

APHRC

NEWS

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Evidence to Action
One Life at a Time



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Executive Director Remarks

“In the midst of chaos, there is also opportunity” – Sun Tzu.

2025 has gotten off to a tumultuous start, with a lot happening across the globe. It would be impossible to begin without mentioning the USAID funding cuts that have wreaked havoc across the continent, disrupting health and humanitarian programs, halting research projects, and resulting in numerous job losses. I have widely opined on this matter, increasingly calling for a change of course: a rethink of health and data systems and how development aid is managed. At APHRC, we also embarked on reconfiguring and making adjustments to our plans, in light of the unfolding chaos. “In the midst of chaos, there is also opportunity” – Sun Tzu.

The year’s first newsletter is themed ‘Evidence to Action: One Life at a Time.’ In this issue, our staff narrate about our work and share their expertise in interesting, engaging, and informative articles. Basically, you are spoilt for choice depending on where your interest lies.

All the research data we collect and analyze, every policy we shape has the power to transform someone’s life, and it is that intersection between knowledge and humanity, where real change begins. Our staff highlight our interventions in research and policy work, in building capacity across the evidence value chain across the continent, and what drives our quest for change.

From Operations, we learn about the Center’s commitment to safeguarding, strengthening organizational knowledge management, and the effects of funding cuts on gains made. The Research and Related Capacity Strengthening team discusses the importance of high-quality websites in enhancing the visibility of African research, and we get a glimpse of the newest cohort of the Consortium for Advanced Research Training in Africa (CARTA) program. The West African Regional Office shares stories of how we are collaborating with local stakeholders to end child marriage, increase the uptake of family planning, and foster trust in the local health system. The Research program covers epilepsy, the challenges of urban parenthood, reproductive, maternal, newborn, and child health (RMNCH), mental health interventions in Africa, education data systems, tackling under-five mortality, handwashing, sex education, and technology. The Policy Engagement and Communications program discusses structured literacy intervention, reproductive health advocacy, and women’s recovery following the COVID-19 pandemic.

APHRC remains committed to building that bridge—from research findings to implementation, from data to policies, from evidence to action, one life at a time.

Happy Reading!

Catherine Kyobutungi



When Funding Cuts Reverse Gains Made

By Sheena Kayira, Business Development Manager



For nearly a decade, my sister Aisha had dedicated her life to saving others, one life at a time. As a maternal and child health specialist in Malawi, she worked tirelessly to ensure that expectant mothers in remote villages received the care they needed. She mobilized community clinics and trained community health volunteers (CHVs) using evidence-informed guidelines on lifesaving procedures, including conducting prenatal screenings, identifying high-risk pregnancies, ensuring safe delivery practices, providing newborn care, offering nutrition counseling, and recognizing early signs of complications. By equipping CHVs with these critical skills, she helped create a safety net for mothers and infants who might otherwise have been without medical support. She saw the difference her work made- from newborns taking their first breaths because their mothers had access to safe deliveries to malnourished infants growing stronger with proper guidance and care.

But in January 2025, everything changed.

Without warning, the multi-million-dollar USAID-funded program that facilitated her work terminated the contracts of approximately 3,000 employees across eight districts in Malawi. The sudden stop-work order, a result of broader shifts in global aid priorities, brought an abrupt end to essential services. Rural clinics that once bustled with activity fell silent. The structures that enabled the work of CHVs crumbled. Pregnant women who had relied on routine check-ups and guidance were left with nowhere to turn.

Aisha was one of the thousands left jobless overnight. But more than losing her employment, she lost the ability to serve the communities she loved. “One day, we were in the field helping mothers deliver safely. Next, we were told to stop our project activities just like that!” she recalls. “I still think about the women who were in their final trimester and the babies who needed postnatal care. Even if we wanted to stay and help out of compassion, how many could we truly support without the necessary resources?”

Aisha’s story is just one of many. Across Africa and beyond, funding cuts are dismantling critical health, education, and research programs-

that had, for years, helped lift communities out of helpless situations and improve lives. There is a case of a youth mentorship initiative that had helped keep thousands of at-risk adolescents in school, but lost its funding after a major donor pulled out. This may expose them to early marriages or menial labor to survive. Or a case of a malaria prevention project that distributed treated bed nets and provided rapid infection treatment, but the funding was abruptly cut. The consequences were immediate: within weeks, hospitals in affected districts reported a surge in severe malaria cases, many involving young children.

The domino effect of these cuts is devastating. It is not just jobs disappearing- it is many affected lives.

The vision is clear: an Africa where research, health, education and development programs continue to thrive, even when international donors shift priorities; where governments allocate consistent funding to R&D as a cornerstone of national development; where private and public sectors collaborate to drive innovation; and where communities can count on stable, uninterrupted health and social services.



Reimagining Research and Development Financing in Africa

For years, Africa’s research and development (R&D) ecosystem has largely relied on external funding, with global donors determining the agenda and which programs to prioritize. APHRC, in collaboration with the Science for Africa Foundation (SFA), is leading an urgent initiative to shift this dynamic while continuing to foster strategic alliances with global donors. This effort is more than just plugging the gaps left by retreating donors. It is about redesigning a sustainable, Africa-led funding pathway that ensures the future of research, healthcare, and education is not dictated by decisions made elsewhere. A system where African governments, private-sector partners, funders and regional institutions work together to secure long-term investments in critical sectors.

This requires a collective reimagining of funding initiatives. It means forging new partnerships with organizations, like-minded global development actors, the African Union, the African Development Bank, and regional economic blocs. It means engaging the private sector- telecommunications giants, fintech companies, and African-owned enterprises- to invest in Africa-led data systems and governance, healthcare, and education. It means strengthening legislative frameworks so that domestic financing for R&D is not an afterthought but a priority.

Aisha, like many others, is still picking up the pieces of a life abruptly disrupted. But she hopes that the crisis will serve as a wake-up call. “We cannot keep depending on funding that can be taken away overnight,” she says. “We need to find a way to stand on our own. The future of Africa’s research, health, education, and development depends on it.”

Strengthening Organizational Knowledge Management and Learning Practices

By Sylvia Kimingi, Knowledge Management and Learning Officer, and Evans Simiyu, Senior Knowledge Management and Learning Officer

Picture this: A construction crew building a skyscraper. All workers at the site rely on detailed blueprints to ensure every beam, bolt, and brick is placed correctly. If those blueprints were to be lost, each worker would have to guess their next move, leading to mistakes, delays, and potential disaster—chaos would be inevitable. Just as blueprints guide the construction process, knowledge management and learning practices ensure that organizations have a structured approach to utilizing knowledge generated within the organization. The process involves identifying, creating, capturing, storing, sharing, and applying critical knowledge to drive long-term success and impact.

In today's knowledge-driven world, organizations must consume vast amounts of knowledge generated to remain competitive and effective. As a research-to-policy institution, APHRC generates immense scientific knowledge in evidence format—our most valuable resource. However, its impact extends beyond what we know, and the actual value lies in how we leverage and share that knowledge to drive change. This is where knowledge management plays a crucial role.

At APHRC, our Knowledge Management Plan provides a structured approach to ensuring the right knowledge reaches the right people at the right time to make the right decision to enhance evidence generation and use. This strategy integrates a set of initiatives, systems, and behavioral interventions designed to effectively identify, create, store, share, and apply knowledge within the organization's workflows, ultimately improving program/project's efficiency and impact.

Implementing structured knowledge management and learning practices brings numerous benefits, such as strengthening learning, collaboration, and organizational growth. First, centralization and

easy access to knowledge products improve decision-making by providing employees with timely and relevant knowledge. It also enhances employee competence, equipping staff with the necessary insights to perform in their roles while reducing the onboarding time for new staff. Furthermore, fostering a learning culture through Pause and Reflect sessions, documenting best practices, and capturing lessons learned supports continuous learning and adaptation. These practices help teams to improve their approaches, avoid repeating past mistakes, and build on past successes.

Also, quick and easy access to Subject Matter Experts (SMEs) who are recognized authorities with profound knowledge, expertise, and practical experience in a specific field through the SME directory. This directory optimizes the interaction between experts and knowledge seekers to increase productivity and efficiency. This initiative is aimed at facilitating mentorship, enhancing professional growth, problem-solving, and ensuring that challenges are addressed swiftly and effectively. Additionally, participation in Knowledge Cafés and Communities of Practice (CoPs) promotes collaboration and knowledge exchange. These platforms create spaces where staff can share insights, brainstorm solutions, and leverage expertise to foster innovation and teamwork.

Finally, knowledge and transfer initiatives support retention of valuable institutional memory. By systematically preserving critical knowledge and expertise, organizations mitigate the risk of knowledge loss due to staff transitions, ensuring continuity and sustained growth. By institutionalizing knowledge management and learning practices, APHRC cultivates a learning culture in which knowledge drives impact.



Building a Safer Future Through Safeguarding

By Phyllis Mungai, Senior Legal and Compliance Officer

Imagine Zuri (not her real name), a young refugee in her mid-twenties, standing in line at a food distribution center, her child's hand gripping hers tightly. She has already lost so much - her home, her community, and the life she once knew. Luckily, relief has finally arrived. Aid workers move swiftly, handing out sacks of grain, clean water, and medical supplies. For a fleeting moment, she exhales, grateful that her child won't go hungry today.

Then, it happens.

As she steps forward, the man behind the desk doesn't just pass her the essentials. He leans in, his voice barely above a whisper, naming his price. Not money, but something far more degrading. She freezes. A storm of fear and fury churns inside her, but survival outweighs everything. If she refuses, will she be turned away? Will her child go hungry? Around her, others stand in quiet desperation, eyes downcast and bodies tense. Have they been given the same ultimatum? Who can she tell? Even if she dares, who will listen?

For years, stories like Zuri's were buried in silence, dismissed as rumours, and written off as isolated incidents. But they weren't isolated; they were everywhere. Across humanitarian missions, workplaces, and institutions meant to protect, safeguarding failures didn't just enable abuse - they shattered trust, silenced victims, and left the most vulnerable without protection.

Then, one day, the silence shattered.

The #MeToo movement showed the world the power of collective voices. Survivors spoke out. Some in whispers, others risking everything to be heard - because the truth, once unearthed, demands action; and accountability always follows. One by one, investigations exposed the reality that had long been ignored. Organizations faced scrutiny, reputations crumbled, and the cracks in systems designed to uphold integrity became impossible to deny. What was once hidden in silence was now out in the open, and the world could no longer look away.

This isn't just a story. It happened. It will happen again unless safeguarding shifts from policy to practice. Safeguarding is a fundamental duty to protect people from harm, abuse, and exploitation, no matter where they are. It means building environments where the vulnerable are safe, the powerful are held accountable, and silence is never the only option. Real protection is about ensuring that no one, whether in a crisis zone or a corporate office, has to choose between silence and survival.

APHRC's Five Pillars of Protection

At the African Population and Health Research Center (APHRC), safeguarding is etched into the soul of our work. It means protecting the dignity, rights, and well-being of everyone we encounter, from our staff and partners to the research participants and communities we serve. The Center has developed five Integrity Policies, each serving a distinct purpose in creating a culture of safety and accountability.

The Safeguarding Policy anchors our overall approach, ensuring everyone we work with is treated with respect and care. The Policy on Working with Persons at Risk provides clear guidance for ethical engagement with children, persons with disabilities, and the elderly. The Policy on Harassment makes it clear that abuse of any kind - whether verbal, physical, or psychological - has no place at APHRC. The Anti-Fraud and Anti-Bribery Policy protects the integrity of our work by holding us to the highest standards of transparency, while our Whistleblowing Policy offers safe, confidential channels for reporting concerns without fear of retaliation. Together, these five policies shape a culture where safeguarding is a responsibility and a shared value.

Dedicated Oversight

Without oversight and accountability, even the best policies fall short. The Center has established a dedicated Safeguarding Committee, led by a Safeguarding Manager, to turn policy into practice. This team plays a critical role in ensuring compliance, responding to concerns, and providing regular training and capacity-building for staff and partners.

This proactive approach ensures that safeguarding is not an afterthought but an ongoing priority.

A Culture of Speaking Out

At the Center, we believe no one should be silenced by fear. To ensure every voice can be heard, there are five confidential reporting channels in existence. Ranging from an anonymous online platform to direct access to leadership, suggestion boxes at all our offices, to emotional support through our Employee Assistance Program, and the Safeguarding Committee. These multiple avenues reflect our commitment to accountability, trust, and a culture where speaking up is always safe and supported - because no concern is too small to be heard.

A Promise in Motion

Zuri's story should never have happened - but it did. For too many others, it still does. The question is not whether safeguarding failures exist, but what we are willing to do about them. A safer future is not built on silence, nor on policies alone. It is built through action, by holding perpetrators accountable, by ensuring that every voice is heard, and by creating systems where abuse or exploitation is not just condemned but prevented.

At APHRC, safeguarding is more than a responsibility; it is a promise. A promise that no one should have to suffer in the shadows. A promise that every individual, no matter their circumstance, deserves protection. And a promise that a safer future isn't just possible - it's being built, one life at a time!

Amplifying CSO Voices in Advancing Reproductive Health Advocacy

By Jane Valentine Mangwana, Policy and Advocacy Project Manager

Civil society organizations (CSOs) and human rights defenders working in reproductive health and rights face several challenges, including stigma, intimidation, shrinking civic space, and opposition from conservative groups. In the same breath, many CSOs often struggle to articulate policy issues and priorities, limiting their ability to engage effectively with policymakers.

Cognisant of these barriers, APHRC, the Guttmacher Institute, implemented a four-year Sexual and Reproductive Health and Rights (SRHR) capacity-strengthening project in Liberia and Sierra Leone from 2022 to 2025. The project's primary objective was to equip reproductive health champions and local CSOs in both countries with the skills and tools necessary to advocate for reproductive health policies. The need for capacity strengthening and knowledge exchange among SRHR experts was identified following a landscape analysis to understand policy issues surrounding reproductive health in both countries. Coincidentally, both Liberia and Sierra Leone were at a point where they were pushing for the adoption and implementation of reproductive health bills that could significantly advance the rights of women and girls.

The project's implementation adopted two key approaches: capacity strengthening for CSOs on policy advocacy and communication, and sub-granting to in-country partners who led advocacy activities on the ground. The two partners, Sisteraid Liberia and the Alliance for Women's Development (AWOD) from Sierra Leone, were identified to implement advocacy activities on site, with technical guidance and support from APHRC.

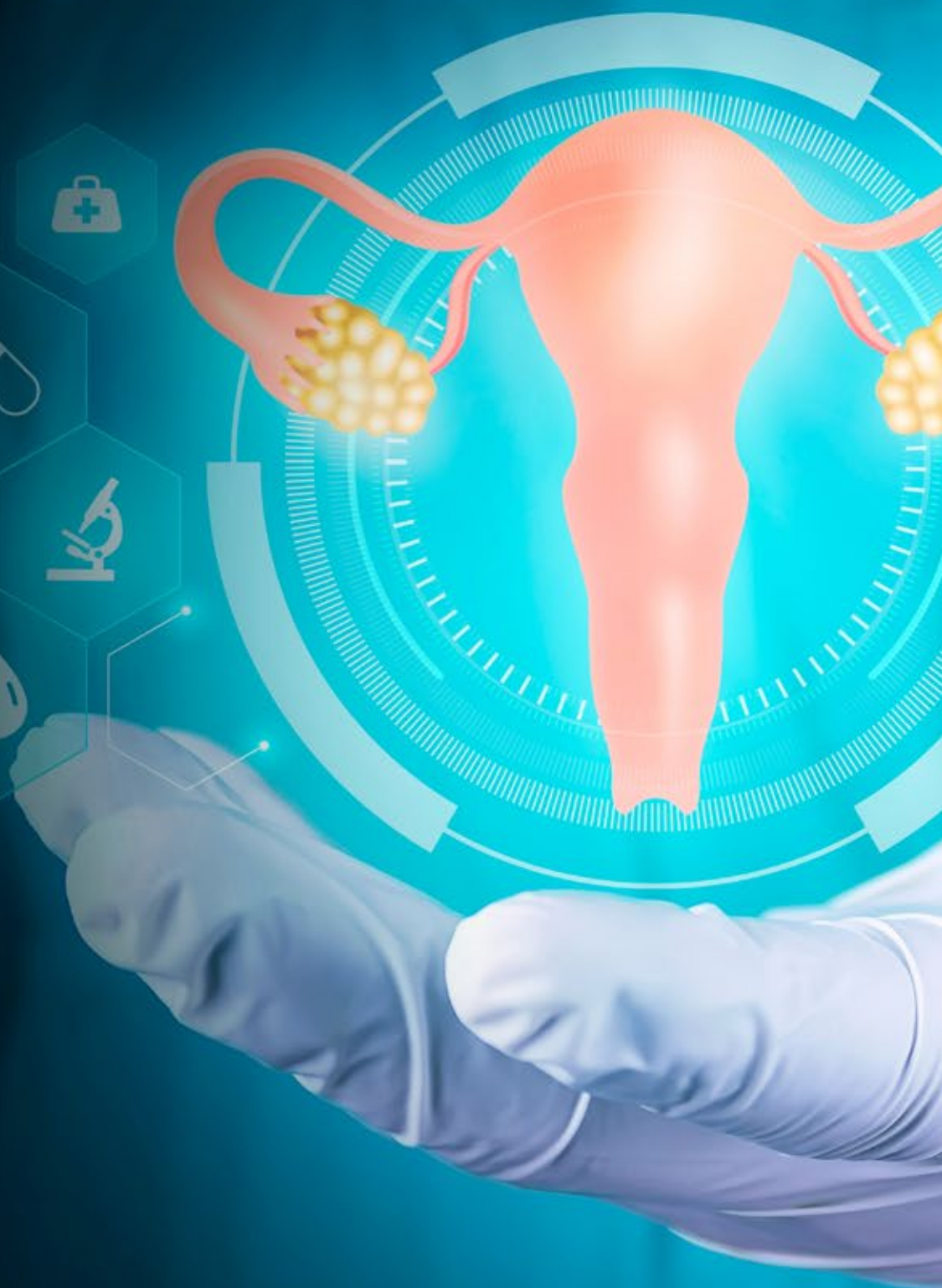
The capacity strengthening component covered critical topics such as developing key messages for different audiences, evidence use and uptake, developing policy briefs, monitoring and evaluation through outcome harvesting, and understanding the reproductive health landscape within the unique contexts of Liberia and Sierra Leone, among others. APHRC complemented the policy advocacy and communications component with the institutional capacity strengthening, which included grant writing, project management, and an introduction to financial basics. All sessions were tailored based on the participants' feedback, which helped to identify specific needs. This approach ensured that CSOs utilize the policy advocacy skills acquired for more meaningful engagements and

strengthen their institutional financial systems and processes to attract more funding.

Notwithstanding, and like any other project, there were notable challenges during the implementation, including the stigma associated with reproductive rights work among some of the stakeholders, data and evidence gaps, political and electoral processes in both countries that necessitated rescheduling of some of the engagements, and opposition from religious and traditional leaders. The project team proactively anticipated most of the challenges and had a mitigation strategy to address them. These included working closely with in-country consultants and providing real-time updates on policy developments relevant to the project. The project team also collaborated with the Challenging the Politics of Social Exclusion (CPSE) project to achieve synergy and coherence across both countries.

One of the key achievements of capacity strengthening for reproductive health champions was enhanced and strategic engagement with decision-makers. This helped lay a stronger foundation for sustained advocacy efforts and policy influence in Liberia and Sierra Leone. Additionally, there was greater clarity for CSOs in framing reproductive health issues for policy engagement. Also, there was growth and increased online presence among partners, and as a result, two institutions secured funding by sharing their stories of impact. Another success story was the emergence of more youth advocates who were confident in articulating SRHR work in different forums. These accomplishments underpin the transformative power of strengthening the capacities of local CSOs in policy advocacy.

As a reflection, there is hope in contributing to improved reproductive health outcomes for women and vulnerable communities through our work. With the current attacks on the gains made in reproductive rights globally, now more than ever, there is a need for continued efforts to empower CSOs and human rights defenders with the right tools to navigate the reproductive health and rights challenges.



Empowering Young Minds: The Impact of a Structured Literacy Intervention in Kenya

By Davis Muli Musyoki, Communications Officer

Literacy is the foundation of education, yet mastering reading remains challenging for many young learners. In Kenya, a significant number of early-grade students struggle with reading fluency, a gap that can hinder their overall academic progress. Recognizing this need, the Developing Readers Program (DRP), an initiative by APHRC, made remarkable strides in supporting struggling readers.

A Targeted Approach to Literacy Improvement

The DRP was designed as a structured remediation intervention targeting primary school learners in grades 2 and 3 who were at risk of reading failure. Implemented in Kiambu County, the program employed a structured pedagogical approach, placing learners into small, homogeneous groups based on their reading proficiency. Teachers were trained to provide targeted, evidence-based instruction, focusing on foundational literacy skills, including letter recognition, syllable reading, and reading comprehension.

Transforming Learning Outcomes

The impact of the DRP has been transformative. As per the program's evaluation report, at the beginning of the intervention, 43.3% of the learners were categorized as non-readers, unable to read any words correctly. However, by the end of the 13-week intervention, this figure had dropped significantly to 18.9%. Even more encouraging, 37% of learners who initially struggled with reading graduated to the emergent and fluent reading levels, marking a significant breakthrough in their literacy journey.

This improvement was made possible through structured and engaging remedial sessions. The lessons, which incorporated metalinguistic games and interactive exercises, made learning fun and accessible for the students. Teachers employed differentiated instructional strategies, ensuring each learner received the necessary support tailored to their specific needs.

The Role of Teachers and Stakeholders

A key success factor of the DRP was the comprehensive teacher training component. Educators were equipped with practical skills to identify struggling readers and implement structured intervention strategies. Continuous coaching and classroom observations ensured teachers remained motivated and effective in delivering the curriculum.

Stakeholder involvement also played a crucial role in the program's success. The Kenyan Ministry of Education, local curriculum officers, and school administrators actively supported the program's implementation. This collaborative effort not only strengthened the intervention but also paved the way for its sustainability and potential scale-up to other regions.

Building on Previous Literacy Interventions

The DRP builds on the successes of other literacy programs in Kenya, such as the Tusome Early Grade Reading Activity and the Primary Math and Reading (PRIMR) study. For instance, the Tusome program significantly increased the number of fluent and emergent readers in English and Kiswahili. Similarly, the PRIMR study demonstrated that structured pedagogical approaches can significantly enhance literacy outcomes among early-grade learners.

The DRP complements these efforts by focusing on learners who continue to struggle despite broader interventions. By targeting students with reading difficulties through a tiered response-to-intervention model, the DRP ensures that no child is left behind.

Best Practices for Literacy Programs

The importance of early intervention cannot be overemphasized. According to the DRP program's findings, most teachers initially believed remediation should start later in primary school. However, by the end of the intervention, nearly all educators agreed that literacy support should begin as early as first grade. This shift in perception highlights the importance of early and structured literacy interventions in addressing reading difficulties before they become established.

Equally critical is the effectiveness of teacher-led assessments and progress monitoring. The biweekly assessments conducted during the program helped educators track learner progress and adjust instruction accordingly. This data-driven approach ensured that learners received timely and appropriate support, resulting in improved outcomes.

A Brighter Future for Literacy in Kenya

The success of the Developing Readers Program serves as a beacon of hope for literacy development in Kenya. As the country continues to prioritize education, integrating structured remediation approaches into the national curriculum could help bridge the literacy gap. By scaling up the DRP model and incorporating its best practices into mainstream education, Kenya can move closer to ensuring that every child acquires the foundational reading skills necessary for lifelong learning.

As we celebrate these achievements, it is crucial to continue investing in teacher training, stakeholder engagement, and evidence-based interventions. With the right support and commitment, Kenya can empower its young learners with the gift of literacy, unlocking their potential and shaping a brighter future for all.

Pictorial



Beyond Survival: Women's Fight for a Fair Recovery

By Erick Muge, Advocacy and Communications Officer

The COVID-19 pandemic didn't just disrupt lives—it exposed the deep cracks in our societies, particularly for women. Globally, according to data from the United Nations (UN) and the International Labour Organization (ILO), women perform three times more unpaid care work than men. For example, a 2018 report by the ILO estimated that 606 million women of working age globally are engaged in unpaid care work on a full-time basis, compared to 41 million men. During the COVID-19 pandemic, this burden became even more unbearable, as lockdowns and increased care demands exacerbated existing inequalities.

The Women RISE Initiative emerged from this crisis, a bold effort to address the intersection of women's health and work. For two years, 23 research teams across 17 low- and middle-income countries (LMICs) generated actionable evidence for a more equitable future. The findings, shared at the end-of-project meeting in February 2025, highlight significant gendered challenges and proposed solutions for a fairer future.

"We Were Holding Everything Together!"

"The world has changed radically, and scientists must respond with courage to facilitate transformative change," said Dr. Catherine Kyobutungi, Executive Director, APHRC. Her words resonated as researchers painted a stark picture of the care economy.

For many women, the pandemic was more than just about staying safe from the virus; it was about survival.

"In Guinea, my workload increased by 55%, but my income disappeared overnight," recalls Aissatou, a mother of three. "I was doing everything—cooking,

cleaning, looking after my elderly parents. There was no help, and no break."

Her story is echoed across all 17 countries supported by the Women RISE Initiative. In Lebanon, women spend over 70 hours weekly on unpaid labor, leading to exhaustion, anxiety, and depression. In Kenya and Malawi, caregiving responsibilities left women emotionally drained and financially unstable.

The Informal Workforce: Forgotten, Yet Essential

While global discussions focused on corporate layoffs and factory closures, women in the informal sector—domestic workers, recyclers, small-scale traders—were largely invisible.

"In Ghana, female bush meat traders faced heavy stigma. People believed they were spreading disease, and they lost customers overnight," says a researcher, Sandra Owusu-Gyamfi. "Many turned to unsafe work just to survive."

In Peru, 80% of domestic workers lacked labor protections, leaving them vulnerable to sudden job losses. In Bangladesh, women in urban slums had no social safety nets, with many unable to afford basic healthcare.

Yet, resilience emerged. In Ecuador, women recyclers formed cooperatives to increase income and visibility. In Kenya, women in agricultural cooperatives came together to form support groups, helping them rebuild their livelihoods, gain independence, secure leadership positions, and achieve financial autonomy.

"These cooperatives are more than just businesses—they are communities of support," shared one participant. Women-led solutions like these offer a pathway to economic stability and better health.

Health Systems That Didn't Show Up for Women

The pandemic exposed gaps in healthcare systems, particularly for women in informal sectors. While hospitals focused on managing the rising COVID-19 cases, many women lacked access to routine healthcare.

"In Uganda, adolescent girls in mining communities were exposed to severe health risks, but there were no services tailored for them," says researcher Everlyne Mpita. Similarly, domestic workers in Kenya, sex workers in Argentina, and factory workers in Sri Lanka struggled to access medical care due to financial barriers and social stigma.

"Women cannot prioritize their health when constantly fighting to survive," says Montasser Kamal, Director of Global Health at the International Development Research Centre (IDRC).

Community-led cooperative health insurance schemes in Kenya and cash transfer programs for caregivers in South Africa prove that healthcare policies must be linked to the initiation or reforms of social protection policies and mechanisms.

"We Need Policies That Work for Us, Not Just on Paper"

One goal of Women RISE was to translate research into actionable policies. In Nigeria, research on rural women's health led to concrete policy changes, including enrollment of vulnerable women into the state health insurance scheme and increased male participation in unpaid care work.

In South Africa, a cash transfer program for unemployed caregivers of adolescents living with HIV improved their economic, social, and overall well-being. They learned how to start businesses and manage their financial resources and skills to be better caregivers to children with HIV. They also found a community that champions and provides a support system as they deal with the daily challenges of being caregivers.

However, implementing policy is challenging. "The policy cycle is a lengthy, multi-disciplinary process that requires consultation at various levels," says Ian Assam from South Africa. To bridge this gap, Women RISE emphasized co-creation, ensuring policymakers, researchers, and communities work together from the start.



Where Do We Go From Here?

The pandemic exposed inequalities, but also opened a window of opportunity to rebuild stronger. Women RISE identified key priorities for policymakers:

- Recognizing and redistributing unpaid care work through policy reforms and social protection mechanisms.
- Expanding healthcare insurance and services to include coverage for people working in the informal sector is crucial. According to data from the ILO, estimates show that 58% of employed women globally work in the informal economy, compared to 48% of men.
- Ensuring future pandemic preparedness and response policies are focused on advancing gender equality.

The Road Ahead

Women RISE proved that empowering women is not just a moral necessity—it is key to building resilient societies. By tackling gender disparities in healthcare, labor protections, and economic empowerment, this initiative has paved the way for a more equitable recovery.

The question remains: Will we rise to this challenge? The answer lies in our collective action. The time to act is now!

Digital Health on the Move: Promoting Continuity of Care for Mobile Populations

By Simeon Kintu Paul, Research Officer, and Frederick Murunga Wekesah, Associate Research Scientist

In an increasingly interconnected world, human mobility has become a defining characteristic of modern-day society. Whether migrating by choice or due to conflict, economic need, or environmental pressures, many individuals leave behind not only their homes but also their medical histories.

Mobile populations, which include refugees, asylum seekers, undocumented migrants, nomadic communities, and internally displaced persons, often find themselves navigating new health systems without any formal record of previous treatments, diagnoses, or medications. As a result, they face interrupted care, redundant diagnostic tests, and worsening health outcomes.

To address this gap, APHRC, in collaboration with Amsterdam Health and Technology Institute (AHTI), Aarhus University in Denmark, Kwame Nkrumah University of Science and Technology (KNUST) in Ghana, and the University of Amsterdam in the Netherlands, conducted a feasibility study dubbed the “HealthEMove Project.” The project aimed to explore the perceived usefulness of Electronic Personal Health Records (EPHRs) in improving the continuity of healthcare for mobile populations.

As part of its first phase, the HealthEMove project conducted pilot studies in four countries (Kenya, Ghana, the Netherlands, and Denmark) between October 2024 and March 2025. This preliminary phase sought to provide recommendations for developing and implementing an EPHR tailored to the needs of mobile populations. Findings from stakeholder consultations indicate that EPHRs have the potential to transform healthcare delivery by ensuring that individuals have access to their medical records electronically for seamless care across different healthcare facilities in various geographical locations and healthcare systems.



The Promise of Electronic Personal Health Records

EPHRs present a viable solution to the challenges faced by mobile populations. Unlike traditional electronic health records (EHRs), which are maintained by healthcare facilities, EPHRs are controlled and accessed by individuals as and when needed, wherever they are. EPHRs empower individuals to take an active role in managing their own health by storing their health data in secure digital platforms accessible through mobile applications or web portals instead of relying on fragmented paper records or facility-based systems. This is particularly useful for individuals with chronic illnesses who need to track their medications, monitor symptoms, and share important health updates with their doctors in real time. EPHRs ensure continuity of care and reduce the risk of medical errors, leading to improved treatment adherence and health outcomes.

EPHRs will improve efficiency in healthcare provision by allowing physicians to make informed decisions faster and avoid redundant diagnostic tests. Having immediate access to a patient's health record can be lifesaving in emergencies, as healthcare workers can provide timely and appropriate interventions.

A standardized digital record system can improve healthcare coordination internationally, especially for mobile populations. This is especially important for refugees and asylum seekers who may need medical attention in different jurisdictions. By integrating EPHRs with existing national health information systems such as the Kenya Health Information System (KHIS) / DHIS2 (an open-source platform) and KenyaEMR, among others, policymakers can enhance medical data interoperability and ensure that individuals receive consistent care regardless of their location.

Considerations for Implementation

One of the primary concerns expressed by stakeholders is the security and privacy of patient data. Therefore, it is essential to ensure strict compliance with data protection regulations and provide users with full control over their records.

Another important consideration is system interoperability. For EPHRs to be effective, they must

be designed to integrate with existing healthcare infrastructures. This requires a concerted effort from governments, health ministries, and technology providers to develop standardized protocols for data exchange.

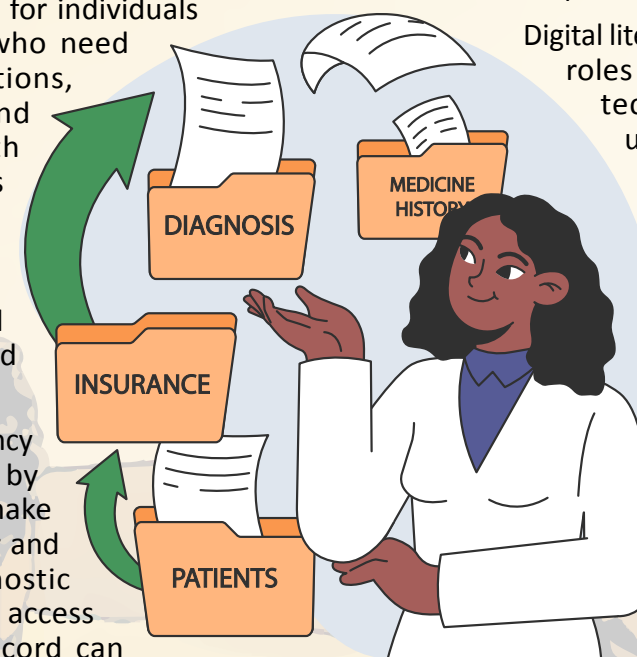
For instance, the provision of the health information exchange policy (HIE) in Kenya promotes interoperability and data portability with consent from the individual. The HIE is a shared service that will consolidate and harmonize patient records across all levels of care and make data portability a reality.

Digital literacy and accessibility play crucial roles in the effectiveness of health technology. While smartphone usage is widespread, not everyone possesses the technical know-how to navigate intricate digital health systems, hence the need for community engagement and sensitization. EPHRs should be user-friendly and accessible, have a simplified user interface, and be multilingual. Additionally, incorporating offline functionality ensures individuals in remote or resource-limited areas are reached.

To ensure the continued success of EPHRs, governments and international organizations must explore innovative financing models, such as public-private partnerships and subscription-based services tailored to different income levels. At the individual level, any applications or systems supporting EPHRs should be open-access and free of cost to ensure that the intended objective is achieved.

The Future of EPHRs and Healthcare for Mobile Populations

The HealthEMove project highlights the significant role that EPHRs can play in ensuring continuous care for mobile populations. By addressing the barriers to healthcare access, EPHRs can empower individuals, enhance provider efficiency, and improve health outcomes on a global scale. A collaborative approach involving multiple stakeholders, strong policy frameworks, and user-friendly designs is also essential. As technology evolves, integrating EPHRs within national and international healthcare systems will be crucial to creating a more inclusive and equitable healthcare environment for mobile populations worldwide.





Evidence for Action in Education: The Answer Lies in Strengthened Education Data Systems

By *Nancy Gathoni Kiarie, Monitoring and Evaluation Officer,*
and *Daniel Mtai Mwanga, Senior Data Scientist*

In a rural village, in the heart of Senegal, I encountered a scene that highlights both the challenge and the resilience of education in rural African communities. A single teacher stood before a class of close to 50 eager learners—three grade levels, all in one room, learning consecutively. The school, a modest building with unadorned walls and limited resources, is the only place of education for the children in this community. It is in a region predominantly inhabited by nomadic communities, whose way of life is dictated by the seasons and movements linked to pastoral activities. To this community, the school is not just a place of learning but an opportunity for emancipation from the cycle of poverty, offering the children a stable future. However, school attendance fluctuates with family migrations, making educational continuity fragile and uncertain.

This encounter highlights the harsh reality of education inequalities in rural and nomadic communities that hinder the learning outcomes for millions of children. The challenges this small school faces are not unique but represent many schools, especially in rural communities in Africa. In every region, schools face similar challenges—overcrowded classrooms, inadequate learning resources, and a shortage of teachers. Through investments in education informed by data, governments and other stakeholders can tailor solutions that meet the unique needs of the local community, resulting in better learning outcomes.

Strengthening Subnational Education Data Systems

The ongoing Global Partnership for Education Knowledge Innovation Exchange- Strengthening and Enhancing Education Data Systems (GPE KIX-SEEDS) initiative to strengthen subnational education data

systems strives to fill these gaps by ensuring decision-makers have access to up-to-date, high-quality data for informed policy and decision making. The initiative led by APHRC and carried out by local implementing partners in Senegal, Burkina Faso, and Uganda is developing and scaling digital solutions for education and building capacities of local education actors, considering the contextual differences for each country.

Strengthening data collection and analysis at the subnational level can enhance evidence-informed decision-making. The data can also spell out the existing inequalities, possibly due to gender, social, cultural, and economic aspects, thus informing inclusive interventions.

Education data systems enable long-term planning. Longitudinal data can track learners' outcomes, such as student performance, dropout rates, progression, and teacher-learner ratio, over time. Once analyzed, these trends enable governments to predict impending challenges and proactively design measures to improve education at large. The impact of data-driven decision-making extends far beyond government offices and schools. It empowers parents, local communities, and teachers by providing them with knowledge of their own education system. With correct data, parents can push for better school infrastructure for their children, communities can mobilize to assist local schools, and teachers can identify additional training or equipment needs.

Scaling up for impact

The actual impact of the strengthened education data system was evident through the testimony of a teacher in Burkina Faso who said they are now using the system to generate average scores for learners instead of the manual process they were previously undertaking. This new efficient method has considerably reduced teachers' time to generate the scores, thus freeing them to support learners. With time, they can track each learner's performance longitudinally, enabling them to create an individualized learner support programme.

Another teacher in Senegal indicated that they will now have the information they can use to approach authorities with a request for resource allocation. A representative of the mayor stated that they will have information to use during the budget process to inform budget allocation using the data collected. All these are simple but have far-reaching impacts on having accurate and reliable data that can be used at various levels of decision-making.

As the implementation of the GPE KIX-SEEDS initiative progresses, the need to scale up and sustain these proven digital innovations in education should be prioritized to ensure the vision of quality, equitable, and accessible education becomes a reality and that no child is left behind. With data-driven approaches, we can achieve the aspiration of Sustainable Development Goal-4 (SDG4) of quality, accessible, and equitable education, a fundamental right for all children. When we act based on evidence, we transform lives.





Handwashing with Soap: A Simple Habit, A Powerful Shield

By Joshua Eliud, Qualitative Team Leader

Did you know that washing your hands with soap is far more effective at killing germs than using water alone? Yet, despite its simplicity, cost-effectiveness, and life-saving potential, handwashing with soap is still not a consistent habit for many, especially in places where everyday survival takes precedence over hygiene, such as in the Nairobi informal settlements.

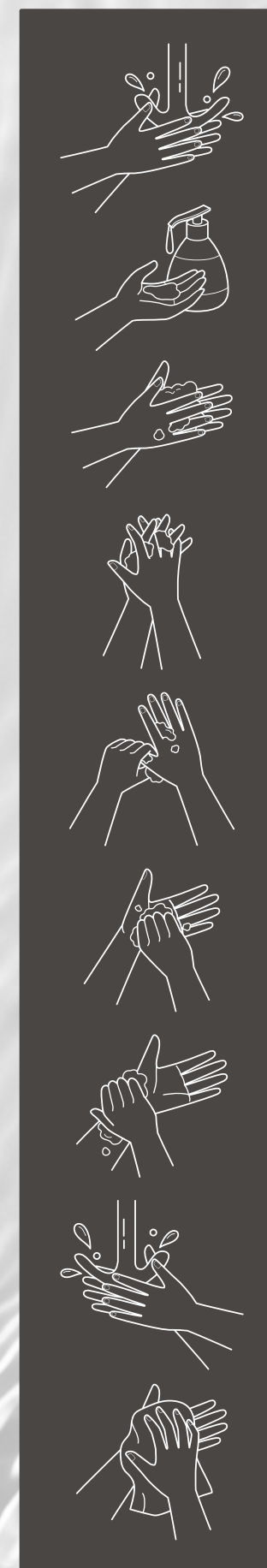
APHRC's Post-COVID-19 Handwashing Project aims to understand current handwashing practices in the Viwandani area and identify ways to encourage regular handwashing with soap, especially in low-resource settings. By doing this, the project team hopes to lay the foundation for a sustainable model that reduces hygiene-related infections and improves public health in these communities.

The COVID-19 pandemic brought hand hygiene to the forefront like never before. Across the world, people were reminded of the importance of washing hands and using sanitizers. Governments, health organizations like the World Health Organization (WHO), and other institutions rolled out campaigns and policies encouraging these practices. These efforts slowed the spread of COVID-19 and other diseases like tuberculosis, cholera, flu, and various stomach-related illnesses. It was a powerful reminder that handwashing, when done properly and consistently, saves lives.

One major concern in places with poor sanitation is intestinal worms, also known as soil-transmitted helminths. These parasites are common in areas without access to clean water or toilets, and where open defecation is still practiced. Eggs from the worms contaminate the soil and are easily ingested when people eat food with unwashed hands or walk barefoot. Children are particularly vulnerable due to habits like playing barefoot, having long or dirty nails, and not washing their hands before meals. This is why education campaigns, especially in schools, are so important.

In recent years, phenomena such as climate change have been exacerbating the spread of enteric infections such as cholera, e-coli, salmonella, botulism, and typhoid. During calamities such as floods, initiatives aimed at alleviating people's suffering and loss should go hand in hand with improving sanitation and hand hygiene.

Handwashing with soap might seem like a small act, but its impact is huge. It is one of the simplest, most affordable, and most effective ways to protect oneself against disease. The Center's handwashing project is a vital step in ensuring that this practice becomes a daily habit, especially in communities that need it the most.



Saving Young Lives in Nairobi's Informal Settlements

By Samuel Iddi, Research Scientist

Child mortality remains one of the most pressing public health concerns in the world today. While there has been great progress in reducing the number of children dying before their fifth birthday, this progress hasn't been equal across all communities, more so in low- and middle-income countries. In urban informal settlements, where some of the most vulnerable families live, the rates of child deaths remain alarmingly high.

APHRC recently conducted a study to better understand what is driving these deaths. Using data from the Nairobi Urban Health and Demographic Surveillance System (NUHDSS), experts looked at child mortality patterns in Nairobi's informal settlements between 2002 and 2018. The findings highlight the challenges and opportunities to make a difference, one child at a time.

The study shows that survival rates have improved over time—from 82.6% in 2002–2006 to 98.4% in 2012–2018. This progress is promising. However, many children in these settlements are still at risk due to factors like limited access to healthcare, low levels of maternal education, frequent pregnancies, and financial struggles.

One of the most encouraging findings is the life-saving impact of the Bacille Calmette-Guérin (BCG) vaccine.

Children who received this vaccine had a much lower risk of dying before age five. Additionally, children born to married mothers and those whose mothers were not working had better chances of survival, possibly due to greater stability and support at home.

Interestingly, the area a child lives in also makes a difference. For example, children in Viwandani had better survival rates than those in Korogocho. Factors such as the family's income level and ethnic background also played a role, showing the need for tailored solutions that consider the local context.

These insights offer a path forward, showing us where and how to act. To reduce child mortality in informal settlements, we must focus on practical, evidence-based solutions: improving access to vaccinations, supporting mothers with health education and care, creating programs that help single and struggling moms, and strengthening healthcare services in underserved areas.

This work reminds us that each number represents a life: a child with a future, a family with hope. The goal of reducing child mortality is beyond data and reports; it is about protecting the lives of children, one at a time. By turning evidence into action, we can ensure that every child has a fair chance to survive and thrive, no matter where they are born.





Stigma Against People with Epilepsy and Their Caregivers in Africa

By Eshetu Girma Kidane, Research Scientist, Frederick Murunga Wekesah, Associate Research Scientist and Michelle Mbuthia, Senior Communications Officer

Epilepsy is a chronic, non-communicable disease that affects the brain and can impact individuals of all ages. The World Health Organization (WHO) estimates that around 4 to 10 per 1000 people live with epilepsy globally. Because the risk factors and causes of epilepsy, such as prenatal injuries, brain trauma, infections affecting the brain, brain tumors, stroke, low birth weight, and genetic defects, affect more people from low-resource areas, nearly 80% of people with epilepsy live in low- and middle-income countries (LMICs). In Africa, 1 in 50 children lives with epilepsy.

Though the disease is categorized as one of the oldest recognized diseases, the stigma and discrimination against people living with epilepsy (PLE) is extensive. Epilepsy has been documented for over 3,000 years, yet often misunderstood and stigmatized. In Africa, evidence shows that the same ancient perceptions persist today. The biases and misconceptions associated with epilepsy are often rooted in the belief of a supernatural cause of the disease. Another misconception is that epilepsy is contagious and those who live with it must be separated from the rest of the community.

Defined as “the societal labeling of an individual or group as different or deviant,” stigma and discrimination are unfairly imposed on individuals suffering from mental and neurological conditions such as epilepsy.

This prejudice towards PLE points to the low and inadequate knowledge of its causes and symptoms, which could result in blaming, shunning and ostracizing the patients, their family members, and even their caregivers.

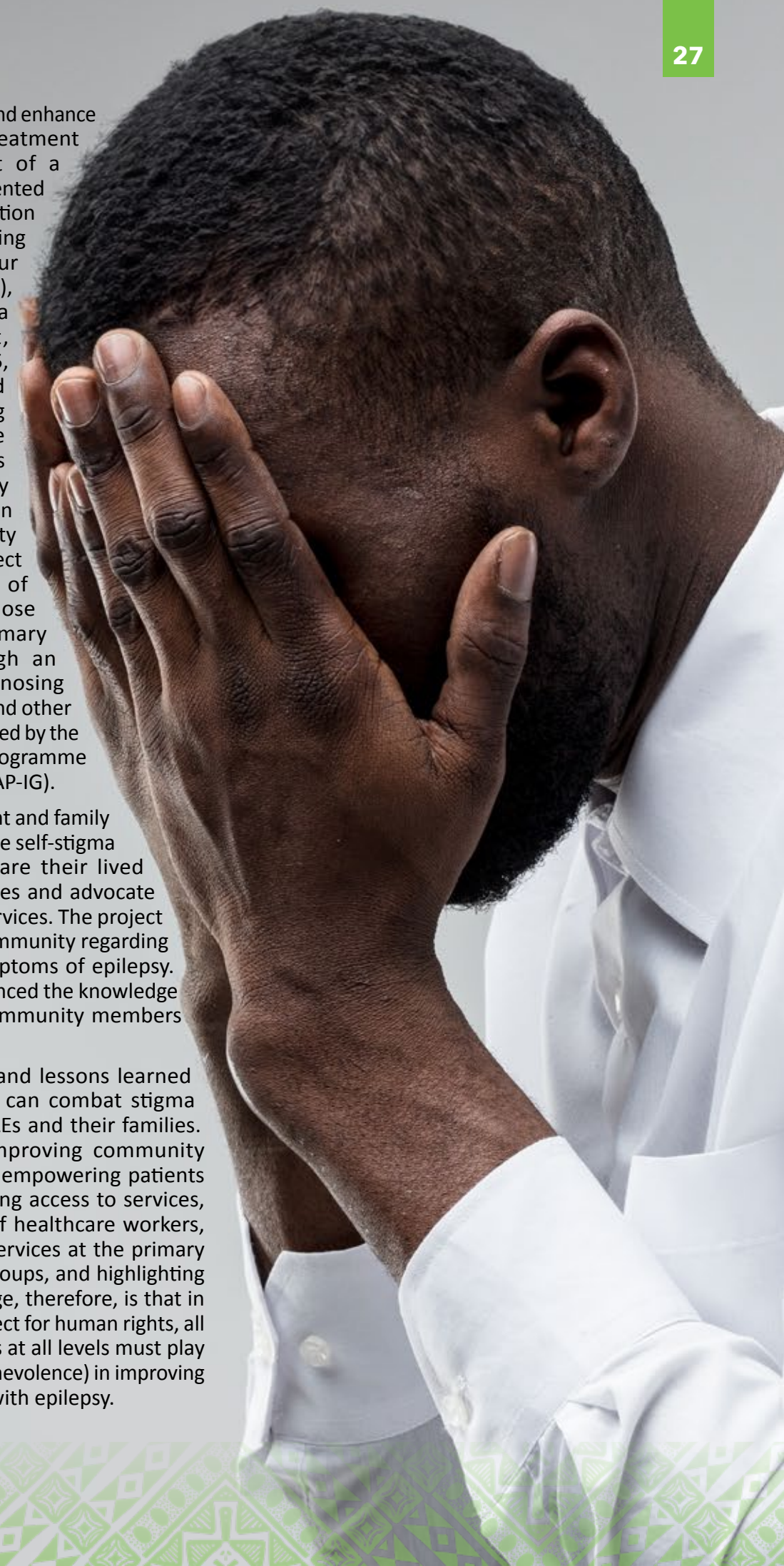
Unfortunately, stigma and discrimination extend beyond individuals and communities; the health system also plays a role in marginalizing PLE. This discrimination manifests as barriers to accessing healthcare services, such as a shortage of healthcare providers and the high cost of treatment..

And yet, the worst form of stigma associated with epilepsy is that which patients and their family members internalize, termed as self-stigma. Owing to the low levels of knowledge about the disease and stigma from their communities, many of those who suffer have low self-esteem and self-blame. Consequently, self-stigma fueled by discrimination results in self-isolation, low treatment adherence, reduced quality of life, and, in extreme cases, suicide.

To tackle the burden of stigma and enhance screening, treatment and treatment outcomes, APHRC, as part of a broader consortium, implemented the Epilepsy Pathways Innovation in Africa project (EPInA) starting in 2022. Implemented in four sites: Kenya (Nairobi and Kilifi), Ghana (Accra), and Tanzania (Mahenge), the project, which ended in January 2025, identified the key drivers and burden of epilepsy by screening for plausible cases at the household level. Screening was accompanied by community education and health promotion activities to improve community literacy. Additionally, the project strengthened the capacity of healthcare workers to diagnose and manage patients at primary healthcare facilities through an integrated approach to diagnosing and managing mental health and other neurological conditions, facilitated by the mental health gap analysis programme intervention guidelines (mhGAP-IG).

The study observed that patient and family support groups helped alleviate self-stigma as those affected got to share their lived experiences among themselves and advocate for improving access to the services. The project led to conversations in the community regarding the burden, causes, and symptoms of epilepsy. More importantly, EPInA enhanced the knowledge and understanding of the community members regarding epilepsy.

Based on existing evidence and lessons learned from the EPInA project, we can combat stigma and discrimination against PLEs and their families. This can be achieved by improving community awareness of mental health, empowering patients and their caregivers, enhancing access to services, strengthening the capacity of healthcare workers, providing integrated health services at the primary care level, creating support groups, and highlighting lived experiences. The message, therefore, is that in the spirit of UBUNTU and respect for human rights, all stakeholders and duty-bearers at all levels must play an intentional positive role (benevolence) in improving the prospects of those living with epilepsy.



Transforming Sexuality Education for Adolescents with Disabilities Using Digital Tools

By Amani Karisa, Associate Research Scientist



Sexuality education plays an important role in equipping young people with the knowledge and confidence they need to make informed choices about their sexual and reproductive health. However, for adolescents with disabilities, accessing this education is still a significant challenge. Misconceptions about their sexuality, stigma, and limited inclusive resources often result in them being left behind.

In Kenya, a study conducted by APHRC sought to understand how best to deliver sexuality education to adolescents with disabilities. The research engaged 62 stakeholders, including teachers, adolescents with disabilities, parents, government officials, and representatives from NGOs and disabled people's organizations. The study revealed that digital technology is emerging as a powerful tool for making sexuality education more accessible, engaging, and inclusive.

One of the most visible changes has been the increased use of social media and messaging apps. Teachers now use platforms like WhatsApp to communicate directly with parents, share key information, and answer questions. These channels are helping to keep parents involved and ensure that sexuality education messages are reinforced at home. As one teacher explained, WhatsApp groups have become a reliable way to reach all parents or follow up individually as needed.

Digital platforms are also creating safe learning spaces for adolescents with disabilities. Several NGOs have developed websites and chatbots that offer free, judgment-free information on sexuality and reproductive health. One such example is Nena na Binti, a chatbot that provides reliable information, mental health support, and links to services. For many young people with disabilities, tools like these offer a sense of safety and privacy, allowing them to explore and learn at their own pace.

For students with intellectual disabilities, visual aids and videos have become essential for breaking down complex concepts into more understandable content. Teachers have found these tools especially useful in reinforcing lessons. Still, concerns exist about how some content is interpreted. One mother worried that children might mimic inappropriate behavior seen in educational videos, highlighting the need for content that is simplified, thoughtfully, and sensitively designed.

Interestingly, exposure to everyday media also influences how students engage with sexuality topics. Teachers reported that students often come to class discussing characters and relationships they have seen on TV or social media. These spontaneous conversations create easy openings for teachers to introduce lessons about relationships, consent, and respect in a relatable way.

Despite the benefits of using digital tools, there are still several challenges. Many teachers lack proper training on sexuality education and the use of digital platforms in the classroom. One NGO representative pointed out that just like with other digital teaching tools, teachers are often left to figure things out on their own. This lack of preparation undermines the full potential of digital integration in the learning process.

Limited internet access in rural areas is another hurdle. Digital platforms may be out of reach for young people in these regions, making peer discussions and community-based programs even more critical. A blended approach combining digital resources with face-to-face support can help ensure no one is left behind.

Digital technology has the potential to transform how adolescents with disabilities in Kenya access sexuality education. When used strategically, these tools can empower young people with disabilities with the information and support they need to make informed choices and live healthy, fulfilling lives.





Understanding and Addressing the Challenges of Urban Parenthood, One Mother at a Time

By Caroline Wainaina, Research Officer, Milka Omuya, Research Officer, Michelle Mbuthia, Senior Communications Officer, and Estelle Sidze, Research Scientist

Esther, not her real name, is a 25-year-old woman living in one of Nairobi's informal settlements. She is the mother of two-year-old Jayden*, born prematurely at 28 weeks. When she was in high school, she fell pregnant and, soon after, moved in with her son's father. She dropped out of school and got a casual job to help support her young family. Owing to his sickly nature, her son needed to visit the hospital frequently, and Esther's employer was compelled to let her go. The frequent illnesses impacted his developmental milestones, making him unable to walk, talk, and perform other functions that children his age can. While it has been an uphill battle supporting Jayden, he has begun making progress by taking small steps and uttering a few words. The situation has, however, taken a toll on Esther's mental wellbeing, who, aside from having a sickly child, was already struggling financially following the loss of her job.

Esther is one of many other mothers experiencing similar struggles. Approximately one out of every four women in Nairobi's slums suffers from poor mental

well-being. Others, like Esther, have the added task of parenting young children who have developmental delays. The plight of such mothers informed the Jamaa na Afya ya Mtoto (JAMO) study, an initiative of APHRC and the University of Maryland. The five-year longitudinal study implemented in Nairobi's Korogocho and Viwandani informal settlements focuses on union formalization, kinship support, maternal wellbeing, and their impact on child health outcomes. The study seeks to understand how family support offers optimum protection for vulnerable mothers and young children in urban African settings.

Esther was among 1,203 women enrolled in the study, having been pregnant and/or raising a child aged 24 months or younger. Between 2021 and 2025, the women were interviewed every six months, and a few, including Esther, were selected for in-depth interviews. Through the interviews and subsequent ECD assessments, Esther could identify and understand the challenges her son faces due to his developmental challenges.

"If I were not in the program, I would not have recognized the issue with my son. The first time we played those games in the hall, I realized he was disengaged and unaware. I noticed his milestones were lower than those of the other children... It helped me understand that my child has delayed milestones," she said.

They also helped her come to terms with the mental health toll her child's illness and job loss were taking on her. As a young mother, she felt overwhelmed by the challenges of motherhood while caring for a sickly child. Additionally, she believed her family had not provided adequate support, identifying only her grandmother and husband as those offering consistent help. She commended her husband for being a pillar of support emotionally and financially, even when her mother-in-law did not acknowledge their union.

"If it were someone else, he would have left me because of that child. They would have said there is no child in their family who not only looks like that but is always sick. He plays his part. Even if the child gets sick thrice a week, he pays the hospital fees and buys medication," Esther added.

She credits the JAMO study for providing her with a safe space to share her struggles. The repeated visits helped establish a rapport, allowing Esther and the other participants to share their personal experiences:

"My request is for greater support for young mothers. They need someone to guide them on what to do, especially those giving birth for the first time. We should have a program for young mothers to inform us what we should give the child, if we see something, or when to take the child to the hospital," said Esther.



Esther's story highlights the benefits of longitudinal studies in capturing household changes and reinforces the need for research to improve women's and children's health. In the next phase of the JAMO study, the team hopes to continue walking with the women and children in Korogocho and Viwandani to build a body of evidence to make a case for programs that focus on enhancing support for young mothers and their children.

**real name also withheld*



Urban Sanitation Heroes in Nairobi Informal Settlements

By Ivy Chumo, Post-doctoral Research Scientist, Isabel Radoli, Communication Officer, Sarah Munyao Ndonye, Senior Communication Officer, Blessing Mberu, Senior Research Scientist, and Caroline Kabaria, Associate Research Scientist

The hustle of daily life intertwines with the shadows of a growing hygiene and sanitation crisis in the heart of Nairobi's sprawling informal settlements. Pit latrines, a common sanitation solution in this area, pose significant health risks to sanitation workers, who work tirelessly to manually empty them. At the core of this urban maze, there exists a group of unsung heroes, the Manual Pit Emptiers (MPEs), who toil tirelessly under the most grueling conditions.

These individuals, often overlooked and undervalued, play a vital role in maintaining public health by emptying the pit latrines and septic tanks. The unsung heroes who manage these urban waste systems face immense challenges: Lacking adequate protective gear/equipment, exposure to hazardous substances and the risk of diseases with limited healthcare access, social stigma associated with their profession, and no recognition.



Polluted Nairobi River- where the fecal sludge is emptied

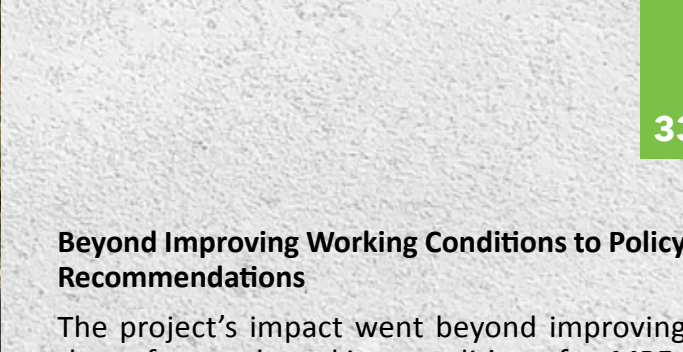
Solutions to Dire Circumstances

Recognizing the challenges faced by these sanitation workers, a team of dedicated researchers from APHRC, a technical team from the Women in Water and Sanitation Association, Kenya and other actors embarked on a mission to improve their working conditions and elevate their status within society. Through a collaborative effort with local communities and government officials, the partners co-developed strategies to address the highlighted challenges.

The approach focused on ensuring the health and safety of the MPEs by providing them with essential protective gear and facilitating their access to healthcare services. Also, the team raised community awareness on the importance of sanitation work and the vital role played by MPEs in health and sanitation to reduce stigma. In addition, APHRC and the various stakeholders developed social accountability tools alongside MPEs. These tools empowered both sanitation workers and residents to hold each other accountable and ensure transparency in sanitation service delivery. The sanitation workers also received relevant skills and knowledge through capacity-building workshops and training, equipping them with practical skills in financial literacy, safety practices, and advocacy. They learned to monitor service delivery and mobilize resources, becoming active participants in improving their working conditions and the overall sanitation system.



Soap donation from Unicef-Kenya



Beyond Improving Working Conditions to Policy Recommendations

The project's impact went beyond improving the safety and working conditions for MPEs and fostered stronger relationships between marginalized communities, local authorities, and the area Senior Chief, leading to improved responsiveness to residents' needs. MPEs, once invisible and undervalued, developed a positive attitude towards their work and saw it as a source of livelihood and community service. The project team championed the importance of sanitation work, raising awareness and promoting higher standards within the industry.

Some lessons from this project included the significance of proactive stakeholder engagement and collaborative needs assessments in developing effective solutions that address the most pressing concerns. Ultimately, valuing sanitation workers by improving their health and working conditions contributes not only to their well-being but also to a healthier and more equitable society for all.

Addressing the sanitation crisis in Nairobi's informal settlements requires a multifaceted approach that prioritizes the well-being and empowerment of MPEs while putting in place measures to protect the waterways. MPEs require adequate resources, recognition of their invaluable contributions, and fostering a supportive environment.

To ensure the long-term sustainability of improved sanitation services, it is crucial to advocate for policy changes that prioritize the well-being of sanitation workers. Investing in the health and safety of sanitation workers is not only a moral imperative but also a strategic investment in public health and sustainable development.



Research Capacity Strengthening Grows with New CARTA Cohort

By Topistar Karani, Communications Officer, and Ann Waithaka, Senior Communications Officer

Strong, homegrown research leadership is critical to Africa's development. The continent needs scholars who delve into research to generate evidence-based solutions that address its pressing challenges. To meet this growing need, the Consortium for Advanced Research Training in Africa (CARTA) equips the next generation of African researchers with the skills, networks, and resources to drive impactful change and strengthen their institutions.

In 2025, CARTA welcomed its eleventh cohort: a diverse group of 20 promising doctoral fellows who are set to push the boundaries of knowledge and innovation. The new cohort brings the total number of fellows to 265 since the program's first

enrolment in 2011, with 184 completing their doctoral programs as of March 2025.

Expanding Frontiers

The majority of fellowships in this cohort are funded by the Swedish International Development Cooperation Agency (Sida), whose longstanding support continues to advance CARTA's mission. As part of CARTA's vision to broaden access to high-quality doctoral training, two fellowships in the new cohort have been awarded to the Somali National University (SNU), a significant milestone in the program's ongoing efforts to support emerging research institutions across the continent. Recognizing the importance of peer support and

mentorship, SNU fellows will receive mentorship from Makerere University, ensuring they gain the necessary research training and support during the course of the fellowship.

Notably, three fellows are supported by the Oak Foundation, with their research focused on Preventing Sexual Violence Against Children (PSVAC), a new and critical research frontier for CARTA. This partnership signals growing interest in CARTA's model and its alignment with urgent regional and global priorities.

A Structured, Transformative Approach to PhD Training

CARTA offers a structured PhD training program through the Joint Advanced Seminars (JAS). It complements their university's offer, equipping fellows with the skills, support, and peer network needed to navigate their doctoral journey successfully. These seminars ensure that, regardless of their diverse university affiliations and academic backgrounds, fellows receive a shared, high-quality training experience that enhances their research expertise and strengthens their educational foundation. The JAS sessions, offered sequentially over four years, progressively build the cohorts' critical skills, research expertise, and professional development.

Transforming Institutions Through Research Leadership

CARTA's impact is evident through the achievements of its fellows and the strengthening of institutional capacities in African universities. CARTA-trained fellows are taking up key academic and leadership roles, influencing policy, securing research funding, and mentoring emerging researchers. Their contributions through high-quality research, mentorship, and supervision are advancing research agendas and fostering interdisciplinary collaborations that are transforming their institutions.

For instance, one fellow's research on community-based care models for older adults with HIV and hypertension is directly informing strategies to improve healthcare delivery for aging populations in Africa. By integrating HIV and non-communicable disease care at the community level, this work is enhancing patient access to treatment, reducing the burden on health systems, and facilitating more inclusive health policies.

CARTA's initiatives have also strengthened institutional responsiveness to graduate training and research. For instance, through training of Academic, Professional, and Administrative Staff (APAS) and supervisors, CARTA equips university staff with the skills to support PhD students effectively, resulting in improved research environments and stronger supervision. At several partner universities, the initiatives have spurred the development of standardized graduate handbooks, unified research courses, and supervision guidelines, ensuring consistent and high-quality support for doctoral candidates.

At Moi University, CARTA's curriculum has been instrumental in strengthening supervisory skills. As a direct result, the university has adopted a standardized Supervision Manual, leading to improved faculty-student relationships and streamlined doctoral training. Similarly, the University of Rwanda has integrated a multidisciplinary research methodology module, inspired by CARTA's JAS intervention, into all its doctoral programs. This integration, approved by the university's academic senate, has addressed a critical gap in their curriculum, providing in-house training and improving research output and PhD completion rates.

As CARTA continues to build a critical mass of skilled researchers across Africa, its fellows and partner institutions demonstrate that investing in research capacity is a direct investment in Africa's future, leading to stronger universities, high-quality research, and relevant policies.





High Quality Websites and African Research Visibility for Impact

By Lamech Mutava, Multimedia Officer

Despite the rapid technological advancement, most institutional websites are either poorly designed, inaccessible, or broken, hindering access to critical information and rendering them unfit for their purpose. These website issues contribute to the low visibility of research by African scientists and the institutions they represent, limiting the chances of discoverability to collaborate and attract research funding for impactful research.

Whether done intentionally or not, most African universities and research institutions' evidence and innovation from their research and information about their capabilities are either not on their websites or hidden under a layer of web pages that prevent anyone from finding them. Much of Africa's research output remains invisible—hence not useful—owing to limited digital presence and ineffective dissemination and engagement strategies.

The visibility of African research is more pressing than ever—African universities, institutions, and researchers must put more strategic efforts into enhancing their

online footprint to ensure collaborators, policymakers, and funders can easily access their work. A starting point for this journey is establishing websites informed by a solid strategic approach.

To address this critical need, APHRC's Catalyze Impact Initiative, which aims to strengthen Africa's research ecosystem, commissioned training for universities and research institutions in Nigeria, Kenya, and Ethiopia. The focus was on optimizing institutional websites to increase the visibility and discoverability of African research. Of the 90+ participants representing universities and research institutions from the three countries, only one noted that they had a formal website strategy. While many acknowledged having Information, Communication and Technology (ICT) policies that informed the role of their websites, most lacked structured guidance on how to develop impactful websites.

Why Website Strategy Matters

The Catalyze Impact Initiative has developed the Africa Research Connect as part of its broad support to

African research institutions. By having well-developed websites for universities and research institutions, Africa Research Connect's Artificial Intelligence (AI) systems can web-scrape critical research information and outputs and integrate the same into the system to boost the discoverability of African research work.

As more universities, research institutions, and researchers put extra effort into optimizing their websites, increased collaboration is expected between researchers, policymakers, and funders, who will fund and shape impactful research, and inform evidence-informed decisions to solve the continent's unique and pressing challenges, as well as drive innovation.

Building Blocks of a Website Strategy

Whether building a new website or improving an existing one, these five critical elements should be emphasized to enhance and optimize websites to boost African research visibility.

- 1. Develop Clear Objectives:** Well-defined goals for the website's purpose will help African researchers, universities, and institutions build functional websites and ensure optimal effectiveness and efficiency.
- 2. User-Centered Design:** A website is for the user; put the user experience at the center of the design for a successful website strategy. Therefore, a user-centered design will ensure easy navigation and quick access to information.
- 3. Content Dynamism and Management:** Dynamic content will be essential to captivate users' attention. Information should be presented creatively through multimedia formats such as videos, blogs, podcasts, and infographics. Websites can also use AI to incorporate interactive features like chatbots to boost page navigation and engagement.

4. Search Engine Optimization (SEO): Effective SEO involves optimizing web pages with appropriate keywords and metadata to improve rankings on the various search engines.

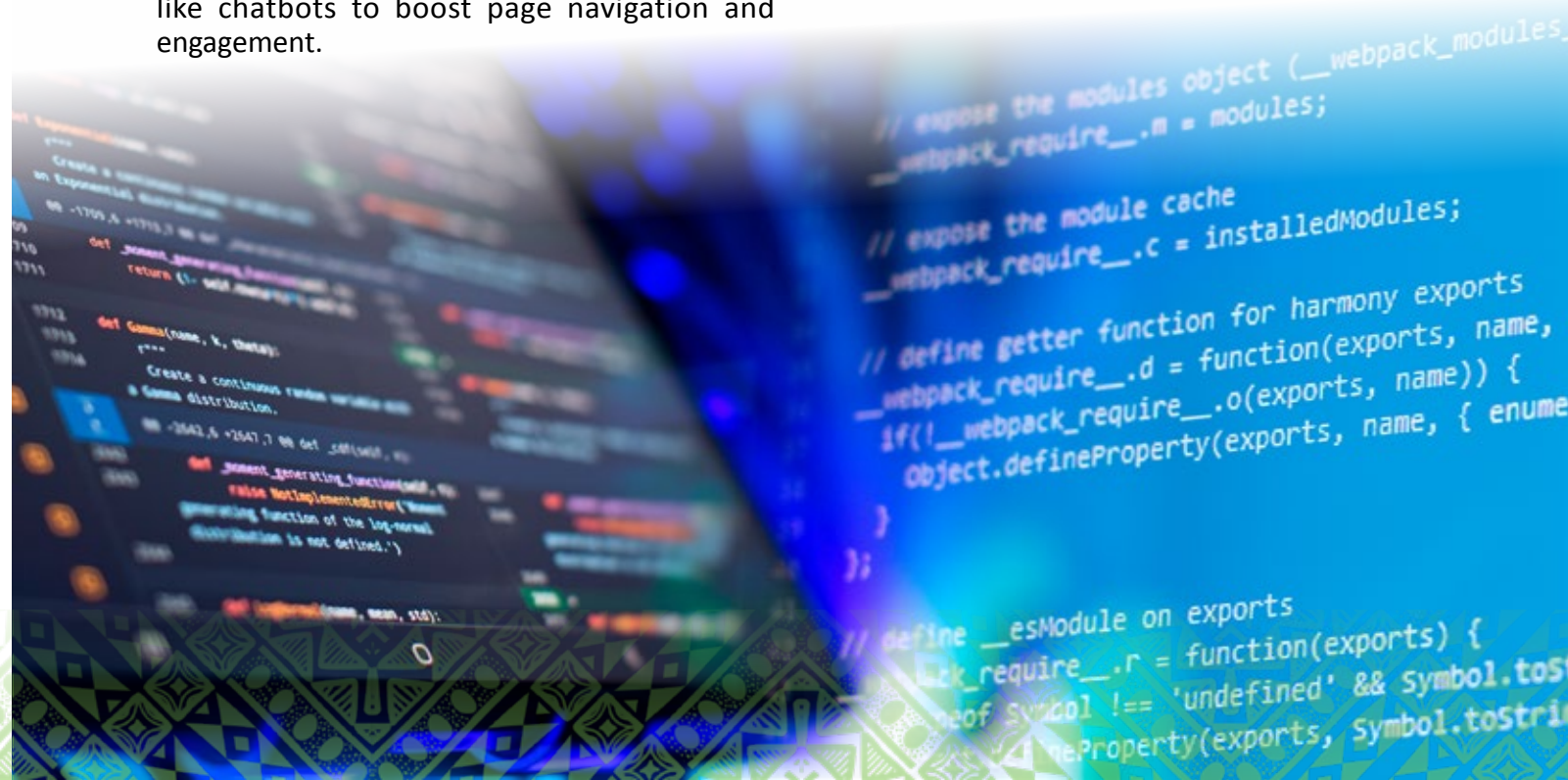
5. Analytics and Impact Measurement: Tracking website metrics becomes essential for understanding the reach and audience, and measuring the impact and relevance of the content. Website owners and research institutions can refine their strategies by analyzing website traffic, page views, and visitor demographics.

Linking Website Visibility to Collaborations and Funding

A well-structured website can clearly and compellingly showcase a research institution's expertise. In addition, synthesized research outputs—such as policy briefs, easily digestible recommendations, and summaries—can reach decision-makers to inform local and international policies.

By showcasing impactful research, highlighting successful outcomes, and clearly outlining future projects needing funding, African research institutions can build credibility and make a compelling case to attract financing.

Strategic website development must be prioritized for African universities and research institutions. Ultimately, optimizing their websites, universities, research institutions, and researchers in Nigeria, Kenya, and across the continent can ensure their research is visible and discoverable by international collaborators, policymakers, and funders, thus increasing the potential for partnerships to drive meaningful impact across Africa.



Advancing Lives Through the Power of Evidence

By *Diana Diop Dia Djigo, Senior Communications Officer*

Across Africa, where development decisions shape the trajectory of millions of lives, the ability to guide policymaking through evidence has become a defining strength of international research organizations. Institutions such as APHRC are not just producing knowledge but actively guiding evidence-informed decision-making processes that improve public policies and uplift communities. This form of influence, rooted in data, trust, and collaboration, illustrates soft power's quiet but powerful role in sustainable development.

Coined by political scientist Joseph Nye, “soft power” refers to the ability to influence outcomes through attraction, credibility, and shared values. In development, this form of power is expressed through research, knowledge exchange, and advocacy, where the strength of an idea, backed by data, can be more persuasive than politics or profit.

In many African countries, tradition, political expediency, or limited anecdotal knowledge have long influenced policy decisions. APHRC is changing this narrative by producing high-quality, context-specific data, which enables governments and stakeholders to make informed decisions rooted in real-world needs.

Whether it is about the impact of climate change on health, maternal mortality, out-of-school children, or urban health disparities, evidence must always serve as the foundation. It empowers decision-makers to respond not with assumptions but with clarity. It also builds legitimacy when policies are based on reliable data, making them more likely to be accepted, funded, and implemented effectively.

What makes this soft power effective is not only the research itself but also the way it is shared. Knowledge sharing through policy dialogues, technical convenings, stakeholder engagements, and strategic communications transforms isolated findings into cross-country learning. Organizations like APHRC act as a connector, bringing together ministries, community leaders, researchers, and donors to exchange ideas and co-create solutions. They translate complex research into actionable insights and foster mutual respect between knowledge producers and policy users. This collaborative model has enabled African countries to learn from each other, replicate successful interventions, and adapt innovations to local realities. It is not only efficient, it is empowering.

The third pillar of this influence is advocacy. With strategic campaigns and trusted partnerships, international research organizations help ensure that evidence does not sit on shelves—it enters policy rooms, shapes funding priorities, and informs legislation. Through long-term engagement with governments, civil society, and regional bodies, these organizations promote a culture of evidence use. They advocate for policies that institutionalize research in decision-making and build national systems for monitoring and evaluation.

Advocacy is not just persuasion, it is persistence. It is building coalitions, cultivating champions, and creating momentum for change grounded in facts and lived experiences. The success of this soft power is not abstract. It is seen in real outcomes in schools that now keep girls enrolled, in clinics where trained staff prevent maternal deaths, and in urban neighborhoods where children receive vaccines on time.

In the West African region, for example, maternal deaths declined significantly after research-based recommendations led to investments in community health infrastructure. The policy did not just change statistics, it saved lives. Every research brief, stakeholder meeting, and media appearance is part of a broader effort to ensure that policies serve people, especially the most vulnerable.

Soft power may be quiet, but it is not passive. It is intentional, strategic, and deeply human. By using research as a foundation, knowledge as a bridge, and advocacy as a lever, APHRC is influencing decision-making and transforming development practice across Africa. Their impact goes beyond policy— it reshapes futures, restores dignity, and builds resilience from the ground up. Because evidence is not just a statistic. It is a story. A strategy. A spark. When used well, it has the power to transform lives, one at a time.



Informing Action to End Child Marriage in Senegal

By Ndeye Awa Fall, Research Officer

In the Senegalese towns of Kaolack and Gossas, a quiet revolution is taking shape. Young people are challenging a long-standing practice of child marriage that has affected generations of girls under 18 in their communities. In a country where child marriage rates remain stubbornly high, adolescents are finding their voices to question customs perpetuated through tradition, societal expectations, and economic hardship. Their perspectives, documented in a recent study by APHRC, reveal both the nuanced nature of this issue and a growing desire for change.

Child marriage in Senegal is not just a cultural legacy; it is a complex issue woven by poverty, patriarchy, and community expectations. Many parents still view early marriage as a way to protect their daughters' honor, avoid premarital pregnancy, or cope with economic hardship. For some families, it remains a source of pride.

A 12-year-old girl explained: "Parents believe they are doing their duty. Giving a daughter in marriage is seen as honorable." Similarly, a teenage boy noted, "Some parents marry off their daughters just because they cannot provide for them." Girls and boys alike recognize how these social expectations shape their futures. While they understand the pressures their parents face, most express a strong desire to delay marriage, complete their education, and achieve financial independence.

The study also sheds light on the power dynamics within families. In most households, fathers make the final decisions about marriage. Adolescents consistently reported that mothers often have little say, though some quietly try to delay or prevent early unions. A 14-year-old girl shared, "If the mother sees her daughter as too young, she may try to negotiate with the father." Others emphasized that the mother's opposition carries little weight if the father insists.

Still, not all blame lies with the fathers. Some girls noted that mothers may also influence the process, especially if the daughter expresses the desire to marry. This complexity points to the need for nuanced, gender-sensitive engagement with families.

Despite the weight of tradition, adolescents are pushing back. Girls, especially those between 10 and 14, insist that they are not ready for marriage. They want to stay in school, get jobs, and become self-reliant before entering any union. Boys echoed this sentiment. "We are too young," said one. "We need to focus on studies and prepare for life first." Their clarity is striking. They know that marrying too young

can jeopardize their future. They want change, and they have ideas on how to achieve it.

When asked how to end child marriage, adolescents did not hesitate to offer suggestions. They called for awareness campaigns using radio, television, and especially social media platforms where youth spend most of their time. They also recommended community forums, school programs, and weekend debates over tea. Furthermore, they also called for outreach through trusted voices: community leaders, educators, and parents.

One 15-year-old girl emphasized the importance of involving families: "The child only follows the parents' decision. We must raise awareness among parents because they hold the final say." The emphasis on peer-to-peer, parent-to-child, and community-wide communication is a powerful reminder that change happens not just in policies but through conversations.

This study is a call to action. It reminds us that legal frameworks alone are not enough. Senegal has signed international agreements, passed laws, and launched campaigns against early marriage. Yet, enforcement remains weak, and social norms continue to outweigh policy. To truly end child marriage, interventions must go beyond the law and tackle the beliefs, norms, and gender roles that shape how families make decisions. They must include the people at the heart of the issue.

Programs that center youth voices, empower girls, and mobilize families and communities are key. Reforms that align laws with current realities and ensure they are enforced at all levels are also crucial. Every girl deserves to write her own story on her own terms.



Innovating Data Use for Policy Impact

By Assane Diouf and Diana Munjuri, Senior Communications Officers

For too long, local policymakers across the region have struggled with fragmented, outdated, or inaccessible data systems that hinder informed decision-making. Through the Strengthening Sub-National Data Value Chains Project, APHRC and six local implementing partners (LIPs) are shifting that narrative to one that puts data at the center of policy and governance.

Since 2020, this initiative has worked across 17 subnational regions in Senegal, Burkina Faso, Niger, and Uganda empowering local authorities with context-relevant, timely, and usable data that is driving real impact.

In **Senegal**, Cheikh Dione, Municipal Secretary of Thiadiaye Commune, shares that through the project support, for the first time, they accessed reliable data that is helping track service delivery gaps and make informed decisions. Collaborating with the Institute of Territorial Governance at Cheikh Anta Diop University,

the project helped build local data units that manage real-time commune data systems, an essential tool for aligning services with community needs.

A similar transformation is underway in **Burkina Faso**, where municipalities like Manga and Tenado, supported by the Health Science Research Institute (IRSS) and the Institute of Population Sciences (ISSP), are digitizing civil registration systems. With digital platforms in place, communities are seeing the tangible benefits of accurate, responsive governance. “We now use real-time data to track health trends and allocate resources where they are most needed,” explains Mrs. Romaine Sawadogo, Prefect of Pô.

The partnership between APHRC, the National Institute of Statistics (INS), and the University Abdou Moumouni (UAM) in Niamey, **Niger** has placed data at the center of local administration. The project has enabled evidence-based planning and strengthened civic dialogue by engaging young researchers and equipping

municipalities with practical data tools, as explained by Mr. Rachidou Garba, Administrative Delegate of Dosso Commune. “With these data platforms, we can visualize, document, and ensure resources are allocated based on actual needs.”

Meanwhile, in **Uganda**, the project’s phased approach, led by Development Transformations, has culminated in the establishment of an integrated information system known as Nextcloud in the districts of Masindi and Kayunga. According to the Kayunga District Planner, Judit Nakayote, the system is helping identify trends and patterns across sectors. This synthesized data is now a key resource for policy formulation and programming.

Across these four countries, a pattern emerges where data is no longer a distant asset but a tool

of empowerment, ownership, and equity. Whether through streamlined civil registries, commune-level dashboards, or integrated district systems, local actors are now driving decisions with precision and purpose. The Strengthening Sub-National Data Value Chains in Sub-Saharan Africa Project is a testament to what’s possible when evidence is placed in the hands of those closest to the problems and the solutions.

But the impact doesn’t stop at improved tools or platforms. The initiative reinforces a broader vision that data must lead to action. Policies must evolve, budgets must respond, and communities must see the benefits. As APHRC and its partners continue to build local capacity, support young professionals, and connect researchers with policymakers, they are ensuring that data doesn’t just sit on a server but is used to positively impact lives.



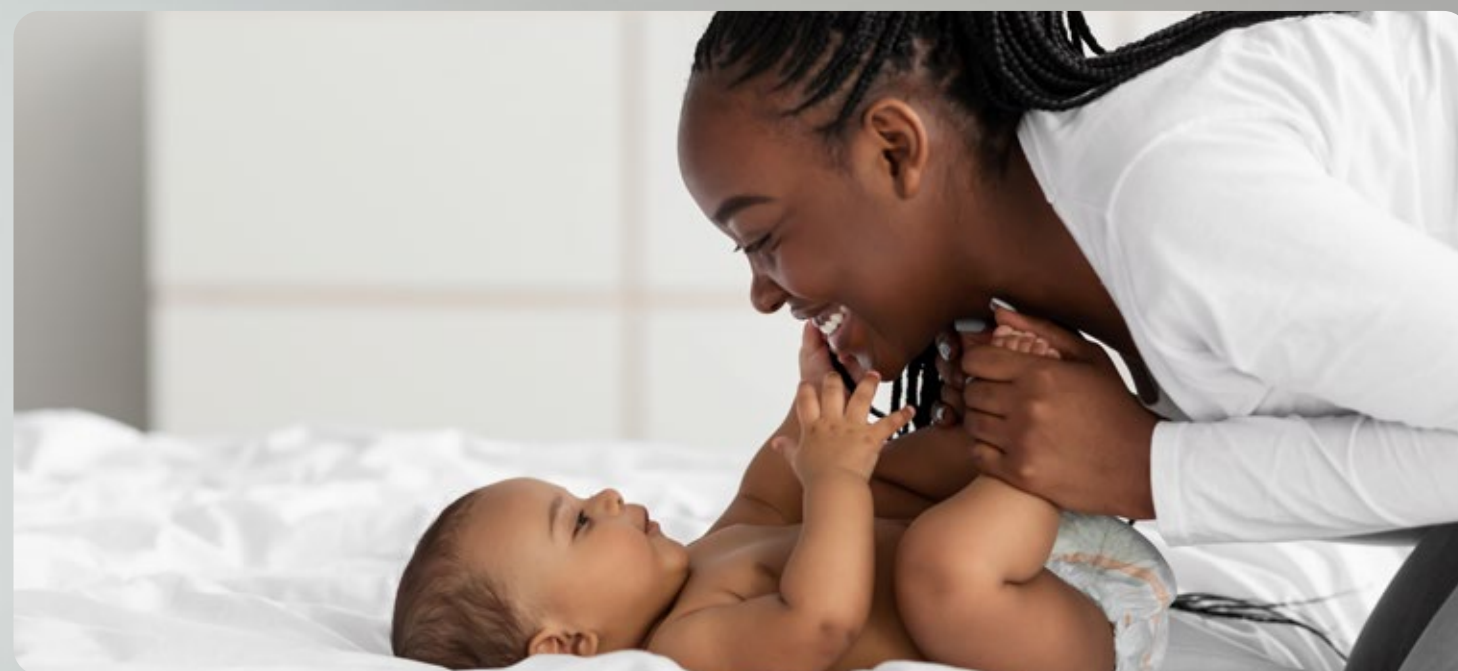
Inside Dakar's Maternal Care Dilemma

By El Hadj Malick Sylla, Associate Research Scientist

In the dense, vibrant communities of Dakar's slums, expectant mothers face a troubling paradox. Although many live just minutes from hospitals equipped to perform life-saving Cesarean deliveries, nearly half choose to travel farther—sometimes across districts, to deliver their babies.

A recent study conducted by APHRC explored this phenomenon, revealing that 44 percent of women bypass the closest facility when surgery is required to deliver their babies. Their reasons go beyond geography; from medical referrals to perceptions of quality and the guidance of family and social networks, their choices reflect the systemic challenges affecting maternal healthcare delivery.

The study analyzed data from 763 women living in informal settlements who underwent cesarean sections in public hospitals across Dakar. Despite living within an average of six minutes' travel time from a health facility offering cesarean services, nearly half traveled



longer distances. Many left their districts entirely. In Pikine, a settlement on the outskirts of Senegal's capital, numerous women traveled to facilities in Dakar's center, spending between 30 minutes to an hour on the road.

The most common reason cited was a medical referral. Although many nearby health centers are theoretically capable of handling cesareans, they are often overburdened, under-resourced, or have non-functional operating rooms. When these centers cannot provide care, women are advised to seek treatment elsewhere, often without a formal referral system. However, referrals are not the only factor. Perceptions of quality strongly influence women's choices. Some bypass facilities they view as overcrowded, understaffed, or poorly maintained, opting instead for hospitals believed to offer safer or more dignified care. Others rely on family members or friends to guide their decisions, trusting the second-hand experiences of their peers.

Surprisingly, cost was rarely cited as a deciding factor. The Senegalese government provides free cesarean sections in public hospitals, considerably reducing financial barriers. Yet this policy alone has not resolved the problem. Women's decisions reveal a deeper issue—trust in the system, which can have devastating consequences. Delays of even 10 to 15 minutes can be critical in emergencies. Extended travel can also increase out-of-pocket expenses for transport, cause stress during labor, and put additional strain on referral hospitals, which become overcrowded while nearby

facilities remain underused.

The situation is not unique to Senegal. Similar patterns have been observed in Ghana, Kenya, and Tanzania, where women regularly steer clear of facilities that are closer in search of better care. This trend underscores a widespread challenge across urban Africa, that access is not just about distance—it is about confidence in the care being provided.

This research offers vital insights for health planners and policymakers. Improving maternal health outcomes in underserved urban areas requires more than increasing the number of health facilities. It demands system-wide investments in quality, responsiveness, and infrastructure. The study points to three key areas for action:

- Strengthen local health centers: Equip facilities with trained staff, functional surgical units, and necessary supplies to reduce the need for referrals.
- Improve the referral system: Develop clear, formal processes for directing patients in real time, especially in emergencies.
- Rebuild trust in primary care: Invest in staff training, patient-centered approaches, and consistent service delivery to change perceptions about quality.

When women can access safe, respectful, and timely care close to home, we save not only time and money, but also lives.

Transforming Health Care in Africa Through Data-Driven Innovations

By Diana Munjuri, Senior Communications Officer, and Peter Kaberia, Research Officer

APHRC's Countdown to 2030 initiative has supported analysis and capacity strengthening in African countries to track the progress of life-saving interventions for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH+N) over the years. This is done through onsite and virtual interactive sessions with researchers, data analysts, and the expanded program on immunization (EPI) managers, drawn from ministries of health and collaborating institutions of higher learning. These sessions include data extraction, management, analysis, and translation of evidence into usable formats to inform policy formulation and programming at the country level.

As part of continued learning and improvement to the Countdown to 2030 analytical approach, the team identified bottlenecks in efficient capacity building, given the increasing number of countries within the CD2030. The challenges included delayed extraction of routine health facility data, more effort on analysis

and output organization than on interpretation of outputs during workshops, and limited resources for countries to reproduce the analyses post the workshop due to the prohibitively high costs associated with the proprietary analysis tools used. APHRC's Countdown to 2030 researchers developed an innovative solution to address these challenges - the CD2030 analytical tool.

The application is an R-based software package designed to streamline data extraction, analysis, and visualization. It is encapsulated within an intuitive, user-friendly Shiny App interface. Since its inception as an R Package, CD2030 has evolved from a prototype to an established platform revolutionizing data analysis and interpretation across 26 African countries.

It has streamlined data extraction, analysis, and reporting workflows and simplified the analysis process. This allows country teams to focus on visually investigating the data, interpreting the results, and devising actionable next steps.



According to Rehema Salum and Dhamira Mongi of the Tanzania country collaborating team, the application indicator mapping feature simplifies the process of populating the countdown immunization template by allowing direct mapping of indicators from DHIS2 (an open-source platform) to their corresponding names in the Countdown template. Previously, they extracted data manually from DHIS2, downloading each indicator separately.

The application consolidates multiple related indicators into a single variable, eliminating the need to search separately for different but related indicators. For example, when retrieving data on BCG doses administered, all relevant categories, such as inside the facility or outside the facility, male or female, are grouped under a single selection. Users can choose the specific data they need, significantly simplifying data extraction.

The application features are easy to navigate, even for individuals with minimal technical experience. Users can easily locate specific datasets using well-organized buttons, streamlining retrieval. The custom aggregation feature allows users to merge datasets effortlessly, making data management more efficient.

Before its rollout, the country teams were trained on how to interact with the application, and user challenges were addressed at this level, ensuring a

holistic and supportive environment while enhancing scale-up and sustainability.

According to Savadogo Yacouba and Kientega Tinwaongo of the Burkina Faso country collaboration team, "the Countdown project team explained the importance of selecting the right variables and extracting data in batches alongside a second demonstration session of the application in small groups for the different countries."

The data extractor feature in the application can be used to extract any data from the DHIS2, given sufficient user login credentials. This expands the application's utility beyond the Countdown to 2030 work. The application is being scaled up in other areas, as shared by Vincent Phiri of the Malawi Countdown country collaboration, "I introduced this to the Principal Statistician in the Ministry of Health in Malawi, and she is happy to use this app for much of her work in the Ministry. In her remarks, she recommended this application to be used across different programs in the Ministry of Health."

The adoption of the application by country teams is ultimately generating quality evidence with data shaping up into valuable insights for policy formulation and programming to support advocacy and accountability for women's, children's, and adolescents' health in Africa.



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