

KAKENYA CENTER FOR EXCELLENCE . HEALTH AND LEADERSHIP TRAINING . NETWORK FOR EXCELLENCE

Final Report Kakenya Center for Excellence January 2016

1. General Information:

Organization Name: Kakenya Center for Excellence Program Title: Health and Leadership Training Program

Grant Amount: \$45,000

Contact Person: Jennica Stephenson, jennica@kakenyasdream.org Address: 1717 K Street NW, Suite 1050 Washington, DC 20006

2. Program Recap:

The KCE Health and Leadership Training program has been in operation since 2011. It was designed in response to overwhelming demand for our boarding school program, which serves nearly 200 girls a year including 30-35 new students each year. With our Health and Leadership Training program, we ensured that we would reach more girls in the surrounding area with the resources, training, and information available to our KCE boarding school students. Until 2014, the program was limited to two week-long trainings per year held at KCE's campus in the village of Enoosaen. At our "camps", we host girls from schools around the region for a series of training sessions on health related information and leadership skills, as well as fun, confidence-building activities. The girls attending from other primary schools join our 6th and 7th grade boarding school students at these camps. The program's goals are fourfold:

- 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;
- Open horizons for girls in the community by introducing them to learning and providing them with access to the fun and inspiring educational resources available through KCE;
- Foster long-term mentorship relationships between KCE students and girls in the community;
- Empower and motivate young girls throughout all participating communities to achieve their full potential.

With Dining For Women's support, we were able to expand our Health and Leadership program by adding monthly two-day weekend trainings at schools around the region. Our goal was to reach 1,500 students annually through this scale-up plan, leading to decreased incidences of FGM and early marriage in the district. We selected a number of partner primary schools to host trainings and developed a condensed curriculum suitable to a 2-day training.



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3. Accomplishments:

Objective	Accomplishments
1. Plan and implement two week-long Health and Leadership Training camps at KCE boarding school for KCE 6-7th graders and girls from up to 40 schools in the surrounding region.	The week-long camps were held in November 2014 and April 2015. During each of these camps, we hosted 140 girls from 32 schools throughout the Keyian Division. Our Enoosaen-based staff ensured that camps ran smoothly and the training was engaging for participants, who all received meals, supplies, and special completion certificates & t-shirts.
2. Scale up the Health and Leadership program to include weekend trainings at select schools around the region to reach a minimum of 1,500 students annually.	In June 2014, we organized our first Health and Leadership Weekend Training. We held 3 weekend trainings in 2014 and 5 weekend trainings in 2015. The trainings have been well attended and very well received by participants and school staff. During the grant period we reached 2,266 students through our weekend trainings. This is an average of 283 students per training. The program is in high demand throughout the region.
3. Create KCE Health and Leadership Curriculum Handbook to make the model accessible for other schools and organizations in other regions.	Throughout the process of implementing and expanding our Health and Leadership program, we have been capturing best practices and challenges. We are on track to complete the handbook by March 2016.

4. Challenges:

We encountered a number of obstacles and unexpected challenges as we worked to complete our grant and program objectives.

- **High Demand:** Throughout the grant period we experienced an ever-growing demand for the training, and each weekend training had huge numbers of participants. In fact, we had 430 students in one session. With such large numbers of participants and such high demand, we are looking at the best way to maintain the quality of training.
- **Age Appropriateness:** Until now, we have targeted the training for girls in grades 6 and 7, which is typically 12-15 years of age. However, not all children in rural Kenya begin school at the same time, so some girls as young as 10 have attended the training sessions. The material is not appropriate as currently designed for girls so young.
- Counseling Needs: There has been an increasing demand for counseling services during the trainings. Many participants have approached individual facilitators requesting counseling about personal and family matters. Currently, we do not have a referral system in place for these requests.



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In order to mitigate these challenges and improve the training program, we plan to take the following steps moving forward:

- Quality over Quantity: To address the increased demand for the program and large numbers of participants, we will target fewer schools and create a participant cap for each weekend training. Meanwhile, we will work to scale up the program capacity so that we can accommodate the high demand with additional trainers, facilitators, and materials.
- **Train by Age not Grade:** To address the age appropriateness issue, we are developing a curriculum that will include material suitable for the 10-11 year old girls. Training sessions will be divided by age moving forward, rather than by grade level as in the past.
- Counseling Referral System: To address the high demand for counseling services, we are developing a referral system that will ensure girls who need this service are provided with professional assistance.

Handbook Completion Setbacks: We encountered several challenges in completing the Health and Leadership handbook. It took significantly longer than anticipated to select a qualified partner with the capacity to conduct the baseline survey. Eventually, we chose to partner with The Center for the Study of Adolescence and signed an agreement on August 27, 2015. Health and Leadership trainings were then put on hold as a result of a national teachers' strike that began September 1, 2015 and ended October 1, 2015. Once schools reopened, we were able to continue the handbook creation process and are on schedule for March 2016.

5. Organizational Changes:

Since receiving funding from Dining For Women, our organization's staff has grown substantially. We hired a full-time Executive Director in Kenya as well as a Vice President of Development and Communications in the U.S. We also hired a Finance Officer and a Communications Associate working from Nairobi. Our growing team has increased our capacity to deliver high quality services to at-risk girls in rural Kenya.

6. Lessons Learned:

As we scaled up the Health and Leadership Training program, we learned many lessons along the way that have helped us make each camp better than the last. Some of the biggest obstacles we face are unavoidable when working in a rural, remote area like Transmara, where Enoosaen is located. For example, transportation to training locations can be challenging and take much longer than expected due to heavy rains and long travel distances on difficult roads. Another challenge is finding ways to plan and implement camps despite poor communication networks with difficult-to-reach populations. We also face challenges around providing meals for large numbers of students in facilities without running water. For these types of unavoidable challenges, we have learned to always be prepared with back-up plans, be flexible with timelines, and expect some setbacks at each camp.



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A key lesson we learned is that many of the logistical challenges we have faced would be better addressed by engaging local community structures in communities where each of the participant groups reside, such as school management committees. These local structures have valuable knowledge and resources needed to cope with the challenges described above. They can also be helpful in securing better training venues more conducive to learning and to the specific training activities included in our program. We also have learned that a two-day training may not be long enough and are exploring the possibility of longer training durations. Finally, we have learned that proportionate facilitator to learner ratio is critical for higher quality learning and accomplishment of desired learning outcomes.

7. Unexpected Events and Benefits:

We experienced two unexpected benefits during the course of the grant cycle. First, we only had planned to train girls in the weekend trainings hosted at schools throughout the region. However, we noted growing interest from boys in the community and began to include them in one day of the training. The male participants showed a great deal of interest in the subject matter and were eager to be included in all training sessions. Secondly, teachers from other schools began to inquire about how to be trained as trainers themselves. This would allow them to continue with the trainings in their schools after the KCE-led sessions had ended as well as to set up and run health clubs in their schools. We welcomed both of these unexpected developments.

8. Changes in Strategy:

In Fall 2015, we conducted a baseline survey that will inform improvements and any changes made to our current strategy. We are currently reviewing the preliminary findings, and a final report is expected in January 2016. Our handbook and curriculum, which is scheduled for completion by March 2016, will include this final data. We are scheduled to begin implementing the new curriculum in May 2016.

9. Beneficiaries:

During the grant period, we trained more than 2,000 girls and boys through our weekend and week-long trainings. We estimate that we indirectly reached at least double that amount, as training participants are encouraged to share the information they learned in the trainings with friends, siblings, and classmates.

10. Monitoring and Evaluation:

To date, we have measured the Health and Leadership program's impact primarily through anecdotal evidence. However, we are working in partnership with Pangea Advisors from Columbia University's Business School to create Monitoring and Evaluation tools to gather more substantial data and document the program's impact. The team members will be visiting Enoosaen in January 2016 to test the M&E tools they have been developing over the past year. The survey tool will measure changes in participants' perception of the impact of early marriage, FGM, the role of women in the community, and women's



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rights. It will also measure changes in knowledge regarding health topics such as sexually transmitted diseases and in knowledge of laws and rules regarding women's rights in Kenya.

11. Future Plans and Expected Results:

The Health and Leadership Training program is going strong and continues to gain support throughout the region as more and more schools are able to benefit. With the completion of the training handbook, we will be able to make the training curriculum available for other schools and organizations to adapt to the students they serve. We plan to host two week-long trainings and 6-8 weekend trainings in 2016 with the goal of reaching at least 2,500 students throughout the year.

12. Financial Report:

Attached is a detailed financial report for the grant funds. The remaining balance (\$4,700) will be spent in the coming month to finalize design and printing of our curriculum handbook.

Conclusion

The Kakenya Center for Excellence Health and Leadership program is changing lives by providing girls with critical information that they need to understand their rights and to avoid harmful cultural practices. The impact is not limited to the girls who attend the trainings since they share this information with others, telling friends, family, and other classmates about what they have learned. Girls leave feeling more empowered, and this is the key to creating a generation of women who are confident that they can become leaders in their community. We are so grateful for support from Dining For Women, which will yield a replicable curriculum and handbook that will expand our impact and the number of girls exposed to our training program. Thank you for believing in our mission of educating and empowering girls in rural Kenya. Read below what participants are saying about the trainings:

- "Our teachers taught us very well and we were very happy for the good things they taught us. I particularly enjoyed that I learned how to prevent contracting HIV/AIDS, and how to take care of myself as a girl against boys and men."
- "I feel we should have such a seminar every month."
- "We were taught about the rights of a girl, and how to take care not to contract HIV/AIDS."
- "We were taught how to be a leader."
- "We learned more about FGM and we will go and tell our friends back at home."
- "The program taught us about girls' rights and self defenses."

Please note our new address for your records: 1717 K Street NW, Suite 1050 Washington, DC 20006