



CENTRE FOR  
THE STUDY  
OF ADOLESCENCE

# CSA

## STRATEGIC **PLAN**

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YEAR 2021-2025

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# EXECUTIVE SUMMARY

**C**SA is an indigenous, nonpartisan, non-profit making organization committed to the promotion of adolescent health that was established in 1988 by Kenyan professionals. Renowned nationally and regionally for its commitment to the promotion of adolescents and young people SRHR, CSA has over the years provided leadership for community, county and national efforts in advancing the sexual and reproductive health and rights and wellbeing of adolescents and young people. CSA does this through research, program implementation, technical assistance, capacity building, and advocacy for policy change at county and national levels. Additionally, CSA supports utilization of SRHR/HIV/child rights evidence for programming and policy development. CSA works in partnership with government, civil society groups, and the private sector to expand choices and improve access to safe, affordable and sustainable SRHR services. CSA is headed by an Executive Director and governed by a Board of Directors. Its headquarters are in Nairobi.

This strategic plan provides a broad framework for priority efforts that CSA will undertake in addressing children, adolescent and young people's SRHR/HIV information and service needs while at the same time strengthening internal institutional systems by 2025. The implementation of this strategic plan is anchored in CSA's Vision for a society in which sexual and reproductive health and rights of adolescents and young people are universally realized. The strategic areas in this plan stem from the CSA mission to promote innovative sustainable solutions to the adolescent and young people's development challenges through research and evidence generation, innovative programming, evidence based policy dialogue, partnerships and capacity development.

The content of this plan is based on the evaluation of the preceding strategic plan 2016-2020, consultation with CSA staff and Board, community stakeholders, adolescents and young people as well as civil society partners, county and national government partners. As much as this strategic plan is aligned with national and international policy and legislative documents, it is CSA's tool for accelerating progress towards achievements of key tenets of these policies and legislative instruments including the realization of vision 2030. While the plan is based on the principal mission of CSA, it is expected that its implementation will be adapted to the changing realities in the next five years. The strategic areas identified in this plan are those considered to be critical if adolescent and young people's health and well-being are to be improved by 2025. Five key areas along with the objectives, strategies and outcomes that have been prioritized for implementation in the next five years are outlined in this plan. These are:

- A. Generation, documentation and dissemination of evidence on children, adolescent and youth SRHR, and HIV prevention, treatment and care;
- B. Development of innovative SRHR/HIV/child rights programs for children, adolescents and young people
- C. Supporting evidence-based advocacy for programming and policy shifts for children, adolescent and youth SRHR/HIV/child rights;

- D. Creating sustainable partnerships for effective programming in children, adolescent and youth SRHR/HIV/child rights;
- E. Strengthening organizational effectiveness and sustainability for delivery of children, adolescent and youth SRHR/HIV programs

The implementation of the strategic plan will be guided by the following approaches: rights based; meaningful youth participation; gender transformative; inclusion of the vulnerable and marginalized; and, observations of national ethical standards. These approaches cut across all the strategic areas in the 2021-2025 strategic plan. Similarly, the Guiding Principles are presented here.

The implementation of this strategic plan will require development of separate and costed annual operational plans. These plans will be embedded within CSA's monitoring and evaluation framework for tracking and evaluating implementation progress. CSA will work with all stakeholders at county and national levels interested in improving the SRHR and well-being of children, adolescents and young people in Kenya.

# 01 | BACKGROUND

CSA is an indigenous, nonpartisan, non-profit making organization committed to the promotion of adolescent health that was established in 1988 by Kenyan professionals. 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. CSA is headed by an Executive Director and governed by a Board of Directors. CSA headquarters are in Nairobi with two satellite offices in Kisumu and Bungoma in Nyanza and Western Kenya respectively.

Over the last five years, CSA implemented innovative projects under the 2016-2020 strategic plan. These projects covered a range of thematic areas including sexual and reproductive health and rights, HIV prevention, treatment and care, non-communicable disease sensitization and prevention, COVID 19 prevention and education, county and national health systems strengthening particularly in health budgeting, policy formulation, advocacy and dissemination of best practices.

The 2021-2025 strategic plan builds on the achievements and lessons learnt from the preceding strategic plan. It is also aligned with the 2010 Kenya constitution and national policy and legislative instruments. Some of these relevant policy guidelines include: 2009 National School Health Policy; 2013 Education Sector Policy on HIV and AIDS; and the 2015 National Adolescent Sexual and Reproductive Health Policy. The strategic plan is also guided by regional and international commitments that Kenya has signed such as the Maputo Protocol and the global Sustainable Development Goals (SDGs) that impact young people aged 10-24 years such as Goal number 3 on ensuring healthy lives and promoting the well-being for all at all ages, and, Goal number 5 on achieving gender equality and empowering all women and girls.

The goal of the 2021-2025 strategic plan, is to contribute to the improvement of the wellbeing and quality of life of young people through: generation of evidence, development and implementation of appropriate health particularly SRHR and HIV prevention, treatment and care programs, policy development and advocacy, creating sustainable partnerships and strengthening organizational sustainability.

## 02 | THE CONTEXT

Kenya's population was enumerated at 47.6 million in 2019 with an inter-censal population growth rate of 2.3 percent.<sup>1</sup> The population is dominated by young people. Those below 15 years of age make up 39 percent of the population<sup>2</sup> while those aged 15-24 years make up 19.61 percent of the population. Overall, about 60 percent of the population is aged below 25 years underscoring the importance of giving direct development attention to this segment of the population.

Nationally, age at sexual debut is early and more often unprotected. According To the KDHS 2014, 15% of women age 20-49 years had first sexual intercourse by age 15 year, 50% by age 18 years, and 71% by age 20 years.<sup>3</sup> Twenty-two percent of men aged 20-49 years had first sexual intercourse by age 15 years, 56 percent by age 18 years, and 76 percent by age 20 years.<sup>4</sup> The national total fertility rate stands at 3.9 births per woman. Childbearing begins early in Kenya, with almost one-quarter of women giving birth by age 18 and nearly half by age 20. Eighteen percent of adolescent women aged 15-19 years are already mothers or pregnant with their first child. Although teenage pregnancy remained unchanged in the five years preceding the 2014 KDHS<sup>5</sup>, anecdotal evidence shows that this is likely to have change in the COVID 19 era with reports of high incidences of teen pregnancies nationally. More than half of currently married women (58 percent) use a contraceptive method. Eighteen percent of currently married women have an unmet need for family planning services, with 9 percent in need of spacing and 8 percent in need of limiting.<sup>6</sup>

According to the 2014 KDHS, the prevalence of child marriage in Kenya is stands at 23 percent with higher prevalence in the rural (29%) compared to urban areas (17%).<sup>7</sup> The median age at first marriage among women age 25-49 years is 20.2 years; the median age at first marriage among men age 30-49 is 25.3 years.<sup>8</sup>

The national HIV prevalence among adults (15-49 years old) is estimated at 4.2 percent with females, especially young women, disproportionately affected, with a higher HIV prevalence compared to their

male counterparts (6.1 percent versus 3.4 percent respectively among those aged 15-49)<sup>9</sup>. Significant gains had been made in increasing access to testing, prevention, and treatment services.

According to the KDHS 2014, forty-five percent of women and 44 percent of men aged 15-49 years had experienced physical violence since 15 years of age. Twenty-one percent of women age 15-49 years had been circumcised with evidence showing a trend towards circumcising girls at younger ages.<sup>10</sup>

Kenya has ratified several international instruments including: Programme of Action of the International Conference on Population and Development (ICPD, 1994) Convention on the Rights of the Child (CRC); The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW); Addis Ababa Declaration and the Ministerial Commitment on Comprehensive Sexuality Education and SRH services for adolescents and young people in Eastern and Southern Africa (ESA, 2013), ICPD25 - Accelerating the Promise; 2030 Agenda for Sustainable Development (SDGs); Maputo Protocol; The African Charter on the Rights and Welfare of the Child (ACRWC).

Largely, the national policy and legislative environment in Kenya has largely remained favorable despite emerging challenges. Some of the national instruments that recognize the challenges facing adolescents and young people and stipulate provisions for redress include: The Constitution of Kenya (2010); Persons with Disability Act (2003); 2005 National Guideline for the Provision of Youth-Friendly Services; The Sexual Offences Act (2006); The National Reproductive Health Policy (2007), The National Youth Policy (2007); The National School Health Policy 2009; The Prohibition of Female Genital Mutilation Act 2011; The National Gender and Equality Commission Act 2011; The Population Policy for National Development 2012; The Education Sector Policy on HIV and AIDS 2013; The Matrimonial Property Act (2013); The National Policy towards Prevention and Response to SGBV 2014; The Marriage Act 2014; The National Guidelines on the Management of Sexual Violence 2014; The National Adolescent Sexual and Reproductive Health Policy

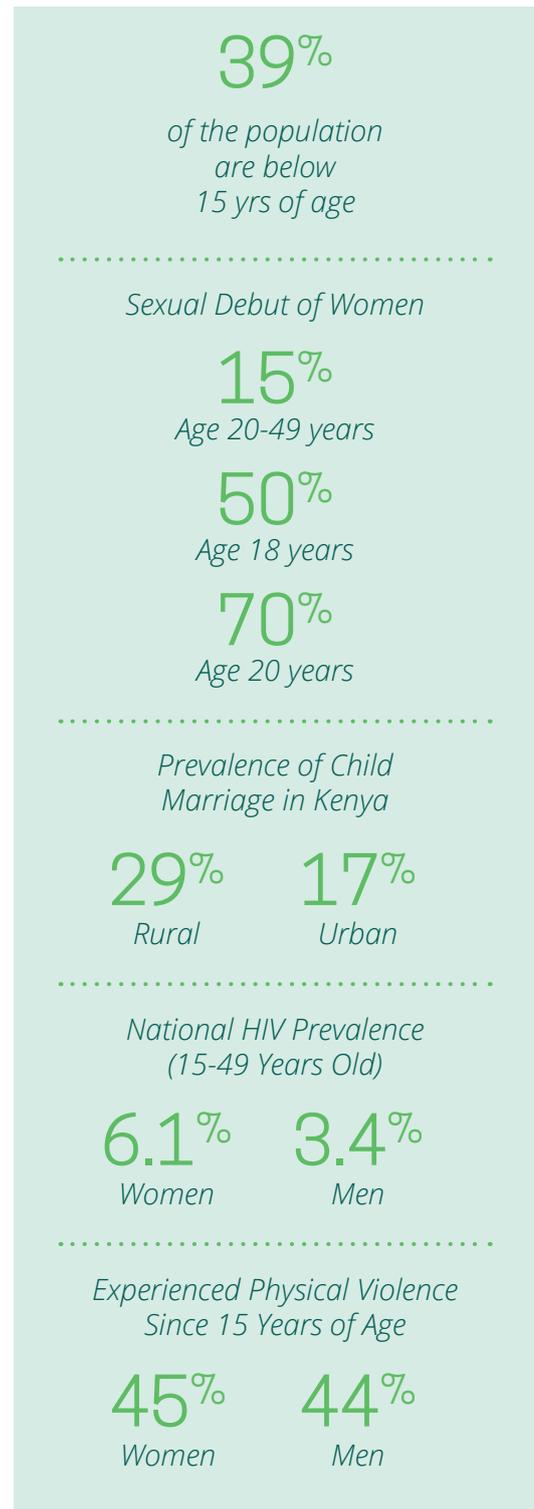
# 02 | THE CONTEXT

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2015; The Children Act (2016); County Government Policy on Sexual and Gender Based Violence 2017; and, The National Policy for the Eradication of Female Genital Mutilation 2019. Others include The Kenya AIDS Strategic Framework 2014/15–2018/19 which is fully aligned with the global 90-90-90 targets for 2020 set by UNAIDS with the aim of ending AIDS as a public health threat by 2030.

Kenya launched a long-term development blueprint -Vision 2030 in 2008 to transform Kenya into “a newly industrializing, middle-income country providing a high quality of life to all its citizens in a clean and secure environment.” Vision 2030 has three main pillars: economic, political and social – with the health sector covered by the latter. As part of efforts to accelerate achievement of vision 2030, Kenya launched the BIG FOUR Agenda in 2018 with health as one of the pillars targeting universal health coverage for all. CSA’s programs and activities have over the years been congruent with these national and international policy and legislative instruments. The 2021-2025 strategic plan is aligned to these policy and legislative realities.

Formulation of this strategic plan is cognizant of the existing barriers and challenges in addressing adolescent and young people’s wellbeing at different levels including at the individual, family, community and societal levels. Additionally, the changing national and international context demands strategic realignment of strategic directions for better response and fulfillment of organizational missions and vision. The expiration of the 2016-2020 strategic plan and subsequent recommendation from its end term evaluation necessitate more succinct responses to emerging issues. Incessant cultural, economic, social barriers to accessing SRHR information and services by children and young people including the opposition to age appropriate CSE demands review of both implementation and advocacy approaches. Over the last five years, there have been shifts in donor priorities, emergence of new opportunities and new national and sector policies have emerged that require realignment of CSA strategies to new contexts. Finally the adverse effects of COVID-19 pandemic which has exerted immense pressure on the nascent health, social and economic systems have increased adolescent and young people’s vulnerability that require new approaches for redress.



# 03 | STRATEGIC PLAN DEVELOPMENT PROCESS

The development of this Strategic Plan was overseen by CSA management and secretariat. It drew input from staff, partners, stakeholder and beneficiaries. The draft plan was validated by staff during a mid-level management meeting before review and approval by the Board of Management. Over the next five years, CSA will endeavor to implement, monitor, review and report on the implementation of this strategic plan.

## VISION:

- *A society in which SRH&R and well-being of children, and young people are universally realized*

## MISSION:

- *To promote innovative sustainable solutions to the CAYSRHR and development challenges facing young people through research, evidence based policy dialogue, partnerships and capacity development.*

## CORE VALUES

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

## BROAD GOAL

To improve the wellbeing and quality of life of children, adolescents and young people through:



- 01 Generation, documentation and dissemination of evidence on SRHR, HIV prevention, treatment and care;
- 02 Development of innovative SRHR/HIV/child rights programs for children, adolescents and young people.
- 03 Support evidence-based advocacy for programing and policy shifts for children, adolescent SRHR/HIV/child rights;
- 04 Creating sustainable partnerships for effective programming in SRHR/HIV/child rights;
- 05 Strengthening organizational effectiveness and sustainability for delivery of SRHR/HIV/child rights programs.

## 04 | OUR APPROACH

Our contribution to the wellbeing and quality of lives of children adolescents and young people will follow five strategic areas outlined below.

### STRATEGIC AREA 1: GENERATION, DOCUMENTATION AND DISSEMINATION OF EVIDENCE ON SRHR/HIV/CHILD RIGHTS

#### OBJECTIVE:

Generate, document and communicate evidence on Children, Adolescent SRHR/HIV/child rights to inform policy and programming.

#### EXPECTED OUTCOMES:

- I. CAYSRHR policies & programmes are informed by evidence generated and disseminated by CSA
- II. CAYSRHR policies and programmes increasingly influenced by CSA's active leadership in providing and disseminating evidence on SRHR/HIV/AIDS/child rights
- III. Resources are mobilized to facilitate the generation & dissemination of evidence on Children and Adolescent SRHR to inform policies and programmes.

**STRATEGY 1:**

**Generation and document evidence on children, adolescent and young people's SRHR**

**KEY ACTIVITIES:**

- I. Develop organizational research agenda;
- II. Conduct periodic compilation, synthesis and secondary analysis of data for county and national use;
- III. Conduct research, evaluation, and analysis on thematic SRHR/HIV/child rights issues/programs including on; diverse adolescent groups, behavior change, sexual and substance abuse behaviors, and health promotion interventions;
- IV. Undertake cutting edge research on new SRHR/child rights frontiers such as social justice;
- V. Integrate operations research in SRHR/HIV/child rights information and service program implementation and delivery for learning;
- VI. Conduct content analysis of relevant policies on SRHR/HIV/child rights and disseminate results to policy makers;
- VII. Document innovative on-line based approaches on AACSE
- VIII. Prepare periodical/regular sessional papers program briefs on children, adolescent SRHR/HIV/child rights;
- IX. Generate evidence to support advocacy for integration of youth friendly services in public health facilities;
- X. Disseminate/publish generated evidence at relevant local, regional and international conferences and journals
- XI. Utilize web based/video based platform/publications including webinars, e-blasts, for dissemination of evidence;
- XII. Develop internal mechanisms for knowledge management including integrating it as part of M&E
- XIII. Package and disseminate generated evidence to all stakeholders including adolescents, and young people living with disabilities using braille.
- XIV. Integrate use of children, adolescents and young people in research activities including documentation and dissemination.
- XV. Mobilize resources to support generation, documentation and dissemination of evidence generated;

**OBJECTIVE 2:**

**Disseminate innovative CAYP, SRHR interventions for learning and scale up.**

**EXPECTED OUTCOMES:**

- I. Innovative SRHR/HIV/child rights interventions disseminated for learning and for scaled-up/replication by partners including county and national governments.

**STRATEGY 1:**

**Disseminate innovative SRHR/HIV/child rights interventions for utilization and learning.**

**KEY ACTIVITIES:**

- I. Disseminate the innovations and best practices at local, national and regional levels;
- II. Use web based and online platforms for dissemination of innovations and evidence including creation of spaces for innovation;
- III. Participate in and provide evidence on SRHR for policy reviews, technical working groups/task forces at national and county levels;
- IV. Publish generated evidence at relevant local, regional and international conferences and journals
- V. Prepare policy communications like policy briefs and organize policy roundtables
- VI. Develop simplified child-friendly SRHR communication materials such as graphics, cartoons, teen magazines, braille etc. that are specific for young people needs including those with disabilities;
- VII. Disseminate CSA's best practices and lessons learnt in SRHR/HIV/child rights programming and advocacy at national and county levels through; case studies, infographics, fact sheets, policy briefs, leaflets, personal stories etc.

## STRATEGIC AREA 2: DEVELOPMENT OF INNOVATIVE SRHR/HIV/CHILD RIGHTS INTERVENTIONS FOR CHILDREN, ADOLESCENTS AND YOUNG PEOPLE.

**OBJECTIVE 1:**

To design, develop and implement innovative SRHR/HIVAIDS/child rights interventions specific and responsive to the needs of the different groups of children, adolescents and young people.

**EXPECTED OUTCOMES:**

- I. SRHR/HIV/child rights interventions developed for all children, adolescents and young people including those with disabilities, those in low income settlements, in rural areas, in marginalized areas, in and out of school, LGBTIs, married adolescents, children and adolescents living with chronic illness, drug users, sex workers and those incarcerated.

**KEY ACTIVITIES:**

- I. Develop interventions based on needs, risks, vulnerabilities of children, adolescents and young people including those marginalized and with disabilities, those confronted with child marriage and female genital mutilation;
- II. Innovate programs that address the rights of children and young people including those marginalized and vulnerable to create visibility at community, county and national levels
- III. Pilot innovative virtual interventions targeting children and young people for SRHR/HIV/ child rights information and services including hotlines, telemedicine and online games;
- IV. Implement AACSE

- V. Develop interventions that increase access and addressing barriers to SRHR/HIV/ child rights information and services;
- VI. Design and develop innovative community based approaches/interventions targeting parents of children, adolescents and young people in selected counties;
- VII. Scale up proven SRHR/HIV/ child rights innovative intervention such as those previously undertaken by CSA such as AHAP, SAFIRE, EVOC, *AfyaHalisi*, GUSO, OVC, SHGA
- VIII. Develop user-friendly SRHR/ child rights materials for use in implementing interventions that target children, adolescents and young people with special needs.
- IX. Meaningfully engage children, adolescents and young people to develop innovative programmes that meet their needs.
- X. Prepare calls for innovative SRHR/ child rights intervention (write-ups) competitions twice a year from children and young people to come up with new ideas and award winners.

## STRATEGIC AREA 3: SUPPORT EVIDENCE-BASED ADVOCACY FOR PROGRAMING AND POLICY SHIFTS

### OBJECTIVE 1:

Promote Age Appropriate Comprehensive Sexuality Education(AACSE)

### EXPECTED OUTCOMES:

- I. National acceptance and implementation of Age Appropriate Comprehensive Sexuality Education in schools

### KEY ACTIVITIES:

- I. Conduct advocacy activities together with like-minded organizations such as SRHR Alliance, civil society organizations UNESCO and UNFPA to galvanize support for AACSE among government departments such as the Ministry of Education Science and Technology and Kenya Institute of Curriculum Development (KICD).
- II. Advocate for inclusion of AACSE/SRHR in teacher and pre-service health service provider training curriculums
- III. Support the capacity building for KICD and Nursing Council of Kenya on integration of adolescent and youth SRHR in existing curriculum for implementation;
- IV. Collaborate with other like-minded organizations in advocacy efforts for the adoption and mainstreaming of technical guidelines on AACSE in the national curriculum in line with the ESA Commitments
- V. Conduct advocacy with religious institutions and faith networks to support acceptance and inclusion of AACSE in national school curriculum.
- VI. Work with like-minded organizations to lobby for topics that should be included in AACSE curriculum.

- VII. Monitor and evaluate milestones achieved in promoting the acceptance of AACSE, its adoption and implementation at all levels
- VIII. Use adolescents and young people's voices in advocacy for the acceptance and adoption of AACSE in schools.
- IX. Identify and work with champions from different sectors (government departments, faith based organizations, traditional leaders) in advocacy for the acceptance and adoption of AACSE.

### **OBJECTIVE 2:**

**Use of evidence to raise awareness about the SRHR/HIV information and service needs of marginalized and vulnerable adolescents such as LGBTIs, girls who get pregnant while in school, married adolescents, pastoral youth, teens living with chronic illnesses, young people living with disabilities etc.**

#### **EXPECTED OUTCOMES:**

- I. Increased recognition of the SRHR needs of vulnerable and marginalized children, adolescents and young people at county and national levels
- II. Support for provision of SRHR information and services for the vulnerable and marginalized children, adolescents and young people at county and national levels
- III. Diverse groups of marginalized children, adolescents and young people acquire SRHR knowledge and skills needed to make informed decisions about their sexuality.

#### **KEY ACTIVITIES:**

- I. Support/lobby for the development of evidence based interventions to meet the needs of marginalized and vulnerable groups of adolescents and young people
- II. Advocate for enforcement of existing laws that protect the rights of adolescents and young people
- III. Mobilize and sensitize marginalized and vulnerable adolescents and young people to safeguard their SRH rights
- IV. Work with different sectors including faith based institutions, traditional leaders, public sector (Children department, Justice Department, Ministry of Education, Ministry of Health and Ministry of Youth Affairs) to promote and safeguard the SRH rights of marginalized and vulnerable adolescents and young people.
- V. Pioneer national data gathering and policy analysis for marginalized and vulnerable adolescents advocacy;
- VI. Empower adolescents and young people in advocacy and promote use of their voices in SRHR advocacy
- VII. Support capacity building of county and national partners in advocacy to address the needs of adolescents and young people
- VIII. Carry out county specific assessments on SRHR/HIV/ child rights situation of marginalized and vulnerable youth to inform advocacy
- IX. Support/lobby for gender transformative policies that support the provision of SRHR information and services for marginalized and vulnerable adolescents

**OBJECTIVE 3:**

Promote use of evidence in advocacy for development and creation of an enabling SRHR/HIV/child rights policy and legislative environment.

**EXPECTED OUTCOMES:**

- I. A supportive environment for the provision of SRHR/HIV/child rights information and services for all children, adolescents and young people at county and national levels;
- II. Increased resource allocation for SRHR including FP services at both national and county levels as a result of CSA's advocacy efforts;
- III. Enhanced support, acceptance, adoption and commitment to implementing AACSE curricula at county and national levels;
- IV. Improved and expanded provision of youth friendly SRH services in all health facilities nationally;
- V. Increased inclusion of children, adolescents and young people in SRHR/child rights policy decision-making, leadership and governance at county and national levels;

**KEY ACTIVITIES:**

- VI. Promote an enabling environment for provision of SRHR/child rights information and services for children and adolescents through advocacy at all levels
- VII. Participate in county and national level technical working groups for Ministry of Health, Ministry of Education, Ministry of Youth affairs, Children's Department and Justice Department;
- VIII. Provide technical support to county and national governments in the design and initiation of responsive SRHR/ child rights programs for children, adolescents and young people;
- IX. Conduct county and national assessments on policy, legislative and budgetary contexts of SRHR provision with a view to identifying gaps for redress through advocacy
- X. Provide technical support in drafting of county and national SRHR bills, policies and budgetary provisions
- XI. Partner with county and national governments technical working groups to prioritize children, adolescents and youth SRHR/HIV/ child rights programs;
- XII. Support monitoring and evaluation of advocacy activities at national and county levels
- XIII. Promote equitable access to high quality, efficient and effective child and adolescent friendly services for all children, adolescents and youth;
- XIV. Conduct advocacy for increased budget allocation for health including SRH, family planning and youth friendly services in selected counties,
- XV. Advocate and support the development of costed FP plans in selected counties;
- XVI. Advocate for establishment of SRH/FP technical working groups at county level
- XVII. Support SRHR/child rights policy dissemination and implementation at county and national and levels

**OBJECTIVE 4:**

Pro-actively engage in evidence-based policy review, development and implementation processes at national and county levels

**EXPECTED OUTCOMES:**

- I. Evidence based policies and sector plans developed at national and county levels.

**KEY ACTIVITIES:**

- I. Support the domestication and implementation of the 2015 National ASRH policy at county levels;
- II. Conduct content analysis of relevant policies on SRHR/HIV/child rights for advocacy at national and county levels;
- III. Prepare periodical policy briefs on SRHR/HIV/child rights for advocacy at national and county levels;
- IV. Use evidence to support advocacy for integration of youth friendly services in public health facilities;
- V. Lobby for the development of a National plan of action for the implementation of the national ASRH Policy 2015;
- VI. Participate and support the SRHR/HIV technical working groups at county and national levels;
- VII. Forge networks for effective public policy engagement and advocacy on SRHR/HIV/child rights at national and county levels.

**OBJECTIVE 5:**

**Strengthen CSA's capacity to undertake effective policy advocacy.**

**EXPECTED OUTCOMES:**

- I. Policy advocacy skills among CSA staff strengthened/improved
- II. Enhanced staff capacity for SRHR/HIV/child rights lobbying and advocacy.

**STRATEGY 1:**

**Capacity building for CSA staff on advocacy**

**KEY ACTIVITIES:**

- I. Support capacity building for all staff on advocacy;
  - II. CSA staff to actively participate in SRHR/HIV/child rights advocacy networks;
  - III. CSA staff to identify and actively participate in the government-led SRHR/HIV/child rights technical working groups at national and county levels;
  - IV. Develop and implement an organizational Advocacy Strategy;
  - V. Develop and implement county, national and international advocacy agenda
  - VI. Promote use of children, adolescents and youth voices in advocacy at community, county and national levels.
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## STRATEGIC AREA 4: CREATING SUSTAINABLE PARTNERSHIPS FOR EFFECTIVE PROGRAMMING

### OBJECTIVE 1:

To strengthen partnerships with CSO, private sector, public sector, UN and donor agencies

### EXPECTED OUTCOMES:

- I. Strengthened partnerships with CSOs, private sector, public sector, UN and donor agencies created and utilized in supporting CSA activities.

### KEY ACTIVITIES

- I. Create visibility and awareness about CSA core mandate, activities accomplishments, lesson learnt to attract like-minded organizations for partnerships
- II. Engage CSOs, private sector, public sector, government line ministries, UN and donor agencies on shared visions about adolescent and youth SRH/HIV and development in order to;
  - A. Mobilize resources and expand the non-traditional donor-base;
  - B. Identify innovative and cutting-edge solutions to adolescents and young people's SRHR/HIV needs and other development challenges;
- III. Forge partnerships/MOUs with communities, faith based groups, trade unions and learning institutions to create a broad support base for the promotion of adolescent and youth SRHR/HIV and development;
- IV. Identify and join relevant SRHR/HIV networks and coalitions at County, National, Regional and international levels;
- V. Partner with CSOs, universities, county and national governments for adoption of innovative interventions for scale up and replications;
- VI. Foster partnerships with other CSOs, universities and international agencies for research and evidence utilization;
- VII. Forge partnerships with CSOs universities, private sector and public sector for dissemination and utilization of evidence from CSA innovative interventions

## STRATEGIC AREA 5: STRENGTHEN ORGANIZATIONAL EFFECTIVENESS AND SUSTAINABILITY.

### OBJECTIVE 1:

Enhance technical skills of staff to effectively implement this strategic plan.

### EXPECTED OUTCOMES:

- I. CSA staffing levels and job satisfaction improved
- II. Technical skills for CSA staff improved
- III. Strategic plan 2021-2025 implemented

**STRATEGY 1:****Staff recruitment and retention****KEY ACTIVITIES:**

- I. Review organizational staffing levels and needs;
- II. Review organizational recruitment procedures, staff personal development and enhancement policies;
- III. Review and enhance staff retention strategies and mechanisms including the development of an internal staff retention package

**STRATEGY 2:****Capacity building and technical skills development for effective implementation of the strategic plan****KEY ACTIVITIES:**

- I. Conduct periodic staff capacity needs assessment;
- II. Streamline staff appraisals and rewards schemes;
- III. Optimizing the management of human resources to ensure proper staffing;
- IV. Alignment staffing to right skill sets;
- V. Conduct staff trainings based on the capacity needs assessment results
  - A. Capacity development to include skills update, coaching, mentoring, learning, career development and recognition.
- VI. Strengthen operational tools/equipment and acquire the necessary technologies to support effective job performance
- VII. Conduct Annual staff appraisals, provide feedback and agree on staff improvement plans;
- VIII. Support annual staff review meetings and team-building.
- IX. Promote staff learning through active participation in conferences and symposia locally, regionally and internationally;
- X. Support staff exchange visits/study tours with other CSOs implementing SRHR/HIV programs locally, regionally and internationally;
- XI. Recruit an internal audit team
- XII. Develop an internal staff needs assessment tool/feedback guide.
- XIII. Support internal dissemination of this strategic plan to all staff;
- XIV. Monitor and track the implementation of this plan

**OBJECTIVE 2:****To achieve organizational financial sustainability.****EXPECTED OUTCOMES:**

- I. CSA's financial sustainability enhanced.
- II. Efficient management of organizational resources.
- III. Expanded organizational financial resource base.

**STRATEGIC 1:****Development of organizational effectiveness and sustainability plan****KEY ACTIVITIES:**

- I. Strengthening operations and financial systems for efficiency.
- II. Establishment a business development unit.
- III. Diversify funding streams particularly in the private sector.
- IV. Embrace up-to-date information and communication technologies in organizational management and operations.
- V. Develop and implement a financial sustainability plan for the organization
- VI. Acquire own office building/space.
- VII. Establish an award scheme that attracts private-sector/corporate sponsorship of achievers and innovation in ASRH-related programming and interventions.

**STRATEGY 2:****Resource mobilization, allocation and utilization****KEY ACTIVITIES:**

- I. Cost this strategic plan;
- II. Develop and implement a resource mobilization plan;
  - A. Devise more innovative approaches for resource mobilization at all levels,
  - B. Identify and engage with donors including in the private sector.
- III. Develop mechanisms for efficient and effective management and use of available resources;
- IV. Conduct contract compliance sessions with staff and partners;
- V. Diversify fundraising for innovative SRHR/HIV interventions including forging partnerships with individual innovators, private sector, county and national governments;

**OBJECTIVE 3:****Strengthen CSA's governance, management and coordination.****EXPECTED OUTCOMES:**

- I. CSA's Board membership, roles and responsibilities reviewed and expanded;
- II. CSA's operations and management structures and systems strengthened/improved.

**STRATEGY 1:****CSA Board Strengthening and Engagement****KEY ACTIVITIES:**

- I. Review and disseminate CSA Board manual in line with changing realities;
- II. Review the Board's mandates and roles to align with the strategic plan;
  - A. Strengthen and/or expand the role of board members to include resource mobilization, fundraising and monitoring the implementation of this Strategic Plan.
- III. Review and diversify CSA's Board membership to include professionals from the private sectors including legal, finance, medical, and IT professionals and a youth;

- IV. Strengthen the capacity of board members on governance and leadership;
- V. Conduct regular board meetings quarterly in a year;

#### **STRATEGY 2:**

##### **CSA management and operations systems strengthening**

#### **EXPECTED OUTCOMES;**

- I. Efficient and effective operations and managements systems including finance, information, monitoring and evaluation and administration systems
- II. Staffing policies and procedures disseminated to all staff

#### **KEY ACTIVITIES:**

- I. Strengthen existing financial and management information systems;
- II. Establish and/or strengthen project management information systems;
- III. Train staff on existing management, and operations systems;
- IV. Sensitize staff on existing organizational policies and manuals;
- V. Strengthen operations of the mid-level management;
- VI. Develop annual operational plans for this strategic plan;
- VII. Develop a M&E plan for this strategic plan;

#### **OBJECTIVE 5:**

##### **Enhance CSA's visibility**

#### **EXPECTED OUTCOME:**

- I. CSA recognized and respected as a leader in youth SRHR/HIV research, programming and advocacy.

#### **STRATEGY 1:**

##### **Communication and Publicity**

#### **KEY ACTIVITIES:**

- I. Review, update and implement CSA's Communication Strategy;
- II. Re-brand/re-launch the organization to enhance visibility;
- III. Maintain regular updates for CSA's web-based platforms including the website, blogs, and social media platforms;
- IV. Establish web-backlinks with relevant organizations and institutions locally and internationally;
- V. Establish award scheme based on performance of partners and/or individuals working in adolescent health and development sector;
- VI. Regularly document and disseminate CSA's good practices including case studies;
- VII. Produce and disseminate annual reports to partners;
- VIII. Produce and disseminate an annual national/county SRHR/HIV factsheets for young people; Participate and present in at least four conferences per annum.

## 05 | MONITORING AND EVALUATION

Monitoring and evaluation is essential for this plan in order to track progress for learning and decision making. A theory of change and a performance based results framework aligned with the strategic plan will be prepared for each programme developed under this strategic plan. It is notable that CSA's M&E office will provide oversight in monitoring and reporting on all program interventions. CSA will utilize its online M&E system/database to track progress as appropriate. Results from performance analysis will inform the

strategic decision-making process. CSA's programme and technical personnel are all involved in M&E activities for their respective programs. In this strategic phase, CSA will strengthen the capacities of all staff on M&E to ensure effective collection of accurate, reliable, precise, valid and timely data for decision making. The following elements will be central in tracking progress and measurement of performance for this strategic plan:

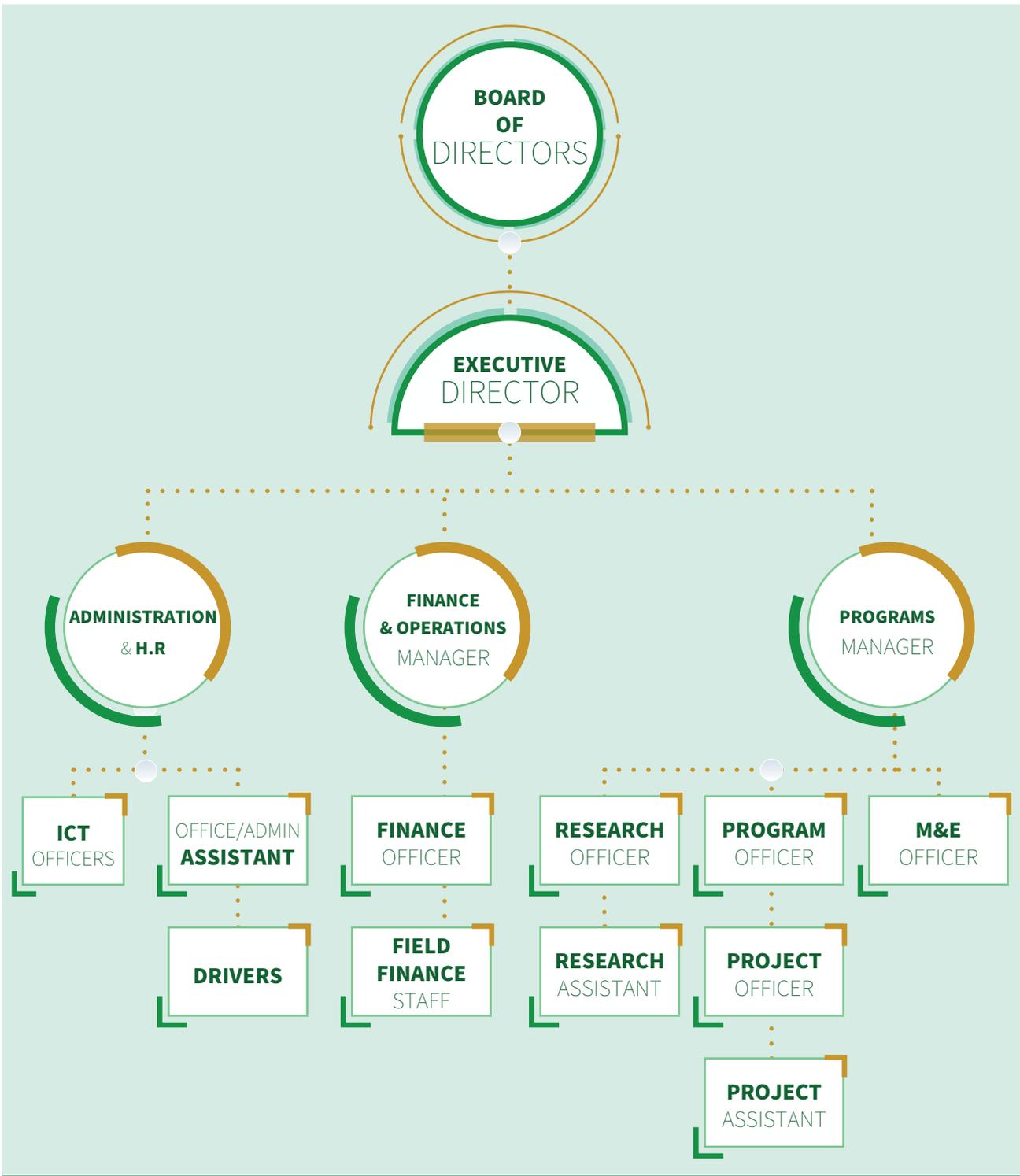
- A. Staff meetings held every Monday
- B. Mid-level management staff meetings held quarterly
- C. Tracking of monthly, quarterly, biannually and annual targets through activity reports
- D. Quarterly programme updates/briefs presented by head of departments;
- E. Annual reviews of progress made in the implementation of the strategic plan
- F. Mid and end term review of the implementation of the strategic plan
- G. Organizational and staff performance appraisal
- H. Staff satisfaction assessment
- I. Internal financial reports including Audit reports; and,
- J. CSA Board Meetings and Minutes

## 06 | IMPLEMENTATION FRAMEWORK

### MANAGEMENT AND COORDINATION

Management and coordination of the implementation of this Strategic Plan will be a day-to-day responsibility of the CSA Secretariat, led by the Executive Director. The Organizational Board will provide technical backstopping and oversight on organizational policy making and appropriate financial approvals.

Management and coordination will involve development and adherence to management tools including human resource manuals and procedures, operational guidelines, annual work plans and quarterly activity plans. Annual work plans will be the main tools for operationalizing this strategic plan. The organogram for implementation of this strategic plan is illustrated in Figure 1. below.



**DIAGRAM 1: CSA'S ORGANOGRAM**

**RISK MANAGEMENT**

An effective risk management framework is required to address risks to achieving the results of the strategic plan. External risk factors include the changing funding and donor preferences with limited core resources, and increasing opposition to CSE and SRH for young people.

CSA will address these challenges through innovative approaches for resource mobilization; enhanced partnerships; improved communications including the use of social media and advocacy, lobbying and networking.

Through regular mid-level and Board level meetings, CSA will develop timely change management plans, update institutional guidance, maintain strong audits, checks and controls, strengthen human resources and enhance M&E mechanisms and operations.

**ENDNOTES**

<sup>1</sup> National Council for Population and Development & UNFPA 2020 The State Of Kenya Population 2020 “Zero Harmful Practices – Accelerating the Promise of ICPD25” June 2020 Nairobi

<sup>2</sup> ibid

<sup>3</sup> Kenya National Bureau of Statistics, 2015. Kenya Demographic and Health Survey 2014 Nairobi, Kenya

<sup>4</sup> Kenya National Bureau of Statistics, 2015. Kenya Demographic and Health Survey 2014 Nairobi, Kenya

<sup>5</sup> Kenya National Bureau of Statistics, 2015. Kenya Demographic and Health Survey 2014 Nairobi, Kenya

<sup>6</sup> Kenya National Bureau of Statistics, 2015. Kenya Demographic and Health Survey 2014 Nairobi, Kenya

<sup>7</sup> Kenya National Bureau of Statistics, 2015. Kenya Demographic and Health Survey 2014 Nairobi, Kenya.

<sup>8</sup> ibid

<sup>9</sup> Kenya HIV Estimates 2020 Available at <https://nacc.or.ke/hiv-estimates-link/>

<sup>10</sup> Kenya National Bureau of Statistics, 2015. Kenya Demographic and Health Survey 2014 Nairobi, Kenya

<sup>11</sup> National Council for Population and Development & UNFPA 2020 The State Of Kenya Population 2020 “Zero Harmful Practices – Accelerating the Promise of ICPD25” June 2020 Nairobi

<sup>12</sup> ibid

<sup>13</sup> Kenya National Bureau of Statistics, 2015. Kenya Demographic and Health Survey 2014 Nairobi, Kenya

<sup>14</sup> Kenya National Bureau of Statistics, 2015. Kenya Demographic and Health Survey 2014 Nairobi, Kenya

<sup>15</sup> Kenya National Bureau of Statistics, 2015. Kenya Demographic and Health Survey 2014 Nairobi, Kenya

<sup>16</sup> Kenya National Bureau of Statistics, 2015. Kenya Demographic and Health Survey 2014 Nairobi, Kenya

<sup>17</sup> Kenya National Bureau of Statistics, 2015. Kenya Demographic and Health Survey 2014 Nairobi, Kenya.

<sup>18</sup> ibid

<sup>19</sup> Kenya HIV Estimates 2020 Available at <https://nacc.or.ke/hiv-estimates-link/>

<sup>20</sup> Kenya National Bureau of Statistics, 2015. Kenya Demographic and Health Survey 2014 Nairobi, Kenya



CENTRE FOR  
THE STUDY  
OF ADOLESCENCE



# CSA

## STRATEGIC PLAN

YEAR 2021-2025

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