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From Experience to Evidence: How Research can be Transformative in Combating Patriarchal Violence in Africa

By Lauren Gelfand



One of the breakout sessions at the symposium (Photo by AWLS)

In late August, APHRC had the privilege of participating in a two-day symposium bringing together some of the audacious, inspiring and visionary women driving change and encouraging leadership on the African continent.

Co-convened by Oxfam International, the Kenyan government and the African Development Bank, the African Women's Leadership Symposium was a two-day feast of discussions on peace, prosperity, innovation and leadership and the way that women should be guiding the African agenda to achieve progress in these areas.

One breakout session I attended evoked sober reflections and candid moving stories about individual experiences in overcoming the patriarchal violence that continues to systematically undermine community growth and development. Moderated by Nyaradzayi Gumbonzvanda, the AU ambassador for ending child marriage, the session brought together four dynamic women whose efforts on behalf of women in their countries have led to successful prosecutions and even the inclusion of gender-based violence as a war crime within international criminal justice meted out by the precursors in Rwanda and Sierra Leone to the International Criminal Court.

In their recounting of the harrowing tales and experiences of their clients and compatriots, they spoke powerfully of the need for justice, from Egypt to Chad, from Kenya to Rwanda. But as I listened to the telling of the individual experiences they shared both from their own personal stories and those of others, I was struck by the critical missed opportunity that these stories represented.

Because while experience is powerful, evidence – as a multiplier of individual experience – is even more so. Evidence collates individual experiences and magnifies them. When there is visionary leadership, evidence can help shape, reform and influence policy.

“ One breakout session I attended evoked sober reflections and candid moving stories about individual experiences in overcoming the patriarchal violence that continues to systematically undermine community growth and development. ”



Participants made commitments to advance women's rights in various areas (Photo by AWLS)

In this particular context, I can think of at least two projects undertaken by APHRC that could contribute meaningful evidence to inform policy to 'fight the patriarchy'.

In support of our work in population dynamics and reproductive health, our Statistics and Surveys Unit collected health and demographic data in urban settings. Survey results demonstrated that as the age at first marriage increased, the number of children born to each woman in her lifetime declined, leading to a slowing in population growth rates over time. Delaying the age of marriage also has attendant benefits for girls' education and opportunities for employment.

The evidence was so compelling that it drove a legislative change in Malawi to increase the age of marriage for girls from 16 to 18.

A second piece of work that is currently under way is an evaluation in the Dadaab refugee camp of an individualized model of care being deployed to support survivors of gender-based violence (GBV). The evaluation seeks to help refine and develop best practice and support services for GBV response and delivery of care, through task-sharing with trained refugee community workers and professional GBV service providers. The goal is a model of care that will improve access, quality, health and safety outcomes for survivors of violence within the camp setting, and potential learnings that may be scaled for other refugee populations.

The point of these two examples is to emphasize the importance of evidence as a lever for change alongside passionate commitment, durable advocacy and demand for women-centered, women-led approaches to responding to violence.

As was acknowledged at the end of the session, fighting the patriarchy is a process. But inculcating gender-based equity into our societies, too, is a process. Those of us who are committed to these processes must arm ourselves with more than the moral imperative of ending gender-based violence. And to do so, we must anchor our demands for justice in evidence.

Lauren is APHRC's director of policy engagement and communications

Immortalizing (Almost) APHRC's Data with Persistent Identifiers

By Danielle Doughman

How to get close to a 100% email open rate? Try Catherine Kyobutungi's approach. APHRC's director of research, who is not given to exaggeration, sends an organization-wide email that opens with "This is so cool!"

APHRC colleagues Paul Odero, IT manager, Donatien Beguy, head of the Statistics and Surveys Unit, and Cheikh Faye, a senior research officer, had everything to do with it. Together with CHAIN-REDS, they have ensured that APHRC datasets live a long and fruitful life beyond the four walls of APHRC.

CHAIN-REDS is a project co-funded by the European Commission that supports worldwide scientific collaboration through access to shared resources including data, tools, computing and storage. The partnership will help APHRC generate persistent identifiers for their datasets: essentially long-lasting references that will help locate the datasets no matter where they 'live' online.

As Bruce Becker, coordinator of the South African National Grid, wrote in his blog: "It's about being able to cite data sets in scholarly output, in a consistent, reliable, persistent way." It also means that APHRC is walking the talk of the data revolution here at home – ensuring that its data is open, discoverable, navigable, and machine readable, and is open to being tested for replicability.

Why does this matter? According to Becker, "It's quite hard to get a persistent identifier or other handle from an authoritative source in Africa."

APHRC's use of persistent identifiers complements the aims of its microdata portal. Launched in 2014, the portal is a web-based platform designed to share metadata and documentation, and qualitative and quantitative datasets from research studies that have been conducted by the Center since its inception in 2001. Visitors to the platform can access information on all available datasets at APHRC, including descriptions of study design, sampling procedures, reference periods for data collection, data dictionaries, questionnaires and related publications.

One of the most accessed data sets has been the Nairobi Cross-sectional Slums Survey of 2012: a cross-sectional survey conducted a decade after a landmark first survey covering a representative sample of all slums in Nairobi. Its analysis highlights the tremendous improvements in the living conditions and health outcomes for slum dwellers in Nairobi, but also the need to address persistent and new challenges.

“ Launched in 2014, the portal is a web-based platform designed to share metadata and documentation, and qualitative and quantitative datasets from research studies that have been conducted by the Center since its inception in 2001. ”

APHRC recognizes its data as a public good. It established guidelines for publications, data sharing and ethical review in 2008 (revised in 2013) to ensure that its research meets international scientific quality standards and is carried out in an ethical manner that protects the rights of all human participants.

APHRC's Statistics and Surveys Unit is not done yet. "We are working with CHAIN-REDS to increase our data and research discoverability," said Faye. The next steps, he says, are to conduct a user feedback survey to know more about new uses—and outcomes--of the data to learn what they were used for, and how they may have influenced the development discourse. They also hope to extend the microdata portal to host research data from other African organizations and universities.

Danielle is driving APHRC's Data Revolution work alongside the Statistics and Surveys Unit

APHRC Feted as a Baby Friendly Workplace

By Emily Okello-Juma



Globally, two in five children who are under six months of age are exclusively breastfed; fewer than half receive breastmilk until the WHO-recommended age of 24 months. Kenya is making progress, with an average six in ten Kenyan babies being exclusively breastfed for 6 months.

Suboptimal breastfeeding is largely attributed to a mother's inability to continue feeding or expressing milk once she goes back to work. Few workplaces -- particularly non-traditional working environments outside of offices -- have room for a mother to comfortably and privately express milk, and even fewer places to store that milk.

The 1990 *Innocenti Declaration* includes guidance from the WHO and UNICEF in its recommendation of exclusive breastfeeding for up to six months and until two years of age with adequate complementary feeding. This provided a platform for a series of recommendations from the International Labor Organization (ILO) supporting the fundamental right to access to maternity and family-work measures to promote the health and wellbeing of mothers and their children, aiming to achieve gender equality

at work, including: statutory maternity leave of 14 weeks, accompanied by cash benefits and flexi-time or breastfeeding breaks when women return to work.

Kenya's Ministry of Health adopted these guidelines in 2015, and has seen considerable success in promoting awareness of the value of breastfeeding and the need for a supportive environment for a nursing mother to continue to do so, but they have been unevenly applied across both the public and private sectors.

Looking to promote a wider application of the ILO recommendations, the Ministry of Health has stepped up its outreach to workplaces around the country and identifying champions and role models to demonstrate the ease with which a workplace can become a supportive work environment for breastfeeding.

It was as part of this initiative that APHRC's commitment to providing a supportive work environment for breastfeeding was celebrated during MoH observances of World Breastfeeding Week in August 2016. The Center was lauded for outstanding good practices, including: favorable workplace policies and the designation of a room for mothers to express and store milk.

Representatives from government joined donors, NGOs, UN agencies and the private sector to champion a coordinated response to the needs of working mothers and the value of breastfeeding for child development, recognizing that without economic empowerment of women and healthy growth of children, Kenya will face challenges in achieving the Sustainable Development Goals. Representatives from the European Union (EU) and UNICEF emphasized that repeatedly underscored exclusive breastfeeding has the single largest potential impact on child mortality of any preventative intervention.

Dr. Kioko, the director of medical services at the MoH, called on men to take a more proactive role in supporting breastfeeding both at home and in their communities, and committed to continued government engagement with the private sector to ensure workplace support for mothers.

Currently legislation is wending its way through the Kenyan parliament to concretize workplace support for breastfeeding mothers across all sectors, requiring revisions to workplace policies that will include paid maternity leave, part-time or flex-time work arrangements, a safe, clean and private place in or near the workplace to express and store breastmilk, onsite nurseries where new mothers can leave their babies, and outreach to encourage support from colleagues and supervisors.

APHRC is proud to be at the vanguard of this initiative to support women as they return to work following the birth of their children, continuing a commitment that is seeing important research results into how to ensure Baby-Friendly Communities and Workplaces, and the possibilities of launching Kenya's first human milk bank.

Emily is a policy and communications officer at APHRC

All Voices Matter: Use of a Participatory Approach to Explore the Complex Challenges in Nairobi's Informal Settlements

By Mwangi Chege and Blessing Mberu



Workshop participants deliberate about indoor air quality challenges in Nairobi's informal settlements

Nairobi has a serious planning and housing problem, evident in the profusion of widespread informal settlements that are home to approximately 60% of the city's population. There are few basic services and a decided shortage of infrastructure in these settlements, which are linked to poor health outcomes, insecurity and prevent residents from escaping the cycle of poverty. How to overcome any particular challenge in the settlements, whether it is clean water or sanitation or air quality or education, will require a close look at the web of interactions among many different factors. What this means is that there is no single answer to challenges confronting residents of urban slums; what is needed is a systems thinking approach that looks at the connections and interactions among factors and actors in these environments.

As part of our continued thinking and exploration of the systems that thrive and fail in the urban slums, and the attendant consequences for their residents, APHRC convened a two-day workshop in September 2016 with partners including University College London (UCL), the

London School of Hygiene and Tropical Medicine and Buro Happold Engineering to explore *Housing in Nairobi's Informal Settlements (HINIS): A complex urban system*.

Over the two days, academics and donors, non-government actors and county government representatives from Kisumu and Nairobi, as well as residents of Viwandani and Korogocho settlements in Nairobi, challenged themselves and each other to untangle the connections between poverty and slum living, housing and health in order to develop a systems thinking approach to the challenge of indoor air quality.

In his opening remarks, APHRC Executive Director Alex Ezeh highlighted just how timely, and critical it is to address the challenges confronting urban informal settlements. "Increasingly, what happens in urban informal settlements will determine our national indicators," he said, noting that the complexity of these challenges require a coordinated, collaborative approach as they are too big for any single entity or government agency to effectively address them.

Mike Davies of UCL's Institute of Environmental Design and Engineering further emphasized the need for cross-sectoral collaboration. "We hope that with the body of academics that we have assembled, we can bring cutting-edge scientific evidence to bear on these issues," he told the assembled audience. "But we can only really do that and communicate well with the decision-makers and people in the cities by using a participatory framework."

Workshop participants then moved to the specific task at hand: how to apply this collaborative, participatory approach to the particular challenge of indoor air quality. APHRC's Kanyiva Muindi, who is completing her PhD in air pollution and health, has done extensive research on the poor air quality in Nairobi's slums: a function both of outdoor pollutants as well as particulates from burning of bad fuels such as kerosene, charcoal and firewood for cooking and lighting.

The effects of the noxious emissions from these fuels are exacerbated by poor ventilation in many slum dwellings due to residents' concerns about insecurity and, ironically, outdoor air pollution. Exposure to these pollutants can cause cancers, respiratory illnesses and have adverse effects on quality of life. In Nairobi alone, cause-of-death data show that Chronic Obstructive Pulmonary Disease was among the top ten causes of death for individuals 15 years and above, in Korogocho and Viwandani slums between 2003 and 2012.

“ We hope that with the body of academics that we have assembled, we can bring cutting-edge scientific evidence to bear on these issues... ”

What made this workshop different from other gatherings of academics and stakeholders was the commitment to include representatives from the affected communities. One Korogocho resident, despite an unfortunate case of laryngitis, provided a much-needed grounding of the high-level discussions into the realities facing most slum residents.

At the conclusion of the workshop, which also included an in-depth look at how to actually go about the business of a participatory approach to systems thinking, two commitments were made for future discussions with policy-makers:

- **Increased uptake of cleaner technologies for cooking and lighting, and shifting away from 'dirty' fuels such as kerosene.** More evidence is, however, needed as to why slum residents are resisting the shift to these cleaner, greener fuels and cookstoves despite their widespread promotion -- and subsidization.
- **Commitments to addressing outdoor pollution.** Given the dynamic flow of air particles between indoor and outdoor settings, attempts to improve indoor air quality also need to consider the external environment. It was noted that residents of informal settlements such as Viwandani, who work in low-paying, industrial jobs, face the threat of triple exposure as they are exposed to pollutants at home, on their commute and at their workplace.

The HINIS workshop is part of a pilot program that runs from August 2016 to March 2017 that is investigating how participatory models can be used to understand complex urban systems, addressing their challenges and developing solutions. If successful, this model could be useful in generating effective solutions to the complex challenges faced by fast-growing cities across the global south.

Mwangi is APHRC's policy engagement manager and works with the Urbanization and Wellbeing research program, headed by Dr. Blessing Mberu

Contraception: How well do you know the Side-Effects?

By Sheru Muuo



World Contraception Day was commemorated on September 26, 2016, with a massive push for improved choice in, and uptake of, contraceptives. Champions of family planning and governments renewed their commitments to expanding contraceptive use, and here in Kenya, continued strong progress toward global targets was celebrated.

Much of the support for expansion of contraceptive use and choice is derived from an evidence base that is vast and robust. What is missing, however, is deeper understanding of the side effects of long-term contraceptive use.

Being able to access a variety of options when it comes to contraceptives is critically important and is considered one of the best indicators for wider use. The number of devices, products and procedures available now is exponentially greater than even a decade ago, including the modern -- pills, implants, injectables and barriers -- and the traditional.

That variety also helps allay concerns about potential side effects from any given method, but can also cause confusion; many women express real and valid concerns about some of the methods that may be unfamiliar, and their providers are often unable to answer them. This represents a challenge, and also an opportunity for both users and providers to expand their knowledge about the benefits and potential side effects associated with each method.

The Combined Oral Contraceptive Pill, or COC, has become one of the most popular and universal forms of family planning, touted both for their reliability and their ease of use. But increasingly, their side effects are becoming better known: one study has shown that the COCs increase risks of blood clots and stroke as well as breast and liver cancer, while another shows that oral contraceptive use may be associated with some nutrient deficiencies. A study in the Kenyan coastal city of Mombasa also showed that oral contraceptive use was associated with increased risk of vaginal infections such as chlamydia and candidiasis and a significant decreased risk of bacterial vaginosis.

Another well-known method, the intra-uterine device (IUD), is also coming in for new scrutiny due to its inability, as identified by the United Kingdom's National Health Service (NHS), to prevent against sexually transmitted infections.

One of the newer methods on the market, the injectable contraceptive, was found in a recent study that compared side effects between users of two kinds -- depo-medroxy progesterone acetate (DMPA) and Cyclofem -- to lead to enough bleeding pattern changes that they drove women to abandon both methods. Participants in the study also complained about weight gain, bone pain and vaginal dryness; still others in the Cyclofem group experienced headaches and breast sensitivity. The study concluded that proper consultation with a trained expert reduced discontinuation.

Such a range of findings and side effects can be bewildering for a population that is trying to make the right choices for their own needs: especially for those who live in resource-poor environments with limited access to health professionals.

This acute need is driving initiatives to develop smarter, targeted and more contextual contraceptive education to help people make more informed choices. And at the heart of these initiatives is the role that providers can and must play in educating people on the benefits and side effects of each contraceptive method. One study from western Kenya demonstrates just how effective community outreach can be for contraceptive service programs.

Reproductive health information and services were provided through religious, youth and community channels, which had the attendant benefit of making family planning a community issue, not just a personal one. How to scale these community activities to the county and national levels should be part of future conversations about contraception and unmet need. More investment of resources will yield informed choice and improved use, helping to ensure that every child is a wanted child.

Sheru is a research officer in the Population Dynamics and Reproductive Health research program

Annual Partners' Forum calls for Continued Focus on Building Quality Research Leaders

By Judith Olang

In order to ensure a critical mass of competent and confident research leaders able to transform institutions and ensure Africa's development, CARTA fellows must be developed as agents of change. This means that nurturing a strong researcher is not just about the strength of their inquiry -- but also about the strength of their ability to apply knowledge for innovation.

This ideology was at the core of the annual meeting of CARTA partners held in September at Moi University in Eldoret. Co-director Sharon Fonn said that while completing the CARTA PhD program represented a "major milestone" it was not enough. "The fellows must be able to use existing knowledge, identify gaps and develop research questions, with the objective of filling in these gaps," Prof. Fonn said. "The ultimate goal should be learning the tools of research for development."

Responsibility for this nurturing and skills-training is not the fellows' or the CARTA program's alone, she added; greater collaboration among the CARTA institutional focal points is also critical, through active engagement with the fellows themselves as well as their supervisors.

The annual Partners' Forum is an opportunity for CARTA institutional focal points, northern partners, donors and program leaders to come together and review the progress of the fellows through the four-year program, and identify areas where time and attention need to be paid.

This year, emerging issues involving supervisor training, research quality, and institutional engagement were discussed, alongside the urgent need to scale-up the training of PhD supervisors at partner institutions, to ensure timely completion and quality work also emerged. How to maintain CARTA's commitment to gender equity in research -- from candidate selection, identification of research topics and disaggregation of data -- were also explored during the week-long meetings.

Twenty-seven fellows were endorsed as the newest cohort, most of whom are women aged 45 and below. These fellows represent the seventh cohort of fellows to be enrolled in the program, joining 138 who came before. A total of 28 have successfully completed PhDs as of November 2016.

Judith is the communications officer for the Research Capacity Strengthening division



CARTA Institutional Partners and Board of Management during the Partners' Forum held at the Moi University, Eldoret, Kenya.

Interview

Five Minutes with Vu Msibi: I am a Human Rights Activist

By Danielle Doughman

Bringing African Voices Together

Sub-Saharan Africa holds two of the seven Board seats that are set aside for governments of the Global Fund's implementing countries. These comprise one representative from Eastern and Southern Africa (ESA) and one from Western and Central Africa (WCA) constituencies.

Given the expansiveness and diversity of the combined 47 countries of the ESA and WCA regions, their Board representatives are faced with various challenges that impede meaningful participation and engagement with the Global Fund Board. This hinders adequate representation of the African regions in Global Fund decision making, which is crucial given the burden of the three diseases held by Africa and the extent of the Global Fund's investment in them.

In 2012, the two Africa constituencies adopted a joint governance framework, which, in part, provides for the establishment of an Africa Constituency Bureau (ACB) that will serve as a technical resource center to ensure effective engagement, representation and participation of the Africa constituencies in Global Fund processes and enhance the capacity of the Africa constituencies to shape Global Fund policies and decisions. Until the ACB is fully functional, APHRC will provide technical assistance and policy analysis to the Africa constituencies.

Mr. Vulindlela Msibi, or Vu, as everyone calls him, is a fascinating individual. In 2001, he was part of a multi-country delegation that advocated to the then-UN Secretary General, Kofi Annan, about the need to establish a global war chest to defeat three epidemics that were taking such a huge toll on developing countries. That initiative became the Global Fund to Fight AIDS, TB and Malaria, established in 2002 and currently investing around \$4 billion annually around the world in fighting the diseases.

As mayor for two terms in his hometown of Mankayane in western Swaziland, Vu was also intensively engaged in a global movement spearheaded by the UN Development Program (UNDP) to mobilize local decision-makers for action on the HIV/AIDS crisis. He stood as the first president of the Swazi National Association of Local Authorities.

"Towns had a problem to bury their people – they ran out of space due to the sheer volume of HIV/AIDS related deaths. The communities said to us [mayors], "We don't want you to find more space to bury us—keep us alive!"

The cry was a call to action for a country with a recorded (2015) HIV prevalence rate of 29% among adults aged 15 and over: the highest rate in the world.

"The association met together with other local authorities from South Africa, Namibia, Ghana and Tanzania through the Association of Mayors Initiative. Uganda led this initiative because they had such a high number of deaths at that time," he recalled. "We got some funding from UNDP to organize ourselves."

Not long after, he was part of Swaziland's delegation to the UN General Assembly in New York in 2001, spurring a commitment to HIV advocacy that continues until today.

Msibi was elected to Parliament in 2003. As a Member of Parliament, he established Swaziland's first Parliamentary Committee on HIV/AIDS in 2005. "There was an outcry for action on HIV/AIDS from my colleagues in Parliament, some of whom were HIV positive themselves. There was a lot of stigma in those days, as well."

"Increasingly we saw HIV recognized by our governments, along with the establishment of National AIDS Control Councils, which is important for increased political will and visibility. There was a lot of advocacy from communities and civil society on human rights," he said. "They worked to counteract stigma by sharing their HIV-positive statuses" Even so, stigma remains a challenge, he said.

“ As mayor for two terms in his hometown of Mankayane in western Swaziland, Vu was also intensively engaged in a global movement spearheaded by the UN Development Program (UNDP) to mobilize local decision-makers for action on the HIV/AIDS crisis ”

"There's been a lot of collaboration with the Southern African Development Community (SADC) countries – it started small, and then spread. However, depending on the situation in the country, you may not succeed. In too many of these African countries, there are legal frameworks in place that are anti-human rights," he explained.

Interview

UNAIDS says more than 100 countries had such legislation, which makes addressing key populations – men who have sex with men, women and girls, commercial sex workers— difficult or even illegal depending on the context.

Currently, Msibi is the executive secretary for the Swaziland Country Coordinating Mechanism, a national multi-stakeholder partnership responsible for grant development based on priority needs for HIV/AIDS, tuberculosis and malaria, grant implementation, and harmonization with related national activities and investments.

He works with APHRC's Bringing African Voices Together project team [see box, right] in his role as communications focal point for the Eastern & Southern Africa [ESA] Constituency of the Global Fund Board and the Governance Focal Point for ESA. He has been part of the ESA delegation to the Global Fund Board since 2009, and is a current member of the Task Force working to establish the Africa Constituencies Bureau.

Msibi eagerly anticipates the announcement of the Africa Constituencies Bureau in Addis Ababa, Ethiopia in early 2017. He is hopeful that the Bureau will support Africa “to address challenges of absorptive capacity, health system strengthening and communication in the fight against the three diseases.”

Danielle is APHRC's policy outreach manager, leading the Bringing African Voices Together project supporting the Africa constituencies of the Global Fund Board.



Mr. Vulindlela Msibi (Vu)

STAFF UPDATES

New Staff:	Departures:
Joan Njagi	Mbindyo Kimanthi
Peter Shitote	Nicholas Ngomi
Emilly Okello-Juma	Christopher Wandabwa
Mwangi Chege	Djesika Amendah
Tizta Tilahun	
Judith Olang	

Publications July to September 2016

2016 Peer-reviewed Articles

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2. Frederick M. Wekesah¹, Chidozie E. Mbada¹, Adamson S. Muula⁴, Caroline W. Kabiru, Stella K. Muthuri and Chimaraoke O. Izugbara. (2016). Effective non-drug interventions for improving outcomes and quality of maternal health care in sub-Saharan Africa: a systematic review. Published August 15, 2016. Doi 10.1186/s13643-016-0305-6
3. Tilahun Nigatu Haregu, Abdhahah K. Ziraba and Blessing Mberu. (2016). Integration of Solid Waste Management Policies in Kenya: Analysis of coherence, gaps and overlaps. *African Population Studies*, Vol 30, No 2. Doi <http://dx.doi.org/10.11564/30-2,-889>
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5. Blessing Uchenna Mberu, James Mbugua Ciera, Patricia Elungata and Alex Chika Ezeh. (2016). Fertility and Household Economic Outcomes among Poor Urban Households in Nairobi informal Settlements, Kenya. *African Population Studies*, Vol 30, No 3. DOI: <http://dx.doi.org/10.11564/30-3,-919>
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7. Cheikh Mbacké Faye, Maurice Mutisya, Patricia Elungata and Donatien Beguy. (2016). Correlates of Spatial Differences in under-five mortality in Nairobi's informal Settlements. *African Population Studies*, Vol 30, No 3. DOI: <http://dx.doi.org/10.11564/30-3,-921>
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10. Blessing U. Mberu, Patricia Elungata, Caroline W. Kabiru and Alex C. Ezeh. (2016). Reaching the Urban Poor with Health Interventions: The Case of Hiv Testing In Nairobi Urban Informal Settlements, Kenya. *African Population Studies*, Vol 30, No 3. DOI: <http://dx.doi.org/10.11564/30-3,-925>
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Project Updates

Workshop on SDGs Roadmaps and Data Ecosystems

The Global Partnership for Sustainable Development Data (GPSDD) was launched during the UN General Assembly in September 2015. At the launch in New York, Kenya affirmed its commitment to creating an inclusive data ecosystem of key stakeholders such as government, private sector, academia, non-profit organizations, innovators, local communities and development partners to achieve inclusive development.

In the intervening months, Kenya has worked on both global and national levels to achieve this goal. As a co-chair of the SDG Data Revolution Roadmaps/Ecosystems Working Group, the Office of the Deputy President is working to help countries harness the data revolution for sustainable development.

Kenya is also one of three African countries -- as well as Tanzania and Sierra Leone -- identified as an early action country seeking to find practical, collaborative ways to ensure that policy is data-driven and that decision-making at all levels of government is using the best and most comprehensive data available.

In August 2016, Kenya hosted a national workshop on SDG Roadmaps and data ecosystems. Donatien Beguy, head of APHRC's Statistics and Surveys Unit explained how APHRC's flagship health and demographic surveillance system shines a spotlight on economic disparities within Nairobi in order to highlight how better data could help achieve the SDG principle of "leaving no-one behind." Without good data, these disparities would otherwise remain hidden in aggregated county measures for wealth, health, education and more.

APHRC and other partners plan to continue and strengthen their work with the Kenya National Bureau of Statistics and other data producers and users in their work to improve data quality and availability over time. This is in line with the Center's efforts to ensure the recommendations of Delivering on a Data Revolution in sub-Saharan Africa are implemented within African countries for a true data revolution for sustainable development.

Experts to Convene At APHRC for Long-Term Care Systems for Africa: Setting Agendas

Sub-Saharan Africa (SSA) is among the regions facing an unprecedented challenge wrought by a rapidly expanding population of older people and high rates of ill-health and functional impairment among them. The region must respond by developing effective and systems of long-term care for older people.

The second International Association of Gerontology and Geriatrics Africa region conference offers a unique opportunity to set a strategic agenda to achieve this goal. Convened as a joint policy-research-practice dialogue, the event will provide a platform for collaboration among researchers, service providers, advocates and government stakeholders from within and beyond SSA. The conference Long-Term Care Systems for Africa: Setting Agendas will take place December 6-8 at APHRC. Isabella Aboderin, head of APHRC's Aging and Development research program, is the conference convenor.

It is expected that the conference, through cooperation with the World Health Organization and African Union Commission, will result in a roadmap on the provision of long-term care for older persons in Africa. There are also two unique professional development activities being offered in conjunction with the conference: an Introductory Course in Geriatric Medicine and a Master Class on Families, Aging and Care. More information is available on www.aphrc.org/iagg.

Improved quality of education for urban poor children

Africa's rapid urbanization is posing major challenges for service providers; how can already overburdened health and education systems reach the growing number of urban residents? The reality of inadequate systems and infrastructure means that many children in urban informal settlements are locked out of a quality education, enrolling instead in low-cost private schools with poor facilities that are staffed by untrained teachers. This problem is compounded for children with special needs, including physical disabilities, creating a double exclusion for these young people and consigning them to a future fraught with obstacles.

APHRC's Urban Education Group project is working to turn those obstacles into opportunities, bringing together civil society organizations from Kenya, Tanzania and Uganda to promote quality education in slums as a manifestation of SDG 1: the need for inclusive education. A regional inception meeting held in July in Nairobi identified activities for the group to carry out in order to champion education for marginalized groups. The group intends to work at both the community and policy-maker level to identify ways to meaningfully invest in the educational future of urban poor children.

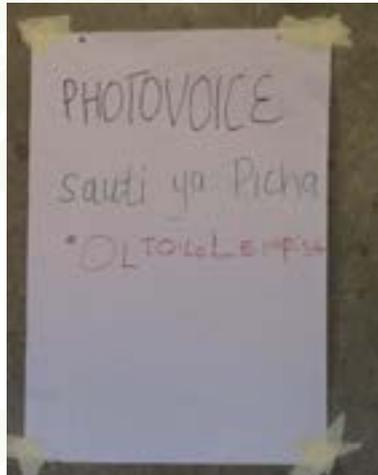
Photo Story

Vivid View: A Maa Story

PhotoVoice is a participatory qualitative research tool that provides research participants the chance to share their story in their own voices to help guide the translation of evidence into policy action. The *Food for Maasai Women and Children* Project is aiming to understand the obstacles confronting Maasai women in southern Kenya's Kajiado county in providing regular, healthy meals to their children. A total of 12 women from (HOW MANY) villages were taught how to use cameras to document their daily lives and then sent out to their communities, to capture images that speak to Lenkobei and Oloika.



Translating 'PhotoVoice' to Maa



PhotoVoice in three Languages



Participants view images ready for a group discussion on what they observed



APHRC's Milka Njeri explains why keeping faces hidden is an important way to respect the subjects of an image



A participant captures an image on her way back to the homestead



APHRC's Milka Njeri explains the importance of ensuring anonymity among the subjects of a picture

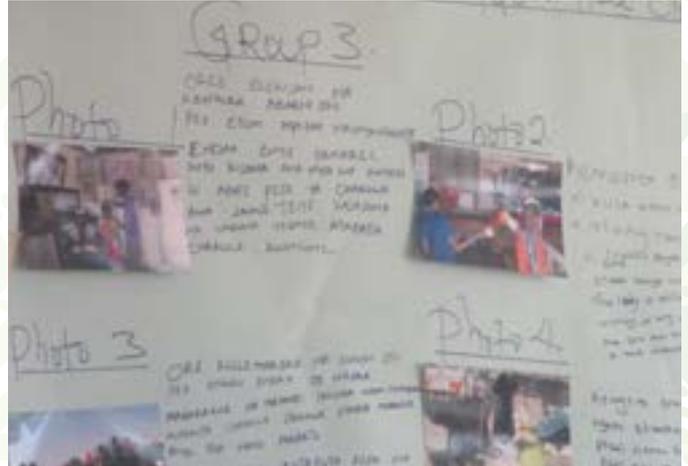


Printing selected images ready for the storyboards

Photo Story



Participants explain what they were trying to convey in the images they are sharing with the group



A photoboard, ready for presentation



A participant breastfeeds her toddler while listening to presentations



Zoom In, Zoom Out



Another participant at the local retail market center

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