



ANNUAL

REPORT

2021

A SUMMARY OF CSA's
PERFORMANCE IN 2021



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

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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 2021

1. REPRODUCTIVE HEALTH AND GENDER SOCIAL POLICY

ASRH INFORMATION, SERVICES REFERRAL AND LINKAGE TO SERVICES

CSA provides ASRH information on an array of areas that include Sexuality, contraceptives, Teenage Pregnancy, Prevention of STI and HIV, SGBV, Gender roles and norms, Female Genital Mutilation, adolescent growth and development. This information is provided to adolescents in and out of School; with the out of school adolescents reached through organized sessions by the rovers. The Rovers are trained adolescents within the communities to provide guided peer to peer comprehensive ASRH information, targeting adolescents of ages 19-24 years and in some cases from as low as 10 years. Within the schools, the various CSA projects target pupils/students of ages 10-19 years.

In the service provision cadre, CSA relies on partnership for delivery. This is because CSA does not directly provide the various ASRH services, including the biomedical services. Thus, the various CSA Projects rely on referral and linkage to ASRH services for her target group (adolescents and young people). These services are offered through partnerships with various stakeholders, for instance the Ministry of Health and the related NGOs. Linkage and Referral are for services such as HIV Testing Services, Contraceptive provision and M.A-PAC/PAFP. The SRHR information and services components are delivered through the SAFIRE, Tumikia Mtoto and Sustaining access to comprehensive ASRH information and services to Adolescents and young people projects.

ACHIEVEMENTS

- Access/ provision of SRH information and the service provided to Adolescents and Young people: Total Reach 83,199
- Referral and Linkage to services i.e Contraceptives, HIV Testing, Medical Abortion and Post Abortion Care, Gender Based Violence: TOTAL 58, 570
- The trained 44 Youth community rovers conducted debate sessions with adolescents within the community and in turn reached 1032 adolescents in Nairobi, Kisumu and Mombasa with comprehensive sexuality education.
- Youth community rovers participated in radio shows on SRHR information, gender and power relations, and harmful gender norms at community and reached approximately 100,000 young people.
- CSA sensitized a total of 120 parents and held intergenerational dialogue sessions with 120 parents and adolescents on SRHR and Gender Transformative Approach (GTA).

Feedback from participants

"I am glad I came today. I promise to use the information learned to discuss these SRHR issues with my child"- A parent

"It is important for parents to also get this information so we can be able to support our children"- Village elder

2.0 ADVOCACY AND NETWORKING

CSA particularly engages in advocacy towards the improvement of reproductive health outcomes for adolescents and young people at varied levels. Specifically, CSA conducts advocacy on adolescents SRHR at National, regional, and global levels through the HIVOS, Right Here Right Now, RFSU and the PAI projects. As one of her thematic areas of implementation, CSA has been involved in advocacy through promoting, recommending and encouraging decision-makers to support various policies. CSA's advocacy approach uses the AFP SMART method to do advocacy. This approach involves cycling through 4 main stages that begin by conducting a landscape assessment to determine and prioritize advocacy issues to be addressed. This is done against various strategies established by CSA. One of the strategies CSA has always used in advocacy is building strong partnerships with policy makers and influencers such as the different government ministries and agencies. In 2021, CSA was part of the development of the Adolescent Health Strategy by the Ministry of Health which is in its final stages of completion.

On the regional front, CSA took an active role in the East and Southern African Ministerial Commitment on Comprehensive Sexuality Education and Youth Friendly Services that came to an end in 2020 with a window of opportunity for individual countries in the ESA region to recommit to the commitments in 2021. In light of this, various CSO's in Kenya, including CSA held consultative forums amongst themselves and with the government to influence the decision by the Kenyan government in recommitting to the ESA commitment. Unfortunately, due to lack of political goodwill, the Kenyan government did not recommit to the ESA commitments and therefore they are not part of guiding policies for the Country. CSA is not stopping at this but putting in place strategies that will ensure the re-commitment for the overall good of adolescents in Kenya.

ACHIEVEMENTS

- Young people empowered to make decisions at the various levels- 72 young people 50 females and 22 males
- The 43 Girls Voices Initiative (GVI) girl leaders mobilized 250 additional girls in Kajiado West Sub County schools on FGM, child marriage, advocacy and girls' rights
- The girl leaders conducted media advocacy through radio which has reached approximately 500,000 people in Kajiado. The girl leaders with the support of CSA held advocacy meetings with 60 officials from the Ministry of Education (MoE), Ministry of Gender, Ministry of Health (MoH), National Council for Population and Development (NCPD) and religious leaders.
- CSA also collaborated with NAYA to train 17 youth advocates from Nairobi, Kisumu and Mombasa on budget advocacy in 3 counties and planning on how to engage county governments in ASRH budgeting for advocacy.

3.0 CHILD PROTECTION AND SAFEGUARDING

Child protection and safe guarding is a concept that is continuously gaining acceptance within the NGO space. CSA has not been left behind in the in-corporation of child Protection within her projects. This comes against the back drop of calls by various funders to have child protection assimilated within the various projects. This has been flanked a review of CSA's child protection policy and even the Code of conduct in 2021. This was done as a way of ensuring Children affected by her various program are protected against any form of harm. The document stipulates the various steps taking to prevent harm towards children within her implementation spaces and measures to take in the unlikely event that harm against a child is reported. Moreover, CSA implements a project that specifically works with the area local CBOs on child rights promotion. Additionally, the project empowers child on their training their rights thus placing them at the center of their violation prevention. These, CSA delivers through the OVC Welfare project in Busia County and the Self Help group project in Bungoma County.

ACHIEVEMENTS

- CSA handled 109 child protection/safeguarding cases from the Big Sisters and champions handled by the CPO organization.
- Sensitized 1187 OVC on their rights and responsibilities.
- Trained 51 Child right club patrons in Budalangi. 25 CR clubs operational where children are trained on various topics including child rights and responsibilities.
- Trained the sub county AAC (25 members) on child protection.
- Trained 14 healthcare workers on child rights and protection, and sensitized them on the national guidelines of management of SGBV survivors.
- Trained 14 police officers of their role as duty bearer's n child protection.
- Trained 4 CBOs on OVC/ Child protection

4.0 CAPACITY BUILDING

ORGANIZATIONAL STRENGTHENING

Capacity strengthening initiatives for any organization is established to promote growth and learning for the organization's advancement. Over the years, including 2021, CSA has continued to ensure that her staff and management benefit from the available opportunities of organizational strengthening in fund raising, partnerships and networking, Staff capacity building, Established partnerships and Networks. In 2021 CSA the following established meaningful and progressive partnerships:

- Partnership with various Counties; for instance, the County Health Management Teams of Kiambu County and further becoming a member of Kiambu County ASRH TWG. Additionally, CSA became a member of the Busia CSOs network that consists of 37 members/organizations. Additionally, becoming a member of Busia County SGBV TWG and a member of SGBV thematic area, finally becoming a member of the County Child Protection TWG and am member of the advocacy thematic area.
- CSA, together with NAYA and the SRHR Alliance trained a total of 16 media personnel and key social media influences in Mombasa County on SRHR and solution-based reporting to ensure they can report positively on young people's SRHR and GTA. The media personnel then pitched SRHR stories to be

published in newspapers and aired in TV and radio. The young social media influencers also conducted 4 social media campaigns on SRHR and GTA. These campaigns by young people targeted key influencers, county officials and contributed to improving the social/cultural context on SRHR.

In respect of Staff/partners capacity strengthening, CSA has seen her staff participate in the following trainings:

- 3 OVC project staff (PO, PA and M&E) were trained on Psychological first Aid by KNH.
- 3 staff trained on Online Child protection/Cyber Safety by the SAFIRE Project
- 2 OVC staff trained as TOTs in Trafficking in persons by IOM

Finally, the Centre held a 3-day training on GTA at the organizational level in Nairobi for 14 participants from 6 CSOs i.e. NAYA, Nairobi, CSA, NGLHRC, DAYO and SRHR Alliance. The training helped partners reflect on the strengths and weaknesses of their own organization in terms of the application of the principles of GTA and identify priorities of change.

5.0 RESEARCH AND KNOWLEDGE MANAGEMENT

RESEARCH

ACCELERATING ACCESS TO ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN EASTERN AND SOUTHERN AFRICA THROUGH ADVOCACY -Understanding teenage pregnancy in Kenya: The Magnitude and Policy interventions

CSA with support from HIVOS commissioned a desk review process aimed at understanding teenage pregnancy in Kenya in terms of magnitude and policy response. The review focused on examining the magnitude of teenage pregnancy, existing policy response aimed at reducing cases of teenage pregnancy and the extent that regional (AU & ESA) legal and policy frameworks have influenced Kenya's policy responses to the situation in the country and why addressing teenage pregnancy is critical to achieving the country's and regional development goals

The findings show that adolescents and youth vulnerability to sexual and reproductive health rights problems, especially teenage pregnancy and motherhood are on the increase. It further indicates that very few health facilities have the capacity to offer youth-friendly services either as stand-alone or in an integrated manner such that young people have to visit different stations to access multiple services. The review further indicates that Comprehensive Sexuality Education (CSE) is not integrated into the existing school curriculum.



**Understanding
Teenage pregnancy**

KNOWLEDGE MANAGEMENT

INNOVATIVE APPROACH IN DELIVERING SAFE ABORTION- Strengthening systems to Drive Access

Supporting Access for Adolescents to Integrated Sexuality and Reproductive Health Services (SAFIRE) is a four-year program (2018–2022) that 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 program is being implemented in select

geographies in Kenya (Kiambu, Uasin-Gishu & Bungoma Counties) and Nigeria to launch local, human-centered responses that are tailored to the needs of girls and aim to become models for the sector. Centre for the Study of Adolescence documented the lessons, Challenges and innovative approaches employed by SAFIRE in the journey towards the realization of unrestricted access medical abortion.



Safire Integrated
Delivery Model_v1.doc

IMPLEMENTATION LEARNINGS

Working with and leveraging on the strengths of the coalition partners, as well as working together with other alliances will improve implementation of the project as each partner will use their strengths to ensure we gain support from Key influencers and Government officials as well as reach all young people regardless of any of their SRHR characteristics.

The Covid-19 pandemic has allowed for a lot of creativity among young people on sharing and communicating through digital platforms. Embracing digital platforms will enable CSA reach more people and also employ digital strategies for sharing information, education and for advocacy. Key influencers, parents, religious leaders etc. also increased their digital footprint and begun using it for communication giving CSA and the young people an opportunity to interact with them.

6.0 FINANCIAL PERFORMANCE

**CENTRE FOR THE STUDY OF ADOLESCENCE
FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021
NOTES TO THE FINANCIAL STATEMENTS**

	2021	2020
2. Revenue		
Grant income	322,110,040	137,707,090
Grant income per donor	-	-
USAID - Tumikia Mtoto Projects	168,250,967	-
Rutgers - Right Here Right Now II	72,269,208	-
Options consultancy project	21,791,678	3,760,098
HIVOS Foundation - We Lead	11,067,520	-
Kindemothilfe (KNH)	10,920,404	8,769,182
Swedish Association for Sexuality Education (RFSU)	10,847,555	7,133,972
Public Health Institute (PHI)	6,563,243	3,182,438
Danish Family Planning Association	5,199,161	-
Population Action International	4,320,000	5,384,000
HIVOS Foundation - ASHR Advocacy	3,923,189	6,060,000
University of Toronto	3,309,489	-
Rutgers - Get Up Speak Out (GUSO)	1,641,831	51,280,046
End Violence on Campus (EVOG)	1,097,603	-
US Embassy	832,083	3,907,068
International Planned Parenthood Federation (IPPF)	49,703	-
	26,406	21,919,622
Child Investment Fund Foundation	-	8,155,010
SIMAVI	-	7,086,767
Amplify Change	-	4,052,362
Family Health Options Kenya	-	2,779,842
Save the Children - Sweden	-	1,679,614
Health NGO's Network (HENNET)	-	1,554,575
Oxford University	-	926,201
Hebrew Immigrant AID Society (HIAS)	-	76,293
Total income	322,110,040	137,707,090
3. Other income		
SRHR Alliance membership	80,000	80,000
Other income	1,818,456	395,452
	1,898,456	475,452
4. Direct project expenditure		
Research, monitoring and evaluation	106,735,667	25,038,300
Travel and subsistence	34,336,136	22,502,266
Workshop and training	17,541,742	8,737,858
Meetings and conferences	12,150,062	7,255,262
Education and outreach activities	9,837,664	11,805,371
Production of IEC materials	8,913,884	6,408,313
Repairs and maintenance	3,194,555	569,216
Consultancy fees	3,808,450	2,783,750
Motor vehicle running and maintenance	1,549,681	1,293,603
Registration expense	60,200	142,240
Value Added Tax (VAT)	-	111,802
	198,128,041	86,647,981

PARTNERS



DFPA

The Danish Family Planning Association



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