

## CARTA Marches On

The Consortium for Advanced Research Training in Africa (CARTA) successfully hosts JAS 1 and Jas 4 in Nairobi.



CARTA Director Dr. Alex Ezeh and his deputy, Professor Sharon Fonn congratulate a Fellow on completion of the JAS 4 Seminar.



The Consortium for Advanced Research Training in Africa (CARTA) held two of its Joint Advanced Seminars (JAS) in Nairobi in late January this year, bringing together 42 of its Fellows for 4 weeks of training and workshops. The sessions, dubbed JAS 1 and JAS 4 took place at the Safari Park Hotel between the 10th of March and the 4th of April and involved workshops, seminars presentations and panel discussions.

The workshops came in the wake of another major CARTA milestone, the graduation of two CARTA Fellows at the University of the Witwatersrand in South Africa at the close of 2013. Nicole De Wet and Sunday Adedini, were among 200 graduands at the ceremony received their PhDs after successfully defending their theses.

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

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Here are some views from APHRC staff who attended the JAS sessions;

**Mercy Machiya - CARTA Program Manager**

*"This was the first time CARTA ran JAS 1 and JAS 4 concurrently. It was an interesting experience being involved from preparatory to sessional stages. This was an exciting experience for me. Getting to know the Fellows at a personal level, appreciating their diversity and wealth of experience; and discovering their potential capacity to contribute effectively to solving Africa's health challenges was absolutely amazing for me! As Mandela said, "Education is the most powerful weapon which you can use to change the world." I see CARTA positioned to create a critical mass that can actively respond to Africa's urgent health challenges. Kudos to the CARTA team, colleagues in APHRC, facilitators from our Partner Institutions for a successful JAS 1 and JAS 4."*

**Elizabeth Kimani - Associate Research Scientist, APHRC**

*"When I was approached by the CARTA team to speak on my experience as a researcher I thought it was a great opportunity. As a young scientist, it was very useful for them to see my journey. They could easily identify with the path that I took to this level of being researcher. They are also hungry for this kind of mentorship and hungry to learn and as such, it was such a pleasure to be there and to guide them on this amazing journey. I must say I learnt so much from just interacting with these Fellows."*

**Chimaraoke Izugubara - Director of Research Capacity Strengthening Division and Head of Population Dynamics and Reproductive Health, APHRC**

*"It was a great experience overseeing and supervising the actualization of the CARTA dream. These are people we have been working with for the last four years and this marked their graduation from the program. To see the transition in students; people who could barely define a problem in year one, and to see their maturity, progression and mastery of their science four years later is something that stood out clearly for me. I felt that I have had a great impact in their lives. The focus of JAS 4 is on students taking leadership positions in society; whether as a scholar, lecturer, dean or possibly even as a vice chancellor. However, when you look at programs globally, very few of these pay attention to life after PhD and this is what we are doing with this program. I felt that the CARTA program is working and it is a story I will always tell."*

**Benta Abuya - Associate Research Scientist, APHRC**

*"If you have been a researcher you know the ups and downs; you know the journey, the ropes of being a researcher from the time you are a post-doctoral up to this level. It was good that researchers were involved. I shared about the wholesomeness of being a researcher. I also picked on the successes, the transition and the challenges; and how to build on them in order to succeed as a researcher. My approach was about making the transition from being a post-doc to an independent researcher. Fellows really wanted to know what they are getting themselves into, so being able to share my experiences with them was a great thing."*

**Donatien Beguy - Head of Statistics and Surveys Unit, APHRC**

*"Presentation on DSS use was great. The purpose was to enlighten these upcoming researchers on the use of data and what goes on behind collection and interpretation of data. It was good for us because we enlightened them on the importance of good quality data and for the Fellows to understand how to use data as researchers and work with the communities where this data is collected. It was nice seeing Fellows following up and asking questions in regards to data use. CARTA is doing great in training the Fellows and represents a great step towards achievement of good quality and quantity research in Africa."*

**Pamela Juma - Post-doctoral Fellow, APHRC**

*"Apart from coordinating, I also taught the sessions. The group teaching and group work worked very well. It encouraged the Fellows to consult the facilitators and engaged each other. The policy influencing session was very interesting. These are Fellows who have collected data, becoming researchers, some have completed their fellowship, built their capacity on getting their research findings to influence decision making in their countries. Looking at their last presentations, one noticed a great improvement in their ability to do this."*

CARTA was founded in 2009 and brings together 91 PhD students from 9 universities in 7 countries across the continent. The network aims at improving the research skills of PhD students in order to enhance their capacity to conduct scientific research in a variety of pertinent issues facing the continent. CARTA runs under the auspices of the African Population and Health Research Center and represents a critical element in the research institution's drive to build the capacity of African researchers.

# Moving Up!

APHRC's Dr. Caroline Kabiru is scaling new heights, literally and metaphorically. We talk to her about her triumphs and what lies ahead.

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

I usually start my day by checking and responding to emails (unless there is a paper or report that I am working on). But that is where the typical ends for me since no two days are alike at the Center. Some days are spent working on reports, papers or proposals while others are spent in meetings or travelling. However, every day brings new opportunities and challenges.

## 2 How would you describe your career journey so far?

My career journey has had the usual ups and down but, on the whole, I would describe it as extremely fulfilling. I have had the opportunity to travel widely and to work with accomplished researchers from a diverse range of fields, including public health, demography, education, and anthropology. I learn something new almost every day and I believe the sum of these experiences makes me a better researcher and program manager.

## 3 What are you passionate about? What gets you up every morning?

I am driven by the desire to do good and to leave the world a better place. In particular, I am interested in finding solutions to the challenges that impede young people's capacity to have wholesome and fulfilling lives. Working in APHRC, where our vision is "That the people of Africa enjoy the highest possible quality of life through policies and practices informed by robust scientific evidence", is a good fit for me at this point in my life because I am engaged in research that aims at improving people's well-being.

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

The greatest challenge I have faced at work was making the decision to step down as leader of a research program. This was a difficult decision because I enjoyed working with my team and valued the exposure to the rigors of management. However, I had a lot on my plate and didn't feel that I was giving the tasks assigned to me full focus. In the end, I did step down and believe I made the right decision because I now feel that I can give my full attention to the things I am working on.



## 5 Biggest lesson you have learnt here at APHRC?

Honest hard work pays!

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

10 years seems light years away. However, I hope to still be involved in research on issues related to youth wellbeing. I would also like to be involved in teaching and community service.

## 7 You recently climbed Mt. Kenya, the highest Mountain in Kenya and second highest in Africa. Tell us a little bit about that?

Climbing the mountain has been on my bucket list for several years and this was actually my second attempt at summiting the mountain. On my first attempt, I reached Shipton's Camp located 4,200m above sea level and developed cold feet and a mild headache. This time, with my close friend, Marilyn, I was determined to make it all the way to Point Lenana - the third highest peak at 4,985m ASL and worked hard (read: regular exercise) to prepare for the climb!

## 8 Was the process transformative? Any revelations from the top of the mountain?

The revelations were not just at the top but also on the way there. There are so many life and career lessons that I drew from the experience - the significance of setting goals and planning, the importance of keeping close to people who share similar goals, the value of having a friend during hard times, focusing on the now but setting your eyes on the goal (climbing is physically exhausting and many times I found that it was easier to focus on the next few steps and not think about the summit), and the importance of taking time to stop and relax (the view from the mountain is spectacular and this time we took numerous breaks to enjoy the sights. I find that many of the principles that I applied to scale the mountain have also guided me in the years that I have worked at the Center.

The final climb was difficult, I had no idea we would be trekking in snow for over 2 hours and at one point, partially frozen, exhausted and fed up with the sight of endless snow; I was ready to give up. I am glad I endured though because getting to the top was exhilarating and I forgot all the pain it took to get there. I must confess that I did get a little emotional and shed a few tears.

## 9 What career advice would you share with our readers?

Define what you want to achieve, make a plan to attain your goals, follow through on your plans, and don't be afraid to ask others for guidance.

# Keeping the Conversation Going

APHRC's Policy Engagement and Communications team share lessons learned during participatory action research on Maternal Infant and Young Child Nutrition.



*APHRC staff at a community dialogue session in Western Kenya.*

In the last few months, APHRC through the Health Challenges and Systems program (Maternal, infant and Young Child Nutrition project -MIYCN) has been running a series of community dialogues in different parts of Kenya to establish community perspectives on the baby friendly community initiative. Community dialogues are a unique public engagement tool not just for collecting information but also serve as a great platform to pass on useful information to the community.

But how do you get one going? What the green and red flags of running a community dialogue?

## Plan and then plan some more

Given that community dialogues involve bringing together different groups of people (experts, community leaders, members of the community etc.), the need for a realistic and well thought-through plan cannot be understated. Start from the objectives of the dialogues

and work down through to everyone you need at the sessions then plan for a date and time that works for everyone. Don't forget critical but sometimes overlooked factors that matter to the community such as market days and other social events. Also ensure that you have all the materials that you need for the session. The last thing you want when you arrive in a remote village is to discover that you forgot your digital recorders 400 kilometers away back in the office.

## Gates exist for a reason, use them

When planning to conduct a community dialogue, do not underestimate the value of using community gatekeepers in accessing the community. Whether they are administrative gatekeepers such as chiefs, religious leaders or community leaders, their buy-in into the session makes mobilizing for and running the community dialogue so much easier. Another good reason for working with community gatekeepers is that they are

often able to flag potential problems in the plan such as setting the community dialogue on the market day when all people are likely to be busy.

## Do not underestimate the time required

When planning for community dialogues, always take into account things like travel time, time you need for pleasantries and such. There are many factors that affect travel time, both in urban and rural locations. Estimating that 100 kilometers will require about one and half hours of driving might be accurate but wildly wrong if the road turns out to be potholed, rough or non-existent! Four hours later as you meander through a bush track, dozens of kilometers from your destination, you will be regretting not allocating more time for travel. Urban locations are not any less precarious. Traffic congestion and closed roads mean that the actual travel time may double or triple from the normal estimate. Many communities will also require a form of introduction or pleasantries (normally

the gatekeeper will need to formally introduce you to the community). Do not forget to factor that into the schedule.

### The start is the key

How you start community dialogues sets the tone for the rest of the conversation. It is good to set out what you want to achieve, the process and expectations. These ground rules help the members understand what they are there for. Never assume that the gatekeeper or whoever mobilized the group told them the reason. It might not have been communicated properly, if at all. This is especially true in rural communities where there is great deference to authority. In such communities, the problem might get worse because the same sense of deference will be extended to you meaning that no one will point out to you that they don't have any idea why they are there. In such a scenario, you might discover quite late in the day that your community dialogue is in fact a monologue with you as the producer and the star of the show with the assembled community members making up the audience.

### Use personal examples where necessary

Generally speaking, you will get more useful information if the community members speak about their personal experience with the issue at hand. By speaking out of their own experience, community members are able to tell you more authoritatively about an issue than if they were speaking about 'something they heard'. This of course will depend on the issue at hand and some issues will inevitably take an abstract note. Nevertheless, the assumption is that the community members have been selected because the issue

being addressed somehow has an effect on their lives.

### Though it's a dialogue, listen first

This truism of effective conversations also rings true in community dialogues. Resist the urge to correct, interrupt or admonish a participant for offering a view that differs from yours, even if you are right. Apart from the fact that these misconceptions are also part of the information you need to collect to understand how the community is grappling with an issue, correcting or worse, admonishing a community member serves to make the rest cautious. Few human beings like to be humiliated or made to look foolish in public. Your correction, although meant to be helpful, might only serve to make the rest of the community not to speak their minds, especially on matters that they might not be sure of. Gently guide conversation, seeking further answers to things that may not be fully clear. To address the misinformation, consider having a session after the dialogues where you

or an expert in the area can address the misconceptions about the issue.

### Mind your language

Use a language that the community understands and are comfortable with. As a general rule of thumb, avoid using any language that none or only a part of the group understands. For it to be a dialogue, everyone must be involved and must be able to not just communicate but also to hear what everyone else is saying.

### Don't forget to thank them

This easily gets forgotten in the rush to pack your bags and leave. The community members have sacrificed their time to come and offer you information, make sure that they know you appreciate this sacrifice.



When planning to conduct a community dialogue, do not underestimate the value of using community gatekeepers in accessing the community...



The Vihiga District nutrition officer during the MIYCN visit.

# APHRC Hosts the Annual PopPov Conference

The Population and Poverty Research Network (PopPov) conference in Nairobi brings together ninety researchers and policymakers to grapple with issues around population and health.



*Participants at the 8th Annual PopPov Conference in Nairobi, Kenya.*

The 8th annual PopPov Conference on Population, Reproductive Health and Economic Development took place at the Boma Hotel in Nairobi between the 22nd and the 25th of January 2014. The conference brought together ninety researchers and policy makers drawn from sub-Saharan Africa, Europe, South Asia and the United States to share knowledge on issues ranging from employment consequences of a woman's reproductive history to the effect of changes in population age structure on youth unemployment.

Hosted by the African Population and Health Research Center (APHRC) and sponsored by The William and Flora Hewlett Foundation and the Population Reference Bureau, the conference saw a key note presentations by Jonathan Musingizi of the Partners in Population and Development (PPD) and also featured a panel discussion on the potential of an African population dividend.

Other highlights included a presentation by APHRC's Ruthpearl Ng'anga on engaging policy makers with research evidence, a key area of interest for conference sponsors Hewlett Foundation as was outlined by Hewlett's Ruth Levine, the Director of the Global Development and Population Program at the Hewlett Foundation.

"Researchers must understand the context of the research and also take keep in mind political considerations," said Ruth, "It is important to be able to communicate one's research findings as well as ensure that the research helps answer real-world problems."

With most African governments working towards rapid economic growth to transform their countries into middle level economies, the issue of how policies around population issues should be addressed was a key concern at the conference. Dr. Alex Ezeh, the Executive Director of the African Population and Health Research Center emphasized on

the need for such policies and actions to be implemented at national level pointing out that a one-size-fits-all approach would be unlikely to achieve much success given that each country had its own particular demographic dynamics.

Making a presentation at the same conference, Professor Miriam Were, the founder of Uzima Foundation said that population policies needed to have a bottom-up approach and not just move in a top to bottom direction. She emphasized that a bottom – up approach would involve initiatives at individual level. She cited as an example her organization, Uzima Foundation, which uses sports and theater among other tools to mobilize young people in Kenya around issues of health and economic empowerment.

Ruth Levine of the Hewlett Foundation closed the conference with a presentation to researchers on how to make their research more relevant to policy so as to ensure that evidence generated is put to good use.



## Conversations on the PopPov conference on Twitter

### Ruthpearl Ng'ang'a @kenyanwanjiru · Jan 23

Greatly enjoyed giving that presentation" @aphrc: Communicating Research policy by @kenyanwanjiru of @aphrc"

### Dee Warira @deewarira · Jan 23

Great job @kenyanwanjiru . Selling a model that has worked in translating research evidence to policy. @aphrc. #poppov14

### APHRC @aphrc · Jan 23

Willa Friedman from the Center For Global Development speaks about ARV drug access and behavior change. #Poppov14

### Osman Sankoh @oasankoh · Jan 23

@aphrc, member centre of @INDEPTHNetwork, Nairobi Urban #HDSS , directed by our friend Alex @aezeh hosts this year's #POPPOV14 in Nairobi

### APHRC @aphrc · Jan 22

Keynote Address by Dr. Jotham Musinguzi, Regional Director for Africa Regional Office of Partners in Population and Development. #POPPOV14

### Kate Belohlav @katebindc · Jan 22

@aphrc great 2 see you! Opening remarks are thought provoking -#research rooted in #Africa, strong partnerships and #policy change #poppov14View conversation

### APHRC @aphrc · Jan 22

You need to understand the context before we borrow ideas that have worked elsewhere and expect them to work in Africa. #Research #POPPOV14

### APHRC @aphrc · Jan 22

We are at the 8th Annual Research Conference on Population, Reproductive Health and Economic Development in Nairobi. #POPPOV8

### APHRC @aphrc · Jan 22

Looking forward to meet the great people from @Hewlett\_Found at the 8th POPPOV conference at the Boma hotel, Nairobi. #POPPOV8

# Program Updates

## KOGS meeting in Nyeri

APHRC through the PAMANECH and Unsafe Abortion Project teams took part in the Kenya Obstetrical & Gynecological Society (KOGS) 38th annual scientific conference from 19th to 21st February 2014 at the Green Hills Hotel, Nyeri.

The theme of the conference was "Beyond Millennium Development Goals 2015: lessons learnt, challenges and way forward".

The conference presented the center with an opportunity to showcase the work we are engaged in and a basis for establishment of a working relationship with KOGS to support some of PAMANECH's activities (outreaches and training of clinicians). The session had four presentations from the center; PAMANECH (1), MIYCN (1) and IVP (2).

The PAMANECH team is working with the Nairobi City County health board to finalize preparations for the official launch of the upgraded facilities, planned for the next quarter.

## Launch of the NCD-Info Knowledge Sharing Portal

Ministry of Health's Division of Non-Communicable Diseases and the African Population and Health Research Center (APHRC) and other partners working through the Knowledge Sharing Network on Non-communicable Diseases (KSN-NCD) on the 27th of March 2014 launched the Kenya NCD-info, an online platform at the Sarova Panafric Hotel in Nairobi. The Kenya NCD-info portal is designed to be a one-stop portal for all information related to NCDs in Kenya.

KSN-NCD was launched last year with the express aim of bringing together NCD experts in a collaborative venture to share information and explore ways in which they could inform policy and contribute to efforts designed to combat non-communicable diseases in Kenya.

## UWB at the International Conference on Urban Health in Manchester UK

In pursuit of our strategic objective of supporting the engagement of African researchers and policy makers in global forums addressing urban issues in the developing world, a team of six researchers from the Urbanization and Wellbeing Research Program (UWB) attended and made presentations at the International Conference on Urban Health in Manchester United Kingdom held on 4th-7th March, 2014.

# Stepping Up

In Tiwi Village of Kwale County, traditional birth attendants are taking the lead in creating a baby friendly community as our Maternal Infant and Young Child Nutrition (MIYCN) team found out in February.



A traditional birth attendant (right) with a patient at the Tiwi Health Center in Kwale County Kenya.

**T**iwi Health Center (THC) sort of takes you by surprise. You turn off a dusty road after 20 minutes of scattered mud and thatch huts and suddenly a fairly modern complex of wards and hospital buildings spring up in front of you.

The sprawling facility which has a 31-bed capacity and treats about 120 patients every day is clearly more than your average health center. But our main reason for being there that Thursday morning had to do with another feather in THC's cap; that is it one of the 232 centers in the country certified as BFHI (Baby Friendly Hospital Initiative) compliant.

Launched in 1991 by UNICEF and WHO, BFHI aims to make hospitals conducive to proper breastfeeding practices. The Health Challenges and Systems program of APHRC, through the MIYCN (Maternal, Infant and Young Child Nutrition) project is part of an initiative that seeks to explore the next logical step from BFHI; the creation of baby friendly communities through the BFCI (Baby Friendly Community Initiative).

Given that mothers only spend a small portion of their time in hospitals relative to the time they spend in their homes and the wider community, it makes sense to move the campaign beyond hospitals and into the wider community. So here we were, hoping to collect information on the structure, potential challenges and potential partners in implementing BFCI in the community.

After a warm welcome by the officer-in-charge of the health center as well as the chief nurse, we quickly got on to the business of the day, which kicked off with a focus group discussion that brought a cross section of people from the community to discuss what it would take to turn the community into a conducive place for lactating mothers. Because access to health centers is not always guaranteed, it was immediately clear to us how vital it would be for us to include traditional birth attendants who in most cases would be the ones to deliver the babies as well as guide the mothers on matters of nutrition and child care.

It was thus deeply encouraging to see these TBAs in attendance and participating in the community dialogues which proved to be a rich source of information on the views and practices of the community around child nutrition and care.

For example, when queried on their thoughts about how pregnant women were fed in the community, a teacher in a local *Madrassa* (Islamic

school) told the group that often, pregnant women would have cravings for things that the husband could not provide for. This caused laughter in the room. However, the room quickly sobered up when it was mentioned that pregnant women would sometimes go to traditional doctors to get protective charms. Sometimes these rituals would mean that the women would not be allowed to eat certain types of food.

On thoughts about colostrum, some group members were of the opinion that it should not be given to babies because it is too watery. Others disputed this, with another participant arguing that he knew this was the best option for feeding the child in the early days. On what mothers fed their children during the period they are producing colostrum, they said the children were normally fed *Lucozade*, a fizzy energy drink sold in the shops; or if the parents could not afford this, water with some sugar dissolved in it.

There was interesting feedback on their source of information for best practices in breastfeeding. Some of the participants indicated that they had learnt the information from the media; from a community health worker; or, as was with the majority of the participants, had received the information during field outreach program conducted in the community. The participants also recommended finding ways of involving men in the BFCI program. This way, the women would get support and assistance from their husbands while breastfeeding.

As the MIYCN team wrapped up the session, there was a feeling among all participants that the session had been highly informative and that BFCI could successfully be implemented in Tiwi Community.

# APHRC Website 101

As APHRC rolls out its new website, here is a quick run-through of [www.aphrc.org](http://www.aphrc.org)



In 1989, the Berlin Wall came crashing down, marking the end of the cold war and a new phase in global politics. Less conspicuous but no less profound were the events taking place that same year in a quiet computer lab in Britain because that year also marked the birth of a new era in information sharing. Sir Timothy 'Lee' Berners, a British computer scientist implemented the first successful communication between a Hypertext Transfer Protocol (HTTP) client and server via the Internet in late 1989 and gave birth to what we now call the World Wide Web.

Since then, websites and the internet have come a long way and are now an accepted way of life through which we work, play, shop and do just about everything else. So rapid has been the rise of the internet age that merely two and a half decades ago, brand names such as Google, Yahoo!, Amazon and Facebook were nonexistent but now command the same universal brand recognition as the likes of Coca-Cola and Pepsi that have been around for decades.

In just over two decades after the publication of the first website, web design has firmly established itself as an irreplaceable component of every good marketing strategy. In addition, with the rise of social media, the ability to download or share materials on social media is a great plus! It is in keeping up with the times that APHRC overhauled its website and unveiled a highly visual, highly interactive and easy to use site. The site also enhances the ability of visitors to see, at a glance, our work as well as find and share resources they need.

To aid your quick navigation around our site, we have incorporated four easy to use tools on the site

- The main menu found at the bottom of the viewable area on the landing page, before scrolling or at the top of the page after scrolling. This menu breaks down the website content into 5 key segments: **Who we are | What we do | Publications | Resources | Experts** which in totality, depict APHRC's information architecture.
- 'Get involved' drop down menu, found at the top right region of the website makes it easy for the site users to access our call-to-action items i.e. **Follow us | Work with us | Talk to us | Newsletter subscription | Online donations.**

- Sub-menu which changes depending on which section you are in. For example, if you are looking at Who we are, the sub menu here helpfully changes to **Overview | Leadership | Strategic Plan | Funders and Partners | Staff Alumni** to help you navigate through.
- A-Z of APHRC. As the title of the menu suggests, it displays a listing of frequently used website links for quick navigation throughout the website arranged in alphabetical order. This menu can be found at the bottom of the website as its footer.

You can also easily download resources or see what we are up to by following the tips below:



To download videos; go to the main menu and click *resources*; on the *resources* page; click the video button displayed floating on the banner; then scroll to browse. Click the chosen video to view it as a YouTube embed on its own page.



To read blog articles by our experts, go to the *resources* page where you can select the blogs button floating on the banner to only list the blogs. Then scroll to browse available articles. Remember that if you read something you like, you can share it on your own social media platform by simply clicking the Facebook or Twitter button next to the article.



To see what APHRC events are coming up; go to the landing page; scroll down to the segment titled Calendar. Scroll through the months on the calendar to find the day you're interested in and click it - this will populate the event section to the left of the calendar with that day's events. By default the events section displays selected events that we think you might love.



To download publications, go to the Publications page using the main menu. Once there, browse the publications displayed and/or search using the search bar to find the publication you're interested in. On the right of the listing there is a big grey button with an arrow icon pointing down titled download now, click it to download.



# Turning Research into Policy-Relevant Evidence

Following the Center's tradition of producing great research, APHRC and partners implementing the Packard Western Kenya Project set out to share evidence with policy makers.

Good research only has impact when it translates into evidence that informs policy decisions, otherwise it remains just that; good research. It is that spirit of producing great research that saw the African Population and Health Research Center and partners implementing the project titled 'Reversing the Stall in Fertility Decline in Western Kenya' organize two meetings with county administrators in Siaya and Busia in order to get specific policy commitments from them regarding family planning in the counties.

The project, sometimes referred to as the Packard Western Kenya project seeks, in the long run, to improve the general health status of the communities in the two counties through reducing unwanted and mistimed pregnancies; illegal and often unsafe abortion; maternal morbidity and mortality; and fertility rate.

Family planning is a hot issue in Kenya even by the standards of a country where every issue in the public domain carries political undertones. Apart from the being viewed as

a moral and religious issue, family planning has for a long time been described by politicians as a tool to control numbers (and hence votes) in certain regions and thus a very unwelcome concept. As such, for such an initiative to be successful, it was important for the team to bring together key political stakeholders to buy into the idea and commit resources to family planning in the region. Getting political leaders to allocate more resources to Family Planning will lead to, among other things, a reduction in Maternal Infant and Child Mortality. About 13% of Maternal deaths in Kenya are said to be as a result of unsafe abortions. A situation that could be averted if women had wanted and timed pregnancies. With the devolved government structure in operation, the county governors in the two counties became the focal targets of this strategy.

The regions covered under this project had interesting demographic characteristics. They have a rather youthful population with a third of the households in the region heading by females. More relevant for this project, the two regions were among the areas that had recorded stalls in the fertility rate drop witnessed in other parts of the country, making them focal areas for this study.

The stakeholder's meetings started in Busia's Itoya Hotel that sits on the edge of the town, a few meters away from the Kenya-Uganda border. APHRC and its implementing partners made a presentation on the effects of population growth on social and economic indicators in the county. Present during the function was the Deputy Governor of Busia Kizito Wangalwa who was accompanied by senior county health officials. After the presentations by the researchers as well as county health officials, the Deputy Governor pledged to increase resources allocated to Family Planning and thanked the researchers for the great job they were doing in his county.

The following day, the team headed out to Siaya, which lies next to Busia and is home to approximately 900,000 people. Just like Busia, the county also experienced a stall in the decline of fertility rates, prompting concern for the social and economic wellbeing of the residents. The stakeholder's meeting here took place at the Namsagali Hotel near Siaya town and was presided over by the county's Minister for Health Sarah Ondego. After presenting the team's findings to the county administrators, there was a pledge from the Health Minister to put more emphasis on family planning issues and to also include it in the county's resource allocation plans.

Obviously there is a lot of work to be done in these two counties and the PWK team have to work hard to overcome cultural barriers to the use of family planning methods as well as economic constraints that plague the communities in these areas. However, getting the local administration on-board with the project was a great step towards achieving their goal.



*Busia County Chief Nursing Officer Assumpta Matekwa makes a presentation at the stakeholder's meeting in Busia.*



# Calendar of Events: April to June 2014

Date	Event
April 24-26, 2014, Jacaranda Hotel	Selection 2014 African Doctoral Dissertation Research Fellowships (ADDRF) Applications
April 14 - 18, 2014, Geneva, Switzerland	Presentation at the Geneva Health Forum
April 29 - 30, 2014 Jacaranda Hotel	Workshop on Writing Successful Grant Proposals
April 28 - 29, 2014 APHRC Auditorium	Mid-term Data Collection Training by Girls Education Challenge (GEC) team
May 6, 2014, Sarova Stanley Hotel	2013/4 Education For All (EFA) Global Monitoring Report
May 20 - 22, 2014 Entebbe, Uganda	Wellcome Trust Emerging Scientific Researchers Conference
May 20 - 21, 2014 Enashipai Resort & Spa	National Cancer Institute's Conference
May 20 - 21, 2014 in Siaya and Busia	A Field Visit to Packard Western Kenya Project Sites in Siaya & Busia. By a team from The David and Lucile Packard Foundation
May 28, 2014 Mbagathi Hospital	Presentation of two Baby Resuscitation Stations Donated by Comic Relief through APHRC to the Mbagathi Hospital.
May 28 - 30, 2014. African Union Commission. Addis, Ethiopia	2nd Meeting of the Working Group on Ageing and a Demographic Dividend in Africa
June 4, 2014 APHRC Campus	Demographic and Health Survey (DHS) Training Session

## List of Publications

- Abuya, B., Mutisya, M. & Ngware, M. (2014).** [Association of mothers' education and grade six children numeracy and literacy.](#) *International Journal of Primary, Elementary and Early Years Education.* Education 3-13. doi:10.1080/03004279.2013.855250.
- Amendah, D.D., Buigut, S., & Mohamed, S. (2014).** [Coping strategies among urban poor: evidence from Nairobi, Kenya.](#) *PLOS One*, 1(1): e83428. doi:10.1371/journal.pone.0083428.
- Kanyiva Muindi, Thaddaeus Egondi, Elizabeth Kimani-Murage, Joacim Rocklov & Nawi Ng2. (2014).** [We are used to this: A qualitative assessment of the perceptions of and attitudes towards air pollution amongst slum residents in Nairobi.](#) *BMC Public Health* 2014, 14:226.
- Blessing Mberu, Joyce Mumah, Caroline Kabiru, Jessica Brinton (2014).** [Bringing Sexual and Reproductive Health in the Urban Contexts to the Forefront of the Development Agenda: The Case for Prioritizing the Urban Poor](#) *Maternal Child Health Journal* DOI 10.1007/s10995-013-1414-7.
- Barbara A Willey, Sarah Tougher, Yazoume Ye, Andrea G Mann, Rebecca Thomson, Idrissa A Kourguen, John H Amuasi, Ruilin Ren, **Marilyn Wamukoya**, Sergio Torres Rueda, Mark Taylor, Moctar Seydou, Samuel Blay Nguah, Salif Ndiaye, **Blessing Mberu**, Oumarou Malam, Admirabilis Kalolella, Elizabeth Juma, Boniface Johanes, Charles Festo, Graciela Diap, Didier Diallo, Katia Bruxvoort, Daniel Ansong, Abdinasir Amin, Catherine A Adegoke, Kara Hanson, Fred Arnold, Catherine Goodman. (2014) [Communicating the AMFm message: exploring the effect of communication and training interventions on private for-profit provider awareness and knowledge related to a multi-country anti-malarial subsidy intervention.](#) *Malaria Journal* (Impact Factor: 3.4). 02/2014; 13(1):46. DOI:10.1186/1475-2875-13-46.
- Chimaroke Izugbara, Carolyne Egesa. (2014).** [The management of unwanted pregnancy among women in Kenya.](#) *International Journal of Sexual Health*, 26:100-112, 2014.
- 2014 **Mberu, B. U.** and **Mutua M.M.** [Internal Migration and Early Life Mortality in Kenya and Nigeria,](#) *Population, Space and Place*, (wileyonlinelibrary.com) DOI: 10.1002/psp.1857.
- 2014 **Mberu, B. U.,** Ciera, J. M., **Elungata, P.** and **Ezeh, A. C.,** [Patterns and Determinants of Poverty Transitions among Poor Urban Households in Nairobi, Kenya.](#) *African Development Review*, 26: 172-185. doi: 10.1111/1467-8268.12073.
- 2014 Reed, H and **Mberu, B.U.** [Capitalizing on Nigeria's Demographic Dividend: Reaping the benefits and diminishing the burdens.](#) *African Population Studies*, 28, (1): 319-330.
- 2014 Willey, B. A., Tougher, S., Ye, Y., Mann, A.G., Thomson, R., Kourgueni, I. A., Amuasi, J.H., Ren, R., **Wamukoya, M.,** Rueda, S. T., Taylor, M., Nguah, S. B., Ndiaye, S., **Mberu, B.U.,** Malam, O., Kalolella, A., Juma, E., Johanes, B., Festo, C., Diap, G., Diallo, D., Bruxvoort, K., Ansong, D., Amin, A., Adegoke, C. A., Hanson, K., Arnold, F., Goodman, C. and The ACT watch Group. [Communicating the AMFm message: exploring the effect of communication and training interventions on private-for-profit provider awareness and knowledge related to a multi-country anti-malarial subsidy intervention.](#) *Malaria Journal*, Impact Factor: (3.4). 02/2014; 13(1): 46. DOI: 10.1186/1475-2875-13-46.

### Factsheets

- Carol Mukiira & Chimaroke Izugbara** Family Planning Matters. *African Population and Health Research Center.* February, 2014.

### Expert paper

- Caroline W. Kabiru, Chimaroke O. Izugbara, Donatien Béguy and Estelle M. Sidze. (2014)** [Transitions to Adulthood in a High Fertility Context: the Case of Sub-Saharan Africa.](#) *United Nations Department of Economic and Social Affairs Population Division Expert Paper No. 2013/3.*

# The Quarter in Pictures



African Ministers of Finance at the launch of the Data for African Development (DFAD) working group report on issues underlying the collection, analysis and use of data for policy making in Africa in Abuja, Nigeria.



Members of the African Doctoral Dissertation Research Fellowships (ADDRF) 2014 Selection Committee Meeting pose for a photo. The selection took place on April the 24th 2014 in Nairobi.



Julius Kungu Omukubi, a Form 2 student from Our lady of Fatima Secondary School and a beneficiary of the APHRC Jubilee Education Scholarship Fund meets his mentor Dr. Donatien Beguy at the APHRC Campus.



A team from Department for International Development (DFID) led by Professor Chris Whitty pose for a photo after visiting Korogocho to see the PAMANECH and GEC projects.



Head of the Unit from Ministry of Health, Dr. Maina makes a presentation during the launch of the Kenya NCD-info portal [www.ncdinfo-kenya.org](http://www.ncdinfo-kenya.org) which is designed to be a one-stop portal for all information related to NCDs in Kenya.



APHRC's Milka Nyariro takes field staff through the Girl Education Challenge project's mid-term data collection training at the APHRC Campus.

## Staff Updates

### New Staff

1. Nancy Kang'ethe - Human Resources Officer
2. Justus Musasiah - Training Officer
3. Recadina Webi - Development Officer
4. Christopher Wandabwa - Research Officer

### Departures

1. Eric Mbugua - Web Developer
2. Diana Warira - Communications Officer

EDITORIAL TEAM: Benta Abuya | Blessing Mberu | Catherine Kyobutungi | Joyce Mumah | Martin Njaga | Rose Njeri | Ruthpearl Ng'ang'a | Samuel Oti |

TO SUBSCRIBE, CONTACT: The Communications Manager, APHRC Campus, 2<sup>nd</sup> 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](mailto:info@aphrc.org) | [www.aphrc.org](http://www.aphrc.org) | Twitter: @aphrc