

Poorest Urban Kenyans Miss Out on Free Primary Education



Pupils in a class in a primary school in Viwandani slums, Nairobi

Nearly half of the children living in urban slums in Kenya do not have access to free primary education, a study released in November by the Ministry of Education and the African Population and Health Research Center revealed. The study also showed major differences in class three test scores between students attending public and those attending private schools.

The study, released at the Hilton Hotel in a ceremony presided over by the Cabinet Secretary for Education Professor Jacob Kaimenyi, indicated that 47 percent of children in urban slums across the country attended low-cost private schools; shunning the free

education offered by government schools. More surprising was the reasons given for this with parents citing lack of access to public schools as well as concerns about the quality of education offered to their children in these schools.

Similarly, the study also highlighted shortcomings in teacher-content knowledge and teaching skills in public primary schools with a significant proportion of math teachers performing poorly in a teacher-math test conducted as part of the study. This, according to the study, was a significant indicator of the quality of education being delivered in the classrooms.

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Speaking during the launch, Professor Kaimenyi said that it was imperative that all teachers be subjected to continuous in-service training and this should shift from being theory-based to practical and classroom-based teacher support program.

“While the current Ministry of Education and the Teacher Service Commission strategy to improve quality of education through enhancing teacher’s pedagogical skills is laudable, it can be enhanced to improve learning outcomes; this report helps us bridge that gap,” said Professor Kaimenyi.

The study also compared students’ grades with the length of time a teacher has taught and found that the more the years of teaching by a teacher, the lower the pupil math scores suggesting a need for teachers to have measurable annual quality assurance goals and professional support.

“It is important to provide classroom-based support to enable teachers to teach effectively and to see better learning outcomes for students,” said Dr. Moses Ngware, an education researcher at APHRC and a lead researcher on the study.

The researchers said that children are experiencing classroom-based learning challenges caused by the poor teaching practices. These are likely to lead to the pupils going through the school system without acquiring the necessary competencies. They pointed out the need for a shift from theory-based, in-service

teacher training to a more practical classroom-based teacher support in order to make teaching more effective in improving learning outcomes. Such practical classroom-based support mechanisms could for example involve head-teachers observing classroom practices and helping teachers improve their teaching skills.

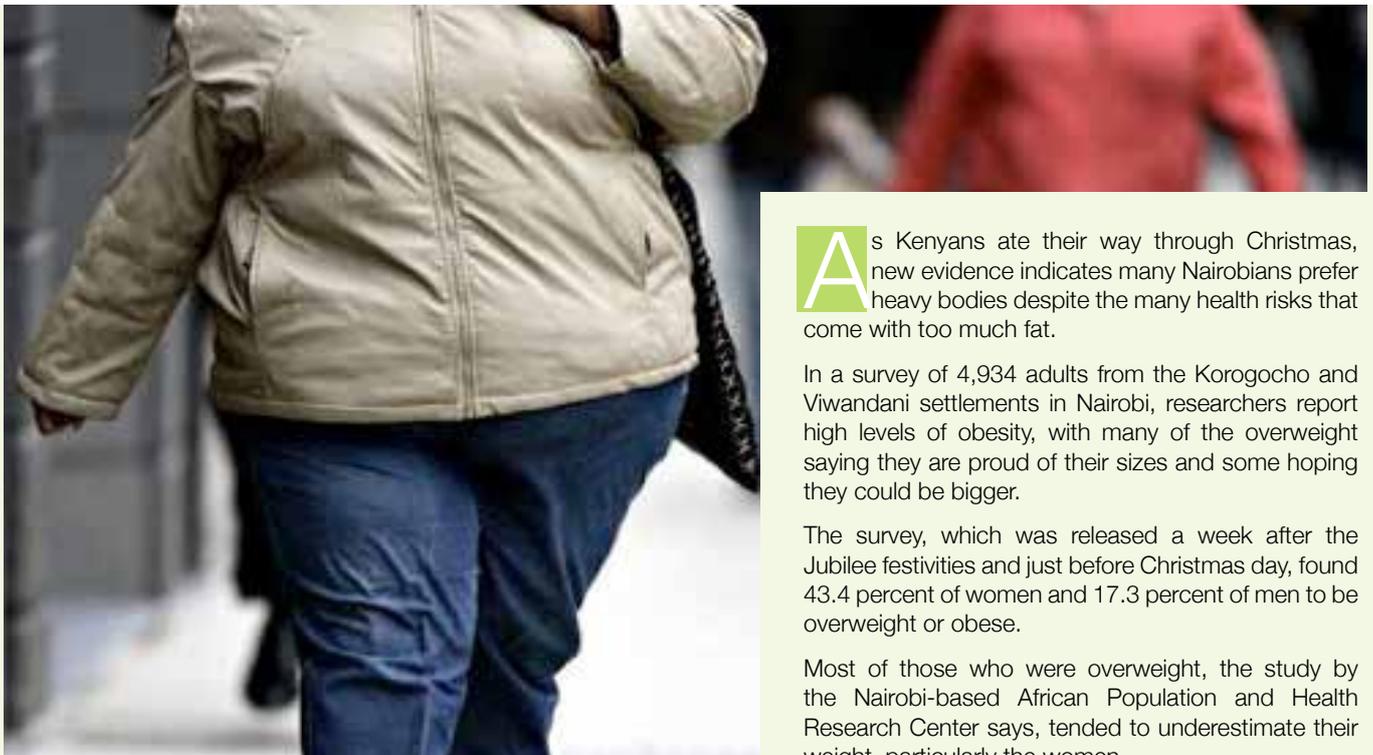
However, the study also highlighted the positive role that parents played in the education of their children.

“Parents are key players in their children’s education and appreciate the quality of education their children are getting,” said Dr. Ngware. “In this study, one thing stood out about the parents; the realization of the link between teacher performance and the performance of children in a given school.”

The study was conducted between January and March 2012 in seven urban informal settlements in Eldoret, Kisumu, Mombasa, Nairobi, Nakuru and Nyeri. A few months after the release of the report, the Ministry of Education is working on making changes in some of the areas highlighted in the report. These include working with development partners to bring low cost schools into the Free Primary Education umbrella. The Teachers Service Commission is also developing a frame work to measure teacher performance.

Nairobians Prefer to be Heavy, Research Reveals

By GATONYE GATHURA



As Kenyans ate their way through Christmas, new evidence indicates many Nairobians prefer heavy bodies despite the many health risks that come with too much fat.

In a survey of 4,934 adults from the Korogocho and Viwandani settlements in Nairobi, researchers report high levels of obesity, with many of the overweight saying they are proud of their sizes and some hoping they could be bigger.

The survey, which was released a week after the Jubilee festivities and just before Christmas day, found 43.4 percent of women and 17.3 percent of men to be overweight or obese.

Most of those who were overweight, the study by the Nairobi-based African Population and Health Research Center says, tended to underestimate their weight, particularly the women.

Photo courtesy: www.thenews.com.pk

Despite repeated messages on the health dangers of too much body fat, results showed most of the respondents, and especially women, preferred a highly padded body.

“A larger body size was commonly assumed to reflect good health and higher social status and may thus be considered desirable,” says the study published in the journal *Preventing Chronic Disease*.

When the participants, who included 2,669 men and 2,265 women, were shown and asked to choose the figure they would like to look like from a set of drawings many tended to go for the heavy figures.

The images ranged from very thin to very obese, with participants being asked to identify the graphic which most accurately depicted the body size one would wish to have.

“More than half of women and men classified as overweight or obese indicated a preference for figures that were overweight or obese,” says the study, which was led by Dr Remare Ettarh, now with the University of British Columbia.

For example, 14.8 percent of women chose an obese image as ideal while 20.6 percent of men chose an obese image as ideal. Dr Ettarh and the team concluded that what many people in Nairobi conceive to be an ideal body size is not based on any medical facts. Further they argue that messages linking obesity to health risks such as diabetes and heart conditions are not reaching such groups or are not being heeded.

“The implications of excess body weight as a risk factor for lifestyle diseases are not readily apparent to most residents in poor settlements because of low levels

of education and the lack of emphasis on non-communicable diseases.”

While this study gauged whether many residents of Nairobi are really worried about that extra fat, an earlier one by Dr Regina Mbochi of Kenyatta University graphically described the contents of the kitchen of a well-to-do Nairobi woman.

In the survey published in the September issue of the *BMC Public Health* journal, Dr Mbochi tells of a kitchen with a high presence of beef, chicken, processed meats, eggs and alcohol.

She says in most of these cases, the women in these households are obese or overweight. These items are most likely to have more than doubled with the festive season.

Dr Mbochi who had sampled 365 women aged between 25 and 54 years with high incomes says the more rooms there are in their homes, the more likelihood that the older women have big waistlines, carry a lot of fat and are big domestic spenders.

For some reason that is not explained in the study, women who are divorced or widowed and have good income are most likely to carry more weight and fat.

This, the study says, is identifiable by the quality and number of household items, the number of rooms in the house and ownership of a plot or a motor car.

According to the researchers, such household items included a television, radio, refrigerator, cooker with oven, sofa set, microwave, home computer, mobile phone, landline, land or plot, and a vehicle.

First published on www.standard.co.ke



The implications of excess body weight as a risk factor for lifestyle diseases are not readily apparent to most residents in poor settlements because of low levels of education and the lack of emphasis on non-communicable diseases



I Try to Be the Very Best I Can Be!

Maurice Mutisya is a data analyst in the Education Research Program at APHRC and one of the Consortium for Advanced Research Training in Africa (CARTA) success stories. Maurice shares with us about his journey and what he has learnt along the way.



1 How does a typical day at APHRC look like for you?

I start my day checking and replying to emails while updating my to-do list. This list matters to me as it helps me to plan my day and know what I need to do and when. Typically, my day will involve, data management and analysis, reviewing reports and publications which act as a basis for the reports that I write. Sometimes, but not every day, we will have a variety of meetings including program meetings in the Education program that help keep us all in the same page. Sometimes, we will have external meetings where we make presentations to various stakeholders in the education sector. This was especially true towards the end of 2013 when my program, ERP, was preparing to launch a monograph and technical report from two of our studies.

2 How would you describe your career journey so far?

I joined the Jomo Kenyatta University of Agriculture and Technology (JKUAT) in the year 2000. My interest had been to do land economics and hopefully become a land surveyor but I ended up at JKUAT studying Mathematics and Computer Science from which I graduated in July 2004. After my final exams but just before I graduated, I got a job at APHRC (then

based in Upper Hill as a Data Entry Officer, for a PhD student from Brown University. Not long after I joined, there was a call for field interviewers to work in the Health and Demographic Surveillance System (HDSS) which was being set up. I applied and was successful. We were taken through an entire month of training, a month that I must say, was quite an eye-opener for me and gave me my first taste of research. I then started off as a field interviewer for about one and half years; from August, 2004 to January, 2006. A little back in 2005, I had made a series of applications for scholarships and in 2006, through the INDEPTH-Network in Ghana, I got a scholarship to take my Masters at the University of the Witwatersrand in South Africa. My Masters degree has a fairly long name; Population-Based Field Epidemiology. After my Masters, I returned to APHRC as a research assistant and later moved into the Education Research Program as a data analyst.

3 What are you passionate about?

I am very passionate about the kind of work we do here at the Center to change the lives of the urban poor. My research interest is in investigating inter-linkages between health and education issues; not in the simplistic way that most people might understand this but in looking at more subtle and less obvious connections. For example, there is a lot of debate about the extent in which nutrition of infants in the first 1000 days of their lives impact their cognitive skills which in turn affect their schooling and education performance later in school. This line can be taken to the very end of its logical conclusion; that education outcomes then later impact a child's career opportunities and hence affect their future income levels and standard of living. It's all really very intriguing!

4 What is the greatest challenge you ever faced at work and how did you overcome it?

One of the biggest challenges that I face is balancing my daily tasks with the urgent tasks that come up and take up a big chunk of my time! I deal with this problem by trying to plan as far ahead as possible and keeping tabs on what my program is working on so I can try to anticipate these 'emergencies' as effectively as possible. Doesn't always work but I try.

5 Biggest lesson you have learnt here at APHRC?

Let me see... the biggest lesson APHRC has taught me is the need to do my very best in whatever task that I undertake. Quality matters and I have learnt that an individual has to set a quality bar in his or her work and try very hard never to turn out anything that falls below that bar. I try to do my very best in all the tasks that I undertake as the quality of my work says something about me.

6 Where would you like to be in 10 years' time?

I am currently pursuing a PhD. I hope that in 10 years, I will be an established research scientist in the field of education and health. I really hope to learn to play a couple of musical instruments including the guitar and the piano

7 What career advice would you share with our readers?

I have learnt that in career development but also in all other things in life, one needs to understand that things don't happen by themselves. One has to make things happen and take responsibility for making them happen. If you never act, nothing will ever happen.

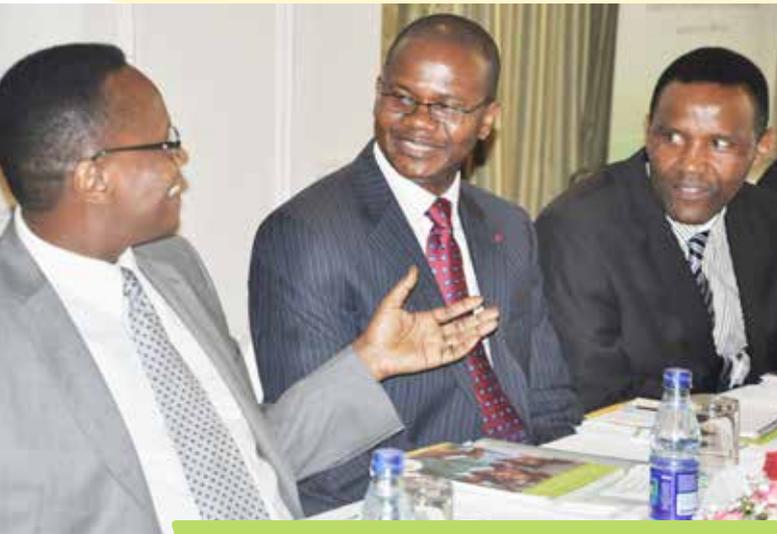


“..there is a lot of debate about the extent in which nutrition of infants in the first 1000 days of their lives impact their cognitive skills which in turn affect their schooling and education performance later in school. This line can be taken to the very end of its logical conclusion; that education outcomes then later impact a child's career opportunities and hence affect their future income levels and standard of living..”



How to Win Friends and Influence Policy

Using the launch of the Quality and Access to Education report by APHRC as an example, Linda Nordling on behalf of the Council on Health Research for Development (COHRED) outlines the successful steps undertaken in moving evidence to policy



Education Cabinet Secretary, Prof. Jacob Kaimenyi (left) chats with APHRC Executive Director, Dr. Alex Ezeh (center) and the Head of the APHRC Education Research Program, Dr. Moses Ngware (right)

The African Population Health Center (APHRC) in Nairobi, Kenya is a donor-funded research institution that produces policy-relevant research on population, health, education, urbanization and development across Africa. Since its establishment in 2001, it has succeeded in influencing a number of social policies in Kenya. In the process, it has learnt a lot about what it takes to get evidence into policymaking in a resource-poor environment.

The Center cut its teeth on a large study of life in the slums of Nairobi, Kenya (The Nairobi Cross-sectional Slum Survey, 2000), which ended up filling a policy information gap and resulted in a number of actions both nationally and locally in the country. When APHRC started out, there was very little information about population and health dynamics in the urban slums of Africa. It initiated a large study that compared the health and education status in the slums of Nairobi with the status in the rest of Nairobi and the country as a whole.

The study made the surprising discovery that conditions in the slums were much worse. This was at odds with the dominant school of thought, both in policymaking and in the minds of Kenyans at the time, that there was an advantage to living in the city. After the study was published, government ministers toured the slums and set up a budget specifically targeting poor urban areas.

“The number of development agencies and more effective policies targeting the slums in Nairobi have skyrocketed,” says Ruthpearl Ng’ang’a, APHRC’s communications manager. “Even just looking at the indicators coming out of Nairobi’s informal settlements in 2000, and comparing them with today, there’s a big difference,” she says.

The slum study addressed an important information gap for Kenyan policymakers, but it also established APHRC’s reputation as a trustworthy producer of timely and actionable research-based advice. This has resulted in a long and fruitful dialogue with the region’s policymakers. “They demand the evidence, and we respond to their needs,” Ng’ang’a explains.

Everybody at APHRC—from the researchers to the senior management staff—are involved in carrying out this dialogue with intent to influence. But a particular role falls to the policy and communications team, whose team of seven ensures that the Center’s communications activities are coordinated and in line with the overarching goals of the organization. The team works with the center’s researchers to develop a strategy for communicating each research program’s priorities. Their targeted messages and active engagement with policymakers and other key stakeholders are intentionally guided by the communication strategy.

“However, this communication strategy requires continuous modification. With policymaking and political positions changing hands regularly, this can be problematic. There is no way around it,” says Ng’ang’a, “In order to keep the dialogue going you have to approach newly appointed policymakers as early as you can, and make sure you are on their radar from the get-go. As there are many others often vying for the new person’s attention, it pays to be innovative in your strategies.”

APHRC had to be creative in March 2013, when the government changed in Kenya following a general election. There was a new Cabinet Secretary of Education, one that nobody at APHRC had worked with before. “We sat down in a meeting and thought, how we can engage him about primary education?” says Ng’ang’a. With her colleagues, she drew up an unorthodox plan.

“We sent a photographer to the primary school the cabinet secretary had gone to when he was a child. We printed the photograph along with a congratulatory message, framed it, and wrapped it nicely. The photo was delivered to the cabinet secretary together with a new report we had prepared on primary education. He got it two months after he arrived in office,” says Ng’ang’a.

It was a “small, non-essential gesture,” she says, but it worked. When APHRC contacted the minister following all this, he knew exactly who they were. He agreed to launch the report in person, prefacing his speech at the occasion with the story of the photograph and how the report got to him. He went further and wrote a memo requiring all directors in his ministry to read the report. Barely two months later, the Ministry of Education along with the Teachers Service Commission are implementing the recommendations of the research report.

APHRC may have achieved a lot in the past two decades, but it still faces challenges every day in keeping the lines of communication open between decision-makers on the one

hand, and the Center's researchers on the other. The latter are susceptible to the pressures of academic research life, which often prizes publication in learned journals over implementation of their findings in the real world.

The Center also has to try to stay one step ahead of the policymakers, to make sure it has the capability to carry out research on emerging areas as and when the decision-makers want information. "To do that, you must understand the processes of policymaking," Ng'ang'a says. "There is no point providing detailed information before the policymakers are ready to act and it is much more difficult to bring in the evidence when the policy direction has already been determined. You need to understand where they are in the policymaking process, and respond to that."

The communication of evidence to policymakers is central to APHRC's vision, that the people of Africa enjoy the highest possible quality of life through policies and practices informed by robust scientific evidence, she adds. The Center's success is, she hopes, raising the awareness across the continent of successful ways of utilizing evidence in policy and practice decisions.

"I think over time, as we have one success after the other, we will be able to convince others of the value of strategically and regularly engaging policymakers. It's not just enough to produce knowledge. Researchers need to understand what policymakers need, and engage with them about that evidence; while policymakers need to tell researchers about the evidence they need" she says.

In a Nutshell;

- Work on your reputation as a trustworthy producer of timely, reliable and actionable advice
- Engage with policymakers' values on a personal level to catch their attention and motivate action
- Respond to clear government demand for evidence rather than bombarding policymakers with information they didn't ask for, at a time when it may not be a priority.

This article was prepared for COHRED as part of a series of success stories looking at different ways that research organizations use communication to fulfil their institutional aims.

Air Pollution in Our Cities

Act Now or We Perish!

By Kanyiva Muindi



Photo courtesy: www.virtualtourist.com

"Humankind has not woven the web of life. We are but one thread within it. Whatever we do to the web, we do to ourselves. All things are bound together. All things connect"- Chief Seattle, 1855

Mr President!

One early morning recently, I paid a visit to the President of the Republic of Kenya. The agenda of the meeting was to discuss what needs to be urgently done in order to reduce the levels of air pollution Kenyans face every day. I promised to give him a copy of my PhD thesis if he needed concrete evidence that urgent action was needed. The ensuing discussion was so intense that I did not hear my bedside alarm go off! With the thesis promise secured, I dashed out of the meeting to make it home in time to

prepare for the day... and woke up with a start—all this had been a dream, but what a dream it had been!

Double Trouble

As I step out into the real world that morning, I am met by a congested road. Traffic snarl-ups have become a norm in urban cities today where we all sit miserably staring at our watches and shifting impatiently in our seats. My mind races back to my dream and I realize the most urgent need is to address one of the greatest challenges we face daily; air pollution. Most urban residents in the developing world are likely to be grappling with this dual problem; indoor and outdoor air pollution. Most of the air pollution in our homes comes from diverse sources such as charcoal or kerosene which are used in unventilated spaces leading to high levels of carbon monoxide and particulate matter. Did you know that the addictive, nostril- soothing home care products such as cleaning agents and air fresheners produce volatile organic compounds (VOCs) which are harmful to our health? Indoor air quality is influenced by outdoor air quality and for those of us lured into residences next to a busy

OPINION

road (for our convenience), the emissions from vehicles often make their way into our homes. When we step out of our not-so-safe homes, we get onto our roads where the air is truly toxic. Ninety percent of urban air pollution in many cities of the developing world has been associated with motor vehicle emissions. Vehicle emissions are a mixture of particulate matter, carbon monoxide, sulfur oxides, nitrogen oxides and a wide range of VOCs which have both short and long term health effects.

Too Many Deaths

We have seen, perhaps even experienced, some of the effects of air pollution first hand. While talking to a medical practitioner in Nairobi city, I realized that health care providers have noticed a surge in the number of children diagnosed with respiratory illnesses. This particular healthcare provider was concerned about the number of children they had to give emergency inhalers to open up their airways. Asthma patients usually face worsening symptoms when faced with poor air quality. Lung function can also decrease drastically in the face of daily exposure to high levels of air pollution.

The World Health Organization (WHO) indicates that outdoor urban air pollution, mostly from vehicles and industries, accounts for 1.34 million premature deaths annually. To put it in lay terms, this is the equivalent of roughly 12 airplanes, each carrying 300 passengers crashing daily, for a whole year, with no survivors. If the latter were to happen, there would be an immediate and high-profile effort to stop the crashes. However, most governments in developing countries are yet to take the bold step and begin to address one of the biggest killers of their citizens. One is bound to ask whether it is the 'subtle' nature of air pollution that hinders the lack of urgency in dealing with air pollution or is it because there is no 'shock' effect arising from pollution-related deaths unlike an air crash. Whichever way we look at it, the time to act is now; not in the future when our cities will be covered with smog so thick we cannot see beyond a few meters. We cannot put off the inevitable call to action any longer; doing so will be playing Russian roulette with the health of every human being, even the unborn ones! Research evidence increasingly shows that car emissions, industrial emissions as well

as household emissions (especially from biomass fuels - coal, firewood, charcoal etc.) are linked to ill health. For instance, air pollution causes some cancers, cardiovascular diseases and respiratory illnesses such as asthma and chronic obstructive pulmonary disease (COPD) which impairs lung function, (1, 2). Further, some studies link air pollution to low birth weight and stillbirths (3, 4). There is also a growing public concern over the increased cases of cancer and ill health; and questions are being asked about the causes. What most people don't realize is that some of the answers are in the air around us!

Let's Clean It Up

Each one of us has a role to play in reducing the risk associated with exposure to air pollution. At home, it is important to switch to cleaner fuels such as cooking gas and more efficient stoves (which produce less smoke and consume less fuel). However, if one cannot afford this switch, the use of charcoal and kerosene stoves should be done in a well-ventilated place to encourage air circulation. The Ministry of Environment, Water and Natural Resources should conduct a nationwide assessment of people's knowledge and attitudes about air pollution. This would help in assessing information needs for different population groups. In addition, the public could benefit from educational campaigns aimed at providing relevant information about the sources of air pollution and what we can do to reduce the levels of pollution and our exposure. The government should introduce exposure sciences in schools (preferably at primary level) to ensure we build a critical mass of scientists who can lead in monitoring and assessing the health effects of air pollution. This would then lead to evidence-based measures to mitigate against the harmful effects of air pollution. Monitoring of air pollution levels in cities should be done to ensure the public has access to information on current levels. With this information, public health officials can advise the public on actions they need to take to avoid exposure to unusually high levels of pollutants.

What Can Our Leaders Do?

Today our leaders can do something to improve air quality in Africa's quickly growing urban areas:

- Ensure emissions-control legislation exists and is enforced, particularly those policies that target industries and motor vehicles.
- Invest in mass transit systems that rely on clean fuels such as natural gas as opposed to dirty fuels such as coal and diesel.
- Encourage walking and cycling by building roads that have pedestrian and cyclist lanes.
- Control/reduce the rate of urban sprawl as this encourages people to drive more
- Regulate land use in urban areas to reduce air polluting projects and encourage green spaces.
- Monitor air quality country-wide to keep people informed about pollution levels in their towns and neighborhoods

Your Call, My Call

As individuals, we can also make a difference in the quality of air our families are breathing each day:

- Keep our cars properly maintained to ensure better fuel efficiency.
- Walk and bike whenever possible.
- Use public transportation as much as possible to reduce congestion on roads and reduce overall emissions.
- Shift our mind-set to see vehicles as a contributing factor to severe health issues.

Is There Any Progress?

On the brighter side, our government has made some wise decisions such as shifting from leaded to unleaded petrol and to low-sulfur diesel. However, more can be done. As we work towards the realization of Vision 2030, let's clean up our air to help ensure we are all living healthy lives and that we live to see this vision become a reality!

Toward a Pilot ‘Evidence Revolution’ on Aging in Kenya

By Isabella Aboderin

On October 24, 2013, a high-level consultative meeting on aging, the first of its kind in Kenya, called for the piloting of an evidence revolution on aging in Kenya.

The meeting was convened in the wake of the launch of the Global Age-Watch Index (GAWI) – a tool, which compares countries across the world in terms of the overall well-being of their older populations in four key domains: income security, health status, employment, education and an enabling environment.

So far, only eight African countries are included in the GAWI list given a lack of sufficient relevant data in the remainder, including Kenya. All eight, moreover, are in the bottom third of the ranking, with five being among the last ten.

In the consultation, 23 key role players including from the Ministries of Labor and Health, Kenya National Bureau of Statistics (KNBS), National Council for Population and Development (NCPD), Kenya Human Rights Commission, UNFPA, UNHCR and The World Bank, deliberated on key implications of the GAWI for SSA countries and on necessary responses to them.

Reaffirming that issues of older persons are a real concern for the region – not least given the almost 4-fold projected rise in their absolute number to 157 million by 2050 – the four-hour discussions pointed to a critical need for improved national evidence generation on older populations as a basis for policy development.

So far, incisive evidence on the needs and vulnerabilities- but also the roles, functions and potential of older adults in SSA is hard to find. Yet only such information will enable governments to ensure the rights of this population and harness its potential as a force for social and economic development and, specifically, for achieving a first “Demographic Dividend”.

The meeting highlighted Kenya's singularly favorable position to pioneer and pilot an expansion of national production and translation of evidence on ageing –given its already considerable engagement with the issue.

Kenya is among the few countries in the region to have adopted a National Policy on Older Persons, a new Aging and Health Unit has been established at the Ministry of Health and the Ministry

of Labour is actively seeking to broaden programming for older persons beyond the current cash transfer scheme. This has been accompanied by recent KNBS and NCPD evidence generation initiatives. KNBS, for example, is currently producing a monograph on the situation of older persons based on data from the 2009 National Census.

The next step for Kenya in forging a pilot ‘evidence revolution’ on ageing is to foster partnerships and focused reflection among key data and policy role players in order to pinpoint specific priority evidence gaps, available mechanisms for addressing them and opportunities for mobilizing required funds. The Ministry of Labor is setting up a steering committee and planning for a follow-up meeting to take this initiative forward. Once realized, it has the potential to stimulate and act as a model for similar evidence revolution endeavors across Africa.

The consultative event was the result of a partnership between APHRC and the HelpAge International East, West and Central Africa Regional Development Centre.

APHRC Welcomes Distinguished Policy Exchange Visitor

APHRC welcomed Dr. Simon Mueke as a visiting scholar in the months of October and November 2013. Dr. Mueke is the Chief Government Obstetrician/Urogynecologist and Head, Reproductive and Maternal Health Services Unit, Division of Family Health, Ministry of Health of the Government of Kenya. He is in charge of policy formulation and coordination as well as issues related to standards and regulations with particular reference to maternal health, human resources for health and blood transfusion services in the country.

Working closely with Dr. Chimaraoke Izugbara and the Population Dynamics

and Reproductive Health Research Program, Dr. Mueke has been an important resource in the study on unsafe abortion. While at the Center, Dr. Mueke presented a brownbag session expounding on the new structure of the Ministry of Health and evidence needs within the Ministry. He also interacted with and advised various research teams as a result of which he is now involved in the proposal on the Evaluation of Free Maternal Health Care in Kenya. Dr. Mueke's partnership with the Center has strengthened collaboration with the Kenyan Health Ministry. The Center continues to seek opportunities to link

implementation science research with policy formulation and further translation to policies and strategies for overall improvement of the health of Africans.

Said Dr. Mueke at the end of his one month stint at the Center: *“Perhaps the only promise I can make now is to remain faithful to you and offer myself unconditionally to collaborate on behalf of the Ministry of Health and on my own behalf so that the “connection” between research and policy becomes visible and in the best interest of Kenyans.”*



Is Kenya Ready for Oral HIV Self-testing?



In Kenya, it is estimated that 1.6 million people were living with HIV at the end of 2011. This number represents the third largest national population of people living with HIV/AIDS in sub-Saharan Africa.

Voluntary HIV testing and counseling has been proven to be critical and cost-effective for HIV prevention and control. The latest Kenya AIDS Indicator Survey indicates that HIV testing uptake has increased with 72 percent of adults aged 15 to 64 years in 2013 having been tested for HIV compared to 34 percent in 2007. Despite this significant increase, large proportions of individuals who were found to be infected in 2012 were not aware of their status.

The high prevalence of HIV has led to extensive national efforts to prevent HIV

as well as increase access to treatment for those infected. The government of Kenya is also exploring newer technologies to improve HIV self-testing uptake such as oral HIV self-testing kits. HIV self-testing methods; which allow people to test on their own specimens similar to home pregnancy test, is seen as a potentially new option to increase HIV testing, particularly among groups with lower rates of testing uptake. Previous research in sub-Saharan African countries shows that HIV self-testing is acceptable, produces accurate results, and can improve the uptake of HIV testing. There are concerns, however, that public availability of self-testing kits can lead to coerced testing and that having people test themselves in the

absence of effective counseling can be detrimental.

APHRC recently conducted a study in collaboration with NASCOP to understand perceived harms and abuses of oral HIV self-testing in Kenya. The population-based study funded by the International Initiative for Impact Evaluation, Inc (3ie) used quantitative and qualitative methods to assess perceived harms and abuses, population thought to be most vulnerable to abuse, and how these harms and abuses might be avoided. In particular, the findings strongly suggest the need for effective approaches to provide counselling and linkage to treatment as well as ensure that the public is well informed about the correct use of the kit and the illegality of coercive testing.

Calendar of Events: January to March 2014

Date	Event
January 15-17, 2014 Lenana House Conference Center, Nairobi	Maternal , Infant and Young Child Nutrition (MIYCN) Policy Workshop - Tools for Policy Influencing
January 20-22, 2014 Best Western Premier Hotel, Nairobi	AGIARP (Adolescent Girls Initiative Action Research Program) partner kickoff meeting
January 22-23, 2014 RTI International, Washington, DC	RTI International Education and Workforce Development Trends and Capabilities Review
January 22-25, 2014 Boma Hotel, Nairobi	8 th Annual Research Conference on Population, Reproductive Health and Economic Development
January 26-31, 2014 University of Dar es Salaam, Tanzania	Afrique One institution "Welcome Package" course workshop
February 3-4, 2014 WHO Headquarters, Geneva, Switzerland	Meeting of the Maternal Mortality Estimation Inter-Agency Group and Technical Advisory Group for Maternal Mortality Estimates
February 3-7, 2014 Kwale County	Participatory Action Research/ Community Dialogues regarding the implementation of the Baby Friendly Community Initiative in Kenya
February 3-7, 2014 Yaoundé, Cameroon	6 th Africa Conference on Sexual Health and Rights

Date	Event
February 10-14, 2014 Arusha, Tanzania	DFID Health Advisers' Meeting
February 12-13, 2014 Royal Auto Club (RAC), London	Round table on Disease Surveillance Data Sharing by the Global Health Security at Chatham House, and the Bill & Melinda Gates Foundation
February 19-20, 2014 Busia and Siaya Counties	Busia and Siaya Stakeholders' Forum on Improving the Health of Women and Children through Family Planning
February 19-21, 2014 Green Hills Hotel, Nyeri	38 th Annual Kenya Obstetrical and Gynecological Society Conference
March 10-April 4, 2014 Safari Park Hotel, Nairobi	Consortium for Advanced Research Training in Africa (CARTA) Joint Advanced Seminar 1 and 4
March 10-15, 2014 Toronto, Canada	58 th Annual Conference of the Comparative and International Education Society
March 4-7, 2014 Manchester, United Kingdom	International Conference on Urban Health
March 5, 2014 Hilton Hotel, Nairobi	Kenya NCD Stakeholders' Forum to discuss a multi-country research project to promote Multi-Sectoral Approaches (MSA) to policymaking and implementation for NCDs prevention in sub-Saharan Africa

List of Publications

October-December 2013

Journal articles

1. **Kimani-Murage, E.W., Kyobutungi, C., Ezeh, A.C., Wekesah, F., Wanjohi, M., Muriuki, P.,** Musoke, R.N., Norris, S.A., Griffiths, P., & Madise, N.J. (2013). Effectiveness of personalized, home-based nutritional counselling on infant feeding practices, morbidity and nutritional outcomes among infants in Nairobi slums: study protocol for a cluster randomized controlled trial. *Trials*, 14(1), 445. [Epub ahead of print]
2. **Oti, S., Van de Vijver, S., Kyobutungi, C.,** Gomez, G.B., Agyemang, C., Eric P. Moll Van Charante, E.P., Brewster, L.M., Hendriks, M.E., Schultsz, C., Ettarh, R., **Ezeh, A., & Lange, J.** (2013). A community-based intervention for primary prevention of cardiovascular diseases in the slums of Nairobi: The SCALE UP Study protocol. *Trials* Dec 1; 14:409. doi: 10.1186/1745-6215-14-409
3. **Egondi T., Kyobutungi C.,** Ng, N., **Muindi, K., Oti, S., Van de Vijver, S.,** Ettarh, R., & Rocklöv, J. (2013). Community perceptions of air pollution and related health risks in Nairobi slums. *International Journal of Environmental Research and Public Health*. 10 (10):4851-68. doi: 10.3390/ijerph10104851
4. Ettarh, R., **Van de Vijver, S., Oti, S., & Kyobutungi, C.** (2013). Overweight, obesity and perception of body image among slum residents in Nairobi, Kenya. *Preventing Chronic Disease*. Dec 19; 10: E212. doi: 10.5888/pcd10.130198
5. **Oti, S.O., Van de Vijver, S., Agyemang, C., & Kyobutungi, C.** (2013). The magnitude of diabetes and its association with obesity in the slums of Nairobi, Kenya: results from a cross-sectional survey. *Tropical Medicine and International Health* Dec;18 (12):1520-30. doi: 10.1111/tmi.12200
6. **Mberu, B., Mumah, J., Kabiru, C., Brinton, J.** (2013). Bringing Sexual and Reproductive Health in the Urban Contexts to the Forefront of the Development Agenda: The Case for Prioritizing the Urban Poor. *Maternal and Child Health Journal*, 1-6. doi: 10.1007/s10995-013-1414-7
7. **Mumah, N. Joyce** and Douglas Jackson-Smith. (2013). Do the Factors Associated with Female HIV Infection Vary by SES in Cameroon? *Journal of Biosocial Science*. doi: 10.1017/S0021932013000631.

Research Reports

1. **Ngware, M., Abuya, B.,** Admassu, K., **Mutisya, M.,** Musyoka, P., & **Oketch, M.,** (2013). *Quality and access to education in urban informal settlements in Kenya*. Nairobi: African Population and Health Research Center. October 2013.

Policy Briefs

1. **Ngware, M.** (2013). Moving from evidence to policy and action: Can teacher quality help improve learning outcomes in Kenya? Nairobi: African Population and Health Research Center. October 2013.
2. **Musyoka, P.** (2013). Nationally standardized continuous assessment tests at various grades for improved academic achievement. Nairobi: African Population and Health Research Center. October 2013.
3. **Abuya, B.** (2013). Ministry of education to reduce the incidence of sexual harassment and violence among girls attending high schools in Kenya by 2015. Nairobi: African Population and Health Research Center. October 2013.
4. **Mutisya, M.** (2013). Closing the performance gap in student learning outcomes between private and public schools. Nairobi: African Population and Health Research Center. October 2013.
5. **Admassu, K.** (2013). Primary school completion and grade repetition among disadvantaged groups: a challenge to achieving UPE by 2015. Nairobi: African Population and Health Research Center. October 2013.
6. **APHRC.** (2013). A commentary on social protection measures in Kenya. Nairobi: African Population and Health Research Center. October 2013

Factsheets

1. **Ngware, M., Abuya, B.,** Admassu, K., **Mutisya, M.,** Musyoka, P., & **Oketch, M.** (2013). *Quality and access to education in urban informal settlements*. Nairobi: African Population and Health Research Center. October 2013

Express It!

Overcoming the Challenges of Breastfeeding among Mothers in Urban Slums

Breastfeeding mothers in urban slums are faced with major socio-economic challenges making it difficult for them to exclusively breastfeed their babies. Limited livelihood opportunities are a major barrier as most women are casual laborers and cannot carry their babies to their places of work. However, expressing milk and tapping into the support systems available in the slum can come a long way in ensuring healthy lives for the little ones.



1 *Mama Mwende (as she is fondly referred to by her neighbors) a resident of Korogocho slum, breastfeeds her one month old baby, Agnes, before heading out to fend for her young family.*



2 *A community health worker gives her tips on how to express milk which she will leave at the daycare center where she drops off her baby for a few hours every day.*



3 *An attendant at the Mother of Many Children Daycare receives baby Agnes and the expressed milk, which will keep the infant well nourished until her mother comes back.*



4 *Mama Mwende is seen with her baby, Agnes, at the daycare center.*



5 *Mama Mwende heads off to a nearby residential estate in Nairobi's Eastlands where she does laundry for several households for a few hours every day.*



6 *After a day's work, the young mother picks her little bundle of joy from the day care just in time for the next feeding. Despite having to leave her young baby, Mama Mwende has realized that she can exclusively breastfeed for six months which will keep her baby healthy and strong. With a little planning and dedication, other breastfeeding mothers can achieve this too!*



7 *Mama Mwende's baby, Agnes, is seen at the daycare center.*

Staff Updates

Departures

- Damar Osok
- Eva Kiragu
- Stephen Ngure