

## Invest in National Statistical Systems to Deliver on a Data Revolution in Africa

Despite improvements in censuses and household surveys, the building blocks of national statistical systems in sub-Saharan Africa remain weak, according to a new report released on the World Population Day. The report charts out a clear path for delivering on a data revolution in sub-Saharan Africa. The report and its recommendations for actualizing a data revolution in Africa are a product of the Data for African Development Working Group, a joint effort of the African Population and Health Research Center (APHRC) and the Center for Global Development (CGD).

Alex Ezeh, Executive Director of APHRC, co-chaired the expert working group alongside Amanda Glassman, Director of Global Health Policy and a senior fellow at CGD. Together, they led the group to examine why a data revolution is so crucial now, in the lead up to the post-2015 agenda. It also looked at where previous efforts

to improve data systems, quality and access have succeeded and where they have created perverse incentives; and how national governments, donors, and civil society can accelerate progress.

Governments, regional bodies, and international institutions need good data on basic development metrics to plan, budget and evaluate their activities. National systems for capturing fundamental development measures such as birth registration and cause of death; growth and poverty; taxes and trade; land use and the environment; health; schooling, and safety face four major challenges: (1) national statistics offices have limited independence and unstable budgets, (2) misaligned incentives encourage the production of inaccurate data, (3) donor priorities dominate national priorities, and (4) access to and usability of data are limited.

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### DELIVERING ON THE DATA REVOLUTION Fund More & Fund Differently



Allocate more domestic funding to improve national statistical systems and reduce donor dependency.



Experiment with pay-for-performance agreements to increase accountability & coordination among countries, donors, the private sector and civil society around national statistic priorities.

## NEWS

The Working Group's recommendations for reaping the benefits of a data revolution in Africa fall into three categories:

**First**, the report recommends that donors and governments fund more and fund differently and identified three strategies by which this might be achieved:

- Reduce donor dependency and fund national statistics offices more from national budgets
- Mobilize more donor funding through government—donor compacts, and experiment with pay-for-performance agreements
- Demonstrate the value of building block statistics by generating high-level agreements by national governments and donors to prioritize national statistical systems

**Second**, there is a need to build institutions that can produce accurate, unbiased data. The report suggests that this might be achieved through:

- Enhancing national statistics office autonomy to protect them from political influence
- Experimenting with new models such as public-private partnerships to generate demand and improve access.

- Formalizing relationships between national statistics offices, central banks, and other government ministries by contracting for provision of data.

**Lastly**, to prioritize the core attributes of data building blocks, governments, donors and civil society must work jointly to:

- Build quality control mechanisms into data collection
- Encourage open data that is free of charge, online, and in a format that can be analyzed.
- Monitor progress and generate accountability.

Early feedback from leaders across the region indicate a strong interest in exploring opportunities for implementing the recommendations. As APHRC's Dr. Ezeh notes, *"We cannot address data system challenges in Tanzania or Nigeria by holding high level meetings in New York or London."* The process must be led by country leaders in a deliberate, urgent manner. Realizing a data revolution in sub-Saharan Africa depends on it.

Read and share *Delivering on a Data Revolution in Sub-Saharan Africa* on our website and join the conversation on Twitter [#data4dev](#).




# DELIVERING ON THE DATA REVOLUTION

means forging a  
**new relationship**  
of accountability & cooperation  
among  
**governments**  
**donors & the**  
**producers & users of statistics**

@CGDev  
@APHRC

#Data4dev

 Highlights from the 'Delivering on a Data Revolution in Sub-Saharan Africa' report, which offers recommendations for actualizing a data revolution in Africa.

# Helping Girls Make the Transition to Secondary School



Understanding the challenges that these girls face, the Education Research Program at APHRC is working to help them overcome these challenges and hopefully be able to transition to secondary school



*School girls in class in one of the Nairobi's informal settlements.*

**S**hiny new uniform - check, new shoes - check. Sylvia is nervously making her way up the path towards what will be her abode for the next four years. Her nervousness isn't just because she is a new school, it is also because she knows that those who have walked on that same path before her include a former first lady, three cabinet ministers, a high court judge and numerous academics, doctors, poets and scientists. You see, Sylvia Walela is the newest student at Alliance Girls High School, one of the elite girls' schools in Kenya that selects only the best and the brightest.

Of the nearly 850,000 pupils who sat for the primary school exit exams alongside Sylvia, only a fraction would ever make it to secondary school and fewer still would find themselves, like Sylvia, in a prestigious national secondary school. Sylvia's story is particularly remarkable if you consider her background and the odds that she has beaten to be there.

Sylvia is one of the 1,500 disadvantaged girls who APHRC through the Education Research Program is working with to

increase their transition from primary to secondary school. Disadvantages come in many forms but in Sylvia's case, it was being from a background of grim urban poverty. Sylvia comes from the desperately poor slum of Viwandani in Nairobi where many of her counterparts never even finish school, falling prey to early pregnancies, rape, and sometimes early death.

Understanding the challenges that these girls face, the Education Research Program at APHRC is working to help them overcome these challenges and hopefully be able to transition to secondary school and onwards to greater opportunities that would otherwise be denied to them. To do this, project team members have designed a system where girls receive after school mentorship on various school subjects and more so the ones usually perceived as problematic such as math and the sciences. The project also seeks to provide life skills and mentorship to the girls to help them cope with general and specific challenges that they face at home and school.

The mentors are drawn from the same community; older girls who have grown up in the shanties and have overcome the challenges to make it to college. By doing this, the team hopes that the young girls will not only have academic coaches but also mentors and role models who understand their specific context and can give practical advice.

Also, by recognizing that the parents of the girls and the larger community have an immense influence on the girls' life, the project team has also incorporated mentorship sessions for the parents in order to ensure that the girls receive continuous support at school, home and in the after school sessions.

And the end goal? Success in the pilot project would mean that this can be rolled out to more girls in disadvantaged areas. The end game being that more girls like Sylvia would get opportunities they would probably not have ever dreamt of. And the benefits multiply across the society, for by creating a generation of educated women, it makes it more likely that the next generation of children will also be similarly educated. Educating Sylvia is not just good for her, it is good for all of us, now and in the future.



# Improving the Health of Slum Dwellers

Dr. Steven Van de Vijver who spent 3 years working at APHRC talks about his work, his love for the unusual and what he will miss most about Nairobi.

## 1 How would you sum up your experiences at APHRC?

My first encounter with APHRC was five years ago when I came to Kenya for my Masters Degree thesis on hypertension in slums of Nairobi. I was astonished by the cooperation and willingness to share their data and the friendly and professional staff. I was working on the SCALE UP project that sought to reduce the risk of cardiovascular disease among the urban poor in Nairobi.

In the first phase of the project we had to develop the model of the intervention in close collaboration with the community, policymakers, doctors, researchers in national and international perspective. It was a great and valuable experience to get to know all these different people and hear their views opinions about the model and how to prevent cardiovascular diseases in slums.

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

My career up till now has been led by curiosity and joy. I like to pick up new challenges which are outside the beaten track. From my work for *Medicins sans Frontieres* (MSF) in the Congo, to the family medicine practice among migrants in deprived neighborhoods of Amsterdam and to my current PhD on CVD prevention



in slums of Nairobi. Each one of them seemed at first to be a new and different step, but looking back, there seems to be a very coherent story connecting the dots. Sometimes I explain to people that I have trained to become a tropical doctor with a focus on infectious diseases in rural settings and that I am trying to adjust to the global trends and become a tropical doctor '2.0' with a focus on chronic diseases in urban settings.

an overall sense, I reckon the greatest challenge I faced was working at cross purposes with partners or patients so that while I would be thinking that I was being of help, they would actually have a completely different opinion. It is a challenge when you expect to receive gratitude or understanding after all your efforts but on the contrary the people are critical and demanding. I however found out that the best way to overcome it was to have an open mind and listen to their

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

Working with inspiring colleagues and on issues which make you feel you are really working on the current challenges, and hopefully solutions, of this planet. I like the idea of working together to make the world a better place which can be something as small as putting a bandage on a wound to reducing the CVD burden in Sub Saharan Africa. Whatever the case, I still feel young and idealistic, and hope to remain like that.

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

Specifically during the implementation of the SCALE UP project, we faced a few challenges, often something we had expected or anticipated. The most shocking I would say was the effects of the high crime rate in the slums which initially affected our field work. In

thoughts and ideas. It also really helps when you have staff on board who can explain the local context and culture.

## 5 What is the future of the SCALE UP project?

Currently, we have finished the fieldwork and have to start analyzing the data and I am very curious what the overall outcomes will be. We realize that prevention and chronic treatment are difficult topics among slum dwellers but at least I hope that the SCALE UP program will be an important stepping stone to improve the health and life expectancy of slum dwellers in Nairobi and the rest of the continent.

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

My biggest lesson at APHRC has been the impact leadership can have on the overall organization and working culture. It is inspiring to see how certain values and behavior trickle down at APHRC. I have experienced that it is possible to create a successful and sustainable micro culture which is the diametric opposite of the general values and behavior.

6 It is important to keep your eyes and ears open to the rest of the world. I think researchers have a tendency to be relatively inward looking, focusing on their own priorities. However I think that APHRC has a lot to offer to the rest of the country and the continent. I think it is essential to remain in touch with other people and organizations by exchanging experiences, thoughts, ideas and dreams.

## 7 What lies ahead for you? Where do you hope to be in 10 years' time?

I will go back to The Netherlands to pick up my clinical work again as a family medicine doctor. In the next few months, I also hope to finalize my PhD and afterwards I will remain active within Amsterdam Institute for Global Health and Development (AIGHD) on prevention and treatment of chronic diseases for the urban poor in Amsterdam and the rest of the world. In the coming decade, I hope to combine my clinical work with research and policy advice on global health issues with specific interest in primary health care and the urban poor. Hopefully this will involve activities and projects in collaboration with APHRC as well.

## 8 What will you miss most about Kenya? What will you not miss?

I think this will be a very long list. But at the top of it will be the warmth and friendliness of my colleagues and other Kenyans I have met. There is also the amazing nature, wildlife and sense of remoteness you feel just an hour's drive out of town. I will also really miss the nice weather, the juicy fruits, and the lively lunch time conversations with colleagues. I won't miss Kenyan politics much nor the infamous Nairobi traffic jams.

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

It is important to keep your eyes and ears open to the rest of the world. I think researchers have a tendency to be relatively inward looking, focusing on their own priorities. However I think that APHRC has a lot to offer to the rest of the country and the continent. I think it is essential to remain in touch with other people and organizations by exchanging experiences, thoughts, ideas and dreams.



L - R Alex Ezeh, Catherine Kyobotungi and Samuel Oti present a farewell gift to Steven van de Vijver





# Helping Drive the Sexual and Reproductive Health Agenda in Kenya and Beyond



*Members of the parliamentary committee on Health and the APHRC team after the meeting*

**A**PHRC recently released a country profile report that shows at a glance, the state of sexual and reproductive health in Kenya. The report is one of the key resource documents produced by APHRC under the Strengthening Evidence for Programming on Unintended Pregnancy (STEP UP) Research Program Consortium.

The report shows high unmet need for contraception across the various demographic profiles. For example, the report identifies that about half of all pregnancies in Kenya are unintended, that is, they are either mistimed or undesired. Notwithstanding this, modern contraceptive use among women is very low, at only 39%.

Not surprisingly, the level of unmet need for contraception in the country is high. Unmet need is defined as a situation where a woman is sexually active, does not desire to conceive but is not using any contraceptive method. The definition does not include women using natural or traditional methods because in most cases, the women who attempt to use them do not have enough information about their physiology to use them correctly.

According to the report, unintended pregnancies negatively affect the health of women and young girls by causing death or disability especially if the women attempt to procure an abortion to terminate the pregnancy. Unintended pregnancies also place undue strain on the health care system as well as have broader social and economic impact on the country.

With this in mind, the report identifies public health facilities as critical in helping meet the need for women to have access to effective contraceptive methods. Most women from rural and urban poor backgrounds access medical services through public facilities and it is therefore essential to ensure that these facilities are well-equipped to meet women's sexual and reproductive health needs. The report emphasizes the need to ensure adequate training and supervision for health care workers on contraceptive service provision, availability of a variety of contraceptive methods, and adequate infrastructure to enable health care workers provide quality birth control services. In addition, the report identifies the role that Public-Private Partnerships could play in provision of these services to women.

In June this year, the STEP UP research team made presentations to the parliamentary Committee on Health with a view of getting policymakers on board with some of the recommendations made in the report. Those include adding the recommendations to the proposed Health Bill that is scheduled to be tabled in parliament in the coming weeks.

The report was put together through exhaustive desk reviews of existing literature and secondary data. Some of the materials reviewed included government documents, charters, peer reviewed publications, published and unpublished reports. The



According to the report, unintended pregnancies negatively affect the health of women and young girls by causing death or disability especially if the women attempt to procure an abortion to terminate the pregnancy.



data collected were then subjected to a validation process to ensure that the recommendations offered in the report were comprehensive and captured a wide range of stakeholders involved in sexual and reproductive health matters.

Similar reports under the STEP UP Consortium are available for Senegal, India, and Bangladesh and it is hoped that these reports will serve as a resource for governments and other stakeholders in efforts to improve sexual and reproductive health outcomes in these countries and beyond.

## Program Updates



*Members of the ADDA Working Group in Addis Ababa, Ethiopia. Isabella Aboderin (second from right), Senior Research Scientist at APHRC, leads the expert working group. The working group report shall be launched in early 2015.*

### AGING

#### **Aging and a Demographic Dividend in Africa Working Group Meets in**

APHRC's Aging and a Demographic Dividend in Africa (ADDA) working group met for the second time in May in Addis Ababa to distill and refine arguments, review initial evidence on the relevance of Africa's growing older population and the need to develop policies to respond to this group. APHRC's Senior Research Scientist and Head of the Program on Aging and Development, Isabella Aboderin, leads the international expert working group. The group will release a report with policy recommendations next year based on their work to generate evidence on the roles and needs of older persons for realizing a demographic dividend in sub-Saharan Africa. By including a full consideration of the contributions

and resource needs of older people, the group believes that decisionmakers shall be able to both fulfill commitments to support the rights of older people, and honor African cultural tradition at the same time.

### PDRH

#### **APHRC researchers participate in the Great Lakes University of Kisumu (GLUK) Conference**

APHRC through the Packard Western Kenya (PWK) project participated in the Great Lakes University of Kisumu (GLUK) conference from 29th April to 2nd May, 2014. The Packard Western Kenya team attended a workshop on sharing lessons from the community based family planning initiative. The theme of the conference was "Innovative Community Research and Sustained Impact." A number of presentations were made by the APHRC team.



# Trail Blazing a Path Towards Open Data

Due to the increased demand for reliable, accurate and accessible data, the Statistics and Surveys Unit (SSU) at APHRC has developed a micro data portal to help improve the efficiency of data sharing. The launch of the portal marks a significant milestone in the journey to make data open and accessible, especially in Sub-Saharan Africa where there is a dearth of scientific data for research and decision making.

The portal is a web-based platform designed to publish metadata and documentation, and share both qualitative and quantitative datasets from research studies the Center has generated since its inception in 2001.

This new portal has not only simplified the process of handling external data requests but has also provided a more comprehensive background on the available data sets from the 23 studies uploaded on the portal. The datasets are available in widely used and easily convertible formats namely Stata and SPSS.

The portal can be accessed by both registered and unregistered users who go through the platform, review the studies and decide to request datasets. Those

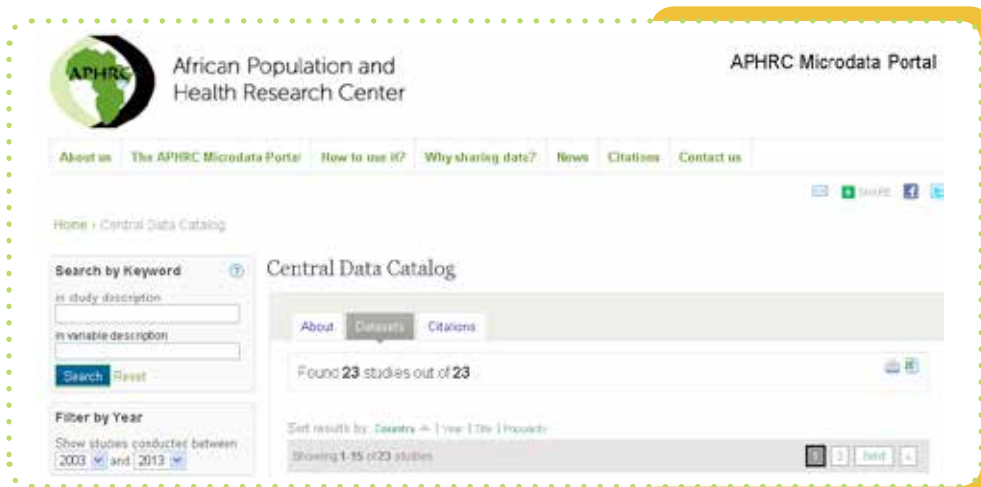
who are registered will have to log in (using their username and password) or register online before submitting any data request. Once logged in, users will be asked to fill in the data request form online. After a request is submitted, a confirmation email will be sent to the user.

Talking about the development of the portal, Cheick Mbake Faya, a Senior Research Officer at APHRC said the process of developing and managing the portal had been challenging but would prove to be ultimately a rewarding experience for the Center and for the research community as a whole.

APHRC will handle all data requests within a maximum of ten working days, and users

will get a notification email on the status of their request. If the request is approved, the email will provide instructions on how to download the requested datasets at no cost.

The Statistics and Surveys Unit officially launched the portal on June 12th 2014, The portal holds a diverse range of data ranging from education, population, health to aging research. The plan is to expand these thematic areas to cover more policy relevant areas. The portal has also had an amazing reception from data users, clocking 48,000 hits with active users drawn from all over the world including India, the United States, South Africa among other countries. Perhaps these statistics provide the best proof that the APHRC Data Portal is helping meet the need for data on African issues that was previously unmet.



*The newly launched APHRC micro data portal which has received more than 48000 hits since its launch in June this year*

## Misconceptions around Breastfeeding and Family Planning

Breast milk remains the most important food for new born babies. It contains various nutrients and protective components for the baby's optimal growth. Breastfeeding therefore offers numerous benefits to the baby: It reduces infections and mortality in children, improves mental and motor development, and protects against obesity, metabolic diseases, and premature deaths later in the life course.

Breastfeeding has also been known to give various benefits to the mother as it results in faster recovery after delivery, reduced blood loss following delivery, reduced maternal stress, faster loss of excess weight, protection against conception and reduced risk of breast and ovarian cancer. It is no wonder that the World Health Organization (WHO) recommends exclusive breastfeeding

in the first six months of life and sustained breastfeeding with complementary feeding for up to two years or beyond for optimal growth, development and survival of children.

Despite the well-known benefits of breastfeeding, misinformation and misperceptions regarding these benefits may be detrimental to both the health of the baby and the mother. One benefit of breastfeeding that seems to be widely misunderstood is that of using breastfeeding as a family planning (FP) method. Lactational amenorrhoea method (LAM) has long been accepted as a viable method of family planning. Lactational amenorrhoea refers to temporary post-natal infertility when a woman is breastfeeding. A consensus conference in Bellagio in 1988 proposed guidelines under which LAM can be acceptable as a family planning method.



For LAM to be acceptable, a mother has to fully or nearly fully breastfeed and must remain amenorrhoeic (not menstruating), during the first six months after birth. When these two conditions are fulfilled, breastfeeding provides over 98% protection from pregnancy in the first six months after birth.

The gospel of LAM has been widely spread in communities all over Kenya, but it seems that the conditions under which LAM is effective as an FP method are not adequately explained or understood. LAM has seemingly been strongly embraced as a method of family planning, probably because it is a natural method with no side effects that people often associate with other family planning methods. It also is easily accessible and comes at no cost. What is really surprising, according to recent research by the African Population and Health Research Center (APHRC) in collaboration with the Unit of Human Nutrition and Dietetics, Ministry of Health are the misperceptions regarding this method and the consequences of these misperceptions with regards to breastfeeding and health of the child.

Through a public engagement study funded by the Wellcome Trust, APHRC together with the Unit of Human Nutrition and Dietetics, Ministry of Health conducted qualitative studies across six counties in Kenya including Nairobi, Kwale, Vihiga, Kiambu, Machakos and Kajiado. These studies involved in-depth interviews (IDIs), key informant interviews (KIIs), focus group discussions (FGDs) and community dialogues (CDs) with mothers, fathers, health care workers, community health workers (CHWs), community leaders and traditional birth attendants (TBAs) and other community representatives regarding their knowledge, attitudes and practices on breastfeeding and other infant feeding practices. Narratives from these studies clearly portray the misperceptions regarding use of LAM. As illustrated below, there is belief that any breastfeeding (whether exclusive or not, and whether in the first six months or not) is protective against conception.

*"Some say, like another woman told me she breastfeeds because she is not using family planning method, so she has breastfed for three years now... You cannot conceive if you are breastfeeding!"*  
**(FGD, Young Mothers, Nairobi slums)**

While some women may be lucky to delay conception for the desired duration, many women conceive while breastfeeding and end up disappointed by unplanned pregnancy.

*"Breastfeeding is a form of FP and I can say it is effective from what I have personally experienced because I breastfed my children for two and a half years during which I could stay even two years without monthly periods. There are some who breastfeed and get pregnant and I do not understand this".*  
**(KII, TBA, Nairobi slums)**

The consequence of the unplanned pregnancies is that they shorten the duration of breastfeeding. Mothers get pregnant within a short time following delivery and "the day that you realize you are pregnant you stop breastfeeding" (FGD, CHWs, Kajiado). While breastfeeding could continue for some months even when the mother gets pregnant, there are widespread myths across the country associated with breastfeeding while pregnant. Many people believe that breastfeeding while pregnant drastically affects the breastfeeding child: The child may become sick with diseases like diarrhoea or marasmus, may be deformed or may actually die. Many mothers have to therefore stop breastfeeding immediately when they discover they are pregnant, a fact illustrated in the following excerpts

*"When my wife got pregnant, I shared the news with my mother who told me that the baby should not be breastfed anymore nor should the mother continue sleeping with the baby anymore. They should not share the same blanket because that warmth will affect the baby".*  
**(FGD, Men, Vihiga)**

*They dont breastfeed while pregnant. They say that the child in the womb will become stupid. Some say that the one breastfeeding will have diarrhoea or even become sick... we were told to tell them to continue breastfeeding even if they are pregnant but they do not accept*  
**(FGD, CHWs, Kiambu)**

*"They believe that the milk is spoilt and it will harm the baby and in case they breastfeed the baby then it becomes sick they say it is because of the pregnancy so the milk has become watery and that is why the baby has diarrhoea."*  
**(KII with Health Professional, Kwale)**

*It is said that if you breastfeed the child (while pregnant), the child will get marasmus...I hear that when pregnant, the milk is hot so when the child feeds they get diarrhoea... also when one breastfeeds when pregnant the child stops developing they say that the milk is harmful to the baby... I think it is not good because the breastfeeding baby is finishing the food for the one in the womb... For us we think that when a baby is in the womb, they are using the body's food so this other one should not be allowed to also eat that food.*  
**(Community Dialogue, Machakos)**

The misperceptions regarding LAM may be a major contributing factor to the high levels of unmet need for family planning (25%) among currently married women and also the high prevalence of unintended pregnancies (43%) among women of reproductive age (15-49 years) reported in Kenya. Consequently, unintended pregnancies leading to high parity coupled by the myths surrounding breastfeeding while pregnant may contribute to the high levels of malnutrition among children in Kenya with stunting levels of 35% among children aged less than five years. There is immediate need to address the misperceptions surrounding LAM and the myths surrounding breastfeeding for optimal breastfeeding practices, growth and development of children in Kenya.

# Nairobi Governor Launches Public-Private Initiative to Improve Health Outcomes



*The Nairobi County Governor, Dr. Evans Kidero gives a speech at the Public Private Initiative launch where he pledged to improve maternal and child health services in Nairobi.*

66

The PAMANECH project has upgraded infrastructure and equipped five maternity facilities in Korogocho and Viwandani and is providing ambulance services to the two communities.



**A**PHRC in conjunction with The Nairobi County government launched the Partnership on Maternal, Newborn and Child Health (PAMANECH) project which aims to strengthen Public-Private Partnerships (PPP) for the improvement of health outcomes for mothers, newborns and young children in urban informal settlements. The event was presided over by the Nairobi County Governor Dr. Evans Kidero.

Indeed, the Korogocho community was quite pleased, evidenced by the fact the youth groups stayed behind to celebrate the grant they received to boost income-generating activities and allow them to facilitate security for women seeking medical services. The Community Health Workers (CHVs) were incredibly happy with their new kits that will enable them to monitor the weight, temperature and blood pressure of the mothers and children during their home visits.

Korogocho health center also received a new doctor from the county government who will be stationed at the health center. Training for nurses will also be based there. Amazingly, the nurses delivered the facility's first baby just minutes before the launch ceremony began. The icing on the cake however was the new emergency referral services that will be facilitated by a new ambulance that was donated to the health facility as part of the project.

PAMANECH is a health system strengthening intervention demonstrating the value of public-private partnerships in the provision of high quality, accessible, and affordable health care for women and children, especially in under-served settings such as urban informal settlements. The PAMANECH project has upgraded infrastructure and equipped five maternity facilities in Korogocho and Viwandani and is providing ambulance services to the two communities. Working in partnership with the County Health Management Teams, it has also established 10 community units in Makadara and Kasarani and trained over 200 health workers in maternal, newborn, and child health protocols. These upgraded maternity facilities and trained health workforce are expected to provide optimal health services to mothers and children in these under-served urban informal settlements.

These improvements will go a long way in enhancing maternal and child health in Makadara and Viwandani, whose average maternal mortality rate is 706 compared to the national 488 per 100,000. The PAMANECH project seeks to address these poor health indicators that are a consequence of limited access to high quality preventive (antenatal, post-natal and vaccination) and curative (delivery, diagnostic, and treatment) services for women and children in these settlements.

We hope that by sharing this public-private partnerships model with health stakeholders, we can identify areas of collaboration and mechanisms for improving the quality of health services delivered to Nairobi's informal settlements. Given the role that maternal and child health will play in the achievement of Vision 2030, we believe this intervention is both timely and important.



## Conversations on the public-private partnership for health

**@aphrc · Jun 24**

A doctor must be posted at one of the korogocho health facilities @KideroEvans

**@aphrc · Jun 24**

Nimeona mama amejifungua nikiwatembelea hapa korogocho. Asante @aphrc kwa kuwasaidia kina mama na watoto @KideroEvans

**@aphrc · Jun 24**

Partnership for Maternal Newborn and Childhealth #PAMANECH @aezeh

**@aphrc · Jun 24**

5 private low cost facilities have been upgraded in Korogocho and Viwandani #PPP

**@aphrc · Jun 24**

Thank you @KideroEvans for supporting the #PPP health model.

**@aphrc · Jun 24**

World Friends, Kenya Womens Children Wellness Center, Phillips have been of great help to the #PublicPrivatePartnerships with @aphrc project

**@aphrc · Jun 24**

Every mother and child matters! #PPP #PAMANECH @KideroEvans

**@aphrc · Jun 24**

Kila mama na mtoto ni wa thamana #PPP #PAMANECH @KideroEvans #PublicPrivatePartnerships

**@MissKochKenya · Jun 26**

Consulting with @KideroEvans on matters health in #Korogocho slum under @aphrc #PAMANECH

## Calendar of Events: July to September 2014

Date	Event
July 7 - 11, 2014, Hilton Hotel	Scientific writing workshop for the African Doctoral Dissertation Research Fellowships (ADDRF)
July 8, 2014, APHRC Campus	Online launch of the Data For African Development (DFAD) working group report
July 16 - 18, 2014, Voyager Beach Resort	Project Planning, Monitoring and Evaluation Workshop
July 17, 2014, APHRC Campus	Second data analysis workshop for the MIYCN Policy Engagement project
July 21 - 23, 2014, Makerere University, Uganda	5th Consortium for Advanced Research Training in Africa (CARTA) Faculty and Administrators Workshop
August 4 - 27, 2014 University of Ibadan, Nigeria	Consortium for Advanced Research Training in Africa (CARTA) Joint Advanced Seminar 3 for Cohort 2 fellows
August 19/20, 2014	The second Nairobi Cross-sectional slums survey is launched
August 27 - 29, 2014 Kigali	APHRC's Statistics and Surveys Unit (SSU) Micro Data Outreach Workshop
September 12 - 16, 2014 University of Malawi	Consortium for Advanced Research Training in Africa (CARTA) Writing Retreat
September 17 - 18, 2014 University of Malawi	The 5th Consortium for Advanced Research Training in Africa (CARTA) Partners Forum
September 19, 2014 University of Malawi	The 10th Consortium for Advanced Research Training in Africa (CARTA) Board of Management Meeting

## List of Publications

- Oketch M., Ngware, M., Mutisya, M., Kassahun, A., Abuya, B. A., & Musyoka, P. (2014).** When to randomize: Lessons from independent impact evaluation of reading to learn (RTL) program to improve literacy and numeracy in Kenya and Uganda. *Peabody Journal of Education*, 89 (1), 17-42.
- Mutombo, N., Bakibinga, P., Mukiira, C., & Kamande, E., (2014)** Benefits of Family Planning: An Assessment of Women's Knowledge in Rural Western Kenya. *BMJ Open*.
- Izugbara C., Egesa C. (2014).** The management of unwanted pregnancy among women in Kenya. *International Journal of Sexual Health*, 26:100-112.
- Kabiru CW, Izugbara CO, Wairimu J, Amendah J, Ezech AC. (2014)** Strengthening local health research capacity in Africa: The African Doctoral Dissertation Research Fellowship Program. *Pan Afr Med J.;17(Supp 1):1*
- Edström J, Izugbara C, Zahrah N., and Otieno PE., with Granvik M., and Matindi S.** Men in collective action on SGBV in Kenya: A case study. *IDS Evidence Report No. 70.*
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# Because Every Mother and Child Counts!

**A**PHRC launched the Partnership on Maternal, Newborn and Child Health (PAMANECH) project which aims to strengthen Public-Private Partnerships (PPP) for the improvement of health outcomes for mothers, newborns and young children in urban informal settlements. The project was implemented in Kasarani (Korogocho slum) and Makadara (Viwandani slum) of Nairobi.



**1** This is Korogocho slum in Nairobi where the PAMANECH project under the Health Challenges System (HCS) program is being implemented. Estimates show that 58% of urban residents in Kenya live in urban informal settlements, also known as slums.



**2** A mother takes her child for a checkup at Mwangaza Ulio na Tumaini Clinic, where the PAMANECH project operates. Timely access to quality health care for mothers and children is critical to reducing avoidable deaths. Only about 1 in 100 health facilities serving slum residents are public.



**4** Hannah Gachoka, head nurse at Mwangaza Ulio na Tumaini Clinic demonstrates how to correctly breastfeed a baby, to a new mother.



**5** A mother and child at a follow-up immunization clinic.



**6** A Community Health Worker (CHW) during one of the home visits. The community health workers assist expectant mothers and help them through the process up to 9 months after delivery.



**3** Hannah Gachoka, head nurse at Mwangaza Ulio na Tumaini Clinic, holds up an OBA voucher that women in Korogocho slums pay Ksh. 200 to access prenatal and postnatal maternal healthcare services.



**7** A happy and healthy child is equal to a happy mother.

## Staff Updates

### New Staff

1. Christopher Wandabwa - Research Officer
2. Mollyne Ndinya - Program Administrative Assistant
3. Danielle Doughman - Policy Outreach Manager

4. Daniel Ochiel - Training Manager
5. Bibiana Iraki - Communications Officer

### Departures

Moses Oketch

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