



**Kakenya's Dream**  
**Final Grant Report to Dining for Women - September 2020**

**Project Title:** Health and Leadership Training: Empowering Youth Through Education

**Grant Amount:** \$45,000

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**1. Recap briefly what outcomes the project was designed to achieve.**

The *Health and Leadership Training: Empowering Youth Through Education* program was designed to train beneficiaries on sexual and reproductive health, child rights, female genital mutilation (FGM), child marriage, and other health-related topics. The project's main beneficiaries were youth in a rural, predominantly Maasai region of Kenya, where 80% of girls undergo FGM at puberty, 50% are married before the age of 19, and only 17% complete primary school. In our communities, information about sexual and reproductive health is often unavailable or distorted, leading to risky behaviors, elevated rates of sexually transmitted diseases, and high rates of teen pregnancy. With this grant from Dining for Women (DfW), Kakenya's Dream was able to pilot a new delivery method for our Health and Leadership Trainings to provide critical resources and information so adolescent girls (and boys!) are empowered to make healthy life decisions. Our innovative model provides weekly training sessions at ten local schools for over a thousand marginalized students in the region.

**2. What was accomplished in connection with the project? Address each stated objective. If any objectives were changed, explain the circumstances leading to their modifications.**

The program's objectives were: (1) make more girls aware of and able to protect their rights, including bodily integrity and freedom from violence; and (2) see changes in social norms related to the rights of both girls and young women that result in the elimination of FGM, a reduction in the number of child marriages, and increased support for girls' education.

We regularly gather feedback from participants through focus groups, interviews, and entrance and exit surveys to ensure our model is high-impact and engaging for participants. The surveys include demographic information, girls' and their families' education levels, beliefs and attitudes around FGM and early marriage, and other relevant information. We regularly adjust the training topics and activities based on

feedback from participants, teachers, and principals to shape and improve the program for future cohorts.

Over the course of implementation, we gathered evidence that beneficiaries' knowledge and awareness of FGM, child marriage, and human rights increased. Through anecdotal evidence such as conversations with girls, we saw impact, including increased knowledge and awareness of FGM, child marriage, and human rights, as well as confidence in discussing these previously taboo topics.

Effective monitoring and evaluation for our programs help us determine their impact on beneficiaries and the greater community over the long term so we can adapt and improve our work for the greatest effectiveness. Due to the COVID-19 pandemic, our external and comprehensive monitoring and evaluation efforts were temporarily interrupted and are slated to resume in 2021.

We are planning to conduct a longitudinal study to survey the overall development and health of our girls from a holistic framework. This annual study, alongside our comprehensive M&E, will allow us to better measure both the short and long-term success of our Health and Leadership Training, identify areas for improvement, and ensure that we are delivering a high-impact and valuable program to the community. Looking forward, we aim to share our curriculum and model with others throughout the region, including educators, peer girls' empowerment groups, schools and other academic institutions, government officials, and other stakeholders.

**3. Have the number of beneficiaries changed? Refer to "Number of women and girls directly impacted and indirectly impacted" in the proposal.**

The total number of beneficiaries increased from 2,076 in the Interim Report to 2,142 (1,236 girls and 906 boys). This is lower than the 3,000 intended beneficiaries because we decreased the number of schools in the pilot. Of these students, 349 attended the weekend trainings, 197 attended the holiday trainings, and 1,596 benefitted through the Health and Leadership Program. We are expanding our Health and Leadership Program to include a radio advocacy program, peer leadership, and health counseling for students while our campus remains closed. We anticipate reaching thousands more through this program, which will launch in Fall 2020.

**4. What challenges did you face in connection with this project? How did you address these challenges?**

- a. **Inadequate time:** Often, instructors could not cover the full lesson over the course of the class. We asked the head teacher at each of the ten schools for additional time, and fortunately, they approved our requests and we were able to lengthen the training period to cover all the material in the curriculum.

- b. **Large class sizes:** The greater-than-anticipated demand for the program at each school resulted in larger class sizes than we planned. We responded by dividing the students into smaller groups and assigning additional trainers to each site.
- c. **Age composition/variation:** The age of students ranged from 12 to 18 years, so we needed to find a way to deliver targeted, age-appropriate material to all participants. When we divided the students into smaller groups (as described above), we did so according to age to deliver the best training material for each age group.
- d. **Absenteeism:** As each session built on the prior one, absenteeism provided a challenge for participants. We worked with facilitators to develop a system to provide detailed recaps at the beginning of each session and give students an opportunity to review notes from their classmates if they did not attend the previous class.
- e. **Academic calendar:** We were unable to complete the pilot phase of the program by the end of 2019 as the Kenyan government prohibited us from gathering at the schools when they were closed over the holidays. Fortunately, we have improved our communication with the Ministry of Education, which has since granted us explicit permission to conduct our program at the schools even if school is not in session.

**5. Is your organization or project situation different than presented in the approved proposal? e.g. new Executive Director, significant staffing changes or NGO affiliation, loss of large funding, etc.?**

We have added two new members to our development staff. Kristina Lederer is our new Director of Development and Jeremy Hiken is our new Development Associate. The Development Associate, in particular, is a new position, and having another member on the development staff makes us more poised for future growth.

**6. What were the most important lessons learned?**

Over the course of implementation, we learned several key lessons which will inform our future programming:

- a. **Communication:** Successful program implementation requires clear communication with different stakeholders. We learned that it is important to communicate with the government effectively so that we can hold class sessions when schools are closed, such as during holidays. Similarly, we will clearly communicate the expectations of partnering with schools as well as the program's value to the entire community in the future. There was an occasional lack of cooperation from partnering schools and, as a result, they could not ensure that students attend our sessions. This will be especially important moving forward because the COVID-19 pandemic might shift priorities. Improved communication with schools will mean that school administrators will continue

to be invested in the program, aware of the benefits it provides, and supportive of students attending.

- b. **Implementation environment:** As part of the pilot, we introduced a new delivery environment which included changes to the weekly after-school club. Previously, we only had a monthly training schedule. Meeting with beneficiaries more often allowed trainers to dive more deeply into the material. Beneficiaries will gain from this format moving forward because it enables them to learn more of the curriculum, in turn better teaching them accurate information about sexual and reproductive health. With enhanced knowledge, girls and boys will be able to assume agency over their lives when they are forced to stay home.
- c. **Program value and the need to innovate:** Anecdotal evidence, such as the quotes in the last part of this report, emphasize our program's value and lessons participants have learned from the training. COVID-19 has exacerbated the vulnerability of our girls and has made them even more susceptible to risks. Given this value and the need to be innovative during these challenging times, we will be launching a radio advocacy program, peer leadership, and health counseling this fall which will allow us to reach thousands more additional participants. We have also identified 20 schools to participate in the next round of in-person training and continue to actively look for new partnerships.

## **7. What has changed within your organization as a result of this project?**

The Health and Leadership Trainings have poised us for the challenges of the COVID-19 pandemic and provided us with a model for continued program delivery through our newly developed Linda Dada ("Protect a Sister") program. Linda Dada is an extension of this program and is expected to reach over 20,000 girls, boys, and community members over the next two years. Currently, we are conducting in-person, small focus group discussions which bring together government officials, religious leaders, and youth representatives to discuss the rise in the rate of teenage pregnancies, interventions to reduce these figures, and the identification of individuals who can act as representatives of the campaign. We are also developing a radio advocacy program in collaboration with the community radio station Mayian FM to provide critical information on healthy interpersonal relationships and family planning to drive behavior change within the adolescent community. These activities will generate buy-in from diverse community leaders, youth leaders, local medical and health centers, and other stakeholders to teach community members how to be in control of their bodies, avoid unintended pregnancies, and learn about responsible family planning.

## **8. Describe the unexpected events and outcomes, including unexpected benefits.**

The program has generated more enthusiasm than we originally anticipated. More students than planned have wanted to participate. This interest indicates a shift in behavior change and old cultural norms which endanger girls and keep them from reaching their full potential. As previously mentioned, we have already identified 20

schools which are interested in participating in the next round of training, twice as many as there were in the prior round.

**9. Did you change your strategy as a result of obstacles you encountered? How will you address these challenges in the future?**

The COVID-19 pandemic has created uncertainty about the future of the trainings. Schools in Kenya anticipate reopening in January and our hope is to resume the in-person part of the program in Summer 2021. We will be flexible and pivot as necessary. When schools reopen, their priorities might change; schools might deem other tasks more important and not ensure that students attend. We will mitigate this risk by improving our communication regarding the expectations of the partnership and the importance and value that the program provides to the whole community, not just the direct beneficiaries.

Similarly, COVID-19 might change the priorities of future donors, so we might not have the funds to continue the program. If the project is suspended, girls will be at greater risk of FGM, early pregnancy/marriage, and gender violence. We will continue to seek multi-year and long-term partnerships with an emphasis on unrestricted grants which provide the greatest flexibility. Each year, 55 to 60% of our revenue is unrestricted, giving us the ability to apply funds where we need them the most, in turn minimizing the likelihood of the project's suspension.

Data collection through pre/post-surveys and focus group discussions can be challenging. Our girls are not accustomed to being asked their opinions and may be uncomfortable given that sensitive issues will be explored, such as their knowledge of sexual and gender-based violence. To minimize discomfort, prior to beginning the surveys, research assistants will remind students that the surveys are anonymous and that there are no "right" answers. To maintain privacy, researchers will work with head teachers to ensure that safe spaces are set up as classrooms would be for national examinations. Discussion questions, furthermore, will not target individual experiences but rather group perspectives and norms around the issue of how learners are empowered and the perceived impact among peers and in the community.

**10. Approximately how many lives have been touched, directly and indirectly, by the project?**

We estimate a minimum of two indirect beneficiaries (such as siblings, parents, friends, and classmates) for every individual that actively participates in our programs. Therefore, by our conservative estimate, the program directly reached 2,142 people, who in turn influenced 4,284 others. In total, the Health and Leadership Trainings reached 6,426 people in 2019.

**11. What are the measurements used to monitor success and how was this info measured (e.g. surveys, observations)? Be specific and include measurable results.**

Kakenya's Dream is currently partnering with the Population Council to develop and conduct a comprehensive, external evaluation aimed at assessing the effectiveness of the curriculum through the knowledge, attitude, and self-efficacy of participants to deal with specific barriers (including FGM, child marriages, and sexual and gender-based violence) among girls and boys. Once the COVID-19 pandemic is over, the Population Council will conduct pre and post-Surveys, Focus Group Discussions (FGDs), and targeted interviews:

- a. **Pre and post-surveys:** The baseline and endline questionnaires will be identical and we will use the surveys to capture information on participants' background characteristics such as age, grade, and parental living status. Information will also be sought from learners about their social assets, self-esteem, self-efficacy, gender norms, and awareness of children's rights to education.
- b. **Focus group discussions:** Participants from each school will be randomly selected by the research team and explore students' experiences in the program and any issues that may have emerged from the surveys. The FGDs will be audio-taped and guided by a semi-structured discussion guide. After their completion, staff will transcribe the FGDs for analysis and schools will discuss the results.
- c. **Targeted interviews:** Research assistants will conduct targeted interviews, including with school principals and teachers. They will explore intervention acceptability issues in the school context, perspectives on the practicality of implementing the intervention in this context, perceptions of the extent to which the implementation can be delivered successfully in schools, and ask for recommendations. The research assistants, with consent from the participant, will record and transcribe each interview.

**12. If the project is ongoing, provide plans and expected results, including projected timeframe.**

Our Health and Leadership Trainings are annual programs and, pending COVID-19, we expect the program to run between June and December 2021.

**13. Did this grant and relationship with DfW help your organization obtain other funding, partnerships with other organizations, or public recognition in some capacity?**

As a result of our partnership, Kakenya spoke at DfW's book club this past August 5. Over 133 members signed up for the virtual meeting, allowing Kakenya's Dream to gain exposure over a wider network.

**14. Any message you'd like DfW to convey to its members and donors about the impact our grant is having on those being served and/or your organization and its mission.**

We remain extremely thankful for DfW's support in allowing us to enhance the quality and reach of our Health and Leadership Trainings. As long as child marriage, FGM, and a lack of confidence among youth (particularly girls) remain in the community where we

work, this program will address a critical need and provide life-changing information and skills. Your support allows more at-risk youth to make informed decisions about their health, bodies, and futures, and we are grateful that the entire DfW community is helping us change lives for the better.

**Student Stories and Quotes:** Include several stories, experiences and quotes from women/girls, preferably in their own words, whose lives were altered by the funded project

1. "I attended the Health and Leadership Training in May 2019 and finished the training in February 2020. The facilitators used to come to our school every week to train us. During the training, we learned more about our bodies and how we are supposed to take care of our health. We also learned about child and early marriage, how girls are married off before the age of 18, that we should not accept being married at an early age, and that we should instead concentrate on our studies. We were advised to always seek help and not allow anyone to marry us off.

Our facilitator's name was Juliet. I remember her teaching us about HIV/AIDS, how one can contract the virus, why it's important for us girls to be careful and maintain abstinence to avoid unwanted pregnancies.

They used to also teach us about the effects of FGM and why we should not allow to be mutilated as well as married off at an early age.

Through the Health and Leadership Trainings, I've learned the effects of FGM, a retrogressive culture that's commonly practiced in our community. I cannot accept being cut because I already know the repercussions of mutilation. No one had ever told me about the effects of FGM, even though I knew that FGM existed in our community."  
- Charity Noomali Tumpes, age 14

2. "COVID-19 has really affected our education since we can't go to school until next January. I usually study on my own at home during the day. Unfortunately, I won't sit for my national exam this year as per the government directive. We'll have to remain in the same class next year meaning we can only do our national exams at the end of next year, and that's the unfortunate part.

At the Health and Leadership Training, we've been taught about FGM and how we can escape the cut, so as to avoid having complications during birth when that time comes.

Additionally, we've been taught how we are supposed to protect ourselves from contracting HIV/AIDS by using sterilized razor blades and also abstaining from sex. Without the training, one would just live carefree, not knowing the repercussions of harmful traditional practices and engaging in sexual activities, but now with the training, we are able to avoid all that." - Noomali Mpilei, age 14

3. "The Health and Leadership Trainings really helped us from having the thoughts of undergoing the harmful cultural practices such as FGM and child marriage. Some of the effects I learned about FGM is that it can cause bleeding to death, reproductive health complications, or even contract HIV/AIDS. As for child marriage, we now know its dangers. My favorite topics were FGM and HIV/AIDS.



During the training, we were also taught about self-awareness and self-defense on matters having to do with violence, such as rape.” - Vivian Cherono, age 14

4. “I attended the Health and Leadership Training where we were taught about FGM, HIV/AIDS, and early marriage, among other topics. The issue of early marriage is so core to me because it happened to all my sisters. In fact, one of my sisters was mutilated and then married off. I believe if they had gotten an education first, they could be living a much better life than the one they are living now. If only I had a chance, I would have taken them back to school.

Once a girl is educated, they are able to create a bright future for themselves.” - Ledama Kosencha, age 15

5. “At the camps, we are learning how to fight for girls’ rights and work to end FGM and child marriage. Girls have a right to an education and they have a right to life. Whenever their parents don’t listen to them, they should look for other people who can help them.” - Faith, age 13
6. “I have learned about self-defense and know that FGM is harmful to girls. Kakenya’s Dream has helped me to believe in myself more and know that I can achieve anything I want.” - Elizabeth, age 16
7. “Health and Leadership camps have also motivated me and helped me to be more aware about myself and my rights. When I grow up, I would like to volunteer to help other Maasai girls achieve their goals and fight for their rights.” - Sylvia, age 14

**Photo Captions:** Please see the photos in Dropbox.

1. Students receive a holiday training in November 2019
2. A child raises her hand during a training at the Enoosaen Primary School
3. Students pay close attention to the teacher as he writes on the chalkboard at the Ntuka Primary School
4. Students listen to a teacher delivering a training at the Enoosaen Primary School
5. A teacher delivers a lesson to students at the Ntuka Primary School
6. A teacher walks around the classroom while giving a lesson at the Nasira Nkujit Primary School
7. Vivian Cherono, age 14
8. Noomali Mpilei, age 14
9. Ledama Kosencha, age 15
10. Charity Noomali Toompes, age 14

**Attachments:**

1. Dining for Women Final BVA 2019-2020
2. Program and Student Photos