

A young girl with dark hair, wearing a light blue shirt, is smiling and holding a notebook. The background is a soft-focus green. There are decorative white line art elements: a cross-like shape in the top left and wavy lines in the top right and bottom left.

ANNUAL REPORT

2019 A SUMMARY OF CSA's
PERFORMANCE IN 2019



CENTRE FOR THE STUDY OF
ADOLESCENCE

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ABBREVIATIONS

AYSRH	Adolescent and Youth Sexual and Reproductive Health
CAYPs	Children Adolescent and Young People
CBOs	Community-based Organizations
CSA	Center for Study of Adolescence
CSE	Comprehensive Sexuality Education
FP	Family Planning
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
MA	Medical Abortion
OVC	Orphaned and Vulnerable Children
RMNCAHN	reproductive, maternal, neonatal, child, adolescent health and nutrition
SRHR	Sexual and Reproductive Health and Rights
USAID	United States Agency for International Development
WASH	water and sanitation and hygiene

ABOUT CSA

Established in 1988 as CSA nonpartisan and a non-profit making organization, CSA is committed to the promotion of adolescent health by Kenyan professionals. CSA upholds respect for human rights, understanding and recognizing diversity, tolerance, dignity and integrity, teamwork, innovation and accountability. CSA is renowned nationally and regionally for its commitment to the promotion of SRHR of adolescents and young people through research, program implementation, technical assistance, capacity building and advocacy for policy change at county and national levels. CSA works in partnership with government, NGO and the private sector to expand choices and improve access to safe, affordable and sustainable SRHR services, further building powerful partnerships for young people of ages 10-24 years and their advocates.

Our main objective is to expand choices and improve access to safe, affordable and sustainable services in partnership with key stakeholders. The Centre's activities are broadly clustered into the following programs: Reproductive Health and gender Social Policy, Advocacy and Networking, Research and Knowledge management, Child Protection and safeguarding, Capacity building – Supporting Service Delivery through training. Our programs operate at four levels (Programming; Evidence Generation, Lobby and Advocacy and Capacity building) to advance young people's health rights and tackle the root causes of discrimination, exclusion and vulnerability across 4 key areas: Adolescent Reproductive Health, Gender and HIV/AIDS, Social Policy, Advocacy and Networking, Research and Publications and finally Capacity building.

CSA's headquarter is in Nairobi with two satellite offices in Kiambu & Bungoma; actively implementing various projects in 8 counties (Nairobi, Kiambu, Kisumu, Siaya, Kilifi, Bungoma, Kajiado & Homabay).

Vision: A society in which SRHR and well-being of young people¹ are universally realized

Mission: To promote the health and development of young people through research, technical assistance, advocacy and capacity building while expanding choices and access to safe, affordable and sustainable services.

Core values:

- Respect for human rights
- Understanding and recognizing diversity
- Tolerance
- Dignity and integrity
- Teamwork
- Innovation
- Accountability

Goal: To contribute to the SRHR and well-being of young people through: generation of evidence, policy advocacy, programming and capacity development in SRHR programming

PERFORMANCE IN 2019

CSA has continued to work towards her vision of creating a society in which sexual and reproductive health and rights of young people are universally realized and enjoyed. This she hopes to attain by promoting health and development of young people through technical assistance, advocacy, research, and capacity building. In this respect CSA has ensured that her projects provide quality services to her beneficiaries through ensuring effectiveness and efficiency. This report presents a summary of the performance by the various projects in 2019.



1: ADVOCACY

Description: CSA's advocacy agenda in 2019 focused on influencing political and financial support for adolescent and youth SRHR. Advocacy projects in the year were:

- Repositioning CSE in Kenya supported by The Swedish Association for Sexuality Education (RFSU);
- Increasing meaningful youth engagement in advocacy programming and in decision making structures supported by Population Reference Bureau; Right Here Right Now and Child Investment Fund Foundation.



Increased meaningful engagement of young people in international, national and county level in SRHR discourse – the Centre supported over 50 young people to engage and participate in the 3rd Reproductive Health Network Scientific Conference; ICPD+25 Nairobi Summit; ICASA; and Africa Health Agenda International Conference 2019



Inclusion of young people in decision making structures - County Health Management Teams of Kisumu, Nairobi and Mombasa have invited 30 university student representatives from each county to join the adolescent health technical working groups and consult them on situation of ASRH service provision in their institutions



Renewed interest and focus on SRHR information and service provision in institutions of higher learning by the County Health Management Teams - County health management teams of Kisumu, Nairobi and Mombasa plan meetings with 15 university administrations in the 3 counties to discuss situation of ASRH services provision



Widening discourse on age appropriate comprehensive sexuality education at national and community level - the Centre has engaged various stakeholders including policy makers through national and community dialogues on CSE



Increased involvement of young people, civil society and faith based institutions in national level curriculum review processes. More than 30 young people, 17 civil society organizations and 10 faith based institutions meaningfully engage with the Kenya Institute of Curriculum Development on national school curriculum review process

2: EWEC-HENNET

Project Description: HENNET Supporting Civil Society engagement, alignment and coordinated advocacy for Improved Women's, Children and Adolescent Health in relation to Global Financing Facility. The project objective is to strengthen Civil Society Organizations to advocate for increased domestic resource mobilization and social accountability for Family Planning in Busia County



ACHIEVEMENT/ RESULTS

1. Mapping of county specific CSO, CBOs and partners to develop county specific profiles for effective advocacy: Total of 56 CSOs, CBOs and NGOs working on FP, SRH, HIV/AIDS and other health related issues.
2. Capacity building workshop with CSOs and FP advocates to participate in county budget process: Workshop was held on 28th October 2019 in Busia County for 1day. Attended by 15 representatives from the mapped CSOs
3. County SMART advocacy workshop: Workshop was conducted for 2 days (29th and 30th October) Attended by 20 representatives of CSOs and CBOs in Busia County
4. Conduct Backstopping meeting: 1 backstopping meeting held in Nairobi with HEENNET Secretariat in November

SERVICES PROJECTS

1. AFTER HOURS ADOLESCENT PROJECT (AHAP)

Project Description: The project seeks to promote Adolescent-Responsive SRHR by ensuring Equitable Access to Comprehensive and Affordable Services for all Children Adolescent and Young People (CAYPs). The project is funded by Save the Children. Since 2018, CSA has implemented an innovative after hour children adolescent and young people intervention aimed at increased uptake of SRHR information and services while improving the policy context through advocacy.

The project has four key components outline in the objectives below.



KEY ACHIEVEMENT

1. Increase in youth SRH visits in AHAP facilities, which increased by 87% in just one year (see table).

April 2018	April 2019	% change
AHAP (9 clinics)	1031 1931	87.3%
Control (4 clinics)	186 189	1.6%



CHALLENGES

- Regular attrition of trained nurses and long processes with county government to assure delivery of quality SRH services in selected project sites.
- Lapse in funding on the project meant that there were gaps in provision of planned interventions to young people.

2. EVOC

Description: The Centre for the Study of Adolescence, with technical support from the University of California at Los Angeles (UCLA) Bixby Program, has been implementing a program to end violence on campus. The first phase of the study involved an intervention to reduce all forms of sexual harassment, assault and misconduct at the Main Campus, Moi University in Eldoret. The approach was to develop a comprehensive, low-cost, feasible, and student-driven model of prevention, monitoring, victim services, and policy transformation.



KEY ACHIEVEMENTS

1. Survey was conducted with second year university students to identify the baseline level prevalence, nature and perpetrators of sexual violence. The survey sought information on knowledge and beliefs regarding gender based violence, experiences of harassment, Intimate partner violence and assault, and reporting cases and what was done. The survey reached 584 second year Moi University students (Females 355, Males 229).
2. The student knowledge of the existence of the Moi University Sexual Harassment and Discrimination Policy 2010 was only 22.3%. The percent of students who knew what happens when a student reports a case of sexual misconduct was even lower, 12.2%. When students were asked about their sexual violence related experience, 39.3% reported to have been sexually harassed, 39.3% had been stalked and 39.3% had been bullied. Intimate partner violence occurred in 28.8% of the student population while 14.2% had been sexually assaulted. In terms of reporting cases to someone official 27.7% of those harassed reported, and about half of those assaulted (49.4%) reported. However, very few felt that it was “very helpful” to report about these occurrences, because nothing was done.
3. Raising awareness about sexual harassment and assault on campus is one way of encouraging students and staff to act and stop violence. An EVOC club was formed to learn what constitutes sexual violence and train others. The club also ensured continuous discourse on sexual violence through marches, campus dialogues and posters; conducted policy advocacy sessions; collected data; carried out orientation of first years; and helped abused students. EVOC was very popular among University students and it won the best new student group at Moi University in 2019.

CHALLENGES

There has been limited support from the university in terms of implementing recommendations for improving clinical services and counselling services.

3. OVC WELFARE

PROJECT

Project Description: Low and ineffective response and actions on OVCs rights violations result from lack of awareness on violations by the community members; low opportunities for awareness creation; lack of child protection structures and systems that lead to uncoordinated government structures that hamper actors to provide psychosocial support. It is with this background that CSA is working to strengthening the existing community and government structures to ensure OVC in Bunyala realize their rights.



KEY ACHIEVEMENTS

1. Most stakeholders (80%); the executive and legislative are in support of having a child protection policy for Busia County.
2. Most CBOs (80%) have embraced the right based OVC programming to the need based programming attributing it to ease in sustainability.
3. Most (75%) of duty bearers support the right based approach and have since taken up their roles in child protection.
4. Most Children (85%) in and out of school reported having gained knowledge on Child right and how to claim for their rights as well as understand the stakeholders in child protection following the trainings on child/ youth rights

Feedback from the field:

“During the previous OVC projects we implemented with support from other donors, we used to give food and non-food items to OVC households. When the supplies run out, they would come back to our CBO for replenishing and the children had been branded ‘WATOTO WA MRADI’ meaning the projects children. This created dependency to donor support for basic need. Since CSA came, it has been difficult to make the OVC households understand the right based approach but for us as a CBO it’s the best way to serve our community for sustainability” Feedback from one CBO member during a quarterly meeting.

“It is good that you (CSA) have come with noble idea to have a child protection policy for this county. Whenever we ask for increased budgetary allocation for the children’s department, we hardly get an increment due to lack of policies to back our arguments on. We will support the course to realize a Child protection policy for this County.” Bunyala Sub-County Children’s Officer during the advocacy forum.

“Since we had the CSA meeting where the Civil registrar was in attendance, it has been clear to us on which documents are necessary for OVC to process civil registration. In my CBO 27 OVC have benefited within a short period and have acquired the birth certificate second week of the month on Tuesdays”. A CBO chairperson who doubles up also as a Child Protection Volunteer in Bunyala North ward.

CHALLENGES

- 1 The community and duty bearers still expects the need based approach to be incorporated the right based approach in OVC programming.
- 2 One CBO not strongly embracing the right based hence pause a challenge to services delivery to OVC households.
- 3 Convening a meeting with legislators within the County for purposes of the child protection policy has low or interrupted attendance since they want to attend to their constituents need

YOUTH FOR YOUTH PROJECT

Project Description: The centre for the study of adolescence (CSA) in collaboration with Ministry of Health, Ministry of Education and the department of youth and sports have been implementing a Comprehensive Sexuality Education “Youth for Youth” (Y4Y) in Bungoma County in Western Kenya since 2003 targeting young people 10-24 years. Currently the programme is being implemented under the Get Up Speak Out (GUSO) programme being supported by the Dutch government through the SRHR Alliance Kenya. The main focus of the programme is to provide young people with relevant information on sexuality and HIV/AIDS that equip them with skills to enable them to make informed decisions and choices.

ACHIEVEMENTS PER OUTCOME AREA

Outcome Area	Output indicator	2019	Realized
1. Strong and sustainable alliances	Number of people from your organisation that have received training from the country alliance	Targets 15	8
2. Young people increasingly voice their rights	% of young people (under 25) representation in your organisations structures and decision making processes	45%	56%
	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	2	2
3. Increased utilisation of comprehensive SRHR information and education by all people	Number of educators trained	270	269
	Number of young people reached with (comprehensive) SRHR education	2500	2601
	Number of young people reached with (comprehensive) SRHR information	1500	1245
4. Increased utilisation of high-quality SRH services that respond to the needs and rights of by all young people	Number of service providers who have been trained in YFS	18	18
	Number of direct SRH services provided to young people	1200	1240
5. Improved socio-cultural, political and legal environment for young people's SRHR	Number of people reached by campaigns and (social) media.	100,000	74,788 (Not updated)
	Number of people structurally involved in the implementation of the programme at community level	50	50

CHALLENGES

- Restricted entry in schools in term 3 to conduct activities as the Ministry of Education directed that NGOs should not conduct activities in schools while they are in session
- Transfer of most of the health facilities in-charges from the project facilities

GIRLS VOICES INITIATIVE (GVI)

Project Description: The Centre for the Study of Adolescence (CSA) in partnership with Rise Up under the Public Health Institute has been implementing a program dedicated to girls' empowerment and voice, known as Girls Voices Initiative (GVI). Since the beginning of the program, CSA equipped girls who have gone through Sexuality education with additional skills in public speaking and decision-maker education. CSA conducted two simultaneous five-day workshops for 20 teacher allies and 48 girl leaders from Kajiado West Sub County.



ACHIEVEMENTS

Through this program, the girl leaders, with support from CSA and their teacher allies, mobilized 240 additional girls in schools and communities to fight to improve girls' education, reduce FGM, and increase girls' rights in Kajiado West County. Through their work, school chairmen issued a directive that all girls should be brought back to school after they have given birth and that they will report any parent who marries off their daughter. The chiefs signed agreements committing to stop FGM within their community, and the MCAs committed to domesticate the Anti-FGM Act and the signing of the Kajiado accord, which commits to increasing the budgetary allocation for SRHR services to youth and adolescents and increasing the budget for girls education and bursaries. The girls have influenced and contributed to the implementation of local policies.

These advocacy successes from the girl leaders have the potential to improve the lives of over 150,000 adolescent girls across Kajiado West Sub County by protecting their sexual and reproductive health rights and their rights to education.

GET UP SPEAK OUT (GUSO)

Project Description: CSA implements the Get up Speak out (GUSO) program funded by Rutgers in Nairobi and Kisumu. In order to realise the maximum results the program is structured into 5 outcome areas:



ACHIEVEMENTS

1. In 2019, CSA build the capacity of 24 health workers from different partner organizations on Gender Transformative Approach. The training increased the awareness of the health care workers on harmful gender and sexual norms therefore improving the quality and inclusiveness of SRHR services for young people.
2. CSA also meaningfully engaged young people in governance, planning, implementation and monitoring of program implementation. e.g. through board, management, and program planning and review meetings where decisions on GUSO are made. As a result, 51% of young people were represented in the organisations structures and decision making processes.
3. Through the Whole School Approach, CSA conducted self-assessment workshops which aimed at identifying the needs of the school and the roles each stakeholder plays to ensure sustainability of the program. They each defined their roles to ensure the program is successful and created work plans for the year, therefore ensuring ownership of the program by the school.
4. CSA also trained teachers and peer educators who reached a total of 2,930 students in with SRHR education and 6,523 young people in schools with SRHR information.
5. To ensure continued discourse on comprehensive sexuality education and SRHR for young people, CSA conducted social media campaigns through connect sessions on Facebook and twitter.

These initiatives contribute to improving the social/ cultural context on SRHR and reached a total of 33,288 people.

YES, I DO ALLIANCE

Project Description: The Centre for the Study of Adolescence (CSA) received financial support from the Dutch Agency Rutgers to implement a sexual and Reproductive Health project - Yes I do! - among the Maasai of Kajiado West in Kenya. The project is aimed at ensuring that young people know more and are thus equipped to make healthier choices about their sexuality; and winning more respect for the sexual and reproductive rights of groups who are currently denied these rights.

CSA implemented the 'World Starts with Me' (WSWM) Nomadic curriculum, through the Whole school approach. The schools were the final implementers in the program and as such the key players in the program, linking with all stakeholders involved, such as teachers, students, parents, communities, Youth Friendly Centers, and the Ministry of Education. The ownership of the WSWM program lay with the schools. **ACHIEVEMENT**



ACHIEVEMENT

1. In 2019, 1548 young people were reached with comprehensive sexuality education, the schools established referral systems to youth friendly centers for access to Sexual Reproductive Health Services and provision of school health talks.
2. 1425 parents were reached through sensitization meetings and inter-generational dialogue sessions, which in turn widened the space around discourse on CSE in this community.

FAYA PROGRAM

Project Description: FAYA IS implemented in three geographies: Kenya, Tanzania, and Rajasthan state in India. In Kenya it is implemented through a consortium of partners who bring different strengths over a period of 3 years (2018-2021). Its main objectives include

- Catalyze government coordination for SRH education policy development and implementation.
- Test innovative SRH education delivery models for scale-up.
- Invest in youth activism to push for policy change and generate demand for SRH

IN 2019, CSA was tasked with working with adolescents, to build champions for sexuality education, and engage in activism for policy change, we also worked with national level legislators to push for the sexuality education conversation among lawmakers to push for policy change.



ACHIEVEMENTS

- Training 60 adolescents on advocacy, and activism for sexuality education using media, art and one on one interactions with lawmakers
- Held one exhibition event in Homabay graced by the county first lady's office, and county officials of youth and education, the students through art exhibitions showcased the need for sexuality education among them
- Reached 10 lawmakers at national and county level including women representatives, members of county assembly and senators to collect their they wish they knew stories, and start the conversation on the need for a sexuality education bill to support the development and roll out of a CSE curriculum in Kenya.
- Developed 4 newspaper pullouts with adolescent champions highlighting their plights to government and giving their challenges as adolescent's growing up with no sexuality education.
- Held 3 public space debates with over 600 community members, gatekeepers and influencers to increase public discourse and understanding on CSE in a bid to increase public support and demand for sexuality education.

SAFIRE PROJECT

Project Description: SAFIRE is a four-year programme which aims to reduce unsafe abortion, deaths and injury among adolescent girls in Kenya and Nigeria, as part of integrated sexual and reproductive health services. The project aims to reduce societal restrictions and stigma around adolescent's access and uptake of integrated reproductive health services including safe abortion services in 2 sub counties in Kiambu County - Gatundu North and Ruiru sub counties



ACHIEVEMENTS AND RESULTS

In 2019 we achieved the following:

1. Engaged local communities' in social norms transformation through engaging with parents, caregivers and community gatekeepers on the agency of adolescents accessing SRH services including safe abortion and PAC in Gatundu north and Ruiru sub counties
2. Increased meaningful youth (10 - 19yrs) participation and engagement on Adolescent Sexual Reproductive Health issues in Gatundu North and Ruiru sub counties.
3. Increased levels of knowledge and self-efficacy among girls about where and how to access safe abortion services in Gatundu North and Ruiru sub counties

# of referrals made to ICT platforms (e.g. Pink Shoes, How to Use, Safe2Choose, Find my method)	# of referrals for MA	# of referrals for post MA FP	# of referrals for FP	# of referrals for STI testing and treatment	# of referrals for HIV/AIDS testing and treatment	#of girls reached with safe abortion message
547	6	0	11	0	96	5481

SAFIRE HCD

Project Description: SAFIRE is a four-year programme which aims to reduce unsafe abortion deaths and injury among adolescent girls in Kenya and Nigeria, as part of integrated sexual and reproductive health services. SAFIRE takes a Human Centred Design approach. Human Centred Design is the foundation of SAFIRE, and all other activity areas are shaped by its results. The objectives of the HCD are drawn from Phase 3 of the SAFIRE HCD plan:

- Prototyping workshop and in-country prototyping
- Synthesis of results/learning from prototyping, and live prototyping
- Live prototyping fieldwork

SAFIRE's theory of change is that understanding how girls perceive abortion - *and the pathways they take* – is a precondition if we are to influence their choices. Human-centred design is a practical, repeatable approach to arriving at innovative solutions. As such, various prototypes are tested after rigorous ideation and prototyping. The live prototyping phase of the SAFIRE project in Kiambu County used the following methods and approaches for testing prototypes.

- **In-depth interviews** were employed in testing the MA DIY Guide for their comprehensibility in providing information on MA to the adolescent girls. The guide used only gave directions on the use of the combi pack.
- **Focus Group discussions** were used to measure the effectiveness of using the Lovella in passing Sexual Reproductive Health information including MA. During the group discussions, the girls gave their views and areas for improvement in order to make it better.
- **Secret Shoppers/Mystery Clients** were deployed to test the Girl Approved Care (GAC) providers. They walked in to the GAC providers and pretended to be pregnant and in need of MA. They were also briefed on the things to look out for while at the provider such as the GAC Poster in the premises and the Youth Friendliness of the providers.
- **Big Sister sessions** were carried out to interact with adolescent and young girls (14-19 years) to test the delivery of various Sexual Reproductive Health topics including sex and pregnancy, menstruation, relationships and pregnancy crisis.

2019 ACHIEVEMENTS

1. A total of **16** Big Sister Sessions, were held out of which 10 were low touch (mobilization and facilitation entirely done by the Big sisters) while 6 were high touch (Mobilization done by CSA)
2. A total of **127** adolescent girls (14-19 years) were reached with SRH and MA information through the Big Sister sessions with 74 being in the high touch sessions.
3. A total of **3** Lovella Focus Group Discussions were done during the period
4. **4** DIY Guide In-depth Interviews were carried out - two in each subcounty (Juja and Thika)
5. **2** Mystery Shoppers/Clients were also deployed to test the Girl Approved Care Provider prototype. They tested providers from Thika and Juja.

CSA PARTICIPATION IN INTERNATIONAL CONFERENCES IN 2019

1. African Population Conference, Entebbe
2. International Conference for Population and Development (ICPD +25), Nairobi
3. International Conference on AIDS and STIs in Africa, Rwanda
4. African Regional Forum on Sustainable Development
5. Beijing +25, Ethiopia
6. African Commission on Population and Development, Namibia
7. African Commission on Peoples and Human Rights, Egypt
8. African Health Agenda International Conference, Rwanda

SUMMARY: KEY ACHIEVEMENTS IN 2019

- GVI: Domestication of anti FGM act by a pool of girls, where a total of 48 young women voices influencing local level policy
- YIDA: Intergenerational dialogue that widen the space around CSE discourse in the communities. In this regard 900 parents in Kajiado while 5000 people were reached with CSE education in Bungoma, Kajiado and Nairobi
- RHRN: Increased engagement of Young People in decision making at County level, specifically their participation at colleges.
- RFSU: Increased involvement of CBOs and CSOs in the curriculum review process. This has led to the widening of discussions on CSE at National level with the various stakeholders.
- Amplifying Women Voices: 250 women modelled on leadership and governance and Successful social media traction
- AHAP: Young Peoples' double access to SRH Services in Bungoma and Mt Elgon
- FAYA: Established a pool of champions promoting CSE in Narok, Kilifi and Homabay and policy makers showing commitment on CSE.
- New partnerships: KNH, US Embassy, HIVOS, Oxford University, JHPIEGO & HENNET
CSA being given a chance on the HENNET Board at chairing capacity



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