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

Our project is designed to provide training on sexual and reproductive health, child rights, FGM and child marriage, life skills, and other health-related topics to youth in rural communities in Kenya. In this region, girls continue to face many barriers to education, gender-based violence, and a lack of agency within the family and community. Sexual and reproductive health are not discussed openly, even though sexual violence, FGM, and early forced marriage are common. Specifically, this grant from Dining for Women provided funding for us to pilot a new delivery method for our unique Health and Leadership Training program, providing weekly trainings at 10 local schools for hundreds of marginalized students.

2. Has funding changed for this project? For example, have you received unexpected funding from another source?

Funding for the project has not changed.

3. Is your organization or project situation different than presented in the approved proposal? For example, new executive director, significant project staffing changes or NGO affiliation, loss of large funding, or other significant changes?

As we communicated at the time the grant was disbursed, we decided to roll out the new training delivery method with a pilot phase of 10 schools and 20 trainers (two trainers per school), instead of the 100 trainers we had originally proposed. We decided it would be strategic to start with a smaller group of schools to test out and refine our completed Health and Leadership curriculum before expanding to a wider group of schools across the sub-division. This year, we are increasing from 10 schools to 20, and we expect to increase the number each year for the next few years.

4. Have the number of beneficiaries changed? To report this please refer to the original numbers in your grant proposal.
Because we decreased the number of schools included in the pilot, the number of beneficiaries also changed. We estimated 3,000 beneficiaries in the original proposal. With the adjustments, we ended up reaching 1,170 girls and 906 boys throughout 2019, or a total of 2,076. Of these, 1,277 participated in the weekly training pilot phase at our ten partner schools, which we launched in June. The remaining 799 attended two-day weekend trainings before the launch of the new delivery model (from January through May).

5. What challenges are you facing as you move forward with this project? How are you approaching these challenges?

   1. **Inadequate time**: We found that the time initially allotted for each weekly training was insufficient to cover the full lesson. To address this, we met with the head teacher at each school and requested additional time. In all cases, this request was granted and we were able to extend the training period to cover all the material.

   2. **Large class sizes**: We were pleased that more students wanted to join the training program at each school than we had expected, but this resulted in larger class sizes than we anticipated. To address this issue, we divided the students into smaller groups and assigned more facilitators to each school. Our aim is to have a maximum of 50 students per class.

   3. **Age composition/variation**: The classes had students from the age of 12 to 18 years, making it difficult to adjust for age-appropriate topics for each age group. When we divided the classes into smaller groups, we did so according to age to address this issue while also reducing class size, as described above.

   4. **Absenteeism**: We had not developed a plan before launching the pilot for how to support students who missed a session. As each training topic builds on the previous ones, this is an important consideration. We developed a system to address this, in which the facilitators provided detailed recaps and students reviewed their peers’ notes from the missed session(s).

   5. **Academic calendar**: Given that the third academic term is shorter than the rest, we were not able to complete the pilot phase by the end of the year. We had to roll over into 2020 and are currently completing the remaining sessions. We decided to move forward with a graduation celebration for class 8 students, who completed primary school in November. In order to have them complete the full training course, we invited all of the class 8 students to our campus for a week. Not all students were able to attend. To address this in the future, we will make sure the course finishes in the same calendar year.

6. Have you revised your original objectives since the project began? If so, why? What are your new objectives?

   Our objectives have not changed.
7. What progress have you made toward achieving your objectives? Please address each stated objective.

Our stated objectives are (1) that more girls are aware of and can protect their rights, including bodily integrity and freedom from violence, and (2) to see changes in social norms related to human rights of girls and young women, resulting in elimination of FGM, reduction in child marriages, and increased support for girls’ education.

Throughout the year, we saw notable changes in the beneficiaries’ knowledge of an awareness about the issues of FGM, child marriage, and human rights. At the graduation celebration in December, the participants (both boys and girls) demonstrated what they had learned from the workshops through skits and dramas. It was evident that the students had acquired helpful knowledge and skills during the training sessions. At this point, our progress is anecdotal. However, as we round out the pilot phase, we will collect additional feedback and data from the facilitators that will help us analyze the impact of the pilot in more detail. Our next steps will focus on assessing our concrete progress toward the stated objectives:

- **Monitoring and Evaluation.** Once the pilot ends in February, there will be a full evaluation of students’ learning, including feedback from the trainers and from the head teachers.
- **Curriculum Revision.** Based on this evaluation and feedback, we will be revising the curriculum in the first quarter of 2020 before beginning another round of training.
- **Program Expansion.** In May, we will launch the next round of training, after re-grouping our facilitators and updating them on the revised curriculum. We will expand to provide the program at 20 local schools this year.

8. Do you anticipate any difficulties in completing your project in the timeframe outlined in your proposal?

We do not anticipate any difficulties.

We are so grateful for the support of Dining For Women in making it possible for us to take this next step in deepening the impact of our training program. The KD Health and Leadership Training program is addressing a deep, pervasive, and critical need in the community where we work, and we are thankful to have your partnership in providing life-changing information and skills to at-risk youth. Without this support, these students would be unable to make informed decisions about their health, bodies, and future. The support of the incredible DFW community is truly changing lives for the better.