

APHRC

NEWS

Issue 2, 2024



Africa's Future:

**The continent we want,
the continent we are building**



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Executive Director Remarks

A few months ago, we brought to you a commemorative issue of our Newsletter - marking two years of implementing our 2022-2026 Strategic Plan. Our theme for the APHRC News Issue 2, 2024 is 'Africa's Future: The continent we want, the continent we are building'. This is such a broad topic that it would need a whole thesis, but we have given it a try! Thinking about the continent we want can also be daunting. Who are we? What is our place in the continent's future? Can we dare dream about a continent where everyone is thriving, given the myriad challenges the continent already faces? How do we dream as we play our part in shaping the African continent's future? The words of the phenomenal Wangari Maathai come to mind as she once said, "It's the little things citizens do. That's what will make the difference..."

In this issue, we bring to you the little things we are doing at the African Population and Health Research Center - to build the continent we want.

One of our little things at APHRC is providing opportunities for young Africans to build careers in the research and development sector. We have a solid track record in this area and are expanding the opportunities with our internship program. This brings me to my first highlight of the first half of 2024 - we onboarded the first set of program interns, totaling 43! Given the huge demand for internship opportunities, this is one small thing among many others, and we expect to host at least 60 program interns this year and 20 interns in our various departments in operations.

Another exciting initiative by APHRC that I am incredibly proud of this year is the recently launched Africa Research Connect (ARC). This is a first-of-its-kind, AI-powered platform developed to make African research, researchers, and institutions visible to each other, to partners in other parts of the world, funders, and policymakers. Africa Research Connect will greatly enhance Africa's research visibility, discoverability, and accessibility to African-based research resources. It is our little thing aimed at reshaping the research landscape by putting African researchers and experts in the driving seat of the



continent's R&D agenda. In this issue, we introduce this platform and invite you to "Discover, Connect, Collaborate".

In the first half of the year, APHRC teams have flown our flag high in several global and continental forums. APHRC has continued to make its mark in high-profile events, sharing knowledge and evidence and participating in debates to shape the continent's future. From Denmark at the Global Science Summit to the 9th African Population Conference (APC) in Malawi, the 68th annual conference of Comparative and International Education Society (CIES) in Miami, Florida, the Africa We Want Summit in Morocco, and the Africa Evidence Summit in Tanzania, APHRC teams have taken the stage in various capacities and demonstrated our thought leadership in the global knowledge ecosystem.

Future equals growth - we broke ground on Ulwazi II - an extension of our current training facility Ulwazi Place. Once completed, Ulwazi Place will be positioned as a place of knowledge exchange where the Center's staff, partners, funders, and other African academics/researchers meet to generate new ideas, attend and facilitate training, and produce scientific products, among others. Ulwazi Place is our little thing - a corner of this continent where knowledge is exchanged in a calm and beautiful setting.

In this second half of 2024, we are excited about our work and continued impact on the continent. We are excited about the little things that we do and the promise they hold for the future of our continent. Read on about how APHRC staff are doing their little things, changing minds, changing policy, and celebrating their wins.

Catherine Kyobutungi

A Dive into the World of Human Resources

By Lillian Okoth, Head of Corporate Functions, and Isabel Radoli, Communications Officer

Introduction of the Interviewee

My name is Lillian Okoth. I am the Head of Corporate Functions (ICT, People, and Culture units) at APHRC. I lead and manage these functions to ensure the delivery of quality services based on best practices.

Academic and career background

I obtained a bachelor's degree in education and began my career as a secondary school teacher. Initially assigned to teach particular subjects (French and Economics/Business Education), I only taught French as the school I was posted to had no French teacher. With only eight lessons spread between Tuesdays and Thursdays, I realized I had a lot of free time and needed a bigger challenge. My pursuit of a more fulfilling career landed me a customer service job at a bank in Nairobi, Kenya. I worked for about a year before moving to a global news agency as the Regional Administrative Officer. This role combined accounting and Human Resources (HR), so I enrolled for an MBA in Human Resource Management (HRM) to acquire the necessary skills. After six years at the news agency I joined APHRC. Recognizing the need for counseling skills to serve employees better on work-related and personal issues, I enrolled for and earned a Postgraduate Diploma in Guidance and Counselling. The skills I obtained changed my worldview and have been very useful to me and others. In addition to my academic qualifications, I am a certified HR Professional and Gallup Strengths Coach.



Did you always want to settle in an HR career, and what was your motivation?

No. I aspired to pursue a hotel management or law career in high school. Before joining the university, I selected a course in law and hotel management and a Bachelor of Education (Arts) and Bachelor of Education (French). Eventually, I was admitted to do a Bachelor of Education degree focused on French, possibly because there were very few French teachers then. I enjoyed teaching students and felt fulfilled when they excelled in their exams. My interest in HR started at the news agency, where I spent more time doing accounting than HR work. I realized I enjoyed interacting with and serving people more directly. I missed teaching and serving customers at the bank, so it was clear I should pursue a career in HR. Looking back, I have no regrets for making that move.

How have things changed in the HR space over the years, and what is your general take on the progress?

HR has changed significantly over the years, shifting from primarily administrative functions such as recruitment, orientation, and industrial and labor relations, to modern HRM involving the entire employment cycle from talent acquisition, onboarding, training and development, retention, and off-boarding. The use of technology and inclusion of all other practices that enhance employee experience and engagement has increased over time. In addition, the terminologies used have changed from traditional personnel management to human resources management and, most recently, people and culture. The progress is good. The world is changing, and HR should not be left behind. There is a shift from a VUCA (volatile, uncertain, complex, and ambiguous) world to a BANI (brittle/fragile, anxious, non-linear, and incomprehensible/inconsistent) world. People are the only constants in the world and the most essential assets in an organization because you can't have an institution without people. Therefore, it is crucial to embrace change and create a conducive environment for them to thrive.



Advice to those interested in pursuing HR as a career.

Beyond the required academic and professional qualifications, soft skills such as interpersonal, communication, empathy, and multi-tasking are essential. It is advisable to start as an HR generalist to get a wide array of experience in various HR components before specializing in an area if one so wishes. Flexibility is vital as the role entails doing varied and sometimes unrelated tasks. HR is a humbling yet fulfilling career that involves working with a multi-generational workforce in a constantly changing environment, thus requiring agility and adaptability.

How long have you been at APHRC?

I have been at APHRC for 20 years! I have witnessed tremendous growth in staff numbers, programs/projects, and the annual budget. Notable highlights for me include the move to our own facility/premises in 2011 and the fantastic work that staff do, individually and collectively, gaining APHRC international recognition. These include the prestigious UNFPA Award and, most recently, the Global Healthy Workplace Award. The Center has also established structures to support staff in advancing academically. As a result, some staff have received multiple scholarships, and the problem was which one to choose! I can say a lot, but let me stop here!

A Guide to Our Recruitment Process

What does the recruitment process look like at APHRC?

The hiring unit submits a staff requisition for the role it is looking to fill. The requisition outlines the role's responsibilities, qualifications, and experience. Once the requisition is approved, the unit, in liaison with HR, prepares an advert that is shared internally and externally with the recruiting agencies APHRC has partnered with, our networks, corporate social media platforms, and official website. We strive to create a diverse and inclusive workplace and, therefore, endeavor to give equal employment opportunities to all applicants.

What methods do you use to screen applicants?

The recruitment agencies circulate the adverts through their platforms and databases, receive applications via their applicant tracking systems (ATS), and conduct initial screening and preliminary interviews. Once the longlist and interview report is shared, our recruitment panel, comprising HR, the hiring manager, and representatives from other units, review the report and applicant details (cover letter and CV) and independently recommend candidates for the written and oral interviews. Our employment decisions are made based on merit and organizational needs.

How do you manage communication with candidates (those shortlisted and those who don't make the shortlist) throughout the recruitment process?

The recruitment agencies manage the initial communication with applicants. As part of our APHRC recruitment policy, we clearly communicate in our adverts that nobody should make any monetary payments throughout the recruitment process and that, given the numerous applications we receive, only shortlisted candidates will be contacted. After the final round of interviews, APHRC communicates directly with those interviewed to inform them of the outcome of the process, while the recruitment firms communicate with all others.

What challenges or obstacles do you face in the recruitment process?

Some positions that require rare skills are hard to fill, and sometimes we have to re-advertise or headhunt. Other times, while we get the right candidate, they decline the offer we give or change their mind due to relocation challenges (if coming to Africa or moving within African countries) and because of counteroffers they receive. Occasionally, some references fail to check out, necessitating a fresh start of the process in cases where there was only one recommended candidate from that specific pool of interviewees.

Share a few tips to guide applicants in the application and interview process.

When applying for jobs, prospective candidates should read the advert carefully to understand the specific responsibilities and qualifications of the role and respond appropriately. Candidates should follow all the application process instructions so they are not disqualified. Upon invitation to an interview, be confident and respond to the questions asked to the best of your ability. Be honest, and when you do not have an answer, you can indicate that you do not know but state how you would go about the matter being asked. Remember that besides your technical skills, your soft skills count, so feel free to articulate how you would apply them to succeed in the role.

Finally, what makes APHRC a great organization to work in?

Working at APHRC is more than a job! First and foremost, the APHRC leadership team is strong, visionary, and supportive of staff. We have a multidisciplinary and multicultural team of great colleagues doing amazing work to make a lasting impact on the continent. While the work is challenging, it is a collegial environment, and we have a hybrid work model. In addition, there are numerous opportunities for career growth, inclusivity, commitment to employee well-being, and recognition. Our staff are encouraged to speak up, and we adhere to other critical core values, the list is endless! At APHRC, we all work hard and have fun while at it through team building, sports days, and end-year parties where our mantra stands that it is not a party until we cut a cake!

Strengthening Leadership and Innovation at APHRC: A Leap Forward

By Sheena Kayira, Development Unit Manager

In its quest to continue shaping its work to strategic levels, the Center recognized the need for robust leadership development, enhanced knowledge management, and optimized business development processes. To address these critical institutional needs, the Packard Foundation's Organizational Strengthening Grant awarded to APHRC proved timely and promises to amplify the Center's capacity and impact.



Elevating Leadership: Building a Stronger Second Tier

A 2023 Organizational Effectiveness (OE) assessment highlighted the critical need for developing APHRC's second tier of leadership. The leadership development initiative aims to ensure that at least 80% of senior staff and new managers demonstrate improved leadership skills and competencies through performance appraisals. This approach will foster a pipeline of capable leaders, ensuring APHRC's succession planning objectives are met alongside its strategic goals.

- **Executive Leadership Training:** Newly recruited Executive Leadership Team (ELT) members will undergo the Leadership Development Program (LDP)[®] by the Center for Creative Leadership (CCL).
- **Senior Leadership Coaching:** Senior managers will receive intensive training from CCL and coaching from the Lead Consortium.
- **Mid-Level Leadership Training:** The Lead Consortium will coach mid-level leaders, and new managers will benefit from the New Managers' Leadership Program at Strathmore Business School in Kenya.

Knowledge Management and Learning: Bridging the Gap

Knowledge management and learning (KML) has become a priority for APHRC. A new KML team is spearheading the development of a platform designed to address challenges such as poor knowledge sharing and incomplete data. The platform will integrate seamlessly with existing systems, promoting a culture of learning and resource sharing. The anticipated outcome is a 30 percent increase in staff access to and utilization of the KML platform, strengthening APHRC's learning culture and resource-sharing capabilities.

- **Platform Development:** The KML team will collaborate with an external consultant to gather user requirements, ensure scalability and reliability, and create an optimal user interface.
- **Training and Support:** Comprehensive training sessions and specialized modules will be developed to familiarize staff with the platform, ensuring enhanced user proficiency and utilization.



Streamlining Proposal Processes to Optimize Business Development

Despite efforts to automate and optimize proposal development, challenges persist in achieving optimal synergy and data flow among teams. Refining a centralized proposal development platform, streamlining processes, and enhancing collaboration are critical for the Center's success. The result? A 20 percent reduction in the time senior staff spends developing proposals frees up valuable time for strategic matters and ultimately boosts APHRC's capacity to secure funding and drive impact.

- **Platform Enhancement:** Integration of search engines, productivity tools, and AI technologies to automate and optimize various aspects of the proposal development process.
- **Training and Support:** Training sessions and user guides will be developed to equip staff with the skills to utilize the platform effectively.

Looking Ahead: A Catalyst for Change

APHRC is fortifying its role as a leading research-to-policy institution in Africa by investing in leadership development, knowledge management, and business development.

As the Center continues on its trajectory of growth and impact, the goal is to remain a beacon of excellence, driving evidence-informed decision-making and fostering positive change across the African continent.





Advancing Reproductive Rights in Liberia and Sierra Leone

By Jane Mangwana, Policy and Advocacy Manager and Issabelah Mutuku, Communications Officer

Civil society organizations (CSOs) are vital in advocating for policies and reforms, particularly in regions where governmental health services may be limited or inaccessible. Strengthening the capacity of these organizations is crucial for ensuring effective and sustainable health interventions. A robust model of engagement for capacity strengthening involves several strategic components designed to enhance the skills, resources, and overall impact of CSOs and other health actors, including religious and traditional leaders.

Currently, Liberia and Sierra Leone are in the process of advocating for the enactment of reproductive health bills that will advance the rights of women of reproductive age. The



Safe Motherhood and Reproductive Health (SMRH) Bill has been gazetted and is undergoing cabinet validation in Sierra Leone. The Liberia Public Health Law, which, if passed, will be one of the country's most progressive laws, is expected to be tabled in Parliament for further discussion and voting before its adoption. If the bills are passed, they would allow abortion in cases of rape, fetal abnormality, and for the overall well-being of women of reproductive age, encompassing both physical and mental health considerations. As conversations on the two policies continue, CSOs are leveraging the policy windows to push for the adoption of the bills.

Over the last four years, APHRC, through the Guttmacher Institute capacity strengthening and the Challenging the Politics of Social Exclusion (CPSE) projects, has been delivering training for select CSOs and sexual and reproductive health and rights (SRHR) champions in Liberia and Sierra Leone to advocate for the advancement of women's and girl's reproductive rights. The training aims to equip select CSOs with skills in strategically engaging with decision-makers to advocate for the adoption of the draft public health laws and facilitate cross-learning and exchange of knowledge on safe abortion advocacy among CSOs in Liberia and Sierra Leone. The two countries were identified based on the need to address deaths and complications

arising from unsafe abortion, contributing to the high maternal mortality rates. In addition, to identify existing gaps in sexual and reproductive health (SRH) in both countries, APHRC collaborated with in-country partners to conduct studies on abortion incidence and the severity of related complications in both countries.

APHRC employed multiple approaches that factored in the different contexts of both countries. At the beginning of implementation, the team undertook an assessment to identify the needs and gaps of the CSOs working on reproductive health in

both countries. Further, they conducted surveys with CSOs to understand their challenges, which helped highlight areas for targeted capacity strengthening and informed the training manual. Thereafter, the team developed context-specific training programs on reproductive health and conducted in-person workshops. Some topics included developing advocacy strategies and knowledge translation tools, policy analysis, evidence synthesis, digital advocacy, and monitoring and evaluation. Each workshop had a post-evaluation feedback component that helped adjust and improve the training content.

Further, APHRC sub-granted two partners in both countries who were selected and identified through a rigorous process. The two partners, SisterAid Liberia and Alliance for Women's Development (AWOD) Sierra Leone are leading the implementation of the advocacy interventions. Other approaches included providing technical assistance and mentorship to support CSOs in implementing the policy engagement activities. There has been deliberate coaching and mentorship through meetings with tailored skills building for individuals and institutions on the practical application of knowledge on SRHR policies.

"After going through the training on digital media advocacy by the APHRC team, we leveraged our newly acquired skills on social media, which attracted a funder who financed our work. Additionally, we sub-granted one of our partners who also participated in the training." – Foday Kisma, Women's Health and Reproductive Rights Organization.

Lastly, APHRC facilitated the formation of a community of practice (CoP) among SRHR advocates in both countries, where partners exchange knowledge and share experiences and challenges on reproductive health matters. The platform is also used to encourage peer-to-peer learning among reproductive health advocates from both countries and appreciates the different contexts.

Although the combined approaches for the capacity strengthening model may not be exhaustive, they have enabled the team to learn a few lessons that can be replicated across similar future engagements at the Center.



Enhancing Access to Medical Oxygen in Kenya: A Call for More Targeted Stakeholder Engagement

By Doris Omas, Advocacy and Communications Officer

Access to medical oxygen is critical to achieving the health-related targets of the Sustainable Development Goals by 2030, especially in emergency and high-dependency situations. However, significant challenges hinder this goal. In Kenya, medical oxygen is essential in managing various conditions, including respiratory complications for children and adults. Delays in its administration can lead to poor health outcomes.



A 2023/2024 study by APHRC highlights significant policy and institutional constraints affecting the availability, supply, and utilization of medical oxygen in Kenya's public health facilities. One major issue is the inability of public health facilities to recover the costs of oxygen administered to patients. Unlike private health facilities, where oxygen usage is monitored and billed separately, public facilities charge a uniform fee for services, regardless of how long or intensively a patient uses medical oxygen. Additionally, many facilities rely on gas cylinders due to the lack of oxygen piping infrastructure, creating logistical challenges and increasing the burden on healthcare workers.

There is a noticeable complacency regarding the urgency of medical oxygen needs post-COVID-19. Frequent stock-outs and delays in refilling oxygen tanks have left critical patients without timely access to oxygen, resulting in avoidable deaths. Poor maintenance of equipment, such as malfunctioning oxygen concentrators and regulators, further jeopardizes patient safety. These issues highlight the low prioritization of medical oxygen at county and national levels and the urgent need for change. Additionally, the fragmented medical oxygen supply landscape, characterized by uncoordinated donor-driven initiatives and incompatible equipment from different suppliers, leads to increased costs and operational inefficiencies.

While medical oxygen is exempt from value-added tax (VAT), the inputs needed for its administration, such as imported gas cylinders, which make up about 75% of the cost, are heavily taxed. These high taxes

on essential equipment increase the financial burden on healthcare facilities, making it harder to provide affordable services. This taxation policy discourages investments in medical oxygen equipment and supplies, worsening accessibility issues.

Despite efforts to address some of the challenges, additional efforts are still needed. A national plan outlining measures and investments to address gaps in medical oxygen supply and utilization is urgently needed. The national and county governments must increase their investments in medical oxygen infrastructure with equity considerations for both rural and populous areas. Empowering public health facilities to generate and retain income at source can ensure that county health facilities prioritize medical oxygen. Additionally, providing medical oxygen at lower-level public health facilities and training healthcare providers on its use can improve accessibility and patient outcomes, thereby reducing loss of life, or referring patients when cases are very critical.

Further, ensuring that health facilities have the appropriate voltage to operate medical oxygen equipment can prevent power-related issues. Developing and implementing guidelines for producing, using, and ensuring interoperability of medical oxygen equipment can standardize practices and improve efficiency. Enhancing the regulatory framework to foster collaboration and innovation within the sector can improve equity, efficiency, and access to medical oxygen. Reforming the tax policy to reduce or remove tax on medical oxygen equipment and accessories can encourage investments and alleviate financial burdens on healthcare facilities.

Stakeholders such as government entities, healthcare providers, donors, and the private sector must create sustainable solutions and engage strategically. Collaboration and coordination are necessary to ensure all Kenyans can access medical oxygen. Advocacy and awareness are crucial tools to prioritize and recognize medical oxygen as an essential healthcare component.

By advocating for increased investments, improved infrastructure, and better coordination, stakeholders can overcome current constraints, save lives, reduce health condition severity, and enhance the quality of healthcare. The potential benefits of these actions are immense and should motivate efforts to improve medical oxygen access in Kenya.



Innovative Projects Transforming Youth Mental Health in Senegal

By Michelle Mbuthia, Communications Officer

The welfare of society, as well as young people's transition into adulthood, depend heavily on their physical and mental health. However, there is a lack of funding for mental healthcare, especially in low- and middle-income countries (LMICs), which means that the mental health of young people is frequently disregarded. Protecting the mental health of young people requires the implementation of effective techniques, including increasing awareness and lowering stigma. In many countries, mental health is often low on the priority list, receiving the short end of the health financing, staffing, policy, and programming sticks. This is frequently pegged to mental illnesses being more difficult to diagnose due to stigma and the fact that they often do not manifest externally.

The odds are worse for young people, who may not have the tools as yet but still have to deal with life's challenges. Mental health programs and policies often

fail to meet young people's unique and diverse needs because they usually do not consider their social, cultural, and economic contexts. This, coupled with factors such as cyberbullying, conflict, and poverty, makes them more susceptible to mental health issues. Data indicates that [one in seven](#) teenagers across the continent has mental health issues. To put that in perspective, the average classroom size of a public secondary school in sub-Saharan Africa is [50](#) students. This means that ten students in each class are dealing with one mental health issue or the other. Put to scale at the national and regional levels, Africa is sitting on a ticking time bomb.

In Senegal, young people make up [56%](#) out of a total of 18.2 million people. However, mental health facility data shows that between 2018 and 2019, 5% of those between the ages of 10 and 24 had been admitted owing to depression. The rate of schizophrenic admissions is nearly four times higher,

at 18%. A recent [landscaping analysis](#) conducted by APHRC, with support from the Being Initiative, found that poverty, lack of awareness on mental health issues as well as exposure to violence and abuse are the main drivers of poor mental health in Senegal.

All is not lost, however. In recent years, there has been a gradual acknowledgment of the role that mental well-being has on one's overall welfare. This has spurred greater interest in research, advocacy, and action at different levels, particularly targeting youth mental health. The government is in the process of rolling out the country's first mental health plan, the National Mental Health Strategy (2023-2027). This presents a critical opportunity to strengthen youth mental health policies in the country. At the community level, networks such as the Le Réseau des Organisations pour la Promotion de la Santé Mentale au Sénégal (REPOSAMS) are bringing actors from different sectors in a bid to build partnerships and mobilize for federated advocacy efforts across regions and domains.

Young people are also taking active steps to improve their mental welfare and that of those around them. In 2022, [Ms. Fatou Khouma](#) was going through a rough patch, and as a result, she suffered severe depression. The experience left her feeling lonely and without anyone to talk to, as she felt that no one would understand what she was going through. At the same time, treatment was very expensive, with an hour of therapy costing as much as XOF 30,000 (approx. US\$50). Fortunately, she was able to get help and recovered soon after. However, her experience had left her with many questions on the accessibility of care, particularly for the less fortunate. Armed with some research and a drive to create awareness of the importance of mental health, she set up 'Talk to Me' in 2023. The initiative seeks to contribute to the mental well-being of individuals by demystifying mental health in Senegal and advocating for the accessibility of psychological care. Running mainly in Dakar, Talk to Me provides young people with a safe space to open up and address any issues affecting their mental well-being. Fatou and her team visit schools across the city every week, talking to students and teachers

about taking care of their psychological well-being, their experiences and seeking help when needed. To improve her knowledge further, Fatou is currently enrolled at the University of Cheikh Anta Diop, where she is pursuing higher studies in psychology.

Talk to Me is one of many youth-led, youth-oriented initiatives strewn across Senegal doing their small bit to bust common misconceptions and the stigma associated with mental health issues. However, there is a need to bring together the different actors for greater impact and awareness of mental health issues in Senegal. Moving forward, the Being Initiative, in partnership with local organizations, will provide financial support to organizations collaborating with key stakeholders, including government entities. The focus will be improving coordination and advocacy for data-driven youth mental health strategies and securing appropriate resources to emphasize prevention and promotion.



Pictorial





Africa Research Connect: Connecting Africa's Research Ecosystem

By Dr. Sindi Kirimi, Program Manager, and
Eugenia Sirengo, Senior Communications Officer

Located in the bustling heart of Nairobi, Africa Research Connect (ARC) is a unique initiative from APHRC. ARC is a pioneering web-based platform designed to revolutionize research collaboration in Africa. Developed by APHRC's Catalyze Impact Initiative team, ARC addresses the challenges of fragmented resources and isolated efforts in African research. The platform combines data from various sources to build unique profiles of African researchers and institutions. This comprehensive approach eliminates the need to search multiple databases and platforms for information about these institutions and researchers. ARC bridges the gap between scientific innovation and practical application, leveraging modern technologies and comprehensive data insights to facilitate collaboration, enhance decision-making, and foster inclusive partnerships. With a focus on the future, ARC is set to transform the landscape of African research.

The genesis of ARC is rooted in recognizing barriers hindering effective research collaboration in Africa. Dr. Catherine Kyobutungi, Executive Director of APHRC, highlighted these challenges at the 2024 Global Science Summit in Denmark, emphasizing the critical need to connect global funders and investigators with Africa's wealth of experts. Her keynote speech, "[From 17 to 4 years](#)," underscored the urgency of translating research findings into tangible solutions to address pressing global issues such as non-communicable diseases and socio-economic disparities.

"Universities and research institutes are churning out innovations daily and some of them don't come out of the first valley. Those that do, don't come out of the second. From the first stage of innovation to the actual practice, it takes an average of 17 years for innovations to move from the initial discovery to action that actually impacts lives," Dr. Kyobutungi said during the global science summit.

Through ARC, the Catalyze Impact Initiative aims to centralize and illuminate African research efforts by curating a comprehensive database of studies conducted on the continent. Leveraging artificial intelligence and machine learning, ARC has aggregated over 7 million records, continually updated to reflect the latest research developments. This comprehensive repository acts as a matchmaking tool, facilitating connections based on specific research expertise, geographic location, or thematic focus, empowering researchers to form agile collaboration hubs and enhance the impact and visibility of African research on a global scale.

A cornerstone of ARC's functionality is its suite of advanced tools designed for decision-making and collaboration. The platform features sophisticated data visualization and network analysis capabilities, enabling users to interpret complex information and identify synergistic partnerships easily. Acting as an information arbiter, ARC displays the research preparedness of institutions to potential partners.

ARC is based on insights from APHRC's Research Readiness Assessment Tool, a modular self-assessment mechanism that evaluates the ability of African academic and research institutions to conduct quality research. In addition, the platform assesses these institutions' capacities to manage research grants by examining their research management systems and institutional arrangements through the Good Financial Grant Practices (GFGP) tool. The platform also has a place for researchers to engage with one another through communities of practice.

With the comprehensive data collected, ARC builds the most complete profiles of African researchers and institutions available anywhere in the world. The platform provides network analysis to reveal the nature of collaborations among African researchers. Moreover, it offers a hub where researchers can access open research data and find linkages for further collaborations.

In practical terms, ARC offers a suite of features designed to empower researchers and donors at every stage of their journey. The AI-powered

chatbot provides real-time assistance and personalized guidance, while the AI-Digest feature delivers summaries of academic literature, saving researchers valuable time and effort. ARC equips researchers and donors with the tools to navigate vast amounts of data and thrive in today's fast-paced, data-based environment. In addition, the platform offers specific support and resources, ensuring users have the necessary assistance to maximize their research through the platform's capabilities.

ARC also identifies researchers and institutions with unique capacities, enabling donors and collaborators to discover tacit and exceptional skills that are currently difficult to pinpoint. By democratizing linkages, ARC extends connections beyond the usual African researchers and institutions, fostering a more inclusive and diverse research network.

Moreover, the platform champions inclusivity and diversity within the research community and embraces gender-responsive approaches to fostering equitable research partnerships. It ensures that all researchers, regardless of background or location, have equal opportunities to contribute to and benefit from Africa's scientific advancements. By highlighting underrepresented segments, such as female investigators, ARC aims to diversify and enrich Africa's innovation ecosystem, catalyzing groundbreaking discoveries and solutions. ARC represents a cultural shift towards collaborative excellence in African research.

As we prepare for its official launch, we invite stakeholders from across the globe to embrace this innovative platform. Whether you intend to initiate collaborative research projects, explore funding opportunities, or discover research trends, we encourage you to interact with the platform via <https://rmp-tiers.net/>. Your engagement and feedback are crucial to us. Our team will carefully review the feedback received and use it to shape ARC's functionalities and effectiveness, ensuring it meets the evolving needs of the African research community. Engage us through info.catalyzeinitiative@aphrc.org.

Rethinking Intellectual Property Rights for Research and Innovation in Africa

By Moreen Nkonge, Senior Policy Engagement Officer, and Eugenia Sirengo, Senior Communications Officer

Twenty months—that is how long it took the World Trade Organization to waive some of its intellectual property (IP) restrictions so that more manufacturers could produce life-saving COVID-19 vaccines and boost vaccine access in low- and middle-income countries. In the twenty months, the WHO, scientists, and activists rallied for a [TRIPS waiver](#), likening the circumstances then to the early years of the AIDS response when, yet again, IP hindered timely access to drugs for millions in developing countries.

The COVID-19 pandemic and the ensuing limited access to vaccines, therapeutics, and diagnostics was yet another stark reminder of Africa's inadequate investment in research and innovation and the missed opportunities to leverage IP for health and economic development. The UNESCO Global Investments in R&D report estimates that sub-Saharan African countries spend just about 0.4% of their GDP on research and development (R&D) against a global average of 1.7%, significantly below the 1% target by the African Union (AU). This partly explains Africa's marginal contribution to the global innovation landscape, where, for instance, the continent accounts for only 0.5% of the world's patent applications—this compares dismally to Asia at 66.6%. Moreover, the over-reliance on international cooperation for R&D, limited awareness and use of IP, complexities in the process, and prohibitive costs in patent registration have reinforced the status quo.

Universities and research institutions are significant sources of knowledge and innovations. However, too often, most of these intellectual assets are not taken further down the pipeline to production, therefore missing out on opportunities for commercialization



that could benefit economies. The challenges facing technology transfer – the process of converting scientific findings into products or services that are useful to society – and commercialization are multifaceted. Beyond the fragmented regional IP frameworks and weak or lacking national IP law policies, the African researcher also has to contend with challenges at the institutional and individual levels.

Within institutions, inadequate funding for research and innovation, lack of IP policies for safeguarding, unresourced technology transfer offices, and low IP awareness at the individual level are glaring challenges. Prof. Bosede Afolabi of the University of Lagos, a renowned sickle cell pregnancy researcher resonates with this.

“At the beginning of my career, I struggled to secure grants for my research on sickle cell disease, let alone thinking about patenting and IP. It took me about 15 more years to learn this because there was little awareness of leveraging high-quality research for

knowledge and innovation. This experience differs from that of universities in the USA or UK, where direction and resources are provided for academics earlier on,” the professor said on the matter.

In a continent in need of breakthroughs in the surveillance, prevention, diagnosis, and treatment of several life-threatening diseases, investing in the research-to-innovation pipeline and strengthening IP governance frameworks to protect our rich biodiversity and traditional knowledge is critical to tap into the knowledge economy. Cognizant of this, the Lagos State Ministry of Health in Nigeria has taken a pioneering step to conduct an analysis of the IP and technology transfer landscape in Nigeria, develop a roadmap for establishing an IP desk, and develop an IP policy through the support of the [Catalyze Impact Initiative](#). Reflecting on the significance of the undertaking, Prof. Akin Abayomi, the Honorable Commissioner for Health at the Lagos State Ministry of Health, observes that,

“Africa has the largest diversity of biological genomic material and this makes us vulnerable to biopiracy in research. Therefore, we at the Ministry must understand how to protect our indigenous knowledge systems, trade secrets and biological data.”

Africa is at a critical crossroads, with the pressing need to leverage its intellectual property rights for health and economic prosperity. Our continued dependence on the global North for access to vaccines and drugs during disease outbreaks reminds us of the urgency of this mission. The continent's limited investment in research and development has kept it on the fringes of the global innovation landscape, missing out on potential avenues for growth and self-sufficiency.

Yet, initiatives such as the Lagos State Ministry of Health's analysis and roadmap for IP governance offer a beacon of hope. Africa can unlock its potential in disease control and economic progress by strengthening IP frameworks, preserving indigenous knowledge, and fostering a culture of innovation. As Prof. Akin Abayomi rightly emphasized, safeguarding Africa's biological resources from exploitation is paramount. The time has come for Africa to take control of its intellectual capital and pave the way for a more resilient and prosperous future.

The UNESCO Global Investments in R&D report estimates that sub-Saharan African countries spend just about 0.4% of their GDP on research and development (R&D) against a global average of 1.7%



Transforming Africa's Research Landscape Through African-Led Innovation

By Patrick Amboka, Research Officer, and Hiram Kariuki, Research Officer

The role of research and development (R&D) is crucial in our pursuit of a prosperous continent, especially in light of Africa's unique challenges. These challenges, including the current [polycrisis era](#), marked by heightened risks such as pandemics, climate change, escalating conflicts, and rising living costs, underscore the imperative for robust R&D and strengthened capacities to bolster Africa's resilience. At the forefront of this effort is APHRC's Catalyze Impact Initiative, dedicated to revitalizing and advancing Africa's implementation research landscape, providing innovative solutions to these pressing challenges.

Central to the Catalyze Impact Initiative is its collaboration with a network of African academic and research institutions to evaluate and enhance their research capabilities. We aim to empower institutions across the continent to assess and elevate their research capacities through a specially designed Research Readiness Assessment Tool. This tool, designed as a modular online self-assessment survey, evaluates critical areas such as infrastructure, policy impact, and financial management. Continentally, the tool has been deployed to over 500 institutions spanning 27 countries, marking a significant stride towards bolstering Africa's leadership in R&D and leveraging research for impactful outcomes.

Early reports from six participating institutions within the West African Research and Innovation Management Association (WARIMA) reveal promising areas for improvement. These gaps, identified through the assessment tool, include the limited number of specialized equipment, procurement gaps, and gender policies and ethics review committees. The assessment will empower African institutions to streamline their structures and procedures for research excellence, demonstrating the practical benefits of this assessment tool and painting a bright future for research in Africa.

The Catalyze Impact team has also adopted the **Good Financial Grant Practices (GFGP)** standard to assess the financial portfolios of research organizations and determine their abilities to write and manage grants effectively. GFGP certification is the world's first international standard for quality financial governance within research institutes, developed at the African Academy of Sciences. The standard promotes transparency to allow well-informed decision-making on grant issuing. In a global landscape where main funders like the Gates Foundation have only 10% of their research partners as African institutions, the latter require capacity assessment and strengthening to increase recognition and attract crucial grants.



GFGP certification is the world's first international standard for quality financial governance within research institutes, developed at the African Academy of Sciences.

The GFGP certification process involves a self-assessment by organizations, regardless of size or location, to address some of the inequalities in current funding models. Afterward, licensed auditors review the self-assessment and issue certificates once compliance is confirmed. The certificates provide a rating based on four tiers in ascending order: Bronze, Silver, Gold, and Platinum. This certification validates an institution's financial governance and enhances its credibility, making it more attractive to potential funders. The benefits of GFGP certification extend beyond financial governance, as it also equips institutions with robust mitigation strategies for risk management and disaster response, positioning them as models for other institutions seeking to enhance their research management capacities and achieve GFGP certification.

The GFGP standard promises to enhance proper financial stewardship within Africa's innovation landscape. The team has onboarded 40 institutions in Ethiopia, Kenya, and Nigeria to complete the self-



assessment. Participating institutions consider the process valuable by facilitating the development of new organizational guidelines and SOPs based on the best practices learned. "The journey through GFGP certification ultimately strengthened the quality of the institution's financial systems and equipped us with robust mitigation strategies for risk management and disaster response. This transformative experience positioned our institution as a model for other institutions seeking to enhance their research management capacities and achieve GFGP certification," reported a representative from an Ethiopian institute who had completed the process. This reassures the financiers about the financial sustainability of African research institutions, making them feel confident about the future of African research.

The insights gathered from the research readiness assessment and GFGP assessment from the various institutions will be incorporated into another of our projects, the Africa Research Connect platform. This web-based platform is designed to revolutionize research collaboration in Africa, serving as a comprehensive database and networking tool that connects African researchers, universities, research institutions, and funders. These initiatives empower institutions to navigate challenges, enhance research excellence, and attract vital funding, ultimately addressing Africa's pressing issues through impactful innovation and collaboration. As we look ahead, the Africa Research Connect platform stands poised to revolutionize research collaboration across the continent, embodying a transformative vision for African research to thrive globally.

A Collaborative Approach to Gender, Sanitation, and Quality of Life

By Naomi N. Karanja, Research Officer; Phylis Busienei, Research Officer; Sheillah Simiyu, Research Scientist

Did you know that women, on average, take up to twice as long as men in the washroom due to various biological and social reasons? While sanitation is often discussed in relation to health, it is rarely examined through the lens of gender and Quality of Life (QoL). The Sanitation, Gender, and Quality of Life (SanQoL) study by APHRC and the London School of Hygiene and Tropical Medicine (LSHTM) seeks to address this gap by quantifying the sanitation-related QoL disparities between men and women in Kenya and India.

QoL constitutes an individual's ability to live the life they value. It extends beyond basic health metrics—it includes access to sanitation infrastructure and

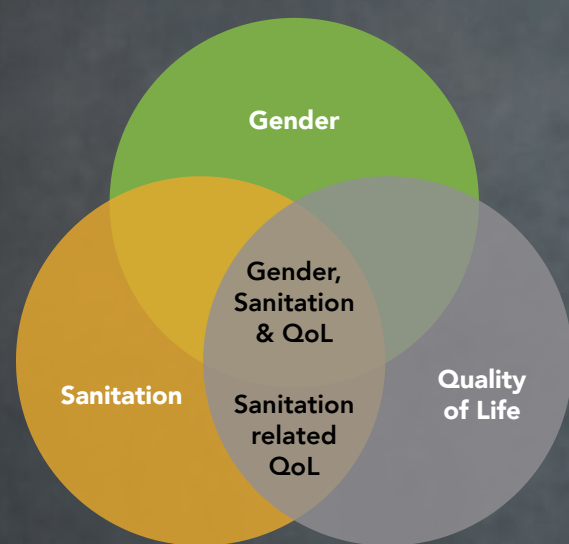
sanitation experiences measured by the SanQoL index, namely privacy, shame, disgust, disease, and safety.

Highlighting Gender Disparities

During a convening held in February 2024 in Nairobi, participants drawn from policy, research, and government gathered to set an agenda for action on gender, sanitation, and QoL. This convening affirmed the Center's commitment to gender, equity, and inclusion, emphasizing stakeholder participation to influence decision-making on many levels.

The meeting offered an opportunity for officials from Kenya's ministries of Health, Education, Water, Sanitation, and Irrigation to share their insights on national policy and service delivery with their counterparts from India, Brazil, Ghana, and South Africa. This engagement with government representatives was critical in catalyzing and driving action toward prompting change in sanitation service delivery.

Representatives from the United Nations Children's Fund (UNICEF), Emory University, APHRC, and LSHTM research teams made compelling presentations highlighting significant gender disparities in sanitation access and experiences. They noted that many WASH interventions are gender-blind, and there are substantial gaps in evidence and policy related to sanitation and gender equality.



Leveraging Expertise

Although measuring sanitation-related QoL is relatively new in the sector, other fields have made significant strides. The convening leveraged expertise from UNICEF's statistics team, CARE International, Northwestern University, and UN Women to provide insights on addressing and measuring QoL and gender in their fields.

The two-day convening concluded with world café-style working groups formed to facilitate discussions and develop actionable strategies. There was consensus that sanitation goes beyond infrastructure, dignity, safety, and equity. There is a need to integrate gender-responsive elements into sanitation policies and practices. The meeting outcomes were collated into five key themes: policy, finance, capacity strengthening, institutional arrangements, planning, monitoring, and evaluation.

Fanning Change

We acknowledge that every small initiative is a spark. Though small, this convening can ignite a more significant movement for change. The

study aims to catalyze action across governments, policies, operations, and research by leveraging this knowledge. We can drive meaningful change by listening, learning, and acting together. We anticipate that the stakeholders will take up strategic action points to achieve an impact on individuals in different countries.

Into the Future

Moving forward, our research efforts will be focused on developing and standardizing key indicators to measure gender and QoL outcomes, forming the basis for evaluating future sanitation programs. We will continue to build and strengthen partnerships with local, national, and international stakeholders to foster a collaborative approach to addressing sanitation issues. We will share insights and outcomes from the study, nationally and internationally, with other key decision-makers. We hope the insights will integrate gender and QoL considerations into sanitation policies. Consequently, sanitation interventions will be equitable and improve everyone's quality of life.

Closing Loops and Promoting Circularity: Kisumu's Young Agripreneurs' Innovative Solutions to Food Waste

By Felistus Mwalia, Communications Officer

"I would like to call on young people to commit themselves to activities that contribute toward achieving their long-term dreams. They have the energy and creativity to shape a sustainable future. To the young people, I say, you are a gift to your communities and, indeed, the world. You are our hope and our future."

Twenty years later, these inspiring words by the late Wangari Maathai during her December 10, 2004 Nobel Lecture have become a reality.

In the heart of Kisumu's Nyalenda informal settlement, the Kisumu Young Agripreneurs (KIYA), a community-organized group, is using innovative techniques to design a sustainable future by tackling the environmental impacts of organic waste, notably food waste.

According to a [publication](#) on food systems emissions in Kenya and their reduction potential, food losses and waste account for around 8-10 percent of

global greenhouse gas emissions. This is mainly from the production and disposal of wasted food. Approximately 40 percent of all food produced in Kenya annually goes to waste, amounting to 10 million metric tonnes of lost food. When the food waste ends up in landfills, it produces methane, a potent greenhouse gas contributing to the worsening climate change. In addition, organic waste poses a threat to human health and the environment.

Roy Odawa, a co-founder of KIYA, says that organic waste from local markets and households that ends up in the Kasese landfill has been a problem in his neighborhood. Recognizing the harmful effects of this waste and its power to contribute to ecological and environmental restoration and sustainability, the KIYA team saw an opportunity to transform organic waste into a valuable product, making healthy, organic food, building soil health, and helping farmers improve their livelihoods.

Using Composting and Black Soldier Fly Production as Innovative Solutions

KIYA employs composting, a simple yet effective technique to convert waste into rich compost. At

least once per week, they collect organic waste, such as fruit and vegetable peelings from Kibuye market, and bury it with soil or chopped leaves. This method produces organic manure that enhances soil health.

In addition, KIYA breeds Black Soldier Fly (BSF) larvae using the organic waste. A 2024 [study](#) demonstrated that BSF larvae have the ability to break down organic matter, effectively transforming it into high-quality frass fertilizer and a sustainable and affordable source of protein-rich feed for poultry, aquaculture, plants, and pigs. The BSF are bred to produce eggs, which are then incubated in containers. BSF mating and egg-laying occur in the love cage, a metal or wooden cage covered with netting. The eggs are laid in one specific location in the love-cage for ease of harvesting.

Egg-laying occurs in material called eggies, which are placed close to an attractant (decomposing matter producing a pungent smell) that attracts female BSFs to deposit their eggs in the eggies. Eggies vary from small strips of carton boxes to compacted small wooden planks attached. The important thing is that the eggies should have crevices where the female BSFs can insert their ovipositors and deposit the eggs. The eggies are collected from the love cages every 2-3 days to prevent the eggs from hatching while in the love-cage and are placed in hatching containers filled with a high-quality food source. This food source for the new hatchlings should be of higher nutritional value than the food used in the subsequent stages of larvae growth. BSF production addresses waste management and provides a renewable and sustainable input for food production.

An Empowerment Program for Farmers

KIYA also trains local farmers in composting and BSF production techniques, equipping them with the knowledge and tools they need to reduce their dependence on costly synthetic fertilizers and livestock feed. Farmers participating in the project can sell the organic compost and BSF products, generating additional revenue streams.

This initiative mirrors the inspirational story and journey of William Kamkwamba, a thirteen-year-old Malawian boy who, as depicted in the film "The Boy Who Harnessed the Wind," built a wind turbine to save his village from famine. Like Kamkwamba, the Kisumu Young Agripreneurs have demonstrated talent, resilience, innovation, and determination in working on community-driven solutions.



Codesigning Interventions to Support Young Mothers

By Anthony Ajayi, Research Scientist

Too many interventions are designed for young people without their input. This is borne out of the assumption that program implementers know what is best. Failure to co-design interventions results in the implementation of irrelevant and unsustainable programs that do not address young people's actual needs and goals. As a result, young people may be less likely to participate in such programs, rendering them unsustainable. Meaningfully involving young people from the outset ensures ownership and responsibility of the interventions, contributing to the program's sustainability.

Since 2021, the adolescent and youth sexual and reproductive health team, led by Caroline Kabiru and Anthony Ajayi, has been co-designing an intervention to help young mothers. The "Action to Empower Adolescent Mothers in Burkina Faso and Malawi" (PROMOTE) project offers young mothers a cash transfer if they re-enroll in school or vocational training. The program also provides vouchers for childcare and has a mothers' club where the mothers can interact with each other, learn various life skills, and create a supportive community. Currently in pilot mode in Burkina Faso, Kenya, and Malawi, the program has borne some positive impacts.

PROMOTE is an exciting initiative because it takes a holistic approach to addressing the challenges faced by young mothers. By providing cash transfers, childcare vouchers, and life skills training, we are helping young mothers overcome the barriers that prevent them from completing their education and finding employment. We have also developed a curriculum for young mothers delivered through the "mothers club," where they can share their experiences and learn from each other. These interventions were informed by interviews and discussions with young mothers and other community members about the most pressing issues they are dealing with. We have learned some important lessons through our work with young mothers over the past three years.

Key Lessons Learnt

Engaging Young Mothers Meaningfully in the Design: the process was most impactful when we engaged with young mothers as individuals, allowing us to understand their unique perspectives and needs. However, engaging with them as a group was also valuable; it allowed us to identify common challenges and priorities. We actively and respectfully listened to them individually in our cross-sectional surveys and individual interviews. Moreover, during the initial workshops, they collaborated with us to co-create and prioritize solutions to the challenges from the cross-sectional study. We maintained a nonjudgmental and open-minded stance, ensuring their perspectives were understood, acknowledged, and appreciated.

Pilot, Evaluate, and Document Learnings from the Intervention: Through the piloting, we have learned much about what works and what could be improved. Here are a few lessons we learned during the pilot.

1) We based the conditional cash transfer amount (approximately US\$10) on Malawi's national cash transfer amount to vulnerable households. However, this amount is often not adequate for young mothers' needs. Countries implementing social protection programs like cash transfers should consider an amount that enables vulnerable individuals and families to cover their basic needs, similar to the average cost of living.

2) As most of the young mothers are from low-income families, they often cannot afford to re-enroll in school or enroll in vocational training. Programs seeking to support young mothers' return to school should consider the cost of training.

3) Setting up adolescent mothers' clubs close to their homes is essential so they do not incur transport costs, thereby burdening them further.

4) We learned that the need for supportive services is higher than expected. Some of the young mothers are dealing with serious issues like intimate partner violence, mental distress, and financial stressors. These are issues that cannot be ignored, and we need to ensure they have access to critical services, including psychosocial counseling.

5) We found that creating a safe and non-judgmental environment is crucial for young mothers to feel comfortable seeking and receiving the support they need. To ensure a safe and non-judgmental environment, we conducted values clarification and attitudes transformation training for the girls attending the mothers' club and their facilitators.

6) It is vital to use child-friendly venues for the mothers' clubs so that those with limited childcare can participate. Where feasible, hiring a childminder to engage their children during the training can help young mothers concentrate and get the best out of the life skills sessions.

7) Assessing the quality of childcare centers is vital for programs that include childcare support. Young mothers need to feel their children are well protected.

We have learned that flexibility and adaptability are essential when designing interventions for young mothers. As we plan for the scale-up, we reflect on what we did and how we did it. Based on those lessons and input from the young mothers, we plan to change our approach to delivering similar interventions in the future.

Influencing Positive Change Through Co-Creation and Co-Implementation with Stakeholders

By Sheillah Simiyu, Research Scientist,
and Phyllis Busienei, Research Officer

Think about it: What are some essential services in your home without which your life would be significantly affected? Do you ever think about having clean and safe drinking water? A place to relieve yourself? Maybe, maybe not. While many people do not appreciate having these things, our lives would be negatively impacted without them. For this reason, we conduct research on water, sanitation, and hygiene (WASH) and implement projects focused on meaningful stakeholder engagement, aiming to create sustainable solutions around their implementation.

Water: A Crucial yet Rare Commodity (The Manitou Study)

Water is essential in our day-to-day activities, and its absence can significantly disrupt our daily activities. The responsibility for water supply primarily rests with the water and sanitation companies, although other partners also offer essential support. These partners are key stakeholders, and their involvement is important. One such partnership is demonstrated in the Manitou Study, which aims to evaluate water

supply in the low-income settlements of Kibera. The project started in 2020 and will end in 2024, but throughout the project, close collaboration with the water supply companies has been essential in helping the Center understand water treatment processes, identify potential challenges, and refine research questions. Engaging with key stakeholders through activities such as visits to the water intake site and community water supply points have been central to the study's success. This involvement ensures that emerging issues are addressed immediately, therefore keeping the study relevant and responsive to the community's needs.

The PATHOME Study: A Pathway to Understanding Disease Transmission

The Pathogen Transmission and Health Outcomes Models of Enteric Disease (PATHOME) study aims to understand how enteric disease is transmitted and to hypothesize social and environmental interventions that could prevent the transmission of disease-causing pathogens among children in low and middle-income areas in Nairobi and Kisumu. These diseases

are caused by a variety of pathogens that can be found in both domestic and public environments, including on objects like toys, animals, and humans, as well as fecal matter. Our study approach involved collecting samples from children and their caregivers in various environments. We engaged stakeholders at all levels, from local community members to national and global decision-makers. This engagement and co-creation have enriched our experience over the years. For example, through regular interactions with community members, we addressed cultural beliefs and overcame obstacles related to fecal sample collection. We also actively involved community members in selecting appropriate sample collection materials, including diapers and toys. This approach ensured cultural sensitivity and relevance to the communities involved. Input from county-level decision-makers helped shape the study's research questions and priorities in various ways.

Promoting Hand Hygiene Through the RECKITT Study

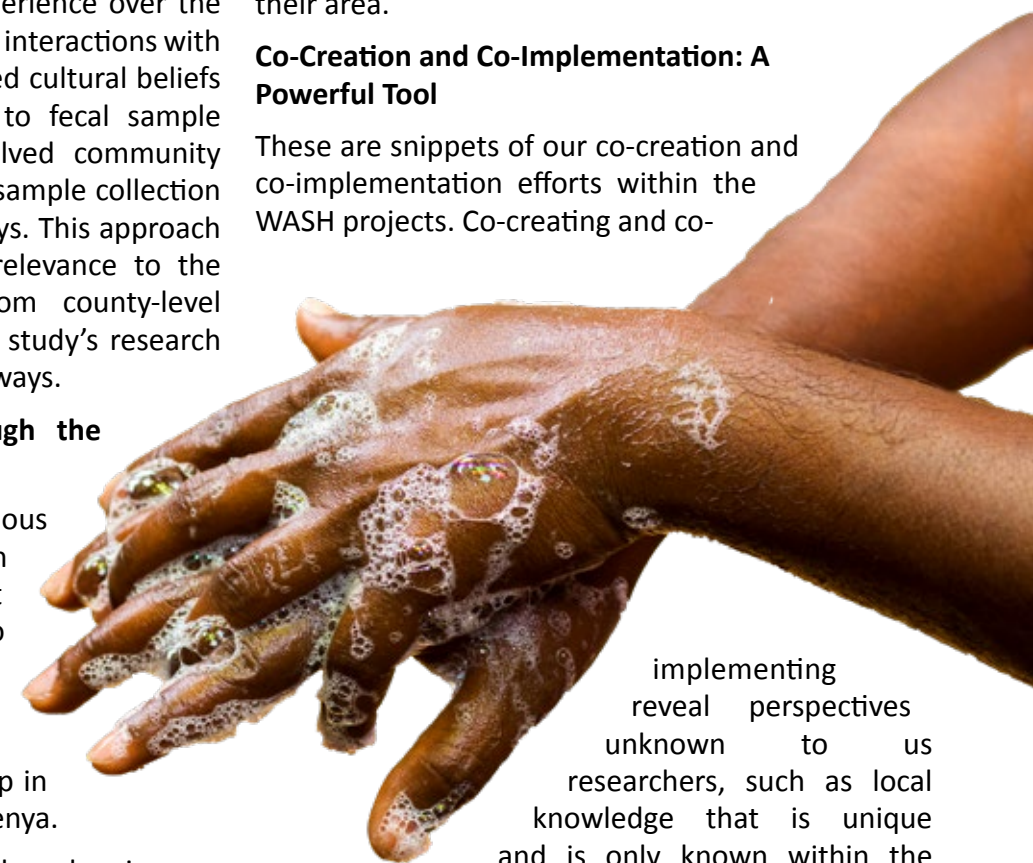
Hand hygiene prevents many infectious diseases, including the common cold and COVID-19. However, not everyone practices it correctly. To spread knowledge and sensitize people on the need for proper hand hygiene, the RECKITT study focuses on hand washing with soap in low-income areas in four cities in Kenya.

The study's second phase focused on low-income areas in the Junda sub-County in Mombasa County, and it focused on co-designing interventions with stakeholders. Our activities involved partnerships with Mombasa County, Junda sub-County, and community members in the villages in Junda. Stakeholders proposed study areas, participated in community sensitization activities, supported the design of education materials, and identified research questions for investigation. As a result, community health promoters (CHPs) owned the research project and reached out to other community members who

were not part of the study and needed sensitization about handwashing with soap. In the community, people often say, 'Mimi ni jeshi wa kuosha mikono!' (I am part of the handwashing army) because they have been sensitized. Children have created play songs, and others have become "handwashing prefects" in their communities. The community leaders now envision having the cleanest village in their area.

Co-Creation and Co-Implementation: A Powerful Tool

These are snippets of our co-creation and co-implementation efforts within the WASH projects. Co-creating and co-



implementing reveal perspectives unknown to us researchers, such as local knowledge that is unique and is only known within the community. Community members are important stakeholders and have been our gatekeepers, taking stock of the implementation of the projects and being ambassadors of the messages in our projects. Meaningful engagement of stakeholders ensures their voices are heard, their suggestions are implemented in the projects, and they take ownership of the projects. Hearing and witnessing changes brought about by water supply improvements and positive sanitation and handwashing practices is rewarding.

Innovating for Better Record Linkages: Insights from the Ruwenzori Health Surveillance Initiatives in Uganda

By Madgaline Kusuna, Program Administrative Assistant



There is increasing interest in linking population-level data and health facility records to support epidemiological research and strengthen African health systems. However, challenges and obstacles to establishing record linkages, such as the lack of unique and ubiquitous identification systems (national insurance or social security numbers and national identity cards), variation in the transcription of names, and imprecision in the reporting of dates, hinder these efforts. The Health and Demographic Surveillance System (HDSS) has been developed to address these challenges by mapping several villages in a defined geographical area and conducting repeated census rounds. During these surveys, enumerators visit households to register all household members and collect information about their demographics, mobility, deaths, and associated causes, providing a platform for collecting and analyzing information about the health conditions of the people in a specific area.

This was the case with the Ruwenzori Demographic and Health Surveillance initiatives in Kagando and Bwera in western Uganda. In October 2023, the Implementation Network for Sharing Population Information from Research Entities (INSPIRE)

awarded a seed grant to Kagando Hospital to establish systems linking individuals' HDSS records to their clinic records.

Initially, I was apprehensive and uncertain about supporting this project as a research officer. The prospect of remotely contributing to such "complex" endeavors seemed daunting, as I had no in-depth experience, at least from my academic background. However, at the time, my one-year employment at APHRC had given me a basic understanding of how research is conducted. Being involved in activities such as inception meetings, protocol development, ethical approval processes, data collection training, and study team stakeholder engagements helped me embrace the project. The work began with weekly meetings amidst tight timelines, setting the stage for collaboration and innovation. In November 2023, our inception meeting laid the groundwork, outlining project activities and expected outputs.

First, we sought ethical approvals from the Uganda Christian University Ethics Research Committee. The Kagando Hospital management team facilitated the establishment of relationships between the researchers and the community health workers. Afterward, we hired and trained the data collectors

to conduct census and mapping in Kagando and updating the population level data to link with clinic data (outpatient department) at Kagando and Bwera Hospitals.

Next, we developed deterministic and probabilistic linkage applications. Deterministic linkage uses a common unique identifier to link records from two different sources. In our case, a census identification number assigned at the household level links patient records with census records. The census data was loaded on a computer in the outpatient clinic. Whenever a patient visited the hospital, a record clerk searched their name in the census and confirmed their identity by asking security questions such as date of birth and names of other household members. This would enable them to identify the census number corresponding to the patient. This census number was then entered against the clinic identification number in real-time, enabling population-level data to be linked with hospital records. The probabilistic record linkage, on the other hand, is an automated process in which proxy identifiers such as first name, last name, village, and date of birth are used for data linkage through an algorithm that assigns scores indicating the likelihood of an individual identified in the census being the same in the hospital records.

It was exciting to see the tools being developed and implemented. I was actively engaged in the development process, collaborating with the software development team to ensure the tools met the desired objectives. I coordinated with the team to integrate the various components to optimize functionality and usability. During the demonstration and pilot sessions, I played a crucial role in sharing feedback from a user perspective, specifically on how the tool could be modified/enhanced to meet the desired needs and documented recommendations from

other team members. The documentation of feedback and follow-up for action ensured that the necessary adjustments were implemented effectively, contributing to the refinement of the tool. The capacity-building sessions with the consultants played a vital role in enhancing these tools. The tools were developed and deployed in October 2023 and March 2024. By the end of that month, at least 1,000 individuals were linked using deterministic linkage and 200 individuals using probabilistic linkage. The linkage is ongoing, and the feasibility of integrating population and health data is becoming increasingly evident. These findings will catalyze future research endeavors, empowering researchers to craft innovative data linkage studies and explore pressing health and population research updates through data science.

Soon after, a colleague shared a link to an upcoming data linkage network conference (the International Population Data Linkage Network) scheduled for September 15 to 19, 2024 in the USA. With only two days until the abstract submission deadline, we drafted and submitted two abstracts, both of which were accepted for oral presentation. I am proud to be the lead author of the first abstract, "The Experiences from Health and Demographic Surveillance System in Western Uganda," and co-lead on the second, "The Application of Deterministic and Probabilistic Methods of Data Linkage Methods to Link Population and Health Data in Western Uganda". This is a testament to the remarkable growth and achievement journey in just six months. This journey has been a learning experience, deepening my knowledge and research skills. It has also improved my problem-solving and management skills, which are core to project implementation. In addition, I have learned the need to push myself beyond my comfort zone, taking challenges as opportunities to discover hidden strengths.



Echoes from the West Africa Regional Office

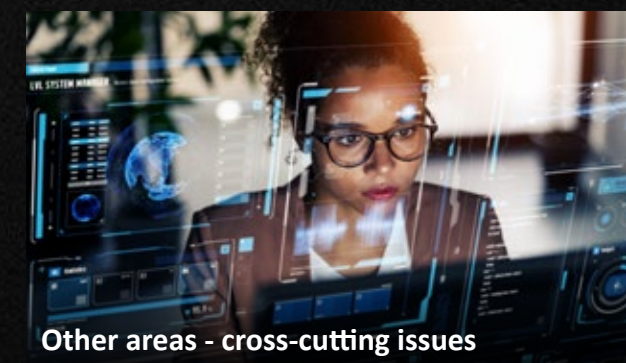
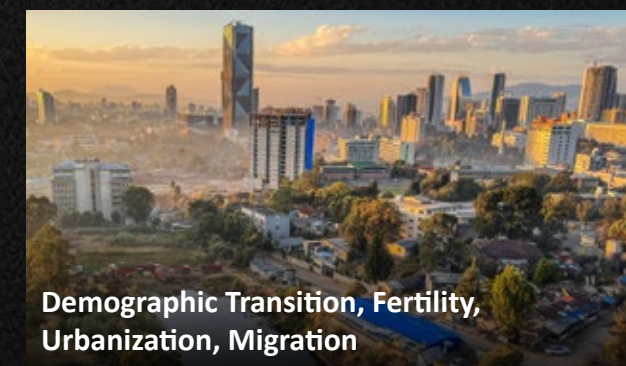
Cheikh M. Faye, APHRC West Africa Regional Director

“Since its establishment in 2019, our regional office has positioned itself as a key player in health and demographic research in West and Central Africa. Our mission is to contribute to the achievement of APHRC’s Strategic Plan [2022-2026] by producing high quality data, promoting the use of this data to influence public policy and building regional & local capacity in data research and analysis.”

Our Presence

Map of African countries showcasing where projects are being implemented. The countries include Senegal, Mauritania, Mali, Guinea, Ghana, Sierra-Leone, Liberia, Côte d’Ivoire, Burkina-Faso, Niger, Chad, Central African Republic, Nigeria, Cameroon, Democratic Republic of Congo, and Madagascar.

Our Program Areas



Empowering African Communities by Creating Youth Employment Opportunities

By Diana Munjuri, Senior Communications Officer & Assane Diouf, Senior Communication Officer

When 31-year-old Musiimenta Onesmus graduated with a bachelor of Economics and Statistics degree from Kyambogo University, Uganda in 2018, he felt an overwhelming sense of joy and happiness. The world seemed a little brighter as he hoped to secure a job immediately. This would in turn help to cater for his basic needs and those of his large family. However, this did not turn out as anticipated. Like thousands of other African graduates released into the highly competitive job market every year, his search for a job opportunity was met with a myriad of challenges.

"It was not easy to secure any job due to stiff competition in the job market for the four years I looked for one. This, coupled by the onset of COVID-19, stalled almost everything. Life was complicated with no work and source of income to cater for my basic needs. I did several interviews in different institutions but got regrets," Onesmus recalls.

His fate would change in 2023 when he got an internship opportunity at Kayunga district local government, one of the African Population and Health Research Centre (APHRC) projects in collaboration with Development Initiatives, Gates Data Systems project focus areas in Uganda.

"The internship opportunity has been very helpful. It has increased my knowledge and skills. It has granted me an opportunity to put into practice what I learnt in school. I also learnt team work, problem-solving and critical thinking, communication, time management and completion of assignments in a stipulated time given," Onesmus says.

For 33-year-old, Rhamar Akare Ousmane, a Corporate Communications graduate from Niger, securing an internship through the Gates Data Systems Project has granted him an opportunity to master data collection and entry techniques as part of the project's aim to strengthen value chains in sub-Saharan Africa using the DHIS2 platform. The project also provided him with a valuable networking opportunity.



"The internship on the value chain project enabled me to meet several agents and managers in the region, and my participation in meetings enabled me to make professional contacts in the sector," Rhamar shares.

In Burkina Faso, 24-year-old Zongo Gedéon Guetawendé's internship opportunity through the project has been beneficial not only to him but also to his family. From the stipends, he has been able to support his household.

"I was also able to meet my basic needs thanks to the money earned. I was also able to enroll in training courses and pay off the balance of my schooling, as well as that of my younger brothers and sisters," Zongo testifies.

Since 2020, APHRC, in collaboration with Local Implementing Partners in Burkina Faso, Niger, Senegal, and Uganda, has been strengthening national and sub-national data systems through

the Gates Data System project. The project aims to fill evident gaps in national data ecosystems through the implementation of catalytic micro-examples to strengthen subnational data systems in these countries and create opportunities for youth employment and Africa-led growth.


Since its inception, the project's implementing partners have prioritized engaging young graduates of data science related science, technology, engineering and mathematics courses from local universities as interns who have supported this project. They have used the data that has been curated as tools to improve their own livelihoods and those of their peers.

Furthermore, local administrative units hosting this project have put in place sustainable plans of absorbing these young people into their civil services as data analysts and planning officers, which will further strengthen the data value chain.



Revolutionizing Healthcare Systems in Africa for Future Generations

By Diama Diop DIA, Senior Communications Officer



In West and Central Africa, early childhood care (ECC) and long-term care (LTC) systems are crucial pillars for the well-being of communities. However, these systems are often underdeveloped, and the efforts needed to improve them are immense. It is in this context that our “Hewlett Healthcare System” project operates, with the ambitious goal of transforming these systems by leveraging existing values and strengths while enhancing the quality of care.

With an Africa-centered vision, the project aims to establish an Africa-led research and policy engagement effort to inform and advance political action for developing care systems and economies that meet the needs of young children and those requiring long-term care. The goal is twofold: to reduce the unpaid care workload often borne by women and to redistribute this burden more equitably. The first step involves generating in-depth, Africa-specific knowledge to clarify the policy directions and investments needed to develop care infrastructure and services, both for young children and for long-term care. By focusing on the current contexts, arrangements, experiences, and economic and social impacts of care, we aim to provide robust evidence and theoretical perspectives that will inform future policies.

An innovative aspect of our project is the development of macroeconomic tools to estimate the size and contribution of both unpaid and paid care economies

to national income. These tools will quantify the effects of policies aimed at expanding care services and infrastructure, thus providing concrete data to support political and economic decisions. However, we recognize that generating knowledge is not enough. It is crucial that this knowledge is adopted and utilized by policymakers and decision-makers. To achieve this, we are bringing together coalitions of advocacy actors, thereby promoting the use of evidence and arguments by key political actors and interest groups in shaping regional and national policy agendas.

Our project prioritizes global collaboration and learning and seeks to connect African scholars and experts with counterparts from other regions of the world. By fostering joint analysis and learning within the framework of the global “care economies in context” initiative, we aim not only to strengthen African care research but also to contribute to global debates in this field.

Drawing on African values and mobilizing existing strengths, our “Hewlett Healthcare System” project is committed to transforming care systems for a better future. We are confident that through solid research, effective political engagement, and global collaboration, we can create care economies that value and equitably redistribute care work, while improving the quality of life for millions of people across Africa.

Tackling Child Marriage and Early Pregnancy: Transformative SRHR Strategies for Adolescent Girls in Senegal

By Diama Diop DIA, Senior Communications Officer & Sokhna Thiam Associate Research Scientist

In the regions of Kaolack and Gossas in Senegal, adolescent girls aged 10-19 face significant challenges, including child marriage and early pregnancy. These issues not only hinder their personal development but also perpetuate cycles of poverty and inequality. To address these pressing concerns, the “Improving Health of Adolescent Girls in Senegal -ADOS” program, co-funded by the International Development Research Center (IDRC) and Global Affairs Canada, has launched a critical project in Kaolack and Gossas led by APHRC in collaboration with ENDA-Sante to identify and implement effective evidence-based interventions to prevent and reduce these harmful practices. This partnership draws on the strengths and expertise of both organizations to address the multiple challenges faced by adolescent girls.

The project’s primary objective is to generate robust evidence and use it to inform strategies that can effectively combat child marriage and early pregnancy. By focusing on these key areas, it aims to create a safer and healthier environment for adolescent girls, ensuring they have the opportunity to pursue education, develop their potential, and contribute to their communities. To strengthen implementation capacity and intervention

effectiveness while promoting sustainable change. The project is not an isolated effort but a significant component of the broader national strategies for adolescent health and well-being. It aligns with and supports the National Strategy for Adolescent/Youth Health in Senegal and the Strategic Plan for Sexual and Reproductive Health of Adolescents/Youth in Senegal. By reinforcing these national strategies, the project contributes to a more coordinated and effective approach to improving the health outcomes of young people.

The potential impact of this project is profound. By reducing child marriage and early pregnancy, the initiative will help:

- 1. Enhance Health and Well-being:** Delaying marriage and pregnancy reduces health risks associated with early childbearing, including maternal and infant mortality
- 2. Improve Educational Outcomes:** Girls who are not forced into early marriage or pregnancy are more likely to stay in school and complete their education, leading to better job prospects and economic independence.
- 3. Break the Cycle of Poverty:** Educated and healthy girls are more likely to lift themselves

and their families out of poverty, contributing to broader economic development.

- 4. Promote Gender Equality:** Empowering girls to make informed choices about their lives and bodies helps advance gender equality and women’s rights.

This project is a critical step towards improving the lives of adolescent girls in Senegal. Through evidence-based strategies, collaborative efforts, and alignment with national strategies, this initiative holds the promise of transformative change. By addressing the root causes and consequences of these issues, we aim to contribute to a future where every girl can achieve her full potential, free from the constraints of early marriage and pregnancy.





Transforming Women's Children's and Adolescents' Health in Africa

By Diana Munjuri, Senior Communications Officer

The Countdown to 2030 project, funded by the Gates Foundation and under implementation by APHRC, is a pioneering initiative that leverages data to drive advocacy and accountability in women's and children's health. Since its inception in 2016, the initiative has attained commendable achievements. It has established collaborations with public health institutions and ministries of health in 26 countries in Africa, up from 15 in 2020.

As part of its mandate, the Countdown to 2030 project collects, synthesizes and analyzes data on intervention coverage, and equitable access. It also examines critical policies, financial resources, and health systems that are determinants of a country's progress in expanding coverage and improving women's and children's lives. This promotes effective action and strengthens efforts to hold governments and development partners accountable for fulfilling their commitments towards Sustainable Development Goals and the Global Strategy for Health, aiming to end preventable deaths by 2030.

Comprehensive Monitoring and Reducing Inequalities

Regular statistical profiles on women's and children's health country profiles and equity profiles for all low—and middle-income countries further help boost the project's profile in implementing countries. The project has published findings in journals such as BioMed Central (BMC) Reproductive Health in 2021 and in many stand-alone scientific publications. In journals like the BMJ Global Health and the Journal of Global Health, the project has spotlighted the progress made in effective coverage measurement of women's, children's, and adolescents' health, including health facility data analysis.

Equally noteworthy is the project's improved progress monitoring processes. Countdown to 2030 has achieved this through multi-partner efforts, including the UN's Every Woman Every Child progress reports, the annual reports of the Independent Advisory Panel, Global Financing Facility (GFF) progress tracking in countries, UNFPA's State of the World's Population Report, and the Global Nutrition Report, as well as technical collaboration with UNICEF and WHO. Additionally, through the Exemplars in Global Health project, the initiative has identified factors that have contributed to improved maternal and newborn health in seven Asian and African countries.

Countdown to 2030 has also established six data analysis centers supporting GFF countries with tools and methods for data analysis. These centers contribute to the global synthesis of country evidence by maintaining a data repository, monitoring and measuring progress and performance in Reproductive, Maternal, Newborn, Children's, and Adolescent Health and Nutrition (RMNCAH+N).

Living up to its commitment to advancing RMNCAH+N globally, Countdown has hosted more than 20 analytical workshops since 2016. This year's workshop, held in Kigali, Rwanda, from April 22-26, 2024, brought together over 260 researchers and data analysts from academic institutions and Ministries of Health in 26 countries across Sub-Saharan Africa, and development partners including APHRC, World Bank, GFF, BMGF, UNICEF, WHO, WAHO, GAVI, and USAID. Their collective aim was to conduct an endline analysis and establish national and subnational-level estimates for crucial RMNCAH+N indicators.

Capacity Strengthening of Young African Researchers

Last year, the project launched a Fellowship Program to strengthen research and analytical capacities for monitoring and tracking the progress of life-saving interventions for RMNCAH+N in its collaborating countries across Africa. Every year, the program will recruit about 10 young fellows from countries with ongoing Countdown collaboration through a competitive process.

The fellows are trained to contribute to country collaboration activities by leading the drafting of reports or other technical and communication products, attending two analytical trainings at APHRC, attending virtual and face-to-face meetings with mentors and technical facilitators, drafting and submitting at least one article to an international peer-reviewed journal, and submitting a progress report every three months.

At the end of the analytical trainings held for both the 2023 and 2024 cohorts, each fellow had finalized their research projects, including analytical methods, products, and timelines. They had set up a plan for writing and publishing manuscripts on findings from their research project, started data analysis for their research projects-preliminary findings, acquired skills to conduct systematic reviews and meta-analyses, and acquired relevant scientific writing skills and publishing tips.

Commitment to a Healthier Tomorrow

The project remains committed to improving the monitoring and measurement of women's, children's, and adolescent health. These efforts are geared towards accelerating the achievements of the SDG goals on good health and wellbeing, gender equality, and reduced inequalities, among other things.



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