upon their daughter’s chastity. In cultures where a bride-price is required - the groom or his family pays for the bride in money or (like the Maasai), in cattle - a virgin commands a much better price.

FGM, combined with early marriage, almost invariably signals the end of a girl’s education and the continuation of a culture of disempowerment for her and her future family. It takes education for women to break the cycle of poverty, and without it, her children are far less likely to thrive and her daughters are also likely to be cut and married early.



This month, Dining for Women is supporting the **Kakenya Center for Excellence**, which works through education to motivate young girls to break the cycle of destructive cultural practices among the Maasai in Kenya, such as female genital mutilation and forced/early marriage. The founder of the Center is Kakenya Ntaiya, a Maasai woman. As a girl, she agreed to be subjected to FGM if her father would allow her to go to high school. She later negotiated with the Enoosaen village elders to go to college in the United States, promising to use her education to benefit the community. The entire village collected money to pay for her journey. She eventually earned her Ph.D. from the University of Pittsburgh and returned to the village to found the Center, which seeks to empower and

motivate young girls through education to become agents of change.

Types of Female Genital Mutilation:

According to the World Health Organization's Fact Sheet (updated 2013), there are four major types of FGM:

- Type 1: Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitalia), or in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- Type 2: Excision: partial or total removal of the clitoris and the labia minora, with or without the excision of the labia majora. (The labia are the "lips" that surround the vagina.)
- Type 3: Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without the removal of the clitoris.
- Type 4: Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

"I lost seven of my nine children in childbirth. Because of the scarring I sustained, I was not elastic enough. All seven of them suffocated inside my womb."

Tadelech Shanko

Ethiopian woman who performed FGM on village girls for 15 years

Physical Consequences of Female Genital Mutilation:

While there are absolutely no health benefits to FGM, there are profound consequences, both during the process and throughout life. First of all, the cutting is usually done with ritual knives, used razor blades, can lids, broken glass and anything else sharp enough to sever tissue. These instruments are not sterilized, and so girls can be exposed to HIV, Hepatitis B, and other blood borne diseases. The cutting is done without anesthetic, so the girl must be held down while the cutting is done. The World Health Organization's Fact Sheet on FGM states the following consequences:

Immediate complications: Severe pain, shock, hemorrhage, tetanus or sepsis (bacterial infection), urine retention, open sores in the genital areas, and injury to nearby genital tissue.

Long-term consequences: Risks increase with the increasing severity of the procedure

- Recurrent bladder and urinary tract infections
- Cysts, abscesses and genital ulcers
- Chronic pelvic infections can cause chronic back and pelvic pain
- Difficulty passing urine and menstrual fluid
- Excessive scar tissue
- Infertility
- Increased risk of childbirth complications, including obstetric fistula (Complications during pregnancy and childbirth, many due to FGM, are the leading cause of death among 15-19 year-old girls in Kenya)
- Newborn deaths, during and immediately after birth: 15 percent higher for Type 1, 32 percent higher for Type 2, and 55 percent higher for Type 3 In Africa, an additional 10 to 20 babies die per 1,000 deliveries as a result of FGM. (Statistics are for hospital birth. Likely to be much higher for home births.)
- Need for later surgeries

The “need for later surgeries” applies to the Type 3 FGM, infibulation. The narrowing of the vaginal opening is usually accomplished by sewing the cut flesh from the labia together, leaving a small hole through which to urinate and menstruate. The young girl’s legs are bound together for days, so the tissue grows together. This means that the girl or woman must be cut open on her wedding night or opened by slow tearing over the course of many days. Sometimes, women are re-infibulated after giving birth. Repeated openings and closings bear the same risks as the original procedure. Infibulation is slowly being replaced with less destructive forms of FGM, but across all countries where FGM is practiced, one in five women has undergone this most severe form.

It should be noted that the clitoris is the most sexually sensitive female organ, and its removal may compromise, or eliminate, a woman’s ability to experience sexual pleasure. (Clitorectomies were performed on women in the Victorian era in the U.S. and Europe for masturbation, hysteria, epilepsy, mania and other supposed “abnormalities”).

Psychological Consequences:

The devastating psychological consequences, however, are just starting to receive the attention they deserve. Girls and women have serious long-term effects. A study reported in **The American Journal of Psychiatry** compared 23 Senegalese women in Dakar who had undergone FGM between the ages of 5 and 14—all without anesthesia, with 24 uncircumcised Senegalese women. All were between the ages of 15 and 40 years, and with an average length of education of 11.5 years. The findings:

- Almost 80 percent of the circumcised women met criteria for affective or anxiety disorders, with 30.4 percent showing high prevalence of post-traumatic stress disorder (PTSD). Among the uncircumcised women, only one met the diagnostic criteria for affective disorder.
- More than 90 percent of the women described feelings of “intense fear, helplessness, horror, and severe pain” and over 80 percent were said to be “still suffering from intrusive re-experiences of their circumcision”. For 78 percent of the subjects, FGM was performed unexpectedly and without any preliminary explanation

A similar study of Kurdish girls in Northern Iraq found that girls who had been cut had significantly higher prevalence of PTSD (44.3 percent) and depression (33.6 percent) than uncircumcised girls.

Reasons for the Practice:

The origins of FGM are lost in time, but it probably originated in Africa. FGM has been traced back as far as ancient Egypt’s Middle Kingdom. A practice of such long standing is deeply entrenched, and only in modern times have there been strong efforts to end it. It is so deeply entrenched that some cultures do not consider an uncut adult female a woman. She will be stigmatized, and unmarriedable.

Many believe that their religion requires it. It is more common among Muslim communities. (An organization working with considerable success to end FGM in West Africa, where many communities are Muslim, is Tostan. A major component of their process is to engage the assistance of the local Imams to teach the community that there is no requirement for FGM in Islam, and that there is no mention of it in the Koran.) A July 2013 UNICEF study, **Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change**, reported that over 50 percent of girls and women in four out of fourteen countries in Africa regarded FGM as a religious requirement, whereas men only agreed with that percentage in two countries.

“This practice is a ritual that has survived over centuries and must be stopped as Islam does not support it.”

Ekmeleddin Ihsanoglu

Secretary-General of the Organization of Islamic Cooperation - December 4, 2010

FGM is a cultural, rather than a religious, practice. For example, in Ethiopia, an estimated 75 percent of women have undergone the procedure. Yet the population is 63 percent Christian and 34 percent Muslim. Even the tiny population of the Beta Israel Jews practice FGM.

While the loss of the ability, or diminished capacity, to experience sexual pleasure is a loss to the individual, that is only one of the main objectives. The intent is to control women by controlling their capacity for pleasure, so they are less likely to be interested in premarital sex. When chastity is a central requirement in a culture, it is a matter of ensuring conformity. In conflict situations and refugee camps, parent may hasten to cut their daughters, believing it will make it more difficult for a rapist—but it will only make rape more horrific for the girl. A husband may prefer that his wife be circumcised in the belief that it will prevent adultery.

How FGM is Viewed by Men and Women

Interestingly enough, women are more resistant to ending the practice of FGM than men, and in some cases, by a significant margin. In the UNICEF study on FGM cited above, girls and women who have been cut are more likely to favor continuing the practice - but a sizeable percentage (a majority in many countries) - want it to end. Girls with no education are substantially more likely to support the continuation of FGM. Some of the data may be skewed by the variations on what women know about negative consequences of FGM, and perhaps on how much they are influenced by the attitudes of the larger society.

In most countries, the majority of boys and men think that FGM should end, which stands in contradiction to the assumption that FGM is an example of patriarchal control. For both men and women, support for FGM is in inverse proportion to level of education.

A 2013 Inter Press Service article in **AllAfrica** reported a growing interest on the part of men and boys in Kenya for ending the practice. Their reasons vary, including avoiding expensive birth difficulties, a more mutually satisfying sex life, and/or an interest in daughters having a good education. More men are announcing their preference to marry uncut girls. A local council in Kenya's Rift Valley, where the most extreme form of FGM is practiced, has announced that it is okay to marry a girl who is not circumcised. That kind of "official" approval will hasten the end of FGM.

Female Genital Mutilation as a Human Rights Issue:

Whether or not FGM is legal, it definitely falls within the definition of a violation of human rights, as follows.

- **Universal Declaration of Human Rights** (1948) Articles 3 and 5
- **UN Declaration on the Elimination of Violence Against Women** (1993) Article 2, Section a
- **Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa** (also known as the **Maputo Protocol**) (2003) Article 2, 3, 4, 5

(The following countries have neither signed nor ratified the **Protocol**: Botswana, Central African Republic, Egypt, Eritrea, Sao Tome and Principe, South Sudan, Sudan, and Tunisia.)

The Medicalization of FGM:

The traditional practice of FGM has focused negative attention on many cultures, particularly in Africa, and especially as people are becoming aware of the harmful consequences. As a result, many families that are reluctant to abandon the tradition are turning to doctors to perform the same procedures under anesthetic and with sterile instruments. The reasoning is that FGM is not the problem, but the way it is being done is harmful. According to the World Health

Organization, existing data (where available) show that more than 18 percent of all girls and women subjected to FGM had the procedure performed by a health care provider - which WHO defines as “physicians and assistant physicians, clinical officers, nurses, midwives, trained birth attendants, and other personnel who provide health care”. This means, of course, varying levels of medical knowledge and skill.

The World Health Assembly in 2008 adopted a resolution on the elimination of FGM, with all member states agreeing to work toward that goal, and agreeing that FGM is a violation of human rights. Some believe that medicalization is the first step toward ending the practice. But the involvement of health care providers lends a sense of legitimacy to FGM, with the impression that it is not harmful.

Health care providers who perform FGM have a wide variety of reasons: Many are from FGM-practicing communities, and it is part of their culture. Others think it is their duty to support a culturally motivated request, and yet others see it as harm reduction—it will be done anyway, and the danger is much greater with traditional practices. And, of course, some are primarily interested in financial gain. To meet the demand, some doctors are holding lucrative FGM clinics during school holidays and performing dozens of surgeries per day.

The custom of FGM in most countries is deeply entrenched, and it appears that the quickest way to stop—or at least inhibit—the medicalization of FGM is to make the surgery a criminal offense.

Criminalization/Outlawing FGM

The UN passed a resolution calling for a global ban on FGM in December 2010. More and more countries are passing strict laws against FGM. There is definitely pushback from tribes and ethnic groups claiming exemption in the name of culture. Several responses are happening at once: Some groups are continuing the practice, but going “underground”—performing the procedures in secret. As girls are becoming educated in school about the procedure, some groups have responded by cutting girls at younger ages. There are more and more reports of adolescent girls running away from home to avoid being cut. And in many cases, the information that FGM is illegal may not yet have made it to all the villages that would be affected. Doctors, of course, are performing the service off the record. The push in several countries is to ensure there are criminal penalties for parents, village cutters, and doctors. Kenya’s new law prohibiting FGM includes stiff penalties for **anyone** participating in the practice, including medical personnel.

Diaspora – FGM among Immigrants and Refugees

Millions of people have left homelands where FGM is practiced to live in developed countries in North America, Europe, or Australia/New Zealand. They may have emigrated for better opportunities or fled wars and insurgencies. Understandably, immigrants tend to cluster in communities in their new countries. People bring with them their culture, which includes such harmful practices as FGM and forced marriage (and even honor killings). Most countries in the developed world have laws that protect citizens and residents from torture or other bodily assaults. Many, but not all, have laws that specifically ban FGM in all its forms, with serious penalties for performing such procedures and often for taking daughters abroad for that purpose—called “vacation cutting”. Also, a significant number of countries offer asylum to anyone fleeing a country to avoid the procedure. But enforcement has been spotty.

United States: The U.S. has banned FGM since 1996, but until recently, vacation cutting was banned in only Florida, Georgia, and Nevada. Congress passed the “Transport for Female Genital Mutilation” law in December 2012 as an amendment to the National Defense Authorization Act. It imposes a fine and a prison sentence of up to five years on those found guilty of sending or taking girls under the age of 18 out of the country for the purpose of FGM.

United Kingdom: Although FGM has been outlawed since 1985 and carries a maximum penalty of 14 years in prison, there has never been a single prosecution. British medical groups recently delivered a report to Parliament that claims as many as 66,000 cases of FGM in Britain. In addition, more than 24,000 girls are at risk. The group recommends strong new measures. A 2010 article in **The Guardian** asserted that between 500 and 2,000 girls would be cut during an upcoming holiday, when families would go to the home country. In an effort to save money, sometimes families will pool money and pay for a cutter to come from the home country to do “cutting parties”.

France: Home of up to 30,000 women who have been cut, and thousands of girls at risk, France has been active and very successful in curbing FGM—both in prevention and prosecution, according to the Thompson Reuters Foundation. Although there is no specific law banning FGM per se, mutilation or abuse of minors is a crime under the Penal Code. Doctors are encouraged to do genital checks on babies and young children, which have been valuable in successful prosecutions. Some mothers obtain a doctor’s certificate stating that the child has not been cut before they visit their home country, which serves as a curb to family members who want the child cut while on holiday. In 1999, an FGM practitioner in France was sentenced to eight years in prison.

Europe as a whole: According to Amnesty International’s **End FGM** campaign in Europe, “medicalisation of FGM in any form has been rejected by the European Parliament, WHO and professional organisations such as the International Federation of Gynaecology and Obstetrics.” However, the Council of Europe issued a statement on FGM that rebukes Europe as a whole for failing to protect women and girls, and for having no specific protection through refugee status for women and girls fleeing the prospect of FGM.

Canada: Canada’s Criminal Code includes a section on “Excision” under “Aggravated assault” that specifically describes FGM. However, there seems to be no specific provisions in the law banning parents from having their child cut outside the country. More attention is being paid by the medical profession to methods of treating women and girls who have been subjected to FGM.

Australia: All territories ban FGM and criminalize the removal of any person from the country in order to have the procedure done.

The best news is that, almost across the board in countries where FGM is practiced, the incidence has been going down. More communities are ending the practice, and more and more traditional cutters are renouncing their role and expressing regret for the harm they have unwittingly done. With the power that men and boys have in traditional societies, their increasing support for ending the practice is critical. For the girls whose future relies on education, health, and involvement in the world, the end can’t come too soon.

“FGM/C is a violation of a girl’s rights to health, well-being and self-determination. What is clear from this report is that legislation alone is not enough. The challenge now is to let girls and women, boys and men speak out loudly and clearly and announce they want this harmful practice abandoned.”

*Ms. Geeta Rao Gupta
UNICEF Deputy Executive Director
(on the publication of “Female Genital Mutilation/Cutting:
A statistical overview and exploration of the dynamics of change”)*

Recommended Sources for In-depth Information on Female Genital Mutilation

Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. **UNICEF**. July 2013. http://www.unicef.org/protection/57929_58002.html (click the link to “UNICEF study” in the second paragraph)

“Female Genital Mutilation”: **Wikipedia** http://en.wikipedia.org/wiki/Female_genital_mutilation_-_cite_note-97 (Note: Wikipedia is generally not considered an accepted source for academic research, although there are certain exceptions. The article on FGM provides an extremely well-researched and well-documented overview.)

Country Profile: FGM in Kenya. **28 Too Many**. May 2013. <http://www.28toomany.org/countries/kenya/> Click on report title to retrieve. This is a 50-page indepth review of FGM in Kenya. All tribes are listed, with types of FGM performed. (**28 Too Many** is a registered charity in the U.K. that works exclusively on eliminating FGM in Africa.)

Donna Shaver, Author, DFW “Food for Thought” February 2014

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Recipes, Customs and Cuisine of Kenya February 2014

Recipes



Ugali

Ugali (pronounced oo-gah-lee) is a staple starch component of many meals in Kenya. It is generally made from maize flour (or ground maize) and water. Of all the cash crops grown in the country, maize is by far the highest in quantity. It grows in both wet and dry areas at least two seasons a year. The flour can last for considerable time in average conditions, and it is relatively inexpensive. Ugali is easily accessible to the poor, who usually combine it with a vegetable stew or meat stew to make a filling meal.

It is best served hot. The proper way to eat it is to roll it into a ball in your right hand and then make an indentation with your thumb in the middle. You then use your little ugali ball as a spoon or scoop in the same way flat bread is used in other cultures

Ingredients:

3-4 cups maize meal (maize flour or cornmeal)
4 cups water

Directions:

Bring to boil 4 cups of water in a saucepan. Slowly pour the maize meal into boiling water, while stirring continuously with a wooden spoon to avoid forming lumps. Add more maize meal and stir until it is thicker than mashed potatoes.

Cook for 3-4 minutes. Continuing to stir as the ugali thickens is the secret to success, i.e., lump-free ugali. The ugali will be done when it pulls from the sides of the pan easily and does not stick. It should look like stiff grits.

Turn the cooked ugali onto a serving plate, using a wooden spoon. At this stage you may either cut it up using a knife, cut it into shapes using a small bowl, or use wet hands to shape it into nice round balls and serve.

Serve immediately with any meat or vegetable stew, or any dish with a sauce or gravy.

Recipe source: The Kakenya Center



Beef Stew

Ingredients:

- 1 pound beef, cubed
- 2 tablespoons cooking oil
- 1 large red onion, diced
- 4 fresh tomatoes, diced
- 1 green pepper, diced
- 1 cup water
- 3 tablespoons fresh cilantro, finely chopped
- salt and pepper to taste

Directions:

Heat a large pan on medium heat. Add cooking oil and onions, and cook until soft. Next add the meat and stir it with salt and pepper for one minute. Let it simmer.

Add tomatoes and green pepper, while stirring constantly to prevent sticking. When tomatoes are partially cooked, add one cup water and bring to a slight boil for 10 minutes.

Add cilantro, turn heat down to low setting, and simmer for about 20 minutes.

Remove from the heat and serve with *ugali* or rice.

Recipe source: The Kakenya Center



Kenyan Tomato Salad

Ingredients:

3 large tomatoes, sliced
1 onion, finely chopped
1 garlic clove, minced
2 tablespoons fresh lime juice
salt to taste
freshly ground pepper to taste

Directions:

Arrange sliced tomatoes and onions on a salad plate. Mix together the garlic, lime juice, salt, and pepper. Pour the dressing over the tomatoes and onion.

Recipe Source: <http://bit.ly/1cdW6WF>



Maandazi

Ingredients:

2 cups flour
2 ½ teaspoons baking powder
4 tablespoons sugar
2 pinches salt
2 eggs
½ cup water

Oil for deep-frying

Directions:

Sift flour and baking powder together. Add sugar and salt. Beat eggs well and add water. Stir egg mixture into flour mixture and mix until soft dough is formed. Add more water if necessary. Knead dough in the bowl until smooth, but not sticky. Dough should leave the sides of the bowl cleanly. Cover with a towel and let rise in a warm place for about 30 minutes. Roll dough out on a floured board until ½" thick. Cut into squares, strips, or triangles. Fry in deep fat until golden brown. Drain on paper towels or any other absorbent paper.

Recipe Source: <http://bit.ly/1cdWAMn>



Customs and Cuisine of Kenya

Dining Etiquette

Below are some general rules of etiquette when dining in Kenya:

- Before entering a Kenyan home, you should take off your shoes.
- Bring a small gift but it need not be expensive. Practical gifts are preferred such as pastries, flowers or sweets. In rural areas, sugar or tea is commonly given. Do not bring alcohol unless you know your host drinks.
- Guests are expected to wash their hands before and after the meal.
- The host will show you to your seat and the most honored position will be next to the host. When seated, your toes and feet should not be pointing toward the food or other diners.
- The honored guest is served first, then the oldest male, the rest of the men, children, and then finally the women. Do not begin to eat or drink until the oldest man has been served and has started eating.
- When eating with your hands, most Kenyans eat only with their right hand. If offered a spoon or fork, hold them in your right hand.
- Do not put your left hand on bowls or serving pieces. When one communal bowl is present, eat from the part of the bowl or plate in front of you.
- After a meal, a small burp signifies satisfaction.
- Beverages are not served with meals since Kenyans believe it is impolite to eat and drink at the same time.
- Tea and coffee are generally served after a meal and should be accepted even if you only take a few sips. Your cup will always be refilled if it is less than half full.
- Typically the host will give a toast. If you are the honored guest, you are not expected to make a statement or toast, but should offer a small compliment.
- Do not leave the table until invited to do so.
- If you move from one area to another in a home, always allow more senior members of your party to enter the room ahead of you.

Cuisine

The Maasai heavily depend on cattle for nutrition. The traditional Maasai diet consists of six basic foods: milk, meat, fat, blood, honey, and tree bark. Both fresh and curdled milk are drunk. Fresh milk is drunk in a calabash (gourd) and is sometimes mixed with fresh cattle blood. Blood is also boiled and used in cooking or drinks, accompanied with ugali (monono). Most of the meat dishes are fried or roasted then mixed with blood and ugali. Honey is obtained from the Torrobo tribe and is a prime ingredient in mead, a fermented beverage that only elders may drink.

Source: The Kakenya Center

Featured Program - Kakenya Center for Excellence - \$45,000 grant – Ending FGM and Early Marriage

Sustained Program – Matrichaya - \$15,000 grant - Health, Occupational Preparedness, and Education (HOPE)

Kakenya Center for Excellence – Kenya

- Despite the fact that female genital mutilation (FGM) is illegal in Kenya, many remote and rural communities continue the custom, circumcising their young daughters at puberty then marrying them off.
- Kakenya Ntaiya, founder of this month's program, struck an unprecedented deal with her father. She agreed to undergo FGM on the condition her father allow her to complete high school afterward. Then she got the whole village to help her go to college in the U.S. by promising to return and use her education to help her community. On completing her Ph.D. she established a girls' boarding school in her village.
- To reach even more girls in the region, Dr. Ntaiya established weeklong and weekend training camps to educate and empower girls. DFW's grant of \$45,000 will expand the opportunity to over 1,500 girls, helping to develop a new Rite of Passage – a community celebration acknowledging the value of girls.

Key Points –

- Effective educational programs for girls in developing nations must deal directly with the obstacles to girls staying in school, such as poverty and harmful cultural practices.
- Educating girls in subjects like human sexuality, women's health, and laws that protect the rights of minors serve to inform and protect them against harmful cultural practices by making them aware of the dangers of these practices and giving them information that they can use to start a conversation with their parents and community elders.
- Leadership skills training and the use of trained girls as mentors will develop self-confidence and motivate girls to continue their education in the face of the powerful obstacles their culture and poverty present.

<http://www.diningforwomen.org/kakenyacenter>

Matrichaya, India (<http://diningforwomen.org/node/2939>)

This is the second year of a three-year grant. With sustained funding of \$45,000 over 3 years from Dining for Women, 2,265 women will be direct beneficiaries of Matrichaya's program called Health, Occupational Preparedness, and Education (HOPE). Through vocational training, medical aid, legal aid, and awareness campaigns, Matrichaya brings about socio-economic change for women and children living in slums and rural tribal areas of India. Additionally, 150 women will receive basic literacy over the course of the 3-year program.

"Women's literacy improves livelihoods, leads to better child and maternal health, and favors girls' access to education. In short, newly literate women have a positive ripple effect on all development indicators." -
Irina Bokova, Director - General of the UN Educational, Scientific and Cultural Organization (UNESCO)

We're so glad you asked! (Questions submitted on Meeting Evaluation Forms may be answered here.)

Linda Mahan (Fort Collins, CO) says her members had questions about our December program:

- **Who selects the scholarship recipients for Smiles on Wings?**
 - Scholarship recipients are selected by the founder and staff, who have built strong relationships with the high schools to help identify needy and motivated recipients. Graduates of the program will be participating in the selection of future scholarship recipients.
- **What university do they attend?**
 - Students attend Chiang Mai University in Chiang Mai, northern Thailand.
- **Does program staff support them while they are studying away from the village?**
 - Yes. The organization has a part-time coordinator and a part-time mentor in Chiang Mai to help the young women with any difficulties they experience while at college.

Meeting Ideas - Take it and make it your own – (Please share YOUR ideas through the Online Meeting Evaluation Form on each Program page. You can adapt any of these ideas to suit your chapter's needs and interests.)

- Some chapter leaders have asked their members to name a developing country they have visited or one at the top of their list to visit. You may be surprised to know how many members have visited the countries where we fund programs. Their experiences can enrich the whole chapter's understanding of developing nations.

We are excited to announce a series of Google Hangouts for 2014. The *Program Spotlight* will be a half hour conversation between Program Director Dr. Maggie Aziz and a representative from each month's featured program. Viewable live via Google Hangouts and streamed live and recorded on YouTube, the program will be a half hour introduction to the program, its mission, its target population and information about the circumstances and challenges that make it important.

Our Vision

We envision a world where millions of people's lives have been transformed and extreme poverty has been reduced because Dining for Women connected people in creative, powerful ways that assure gender equality.

Our Mission

Through collective giving, Dining for Women inspires, educates, and engages people to invest in programs that make a meaningful difference for women and girls living in extreme poverty

Our Culture

In all we do, we model our deep belief in collaboration, education, inspiration, and transformation.

Watch the recorded Google Hangout with Caroline Nguyen Ticarro-Parker, the founder and executive director of the Catalyst Foundation, our featured program in January.
<http://bit.ly/1iYtERp>

Check your Chapter Leader Newsletter for upcoming Google Hangouts!

Watch for your Chapter Leader Newsletter and learn about updates on grant checks distributed and follow-up reports received from grantees.

Note: Grants are awarded after all donations for the month have been received and processed which takes 90-120 days.

Please mail chapter donations within five days of meeting.



Featured program for February 2014

Kakenya Center for Excellence Health and Leadership Program



Dining for Women



Changing the world one dinner at a time

Mission

The Kakenya Center for Excellence seeks to empower and motivate young Maasai girls through education to become agents of change and to break the cycle of destructive cultural practices in Kenya such as female genital mutilation and forced early marriage.



- Teach adolescent girls health and leadership skills, their rights as children, and the harmful practices of FGM and child marriage.
- Give girls access to the fun and inspirational educational resources at Kakeyna Center for Excellence.
- Foster long-term mentorship relationships and peer-to-peer training.
- Empower and motivate young girls to achieve their full potential.



Life Challenges of Women and Girls

Young Maasai girls from remote rural communities face many challenges that become key obstacles to leadership and economic independence for them.



- **Early marriage and childbirth:** In many areas of Kenya, girls are married before age 18. As a result, many girls become pregnant before their bodies fully develop and many die during childbirth. According to the United Nations Population Fund, adolescents age 15 through 19 are twice as likely to die during pregnancy or child birth as those over age 20; girls under age 15 are five times more likely to die.
- **Lack of education:** Girls know little about their bodies, health, or sex education before they are circumcised in preparation for marriage, according to 'Youth in a void': sexuality, HIV/AIDS and communication in Kenyan public schools, a 2011 article.
- **Little knowledge of legal rights and resistance to the law:** In spite of laws prohibiting female genital mutilation (FGM), this custom remains a common practice in remote villages.

The Program

Through a series of camps and weekend trainings, the Health and Leadership program gives girls the tools they need to protect themselves from FGM and early marriage so they can pursue their dreams for the future.

Two weeklong camps a year expand leadership training opportunities to girls from the region.

- Seminars, activities and hands-on practice in leadership, self-defense, communication, goal-setting and career building
- Focus on female health issues, HIV/AIDS and STDs, FGM dangers and anti-FGM laws to inform and empower girls



Weekend trainings every month at regional schools extend the reach to more girls.

- Community access to fun and education
- Foster mentoring relationships and peer training
- Empower and motivate girls to pursue their dreams

Program Budget

DFW's grant to Kakenya Center for Excellence is \$45,000.

| Kakenya Center for Excellence DFW Budget | Total for Project | Paid by DFW |
|--|-------------------|------------------|
| Program Expenses | | |
| Food for campers | \$ 6,000 | \$ 6,000 |
| Transportation | \$ 4,000 | \$ 4,000 |
| Honoraria for motivational speakers | \$ 1,000 | \$ 1,000 |
| Program Expenses Subtotal | \$ 11,000 | \$ 11,000 |
| Personnel Expenses | | |
| Salaries for staff members involved in camp coordination, training and counseling | \$ 14,000 | \$ 14,000 |
| Non-Personnel Expenses | | |
| Training supplies | \$ 2,000 | \$ 2,000 |
| Camper gifts (t-shirts, certificates, sanitary napkins and zippered pouches) | \$ 3,500 | \$ 3,500 |
| Communications | \$ 1,000 | \$ 1,000 |
| Non-personnel Expenses Subtotal | \$ 6,500 | \$ 6,500 |
| Other Expenses | | |
| Curriculum development – codification of lesson plans for each age level into training handbooks | \$25,000 | \$ 13,500 |
| Monitoring & evaluation – development of M&E tools for camp program with consultant and local research group | \$40,000 | \$ 0 |
| | | \$ 13,500 |
| Program Total | | \$ 45,000 |

Why we Love this Program

We love this program because the girls who are facing FGM are mentored through an empowerment and leadership program by an inspiring, female interdisciplinary staff.

Through *Health and Leadership Training*, girls:

- Learn about their bodies, their legal rights, and the harmful effects of FGM and early marriage.
- Learn self-defense to protect themselves from rape and other abuse.
- Become mentors and learn from each other.
- Learn to talk about taboo subjects like FGM, rape, and HIV/AIDS
- Learn leadership skills and the ability to express their wants and dreams to their parents and village elders.



The Maasai girls' Rite of Passage is being transformed from FGM to a community celebration acknowledging the value of girls.

Evidence of Success: Voices

Over the past two years, 280 girls attended the Health and Leadership camps. 230 girls participated in the graduation ceremonies, held when FGM ceremonies customarily take place.



- “Camp has enabled and encouraged me to work hard until I achieve my goals,”
- Nasieku, 13
- “We were taught how to be a leader,”
- Juliet 13
- “We learned more about female genital mutilation and we will go and tell our friends back home,” - Shura, 13
- “The camp taught us about the girls’ rights and self-defense,” - Evaline, 13

“In this school you won’t be circumcised and we come to the holiday camp,”
- Nampayio, 13

About the Organization

The Kakenya Center for Excellence embodies the remarkable spirit and strength of its founder as a beacon of hope for girls and a guideline for women.

- Founder Dr. Kakenya Ntaiya was born in the Maasai village of Enoosaen, was engaged at five, and circumcised at puberty.
- She agreed to undergo FGM on the condition that her father would allow her to finish high school.
- She then earned a scholarship and convinced the village elders to send her to college in the U.S. The village raised the money for her transportation in exchange for Kakenya's promise to use her education to help the village.
- With a PhD in Education, she returned to Kenya and started a boarding school for at-risk girls to inform and empower them to choose their own future.



Dr. Kakenya Ntaiya

Questions for Discussion

Care to share your thoughts?



Dining for Women

1. What is the impact of a program like KCE that focuses on building health knowledge and leadership-related skills in girls in addition to concentrating on basic education?
2. What does a girl need in order to stand up for her rights and tell her parents and elders she is against harmful cultural practices like FGM and early marriage?
3. In what ways are leadership and mentoring skills critical elements of this program?



Changing the world one dinner at a time

Dining for Women | P.O. Box 25633, Greenville, SC 29616 | www.diningforwomen.org

February 2014