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CSA ANNUAL REPORT 2022



ABBREVIATIONS & ACRONYMS

AHAP - After Hours Adolescents Project

CHV - Community Health Volunteers

CSE - Comprehensive sexuality education

CSA - Centre for the Study of Adolescence

EREA II - Equal Rights Equal Access II

HTS – HIV Testing and Counselling Services

MIYP - Meaningful and Inclusive Youth Participation

OVC – Orphaned and Vulnerable Children

SHGA - Self Help Group Approach,

SHE SOARS – Sexual Reproductive Health & Economic

Empowerment- Supporting Out of School Adolescents Sexual

Reproductive Health SRHR – Sexual Reproductive Health and Rights

RHRN - Right Here Right Now



INTRODUCTION

Centre for the study of Adolescence (CSA) continues to pursue her vision of contributing to a society in which Sexual and reproductive health and rights of young people are universally realized and enjoyed. The Centre hopes to achieve this through promoting the health and development of young people through research, technical assistance, advocacy and capacity building, to expand choices and improve access to safe, affordable and sustainable services, working in partnership with other stakeholders.

For over 35 years CSA has exponentially created powerful partnerships for young people of ages between 10-24 years, as well as their advocates. The Centre's 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 Publications, Capacity building – Supporting Service Delivery through training.

CSA is active in 5 counties: Nairobi, Mombasa, Kilifi, Garissa, Turkana, Kisumu, Bungoma, Kajiado, Homabay and Busia with its headquarter in Nairobi. CSA Implements 9 projects that are all focused on addressing young people's SRHR needs.

The current CSA projects are: SHE SOARS, We Lead, Youth for Health, OVC Welfare, Self Help Group Approach, Youth SRHR, Equal Rights Equal Access II, Climate change SRHR and Right Here Right Now CSA's implementation is driven by the understanding that within the target communities, there exists clear links between adolescent sexual and reproductive health rights, achieving the sustainable goals for health and gender equality and ending early, forced and child marriage and teenage pregnancy as well as female genital mutilation. Every youth either a girl or a boy has the right to be healthy, educated, protected, valued and respected in their own community and beyond. CSA supports the realization of these rights by ensuring the young people have the skills, knowledge and confidence to fulfil them; thus, inspiring and empowering young people and communities to create long-lasting change.



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CSA IMPLEMENTATION MODELS

1 Human Rights-based Approach.

A human rights-based approach (HRBA) design is a development framework that focuses on promoting and protecting human rights. It is based on the principles of human rights, which recognize that all individuals are entitled to basic human rights, and that governments and other actors have an obligation to respect, protect, and fulfill those rights. CSA uses the HRBA design a practical tool to plan, implement, and evaluate development projects. This has strengthened invests on rights holders, created avenues for their voices to be heard, and enabled them to play active roles in rebuilding and development as opposed to providing support or services on an assumed needs basis.

2 Human-Centered Design.

A human-centered model is a framework or approach that places the needs, goals, and preferences of humans at the forefront of its design, development, and implementation. The focus of a human-centered model is to create solutions that are intuitive, easy to use, and enhance the quality of life of individuals. The centre employed this model in the SAFIRE project; that handled a very sensitive SRHR component within Kiambu and Nairobi Counties.

3 Peer Education Model

Peer education is a model of education in which peers, or people (adolescents and young people) who share common characteristics, educate one another. This model is often used in health education, where peers share information and skills with each other to promote healthy behaviors and practices.

CSA has so far implemented the peer education model in two different programs namely AHAP and AYPSRHR. Under AHAP the peer educators were referred to as the rovers while in AYPSRHR the educators are referred to as the peer educators.

The peer education model is based on the premise that individuals are more likely to adopt healthy behaviors when they receive information and support from their peers. The model promotes active participation and engagement of the target audience, which can lead to better retention and uptake of knowledge and skills.



4 Multisectoral Approach

A multisectoral approach is an integrated approach that involves collaboration and coordination among different sectors, such as health, environment, education, and agriculture, to address complex problems. This approach recognizes that no single sector can address these challenges alone and that collaboration among different sectors is essential for sustainable development.

CSA currently implements the DFPA-funded SRHR and Climate Change program in Kilifi County through a multisectoral approach. The multisectoral approach applied to the project involves collaboration between the health, environment, and education sectors. The health sector provides SRHR services, such as family planning, cancer screening, antenatal care, and HTS services. The environmental sector promotes sustainable practices, such as the conservation of natural resources, waste management, and disaster risk reduction. The fisheries sector ensures that the fishing techniques of the fisherfolk communities are both environmentally sustainable and profitable.

5 Community Health Strategy

The community health strategy is a community-based approach, through which households and communities take an active role in health and health-related development issues. Its goal is to enhance community access to health care by providing health care services for all cohorts and socio-economic groups at household and community levels; building the capacity of community health Assistants (CHAs) and CHVs to provide community-level services; strengthening health facility-community linkages; and raising the community's awareness of their rights to health services. Community Health Volunteers can improve access to primary health care and improve health outcomes, especially where health services are not readily available. Community Health Volunteers (CHVs) are critical in the provision of community-based youth-friendly information and services at the household level since they conduct monthly household visits within a defined catchment area of 20 households in rural areas and 100 households in urban areas. In the SHE SOARS project CSA links with CHVs who help with identification of young people in the community thus linking them to youth-friendly information and services, as well as offering referrals to SRHR services.

6 Meaningful and Inclusive Youth Participation (MIYP)

The concept of MIYP, which involves actively involving young people in decision-making processes related to policies, programs, and initiatives that affect their lives. Recognizing that young people are experts in their own lives and have valuable perspectives and insights to contribute. CSA has ensured young people from diverse backgrounds actively participate in decision-making processes, such as consultations, focus groups, and youth-led initiatives. The centre also emphasizes inclusivity and diversity in MIYP, by actively engaging young people from diverse backgrounds, including those from marginalized and vulnerable communities. Finally, CSA holds the MIYP concept on a high pedestal, where for instance CSA has always ensured that there is a young person representative in her board.



Our programmes 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:

1

Adolescent
Reproductive
Health,
Gender and
HIV/AIDS



2

Social Policy,
Advocacy and
Networking



3

Research and
Publications



4

Capacity
building



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Adolescent Reproductive Health, Gender and HIV/AIDS

CSA conducted empowerment-based activities which entailed trainings of different actors including the health care workers, peer educators and the peer providers. From these a total of 30 health care workers, 15 peer educators and 15 peer providers were trained during the last quarter of 2022. This was to pave way for the roll out of the peer education and service delivery in the respective communities and health facilities.

Over the course of the year, CSA recorded a total of 2,287 complete MA referrals coupled by 1,903 post-MA contraceptive referrals made, as well as 501 referrals for contraception, 598 for STI treatment and testing, 495 referrals for HIV/AIDS testing and treatment, and 25,502 referrals to the ICT platforms. CSA has been able to achieve these commendable results through the identification and training of health workers on Youth friendly ASRHR services provision; increase their knowledge and skills on handling adolescent seeking SRH services. With her peer-to-peer implementation model, CSA rolled out peer educators' program, reaching a total of 369 young people.

This has contributed to more young people seeking SRH services at the 21 public health facilities through the peer providers and the trained YFS service providers. The respective services were sort by the young people as indicated: 13 went for HIV testing, 109 received FP services, one had a pregnancy test, and 15 were started on anti-natal clinic while 10–13-year-old girls received the HPV vaccine.

A total of 17 youth advocates in Nairobi, Kisumu, and Mombasa received training on SRHR information provision and were supported to plan, budget, implement, and report on comprehensive sexuality education (CSE) community activities, where as a result, the trained youth advocates conducted 11 community CSE boot camps. Additionally, teenage mothers in the implementation areas of Kisumu, Nairobi, and Mombasa were equipped with knowledge on SRHR and provided with linkage to health facilities. Furthermore, a school self-assessment was conducted, and plans for improvements were developed with present stakeholders. Through the same activity, 11 teachers were identified and trained on creative ways of delivering ASRH information. All the activities were completed by the end of 2022.





Social Policy and Advocacy

CSA continued to work closely with different government ministries for coordination and buy in for CSE. This was done through joining and supporting deliberations on the Reproductive Health Policy which was launched in 2022, the launch of an Adolescent guide on SRHR 2022 and in the development of a Parent's guide to adolescents SRHR which is still under development. One missing element in all the SRHR policies launched in 2022 is that they are not comprehensive and inclusive in their coverage of SRHR information and services. With more biased individuals at the ministry level, there's a push to "abstinence and family values" messages. CSA plans to continue pushing for engagement at National decision-making spaces to ensure that SRHR issues are comprehensively covered and addressed.

The centre continues to make steady progress in the engagement of young people, religious leaders and some government ministries and stakeholders. However, in 2022 there were persistent challenges when it came to engaging with the Ministry of Health which has led to the loss of gains on SRHR that had been made in the past. For example, the RH policy does not allow access to contraceptives for key populations or adolescents without consent from parents and caregivers.

Within the SRHR operating space, opposition groups have become smarter in their push for anti SRHR policies and laws in the country. They have gotten closer to conservative individuals at government level and use blackmail to ensure their interests are considered. Mitigation efforts for opposition are as well resource intense and require more funds to be able to effectively respond and mitigate to opposition tactics and strategies.

Also in 2022, CSA took part in National and international conferences on SRHR to share learnings and link and network with other like-minded stakeholders at National, regional and global levels. At National level, CSA took part in the scientific conference on SRHR, participating in a panel dubbed "the politics of CSE" with panelists including; CHMT members from Kilifi County, a representative from the Dutch Ministry of Foreign Affairs, a legal representative and a young person. At the International Conference on Family Planning, CSA made oral abstract presentations on working with religious leaders and how that affects programming, on Gender Transformative Approach and joined a CSE session with global partners where they showcased the alternative CSE games that they have developed overtime. These conferences and forums have been opportunities for CSA to learn and develop skills around CSE implementation that has been meaningful in the project's implementation as well as being avenues where the project has gotten valuable insights with regards to CSE implementation.





Research

In 2022, CSA, in partnership with the University of Toronto and Elim Trust, secured a two-year funding to conduct research on the innovative approach to resource scarcity: Using participatory mapping to advance planetary health among very young adolescents in Kenya. The research is conducted in 6 counties in Kenya: Turkana, Kilifi, Kisumu, Nakuru, Mandera & Nairobi. The study applies a transformative qualitative multi-method study; qualitative multi-methods, to understand resource scarcity, followed by knowledge mobilization in year 2.

Specifically, the study investigates

- a) Links between social, health and environmental (food, water and sanitation scarcity) wellbeing among very young adolescents;
- b) Elders' knowledge and lived experiences of adapting to climate change
- c) Views, perceptions and lived experiences of very young adolescents from varying socio-economic backgrounds on their social, environmental and health status
- d) Participatory mapping approaches for collective knowledge mobilization to address priorities among very young adolescents. Ultimately these will lead to





Research

So far, CSA has been able to Explore Elders' knowledge and lived experiences of environmental change and adaptation through FGDs in Kilifi, Kisumu and Naivasha. Also, CSA has been able to conduct walk along interviews, Investigating links between social, health and environmental wellbeing among very young adolescents to determine their views, perceptions and lived experiences from varying socio-economic backgrounds on their social, environmental and health status. Finally, CSA has developed, implemented and evaluated participatory mapping approaches.

What remains is the story maps and Community dialogue, and action plan. By the of 2023, we expect to have completed this study and even a final report shared with various stakeholders.

CSA also conducted a case Study on the COMPREHENSIVE SEXUALITY EDUCATION IN KENYA – WHAT WORKS AND WHAT DOES NOT WORK. This was an operational research (OR) or implementation research (IR).

The OR sought to establish the implementation, policy, administrative, cultural, social, behavioural, economic, and other factors that either exist as bottlenecks or enhancers to effective implementation or could be tested to drive insights into new, more effective approaches to programming, The OR study analysed and addressed any program related issues, promptly guiding the program managers to make evidence-based program decisions; Enhancing program performance and quality, using scientific methods on how their programs work.

The study adopted a qualitative approach with qualitative interviews (focus-group discussions, in-depth and key informant interviews) with key stakeholders in Nairobi County. This approach allows participants in the study to freely describe their interactions and experiences in line with the main themes/questions of the study. To this end, the study findings have been validated and what remains is the submission and dissemination of the final report.





Capacity Building

As part of our organizational/grantees capacity strengthening, CSA facilitated strengthening their organizational systems, for instance, hiring a consultant to develop the organizations Advocacy Strategy, done in line with their strategic plan and in consultation with their right holders (membership and beneficiaries.), staff, board and stakeholders. Additionally, the organizations were trained on Strategic communication and developed SRHR messages for the four right holder groups.

Moreover, 22 grantee members were equally trained on regional and international SRHR mechanisms. From this training, the participants identified the following processes that they would like to follow up next year. As a way of enhancing and strengthening the program monitoring and evaluation component, the host organization, in partnership with the Kenya HIVOS team, conducted the ToC contextualization and the Outcome Harvesting workshops, which resulted in partners harvesting the already harvested Outcomes.

Further, CSA trained Youth advocates in Nairobi, Kisumu, and Mombasa on the county budget process and are expected to meaningfully engage in the development of county integrated development plans 2023-2025 with a special focus on SRHR. To ensure that young people have a say in the budget process, we supported youth consultative forums across all three counties. These forums provided an opportunity for young people to review budgets and develop a memorandum that reflects their SRHR priorities and needs. Through these efforts, we hope to empower youth to be active and engaged citizens and to ensure that their voices are heard in the development of county plans.





Partnerships and Networking

It is common knowledge that no project can be implemented in isolation, thus in the reporting period, We Lead Kenya organized a number of stakeholder engagement forums. For instance, the program held a capacity-building session for the health workers on the lived experiences of their clients, including an introductory session on existing SRHR laws and policies. Additionally, the program held a multistakeholder roundtable that brought together critical stakeholders such as professional health associations, the Ministry of Health, SRH-R civil society organizations, community health volunteers, medical doctors and specialists, clinical officers, nurses, midwives, and the COA representatives/rightsholders to discuss and co-develop advocacy solutions that would positively transform SRH service delivery to be more inclusive and responsive to the SRH needs of young women. The conversation resulted in the development of a SMART advocacy agenda to guide the project implementation.

CoA organizations participated in commemorating the 16 days of activism against Gender Based Violence through collaborations, holding panel discussions and intergenerational dialogue. The two activities were intended to create public support for SRHR within the two counties.

The right holders developed key asks and call to action to the duty bearers. Some of the calls to action include; the ministry of health to introduce gender-based violence desks within the dispensary setting. Other national/international Sexual Reproductive Health days international days marked by the CoAs Among them being World Contraceptive Day, World AIDS day, International day for Persons with disability as well as International Human Rights Day.

Finally, working with the minority adolescent groups still (especially the LGBTIQ+) still proves to be a challenge as Kenya recently witnessed critical shifts in the SRHR landscape including: increased infiltration of opposition actors in law and policy making spaces; increase in aggressive tactics by opposition including targeting particular organizations and publishing identifying information online; storming virtual spaces where bodily autonomy and integrity is being discussed positively among others. We Lead is continuously documenting these emerging strategies to inform our sensitization sessions on OMM.



Website & Social Media

CSA communicates globally to various segmented users using the organization website and social media platforms.



www.csakenya.org

Visitors

7.1 K

Sessions

78 K

New users

7.4 K

Session Time

1:44 secs



Follow us:

Twitter

8.1 K

Facebook

10.4 K

Instagram

632

Reach

150K

Key lessons Learned

CSA learns from experiences to empower youth. Insights guide research and programs for effective interventions. Practical wisdom improves impact and contributes to a shared knowledge base for healthier adolescents worldwide.

01 Organizing sessions

Organizing sessions with young people and religious leaders can spark important conversations about respecting and observing bodily autonomy and freedom of choice.

02

Involving parents

Involving parents in SRHR education through sensitization forums can help to increase support for SRHR initiatives and improve knowledge and awareness among parents.

03

Training journalists

Training journalists and supporting them to publish SRHR and gender justice stories helps in shaping public discourse on these issues.

04

Training young people

Training young people on county budget process and supporting youth consultative forums can empower youth to be active and engaged citizens and ensure that their voices are heard in the development of county plans.

05

Accessing schools

Accessing schools for SRH self-assessment activities can be a challenge. However, building trust with schools and finding creative solutions can overcome access barriers (imposed by the ministry of Education) and improve SRH education for students.

OPPORTUNITIES

ROADMAP 2023

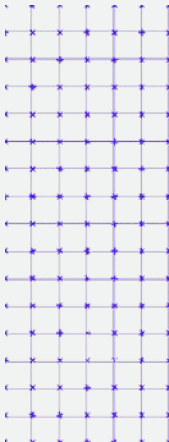
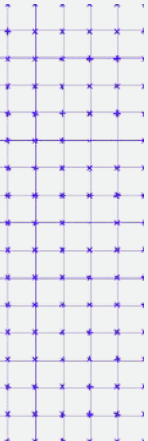
Expanding the scope of sensitization forums to reach more young people, parents and caregivers.

Offering training to more journalists to increase the coverage of SRHR and gender justice stories in the media.

Building on the success of the sessions to continue fostering conversations about SRHR and gender justice in the community.

Partnering with community leaders to expand the reach and impact of CSE community activities.

Scaling up the SRH school self-assessment program to reach more schools, and increasing the number of schools which establish a school timetable to provide SRH information to the students.



Financial Performance

CENTRE FOR THE STUDY OF ADOLESCENCE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2022

STATEMENT OF CASH FLOWS

		2022	2021
Cash flows from operating activities			
Cash generated from operations	12	4,584,595	19,865,865
Cash flows from investing activities			
Purchase of property and equipment	7	(4,889,699)	(17,419,030)
Sale of property and equipment	7	725,000	-
Net cash from investing activities		(4,164,699)	(17,419,030)
Total cash movement for the year		419,896	2,446,835
Cash at the beginning of the year		14,823,005	12,376,170
Total cash at end of the year	10	15,242,901	14,823,005



Our Partners





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