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The Newsletter of the African Population and Health Research Center

APHRC Wins Prestigious UN Population Award

APHRC Executive Director Alex Ezeh shakes hands with UNFPA Executive Director Dr. Babatunde Osotimehin upon receiving the 2015 UN Population Award - Institutional category. Between them is UN Deputy Secretary-General Jan Eliasson as the individual category winner, Dr. Thoraya Obaid looks on.

The United Nations honored the African Population and Health Research Center (APHRC) for its outstanding contributions to human rights, reproductive health, gender equality and population research.

The Center received the 2015 UN Population Award under the institutional category, alongside former UNFPA Executive Director, Dr. Thoraya Obaid who won in the individual category.

"APHRC has blazed the trail in improving lives and achieving sustainable development," said UN Deputy Secretary-General Jan Eliasson at the awards ceremony held on June 26, 2015 at the UN Headquarters. "This award is therefore in recognition of 15 years of dedicated policy relevant research to address Africa's most pressing problems through south-south partnerships."

"More and more leaders and people in the world understand that human rights are the basis not only for peace and security but also for sustainable human development," Mr. Eliasson said, after presenting the awards to Dr. Obaid and Dr. Ezeh. "Today's laureates are part of and linked to that success, and they are continuing to address the inequalities that persist.

In his speech, Dr Ezeh described a picture of an ideal Africa in the year 2030. This would mean every boy and girl being born in a hospital with their births recorded, every family living in a clean and safe environment, all children going to school and learning how to read and write and the elderly in the society enjoying long and healthy lives.

IN THIS ISSUE

Mission: A global center of excellence, consistently generating and delivering relevant scientific evidence for policy and action on population, health, and education in Africa.

Recognizing that Africa's reality is much different than the ideal life described above, Dr Ezeh went into the details of areas that need to be addressed. According to research, many children continue to be born in unsafe circumstances and grow up with no record of their existence. He further explained that many children are not going to school everyday as they should, hence they are barely able to read or write, let alone master the critical thinking skills needed to advance the continent's economic development upon completion of their studies.

Research also shows that too many adolescent girls in Africa experience unplanned pregnancies, drop out of school and are left with little chance to succeed in life. Many parents are not living to see their children's children because they die of non-communicable diseases like diabetes and hypertension at an early age.

> Imagine an Africa where every boy and girl is born in a hospital and their births are recorded. Their parents live in a clean and safe neighborhood with running water and electricity. Their grandparents are alive and healthy – strong enough to take long walks and play with them. They go to school and learn how to read and write. As they grow, they are ready to take on the world as they achieve their dreams. This can be Africa in the year 2030

APHRC has been at the forefront in changing the narrative on Africa. Dr. Ezeh explained that "while this may be Africa's reality today, it doesn't have to be that way 15 years from now. Today, African governments have the opportunity to turn things around. "

"Our work ends when the people of Africa enjoy the highest possible quality of life," said Dr. Ezeh.

The Older Persons Cash Transfer Program in Kenya Needs Proper Evaluation

By Isabella Aboderin, Senior Research Scientist, APHRC

The Kenyan government, is one of only a small number of governments in sub-Saharan Africa, which is operating and has continuously increased budgetary allocation to a cash transfer project for older persons (OPCTP). The program, targeted at poor, vulnerable older adults aged 65 years and above, seeks to reduce poverty and increase resilience among beneficiaries.

According to the 2009 census, approximately 1.33 million Kenyans are aged over 65 years – what remains unclear is how many of these are poor and vulnerable and thus in need of the cash transfer.

In the 2014/2015 budget, the government allocated KSh4.9 billion (approximately $49 million) to the OPCTP, up from KSh2.474billion (approximately $24.74million) in 2013/14. This year, there has been an additional increase to KSh7.4 billion (approximately $74 million), with a view to further expanding the number of beneficiaries from 225,000 at present to 325,000, and to covering all of Kenya's 290 constituencies by the end of financial year 2015/2016. The amount of the monthly stipend (2,000 KSh/$20) will remain the same. A glance back at the scope of cash transfers when they were introduced in 2007 – with only 300 beneficiaries in 3 districts with a stipend of KSh1,000/$10 and a budget allocation of KSh 2.4million/$24,000 – illustrates how remarkable the growth of the program has been.

There can be no doubt that the expansion of the OPCTP is an extremely positive and laudable step - and a clear indication that the government of Kenya is beginning to embrace the need to respond to issues of ageing.

Yet, a key consideration needs to be at the forefront of our minds.

This is the fact that there has not yet been a proper assessment of the operation, impacts and implications of the cash transfer program.

A number of critical and pressing questions thus remain unanswered:

How adequate is the stipend amount for meeting basic needs? How is the transferred cash used and for what purposes – and who makes the decisions? Who in beneficiary households or families benefits - and who loses out? How accurate (and true to the purpose) is the actual selection of the beneficiaries? How regular and dependable are the payments? What are the scheme's broader impacts on household, family and community relations? These are some of the questions that one cannot help but think about. They form the basis of concerns that need to be examined and addressed.

A research proposal currently being developed by the African Population and Health Research Center in partnership with the Division of Older Persons and Social Welfare in the Ministry of Labor, Social Security and Services seeks to address precisely these questions.

Frederick Wekesah – A Researcher by Chance

Whatever you are doing, if you work at it hard enough, enthusiastically enough, for long enough, sooner or later it will bring forth a reward – Zig Ziglar.

> Apart from the livelihood I get from what I do, it is the joy of being part of a team whose vision is to ensure that the people of Africa enjoy the highest possible quality of life.

1 How would you describe yourself?

Fred is the regular guy next door, a family man, a father of two kids and a husband. I'm a boy from the village from Kitale in Western Kenya. I am the eldest among seven siblings. I had a normal childhood, I grew up herding goats and growing maize for the people of Kenya.

2 What professional aspirations did you have growing up?

Like almost every other smart kid in school, I wanted to be a medical doctor. I still ended up working around health issues. I get to examine other aspects of the health infrastructure, and determining what ails the health system and how to address these issues. That is where research comes in and it is what I am proudly involved in now.

3 How did you first get involved with APHRC?

I became a researcher by accident. It was one of the early days after I had finished my undergraduate training in biological sciences. I heard that the organization was looking to employ young and energetic people like myself to collect data in the urban slums of Nairobi. The rest like they say, is history. This was back in 2005.

One year down the line the ambitious young man that I was took some time out to check out other opportunities. In 2008, an opportunity opened up at APHRC and they asked me to come back and help run a new project. I worked on a study that investigated risks for cardiovascular diseases in the urban slums, a project led by Dr. Catherine Kyobutungi.

In 2009, I was awarded a scholarship by the INDEPTH Network to study for a Master of Science degree in Epidemiology at the University of Witwatersrand in Johannesburg, South Africa. I returned to the Center in 2011 as a Research Officer. I have been working on research on non-communicable diseases (NCDs), and have since expanded my research interests to include maternal, newborn and child health issues, as well as nutrition.

4 What was your first impression of the organization?

You have no choice but to be the best because that is what you are expected to be every day, and I strive for excellence each day.

5 What keeps you doing what you do?

Apart from the livelihood I get from what I do, it is the joy of being part of a team whose vision is to ensure that the people of Africa enjoy the highest possible quality of life. That is a vision that resonates well with me and it is always a joy to see that what we do has an impact not only in this country but the region at large. We are continually shaping ideologies, policies, implementation strategies and interventions that are taking over Africa. That is motivating enough for me and serves as the fuel to drive me forward.

6 You have recently received an opportunity to further your studies, tell us more about this?

I have been Admitted to pursue my PhD at the Utrecht University in the Netherlands, under the auspices of the Global Health Support Program. I will be working on cardio metabolic diseases to understand the risk, treatment seeking behavior and treatment adherence among the urban poor in Nairobi slums. This training opportunity gives me a chance to contribute more authoritatively on research currently being done in this area, and allows me to cut out a niche in this field of research that I will pursue deeper going forward. Trust me, it is a great position to be in right now.

7 How do you balance between work and your family life?

The beauty is that we do not work in a routine, the scales keep shifting. There are days you feel as though your family is paying the price for the effort and time you put in the work that you do. Nevertheless, with this occupation there is always time to make up for such sacrifices. And such is life, you won't have the same balance in every other season but across time we are able to balance what family requires and what our work requires. And just for the record, no one can teach someone else tricks on work-life balance. It is not that straight forward.

8 What do you do during your family time?

I play hard. We venture outdoors often with the children for fun and games including water slides, bicycle rides and swings. I also watch a lot of cartoons with my children. Their favorite ones change from time to time: before it was *'Dora the Explorer'* but currently we are watching a lot of *'Umizoomiz'* and *'Blaze and the Monster Machines'.*

I am also involved in a lot of 'grassroots' (in the village) social and development mobilization. Together with like-minded young people, we try to engage in development activities that help in the welfare of the people 'back home'. I'm also crazy about football! That said, the biggest brand that epitomizes excellence is the world-beating Manchester United. I may follow all these sports events but I am crazy about Manchester United. That is football as God intended.

9 Do you have a mantra that you live by?

The strongest and biggest belief I hold is best summed up by Zig Ziglar, *"this I do know beyond any reasonable doubt. Regardless of what you are doing, if you pump long enough, hard enough and enthusiastically enough, sooner or later the effort will bring forth the reward."*

10 Where do you see your work in the next 5-10 years?

I still aspire to contribute to research at a higher level and get another academic award on my shoulder sooner rather than later that will help me be a better individual researcher. In the next 10 years, I should be spearheading research in mental health (and other emerging and priority areas) in Kenya and in sub-Saharan Africa.

Every Scholar Needs a "Time-out"

Reflections on My Short-term Scholar Visit to Brown University

By Elizabeth Kimani-Murage, Research Scientist, APHRC

"Publish or perish" is a commonly used phrase in the academic circles, though it originated from non-academic circles. For academic excellence, one must continuously publish, as publications are one of the few ways that academics have to demonstrate their academic aptitude. More often than not, researchers are so bogged down by administrative responsibilities that publishing becomes a luxury rather than a necessity in their academic life. Enthused by a recent great opportunity for "time-out" from administrative responsibilities, I narrate my experience!

"More often than not, researchers are so bogged down by administrative responsibilities that publishing becomes a luxury rather than a necessity in their academic life."

Elizabeth takes time to relax by the beach in Newport, Rhode Island, USA, during her scholar visit to Brown University

I am the lucky beneficiary of a short-term African visiting scholars program, hosted by the Population Studies and Training Center (PSTC) at Brown University, funded through the National Institute of Child Health and Human Development (NICHD).

It may never come along easily!

"How will your time away be accounted for"? A concern from APHRC administration, given that the Visiting Scholar Fellowship was not taking care of my salary. That was the first hurdle I had to overcome!

You cannot go for a whole six weeks and leave us alone! The second hurdle, coming from my family! And so I reduced the stay to three weeks.

"Frankly speaking, Liz, do you still want to come to Brown? Or does this change of schedule reduce your enthusiasm to travel here?"

These were kind concerns from Professor Stephen McGarvey (Steve, as everyone calls him), Director of the International Health Institute at Brown University, with whom I worked during my visit at Brown, as a mentor. He was concerned with my struggles to get a J-1 Visa, the third hurdle!

"J-1 visa? My God!" I never thought I needed a J-1 visa. *"Am I a student?"* I had asked myself. I always thought that J-1 visas were meant for students or people going on exchange training programs. It took some effort and persistence to get it!

I was not going to give up. I really needed the "time-out." I really needed papers written! My response to Steve was *"YES!"* And, yes, I made it, thanks to Andrew Foster, Ana Karina Wildman, Susan Silveira, and Tom Alarie at the PSTC, Brown University, among others who worked tirelessly to ensure that I got the Certificate of Eligibility for the J-1 visa.

Set objectives honestly!

When I arrived at Brown University, I had a meeting with Steve. He asked me, "(Liz), what do you want to achieve during this visit?"

I was hesitant to tell him at first, because I did not want to tell him that I wanted to deviate a bit from what we had agreed on when I wrote the proposal for the visit. But then he added, "Be selfish, (Liz)!" It's like he read my mind. I giggled and replied, "YES, (Steve), I want to be selfish. I need to get outputs from my Wellcome Trust fellowship." It was clear in my mind:

I wanted to work on two papers from data for my Wellcome Trust Fellowship, because I aspire to apply for an Intermediate Fellowship soon.

Work as if there was no tomorrow!

I knew this was the only chance I had at my disposal to have the luxury of working time. So I told Steve, *"I want to work like a student, the way I worked when I was a Ph.D. student."* I knew this is the only time I could double my working hours! I could burn the midnight oil without anyone telling me, *"Liz, let's go to sleep."* This was the only time I could just be glued to my computer without feeling the guilt of not being a "good" mother and wife. The only time I could "trans-night" as I did when I was a Ph.D. student.

During the three weeks of my visit, I worked day and night ("trans-nighting") to get the papers done! I sent sections of the papers one after the other to the co-authors including Steve. I was often quick to add, *"I know that not all of you may be in a position to work with my timelines,"* except I almost always added, *"but Steve,"* because I had a "contract" with Steve! He usually responded to my emails within a day. He seemed to also have the luxury of time as I did.

Build networks and trust!

The visiting scholarship, especially working with Steve was a great experience! I particularly liked Steve's great mentorship and pragmatic perspective. *"Success has a thousand fathers!"* I liked this advice from Steve, because sometimes I struggle to decide who to include or exclude as co-authors or co-investigators. Now I am reminded, *"Yes, success has a thousand fathers; failure is an orphan!"* What great advice! This was one of the many words of wisdom that Steve inspired me with during our interactions.

Apart from papers, we discussed a few ideas for potential collaborative grants, as well as critical issues in our collaborative project being implemented in Kenya. Above all, something that may not be counted, but critically important, was getting to know each other for potential collaborations in future.

"I now know you, Liz, and we now trust each other," Steve often said. Yes, trust is very important for successful collaborations! True, I now know Steve, and I trust him. I don't regard him as *"that professor,"* and he was quick to tell me in our first meeting, *"You can call me Steve."*

Before the visit, we had only met briefly in a meeting, and we may not have even said "hello" to each other, because we were strangers. We have been collaborating on an NIH/USAID funded project in Kenya (as strangers) through emails and Skype calls. What a great opportunity to finally meet!

Apart from Steve, I met other interesting and great people with whom we discussed potential future collaborations. I also managed to meet other research fellows and students at Brown!

Remember "All Work and no play makes Jack a dull boy"!

It was not all about books! I had some fun and light moments, thanks to Nicky Hawley for the drives! I really enjoyed my stay in "God's merciful Providence" City. I was lucky to experience the WaterFire event in Providence. I was like, "Wow, fire in the dark, on top of water in a river, in the middle of the city!" Isn't that amazing! It was so awesome! I toured the coast of Newport during the Volvo Ocean Race Stopover. And shopping! "My goodness! I love shopping! I could shop the whole day!" My three-week' "Time-Out" had enough fun too!

Voila!

The visit was so successful! In three weeks, we managed to work on at least one of the papers and start on the analysis for the second, in addition to discussing potential collaborative proposals, career development mentorship, and getting to know each other, especially with Steve and other people at Brown. I was able to address a backlog of many other things including reviewing and submitting other collaborative papers and addressing other deliverables, like the end of grant report for my Wellcome Trust Fellowship.

Reflecting through what I was able to achieve during the three weeks, I am convinced now than ever before that in deed, Every scholar needs a "Time-Out". This does not only give a scholar time to stay away from administrative duties but allows one to have time to reflect upon their work and is a more productive time. During this period one can actually write papers as I did.

If you are a scholar, this should be your next target, "Time-Out"!

Excellent Prospects for Deepened WHO- sub-Saharan Africa Cooperation in the Global Age-friendly Cities Initiative

The Aging and Development Program recently completed work on two projects linked to the WHO's Global Age-friendly Cities (AFC) initiative. The common theme of the projects was to identify priority foci and broad implications for age-friendly policy, practice and research in sub-Saharan Africa going forward.

The first project, *'Piloting the WHO Age Friendly City Indicator Guide'*, commissioned by the WHO Kobe Centre for Health Development, collected formative data on WHO's proposed set of core Age-Friendly City indicators in Nairobi's Viwandani and Korogocho informal settlements. The second project, *'Women's and Men's Experiences of Ageing and Health in Africa'*, commissioned by the WHO Department of Ageing and Life Course (WHO ALC) synthesized key findings of a set of small-scale qualitative investigations of older adults' experiences of health and ageing conducted in 2014 in three urban settings in sub-Saharan Africa - Bamenda (Cameroon), Conakry (Guinea), and Kampala (Uganda).

The WHO's Global Age-friendly Cities (AFC) Initiative underscores the importance of addressing the conjuncture of two critical demographic shifts facing developing world societies, including in sub-Saharan Africa (SSA), namely rapid urbanization and an ageing of populations. AFC focuses on critical questions about social and physical environments and 'livability' of the urban communities within which individuals age.

Owing to their successful completion, the Aging and Development Program has fostered closer links with the WHO Kobe Centre in its plans for a further expansion of the AFC – with a view to forging a potential 'Age friendly slums' initiative in Nairobi, as well as with WHO ALC toward cooperation on joint publications and policy engagement.

Who is a Mother ? Unravelling What One Goes Through To Embrace Motherhood

By Carol Wangui Wainaina – Intern, APHRC

Recently, I attended a mother's day event at my children's school and I learnt that the definition of a mother is no longer only the one who gave birth to you. A mother can also be anyone who takes care of a child and plays the motherly role. Hence one does not just become a mother only at birth, instead motherhood begins when one conceives, continues through birth and never ends from then. Motherhood is basically a 24 hour job! On average, any mother sleeps for five hours each day; this depends on the age of the child.

Mother's mental status

Of critical importance is a mother's mental status. There are two scenarios for describing the mental status of any mother. As a mother, you wake up in the morning and the first sound you hear is screaming in the house. What response would you have? Someone would say, "oh no not again". In another scenario, you wake up and all you hear is silence. The normal reaction would be a reflex action; run to the children's' room to find out if they are okay. "Phew! Thank God they are fine".

The joy after the baby is born is explicable, but look beyond the excitement and you will see an exhausted mother wishing for just one minute of sleep. Baby feeding time comes and the mothers go through challenges such as either the baby is not suckling, breast milk is not forthcoming; breasts are too painful, sore and even cracked.

After being discharged from the hospital, the mother and daughter/son come home to find everything as it was, lucky if the baby is your first child or you have a helper in the house. If not, the other child/ren will be there waiting for their mother to come back to take care of them, the husband is also there expecting things to go back to the way they were. Unlike the hospital environment where the mother had the nurses to help and the only person seeking attention is the new visitor, at home the environment is different. Either there are no people to help with chores or taking care of the baby, other people seeking attention and visitors coming in and out.

By the time the mother has been able to settle back home, it's time to go back to work and the hustle of having to keep breastfeeding while working adds to the already stressed mother. The mother has to adjust either by waking up too early to express before going to work, or having to express at work in various places depending on presence of workplace support. The traffic jam does not help as it either causes the mother to leave very early or get home very late hence affecting the breastfeeding practice.

The first 1000 days of a baby's life

The first 1000 days of a child are always the trickiest for a mother. There are many changes that mothers go through starting right from when one is told she is pregnant, it's either all the nausea, vomiting, sleepless nights, lack of appetite to unimaginable cravings and uncontrollable eating. Then, comes the delivery day and that I cannot even begin to describe the experience. Moreover, the mother is advised to eat healthy food, but nausea often does not let her. But given the mother's commitment to the health of the baby growing inside them, they have to be strong and persist, and often eat foods they don't want to eat.

A baby needs exclusive breastfeeding and exclusive attention during such a time. What if the mother has no ability to sustain this because of her own health related issue; maybe she can no longer produce milk; maybe she is just not having the luxury of time to give the baby the attention needed? Perhaps she has to go work to provide for the family as a sole bread winner.

Motherhood has definitely evolved unlike in the past when one would get a relative coming to stay with the new mother after delivery, it's now something done in few cultures and homes, majority basically do it on their own. I believe support at the community level for example support from spouses, relatives, workplace among others is paramount to enable mothers perform their roles properly.

Let's all remember the mothers in our midst and remember to support them to ensure they be the best mothers they are capable of being. We are all in existence because of a mother somewhere and we need to celebrate them every day of our lives. But remember, a mother is not only the one who conceives you, a mother is anyone who takes care of a child.

Author Anne Morrow says *"by and large, mothers and housewives are the only workers who do not have regular time off. They are the great vacation-less class".*

God bless our Mothers!

FEATURE

M-Mimba: A Game-changer for Pregnant Women in Hard-to-Reach Communities in Kenya

By Estelle Monique Sidze, Associate Research Scientist, APHRC

During a recent field visit to a remote rural area in Kenya, I had the opportunity to meet and talk with John and Naomi, two amazing and resilient people.

John lost his wife, Florence, at childbirth. Florence was a very dynamic woman in her early thirties and a devoted mother to two children. John and Florence had chosen to give birth with the help of a traditional birth attendant (TBA). As John mentioned to me, the TBA is close to the house, she is friendly, she knows how to provide pain relief massages and good advice to pregnant women in the village. Florence had been attended to by the same TBA for their two older children. This time, complications arose, and Florence had to be rushed to the nearest health facility. Unfortunately for Florence, it was late at night and no car was available. John, Florence and the TBA waited for two long and stressful hours during which Florence bled to death. The twins Florence had given birth to, also died. Three lives were gone, wasted. Florence sadly became a statistic, 1 death among the 400 deaths per 100,000 births occurring annually in Kenya.

Naomi is a young, very active community health worker (CHW) passionate about her work. Despite the fact that she receives no meaningful monetary retribution, she tirelessly provides vital health information to households on antenatal care, maternal health, newborn care, family planning and management of diseases including HIV/AIDS and malaria. She lives in this remote area and her role is vital and helps save lives. She has to keep on doing what she does no matter the amount of work. Interestingly, what frustrates Naomi is not her intensive job or the fact that she receives no meaningful financial retribution. What frustrates her is the fact that families do not always implement her life-saving advice. She is mostly frustrated by pregnant mothers who die under her watch because they still choose what she calls inappropriate birthing practices. She particularly remembers Doreen.

Doreen chose to be attended to by a TBA during childbirth. Everything had gone well, Doreen and the baby were fine, alive! Unfortunately, Doreen learned at the health facility during a postnatal check that she was HIV positive and that the disease was transmitted to the baby during childbirth. The bouncy baby boy suddenly became a statistic, another child unnecessarily infected with HIV in a country with wide spread Prevention of Mother-to-Child Transmission (PMTCT) programs.

Listening to John and Naomi, I kept on thinking: What if John and his wife had a way to access emergency transport that night? What if they had a nurse on the phone during those two stressful hours to help (them and the TBA) with first aid? What if Naomi had some additional support to provide birth preparedness and complication readiness messages to pregnant women in her village?

It is at that moment, that the idea of M-Mimba was born.

I decided to send out a proposal to develop and test M-Mimba, a mobile phone platform exclusively designed for pregnant women to provide innovative transport solutions and birth preparedness messages. This will be a platform designed for the purposes of:

- Saving money for transport
- Receiving birth preparedness messages and anecdotes
- Point-of-care remote consultation
- Timely linkage with pre-registered transport operators in emergency situations

M-Mimba is a potential game changer for all pregnant women in hard to reach communities in Kenya:

- A unique tool to **empower pregnant women and their families to save money.** No more time and lives wasted in waiting for relatives or friends to "M-Pesa" money in emergency situations.
- A unique platform to **connect pregnant women to pre-registered transport operators in a timely manner.** No more time and lives wasted in waiting for an improbable car or ambulance.
- A gateway to **long-lasting behavioural change and cultural adaptation for better birthing practices.**

This innovative idea was showcased on Monday, July 20 2015 in Washington DC at the 2015 Saving Lives at Birth Development×Change meeting. They call it an exciting meeting to showcase cutting-edge innovations with the potential to dramatically decrease maternal and newborn mortality. In my heart, I call it a unique opportunity to make M-Mimba reality for millions of potential Florence in Kenya. I call it a unique opportunity to make Florence's death count, not as a negative statistic anymore but as an inspiring starting point to act in an innovative way to save lives at birth.

The Art of Communication
Moving from Research to Policy Effectively

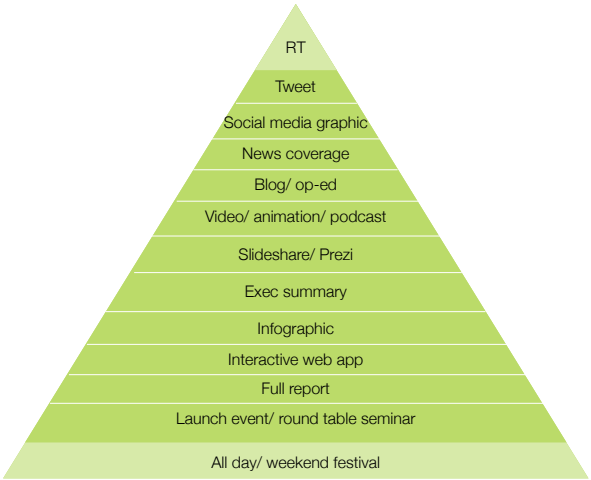
An infographic communicating the story of Kenya's urban poor

'The single biggest problem in communication is the illusion that it has taken place'. George Bernard Shaw was right in saying this. It's easy for research to be stacked up on the bookshelf once complete. Policy makers are interested in your research – though they might not know it yet. It is up to you to present it in a way that is accessible and easily understood.

Communication has long been seen as a 'bolt on' – the final step in the research process. But that needs to change, communication needs to be done from the 'ground floor'.

Engage your audience from the get-go. Know your audience and tailor your message to them. APHRC research programs always involve stakeholders and policy makers from onset of research design and implementation. The stakeholders even have the opportunity to pitch in and share ideas on how to improve the research process. This form of engagement opens up an avenue for debate and discussion. Even when the report is launched, researchers need to keep their audience talking – claiming influence as experts in their field. However, there needs to be a strategy on how research communications is carried out. You don't want a case of ''information overload" – causing your audience to ignore your research. One way of doing this is having a planning meeting to develop communication objectives and strategies. This helps in identifying the policy makers you would want to reach and the message you would want delivered. The 'Pyramid of Engagement' is a strategy to scale information from the most comprehensive and detailed (bottom of pyramid) to bite-sized or easiest to comprehend information (top of pyramid).

It's a series of communication tactics to use once the report is launched, to keep your research fresh and relevant. Make your message clear and sharp. Most importantly, remember to be relevant, practical, and inspiring. Prepare to communicate your research – by engaging your peers, academic circles, policy makers and the development world through social media and an online presence. APHRC researchers are active on Twitter, discussing current issues related to their research and need for policy changes. They also write blogs that give a lighter touch to the work they do.



The Pyramid of Engagement: Graphic courtesy of Richard Darlington, Well Told Story

Other quick wins are use of infographics, guest posting, and short videos. These are ways of crunching the numbers from a 50-page report to a 1-minute video or a half-page infographic. Infographics - often colorful, animated images that quickly present one or more simple ideas visually and with minimal text - are a great way to trigger rational and emotional responses from your audience. They are a simple yet practical way of reinforcing your evidence. Videos stimulate interest by getting everyone hooked on your research. They are a time saver as well – especially when one doesn't have time to present research findings, a video can generate interest to drive the audience to more information later.

When using these communication tools, think ''Do you have something to say, or just something to plug?" Effective communication of research is key in uptake and moving your evidence to action. And now researchers believe they have all the pieces of the puzzle in getting their evidence to make a change.

Engaging Uganda's Rural Communities in Improving Education

From a recent study by APHRC and the Iganga Mayuge Health and Demographic Surveillance System on schooling patterns and learning barriers among primary schools students in rural Uganda, public schools were found to outnumber private ones in rural areas, but private schools had more often - a competitive advantage. This was mainly due to the smaller student-teacher ratios, smaller class sizes and larger textbook-student ratios. Moreover, teachers' work ethic was poorer among those in public schools as more public school teachers were absent, in comparison to private schools, and particularly women.

On average teachers taught 11 lessons a week, which translates to 1.3 hours a day; teaching methods were heavily teacher-centred and hence likely to suppress critical thinking among learners; at least one-third of lesson time was spent on activities that do not directly enhance learning; long-serving teachers' experience did not yield better student performance; and students taught by teachers with higher mastery of subject-matter content did better.

This was a cross sectional study in rural Uganda conducted in mid-2014.

Field Interviewers checking data quality during the Education survey of the Iganga Mayuge Health and Demographic Surveillance System in Uganda.

The study aimed at identifying the key barriers that have most effect on learning outcomes among children attending schools in rural settings. Participants were students in primary grade 3 and 6, their numeracy and literacy class teachers, head teachers and parents in both private and public primary schools serving children from the Iganga Mayuge Health and Demographic Surveillance System (IMHDSS) households located in Iganga and Mayuge districts.

The findings formed the basis of topical discussions at a validation workshop held in Iganga, Uganda in June 2015. The workshop's participants were drawn from a wide range of stakeholders in education, such as District Education Officers, head teachers, school management committees, numeracy experts, literacy experts, translator and administrative leaders including Chief Administration Officer, Resident District Commissioner, the local Member of Parliament and religious leaders. Discussions amongst these parties summed the three main focus areas as how to maximize student-teacher contact time, both parents and teachers should motivate students to increase school attendance, have teachers equally reduce their own absenteeism and time wastage in class; and generally reduce overcrowding in classrooms.

Further to this discussion, the outcomes will be disseminated to policy makers and stakeholders throughout Uganda, to ensure inclusiveness of all parties' views in the next steps towards improving education. "We hope that from this comprehensive study and follow up discussion, education needs will be met within Iganga and more widely throughout the country, to mold well-rounded schools and students", said Richard Naika, a County Administration Officer in Iganga.

Changing the Tide in Contraceptive Use in Western Kenya

Contraceptive use in Nyanza and Western provinces in the Western region of Kenya was low before 2008, which led to a stall in decline in fertility rates in the region. The low uptake of Family Planning services was mainly due to poor service delivery, lack of male support and involvement, low involvement of religious leaders, and lack of political will.

A consortium of seven organizations came together in 2009 to create interventions that would reverse this stall – thus the 'Reversing the Stall in Fertility Decline in Western Kenya' was born. Between 2010 and 2012 (Phase I), the consortium implemented programs aimed at increasing the uptake of modern contraceptives, with special focus on long-acting reversible as well as permanent contraceptive methods. The second phase (2012-2015) saw expansion of the program focus – where Community Health Volunteers not only distributed contraceptive methods and information materials, but also targeted youth, religious leaders as well as political leadership in creating awareness. The numbers are changing. The 2014 Kenya Demographic Health Survey (KDHS) preliminary results show evidence of increased uptake of modern contraceptives after implementation of the Packard Western Kenya (PWK) interventions in Siaya and Busia counties in Western Kenya.

The PWK project consortium held a joint workshop at the 12th Tropical Institute of Community Health and Development (TICH) Annual Scientific Conference on April 29 at Great Lakes University of Kisumu. The consortium shared key project achievements, experiences, lessons learnt and sustainability plans for the community-based family planning intervention. The interventions are aimed at increasing contraceptive uptake among rural communities in Siaya and Busia counties – which in turn has led to an improvement in maternal health.

One of the highlights of the presentation were the gains made in Siaya County – in which the county government is currently implementing a strategy to avert 91,000 unintended pregnancies and in turn save the county 72 million shillings (USD 720,000). Dr. Sammy Tanui of the National Council for Population Development (NCPD) congratulated the Siaya team for their passion to sustain Family Planning project activities through advocating for resource allocation to Family Planning. He reiterated the need for County governments to further allocate funds in support of Family Planning programs.

Innovative Initiative Targets Evidence-Based Policy to End Premature Deaths Among Mothers and Children

Policymakers and researchers from around the world gathered at the Southern Sun Hotel in Nairobi from April 6 - 11, to gain a shared understanding of the Innovating for Maternal and Child Health in Africa (IMCHA) initiative. IMCHA seeks to generate evidence that will inform major policy decisions and actions in Maternal, Newborn and Child Health (MNCH) which is funded by the Canadian government, the International Development Research Centre (IDRC) and the Canadian Institute of Health Research (CIHR) in Africa through research that will be done in the next five years. The initiative will be implemented in 13 African countries bringing the core issues of health systems strengthening, gender and equity, ethics and knowledge translation to the fore of Maternal, Newborn and Child Health research. With main focus on countries that bear the greatest burden of MNCH challenges, IMCHA will strive to come up with solutions that will have long-lasting impacts in this area.

"As you know, half of the world's maternal, newborn and child deaths occur in sub-Saharan Africa mainly due to poor health care. I also don't need to tell you that these deaths are preventable," said Dr. Jean Lebel, IDRC President, during the inception workshop.

About 800 women die every day from preventable causes related to pregnancy and childbirth with many more women developing complications that shorten their lives and lower their quality of life because of disabilities. Increasingly, more children are dying before reaching their fifth birthday. About 99% of these preventable deaths unfortunately occur in low and middle-income countries.

"We are like gems; rare, yet so precious and hence we need to act wisely," Dr. Catherine Kyobutungi, APHRC's Director of Research, challenged the researchers at the inception workshop, adding, "Let's go out there identify the problems, find the solutions to these problems and change the world!"

Despite numerous research that has been done in the area of MNCH globally and even across the African continent, there is still critical knowledge gaps that exist as a result of policy decisions that are made without taking into consideration evidence generated from these research.

The initiative is expected to generate knowledge, innovations and results that will in the end provide solutions to Africa's perennial health problems in tackling MNCH. In the end the lives of mothers and children across Africa should be improved.

"Research efforts must transcend borders in our interconnected world. It is not enough to bring all the best minds together to do research. We must also ensure that research findings are adapted to regional realities so that solutions can be integrated into politics, decisions and practices in ways that are both practical and effective," posed Dr. Alain Beaudet, President, Canadian Institutes of Health Research.

IMCHA is bringing to the fore the reality and urgency of the need for researchers and policy makers to work in collaboration while sharing knowledge and make available interventions that will have tangible widespread impact on the lives of mothers and children in Africa.

IMCHA initiative has been designed in such a way that two interrelated components, Implementing Research Teams (IRTs) and Health Policy Research Organizations (HPROs) will work together to achieve the goal. The program is supporting twenty IRTs and two HPROs to deliver its objectives. APHRC leads the East Africa HPRO (EA HPRO) which is a consortium of three organizations, East Central and Southern Africa Health Community (ECSA HC), Partners for Population and Development Africa Regional Office (PPD ARO), and APHRC.

Participants hold discussions during a break out session

"Research efforts must transcend borders in our interconnected world. It is not enough to bring all the best minds together to do research. We must also ensure that research findings are adapted to regional realities so that solutions can be integrate into politics, decisions and practices in ways that are both practical and effective."

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Calendar of Events: July - December 2015

DATE	EVENT
July 8-10, APHRC Campus, Nairobi, Kenya	4th East African Social Science Translation Impact Evaluation Summit
July 16, Rockefeller Foundation Headquarters, New York, USA	International Launch of Lancet Commission Planetary Health Report. Regional launch to follow later in the year
July 27-29, University of Nairobi, Kenya	6th Faculty and Administrators' Workshop for CARTA
August 3-28, The University of Ibadan, Nigeria	Joint Advanced Seminar 3 for Cohort 3 CARTA Fellows
August 24-26, Malawi	4th Conference of the African Epidemiological Association
August 21, APHRC Campus	STEP UP Strengthening School Health programming Working Group Meeting
August 27, Silver Springs Hotel	Adolescent Girls Initiative-Kenya External Advisory Group Meeting
September 2, Panafric Hotel	Adolescent Sexual and Reproductive Health Policy 2015 Launch
September 14-15, Moi University, Kenya	6th CARTA Partners Forum
September 16, Moi University, Kenya	12th CARTA Board of Management Meeting
September 17-18, Quebec City, Canada	International Union for the Scientific Study on Population(IUSSP) Seminar
September 28, Ifakara Health Institute, Tanzania	CARTA Graduate Workshop
October 6-7, PAWA 254 Headquarters, Nairobi, Kenya	Nairobi Intergenerational Design Challenge
October 27-28, Hilton Hotel, Nairobi, Kenya	Adolescent Health Symposium
November 9-12, Nusa Dua, Indonesia	International Conference on Family Planning
November 30- December 4, Johannesburg, South Africa	7th African Population Conference

Quarter 2 at a Glance

APHRC's Head of Urbanization and Wellbeing Program, Blessing Mberu makes a presentation at the Urban Governance for Health workshop at Intercontinental Hotel on May 19-20, 2015. The workshop aimed at bringing together relevant stakeholders from civil society, academic, research and policy communities to review and synthesize new thinking and document good governance practices for urban health particularly focusing on countries in Africa, South and East Asia, Latin America, and the Caribbean.

Participants follow presentations during the fourth Annual East African Social Science Translation Impact Evaluation Summit at the APHRC Campus. APHRC held the summit in partnership with the Center for Global Action (CEGA) and Innovations for Poverty Action - Kenya from July 8 - 10.

Ida Hakizinika (Rwanda) and Fatai Bello (Nigeria), enjoy a light moment at the second joint East and Southern Africa and West and Central Africa Global Fund constituencies meeting in Addis Ababa, Ethiopia on May 5-6, 2015. APHRC has been working with the two African constituencies to strengthen their representation in Global Fund governance.

Margaret Githinji, an older person, contributes to the discussion at a workshop to validate findings of the Aging Resilience Study carried out by APHRC and the University of Southampton. During the meeting which was held on July 27, the report was presented to key stakeholders who gave their views on the matter.

APHRC facilitated the 6th Consortium for Advanced Research Training in Africa (CARTA) Faculty and Administrators' workshop which was held from July 27-29 at University of Nairobi.

Joyce Mumah (center photo) and Alex Ezeh were some of the key panelists at this year's International Conference on Urban Health (ICUH) that took place in Dhaka, Bangladesh on May 24 - 27, 2015.

A section of APHRC Staff celebrate the United Nations Population Award during a dinner that was held on July 21 at Serena Hotel, Nairobi, attended by Policymakers, funders and partners.

Elizabeth Kimani at the commemoration of the World Breastfeeding Week 2015. The theme for this year's WBW was: Breastfeeding and Work; Let's Make It Work.

APHRC in conjunction with Kemri-Wellcome Trust conducted a training on food safety to promote better food handling practices on July 31 at Lunga Lunga youth friendly center, Viwandani.

Korogocho Medical Camp

Giving Back to the Community

More than 2,400 patients received medical attention for various ailments during an a free medical camp organized by the African Population and Health Research Center. During the medical camp, 1401 women, 408 children and 864 men sought attention from the tens of medical personnel mobilized for this day. Every year, APHRC gives back to Korogocho and Viwandani by holding such free medical camps. This year was unique as it brought together various partners including the Ministry of Health, the World Bank, GlaxoSmithKline, Dawa Pharmaceuticals and the Nairobi Medical Students Association. The scope of the problem of inaccessibility of medical services is big, hence the need for organizations that share the same concern for the over 60% of residents of Nairobi living in slum like conditions, to partner up in such initiatives.

Beneficiaries both young and old received medical attention.

Volunteers are briefed on their roles during the medical camp in Korogocho. These included crowd control, clinical set up, and distribution of drugs. Some of the volunteers participated in an on-site feeding program.

Participants' personal information and health history was registered, a process that allowed the medical teams to determine the most common ailments in the community even as APHRC seeks to build up a data base of the beneficiaries.

The initiative attracted many people who stood in the long queues to get medical attention. Health services are beyond the reach of many residents because there are very few government-run health facilities which have no capacity to meet all the medical needs of the community.

Ailments that were treated include diabetes, persistent cough and skin infections.

Staff Updates

April to July 2014

New Staff

1. Peninah Masibo - Training Coordinator

Departures

1. Emmanuel Bellon - Senior Advisor to the Executive Director
2. Patrick Mbangula - Facilities and Administration Manager
3. Catherine Lwangu - Receptionist/ Administrative Assistant
4. Milkah Nyariro - Research Officer

EDITORIAL TEAM: Benta Abuya | Blessing Mberu | Caroline Gatura | Catherine Kyobutungi | Charity Waweru-Mwangi | Daniel Adero | Danielle Doughman | Joyce Mumah | Maureen Siele | Olive Thiong'o | Ruthpearl Ng'ang'a | Samuel Oti | Shylee Mbuchucha
TO SUBSCRIBE, CONTACT: The Policy Engagement Manager, APHRC Campus, 2nd Floor, Manga Close, Off Kirawa Road, P.O. Box 10787-00100 Nairobi, Kenya | Tel: +254 (020) 4001000, 266 2244, or 266 2255 Mob: +254 722 205 933, 733 410 102.
Email: info@aphrc.org | www.aphrc.org | Twitter: @aphrc