African Population and Health Research Center

APHRC News

January - June **2019**

APHRC SPREADS ITS WINGS TO WEST AFRICA

Vision

Transforming lives in Africa through research

Mission

Generating evidence, strengthening research capacity, and engaging policy to inform action on population health and wellbeing

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Out with the old: Introducing APHRC's new culture shift program

By Moreen Nkonge, communications officer

Executive Director, Catherine Kyobutungi

Culture is like an iceberg. The part that can be seen above the surface reflects the isolated behaviors and outcomes. The bulk of it--the submerged part, comprises the shared beliefs and assumptions that are often shaped over the years.

Organizational culture is widely defined as a company's beliefs, values and attitudes, and how these influence the behavior of its employees. Whether defined or perceived, culture often affects how employees experience an institution: either positively or negatively.

When Catherine Kyobutungi was informed that she would be APHRC's incoming executive director in 2017, her focus at the time was on how she would keep the ecosystem efficiently running as it had been over the last 15 years. She sought to maintain and nurture relationships with funders and partners, and to steer the Center's strategic direction. The thought of initiating a culture shift at APHRC was the last thing on her mind. In this interview, she discusses how the idea was born and why she is determined to see it through.

Since taking the helm of APHRC in 2017, you championed the initiation of a culture shift at the Center. What prompted this initiative?

The realization of the need for a culture shift at APHRC became apparent during a leadership training session that took place shortly before I took office in October 2017. The training provided an opportunity to interrogate APHRC's existing culture and what my contribution had been to the institution's shared beliefs and perceptions over 13 years of serving in different capacities. Following this introspective exercise, my sense of the prevailing culture was that there were critical aspects that needed improvement to create a healthier work environment. With the transition in leadership, the timing also felt right to have an initiative that was more inward looking. I would later share the idea with the board, the executive leadership and senior management teams, and with their support, we took up the idea of a culture shift as an institutional agenda.

What approach will the program take?

To successfully operationalize the program, there was great need to make the process collaborative. In consultation with the senior management team, we embarked on defining the areas of focus. The outcome of the discussions narrowed down to three focus areas: how to maintain a culture of excellence in the face of rapid growth and changing institutional structure; how to challenge the culture of silence inspired by the fear of retribution and encourage staff

A word cloud representation of positive behaviors to reinforce at APHRC

engagement; and how to cultivate and sustain a work-life balance among teams for improved productivity. Following this, committees were formed in line with the themes to come up with solutions on how to change the culture around the identified issues. Parallel to the three, was also the need to nurture positivity among staff by being appreciative and respectful of each other's efforts, providing constructive feedback, and lauding the small and big wins, to foster a sense of pride and ownership among employees.

What outcomes in terms of behavior change would you like to see manifest in the course of the culture shift?

First would be seeing more interactive staff engagement, creating room for exchange of knowledge and enriched discussions. The second aspect is the practice of forming ideas or concepts among individuals and teams. Staff would be encouraged to have the confidence to share, own and execute these ideas.

Deconstructing an existing culture in an organization is no mean feat. What role will staff members play towards the actualization of the shift?

Staff involvement is a critical component in the program. As part of the roll-out in May, we conducted a baseline survey to assess people's perceptions about the existing institutional culture and what their expectations of the program were. Further, through the committees, staff will be able to channel their feedback on the challenges and possible solutions aligned to the three focus areas. Also important is the initiative by individuals to be agents of change within their spheres of influence at the Center. Subsequent evaluations will be employed to assess the progress of the program.

And finally, what do you envision its success to look like?

Success will be in the little milestones achieved gradually by creating a habit of the positive behaviors at the individual level, and seeing these eventually reflect in the overall institution's culture.

Kenya's first human milk bank targets vulnerable infants

By Florence Sipalla, communications manager

Donated human milk in storage.

Breast milk contains the right proportion of nutrients and vitamins essential for newborns, particularly those born underweight or prematurely. When these babies cannot be breastfed by their mothers, pasteurized donor human milk from a milk bank is the next best solution. On 29th March, 2019, Pumwani Maternaity in Nairobi opened the doors to Kenya's first human milk bank, to reach vulnerable infants in the city.

The continent's second milk bank was birthed from a collaborative initiative spearheaded by PATH in partnership with APHRC and Kenya's Ministry of Health. The project was carried out in two phases: assessment and establishment. Phase one analyzed people's perceptions and acceptability of using donated human milk. Despite concerns about the safety and hygiene of sharing milk, 90% of the women interviewed were positive about it, and another 80% stated that they would readily donate milk. The launch of the bank marked the beginning of phase two.

APHRC's mission of translating research evidence into action was witnessed with the opening of the facility. "The work behind the HMB started about a decade ago with APHRC spearheading the research on it. We found that only 2% of children were being exclusively breastfed in the first six months in the urban slums where APHRC has been conducting a longitudinal study over a 15-year period," says APHRC Executive Director Catherine Kyobutungi.

Human milk banks play a critical role in ensuring that babies who need breast milk support get a safe product as they collect, pasteurize, test, store and distribute donated breast. Prior to qualifying as donors, breastfeeding mothers who volunteer at the HMBs are screened for diseases that can be transmitted through breast milk, such as HIV, syphilis, hepatitis B and C.

The Maternal and Child Wellbeing unit conducted extensive research to provide evidence for championing breastfeeding, thus improving babies' health and nutrition outcomes. They believe the donated breast milk will benefit babies with low birth weight who are at increased risk of retardation, infectious disease and development delays in their early childhood.

Speaking during the launch, Nairobi Governor Mike Sonko highlighted the necessity of such a facility. With an average of 60 infants born per day, ten to 12 are in need of donor human milk for a number of reasons, and this facility is giving them new found hope.

With the milk bank at Pumwani hospital joining over the 500 in existence globally, the Nairobi County Government hopes to extend the initiative to other county hospitals to boost efforts to end child mortality rates.

only **2%** of children were being exclusively breastfed in the first six months in the Nairobi urban slums

It's dinnertime! Why do you eat the food you eat?

By Michelle Mbuthia, communications officer

A street food vendor in one of Nairobi's informal settlements.

The setting of the sun marks the end of yet another day. As people make their way home, one of the many questions they ask themselves is what they will have for dinner. The final meal of the day provides an opportunity for families to come together and discuss the day's events. However, as life becomes more demanding, there is significantly less time to prepare fresh and hearty meals and slowly, fast-food has begun appearing more frequently on tables at suppertime.

In Africa, the narrative on food is usually framed around malnutrition. With the spread of famine hounding the continent, estimates by the World Food Programme suggest that 38 million people are living under the threat of starvation in Africa. But in many countries, the rapid economic growth has led to growing waistlines. According to a recent study by the institute for health metrics and evaluation at the University of Washington, eight of the 20 nations in the world with the fastest-rising rates of adult obesity are in Africa. In countries such as Ghana, the prevalence of adult obesity in the past 36 years has increased by more than 500%. It is clear that obesity rates in sub-Saharan Africa are skyrocketing, and Kenya is no exception.

As Africans migrate to cities in search of a better life, they leave behind a more active lifestyle to one that becomes a lot more sedentary. The affordability of a motorbike or car journey means there is no need to walk. With the ever-increasing levels of urbanization, there has also been an exposure to a diet that veers from the traditional foods to those that contain higher levels of trans fats and sugar. The overconsumption of unhealthy foods lacking micronutrients and dietary fiber is associated with overweight, obesity and

is responsible for the development of non-communicable diseases such as hypertension, heart disease, and diabetes.

With these diseases becoming more commonplace, its effects are being felt in hospitals across the city. There has been an increase of non-communicable diseases which now accounts for 27% of total ill health, and more than half of hospital bed occupancy across Kenya. These diseases are causing higher economic costs, human suffering and are lowering the quality of life.

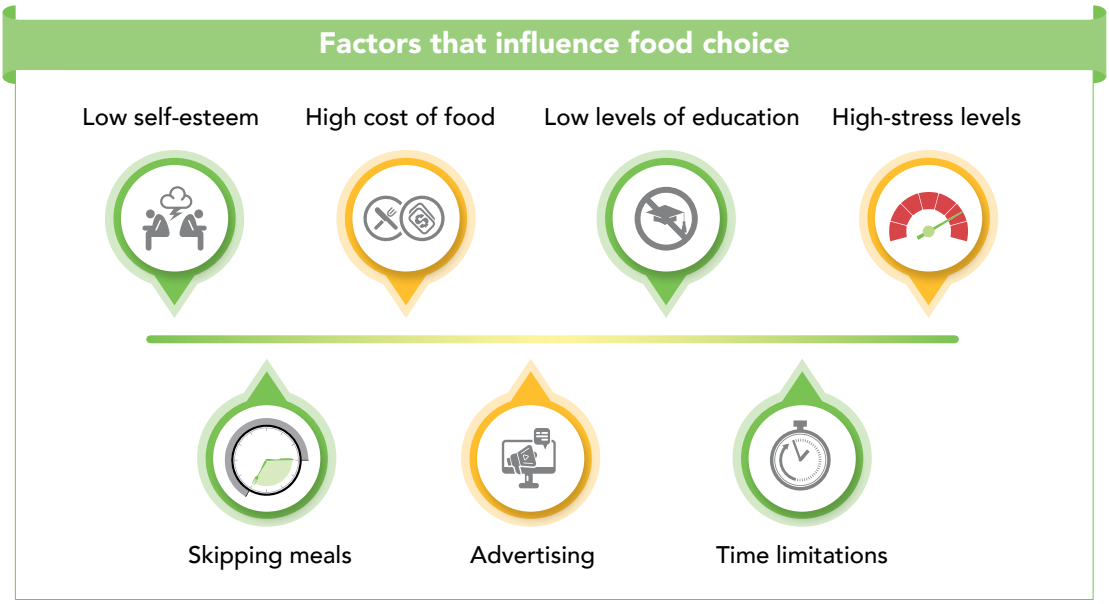
As a direct response to the ongoing epidemic, the 'Dietary Transitions in African Cities: Leveraging Evidence for interventions and policy to prevent diet-related non-communicable diseases' project was birthed. The initiative was developed to investigate current food consumption patterns and practices within two African cities (Nairobi and Accra). We examine factors in the social and physical food environments that drive the consumption of unhealthy foods and beverages and, identify interventions and policies relevant to the two contexts to improve food consumption patterns and practices.

Conducted in Nairobi's Madaraka Sub-county, the project, among other research techniques, involved 89 members of the community in data collection through the use of Photovoice, a participatory research method that allows research participants to tell their story through photographs. Some of the major causes of unhealthy dietary behaviors identified include low self-esteem, high cost of food, low levels of education, high-stress levels, time limitations, advertising, and skipping meals.

In Kenya, non-communicable diseases account for over 55% of hospital deaths and dominate the national health budget. Though the Government of Kenya has tried to address the 'best buys', which includes unhealthy diet as one of the four NCD risk factors, most of the policies are informed by interventions developed for high-income countries where the phenomena are more common.

The World Health Organization (WHO) proposes the use of multi-sectoral approaches to engage the public, private and non-profit sectors to implement these best buys. The Center led six African countries in a study to analyze how countries are addressing NCD prevention. To date, policy responses to the double burden of over and under-nutrition have largely been reactionary.

As the Center generates contextual evidence, knowledge gaps will be addressed and help inform action to stem ill health and disease.



Take5

Dr. Kanyiva Muindi

By Michelle Mbuthia, communications officer

Dr. Kanyiva Muindi, a fellow of the Future Leaders- African Independent Research (FLAIR) program.

Dr. Kanyiva Muindi, whose rise to associate research scientist from field data collector is a model for what is possible at APHRC, has won another accolade. She is a member of the inaugural class of Future Leaders – African Independent Research (FLAIR): one of 30 fellows selected from across the continent to join the African Academies of Sciences (AAS) and Royal Society, in developing solutions to the most challenging health and environmental problems confronting our societies.

The program, supported by the UK's Global Challenges Research Fund (GCRF), provides opportunities for funded research in areas including renewable energy, food security and, for Dr. Muindi, indoor air pollution.

What was your Aha! moment that inspired you to go into air pollution research?

My light-bulb moment came during one of the data collection rounds a few years ago. I was interviewing an old lady in one of the informal settlements , and she wanted to prepare tea for us. She lived alone in this little shack, and she only had bits of plastic for fuel. The fumes of the burning plastic choked us, and we were forced to sit outside for the rest of the 20-minute interview. She frequently had to dash back into the house to check on the tea, but it never cooked.

The plastic kept going off, and she had to coniously restart the fire with fresh scraps of plastic. It was distressing to watch. From that day onwards, my curiosity grew and as I continued my research across households in informal settlements. I came to find that a large number of people were using all sorts of material as fuel, from mattresses to old shoes, and even rags. How could it be this way, in this day and age? Especially within a city like Nairobi. I do not know what happened to the old lady after our encounter, and I shudder to think of how much toxic smoke she had been exposed to over the years.

Why FLAIR, and why now?

I am so excited by the opportunity to be a FLAIR pioneer. It's a chance to simultaneously combine research and implementation. I feel that it is a fantastic platform to do something for someone like that old lady.

Funding for research on air quality has increased within the last couple of years as countries awaken to the seriousness of air pollution and the need for immediate action. However, the focus tends to be on ambient air pollution (outdoor urban environment), as opposed to household air pollution.

What do you intend to do during your fellowship?

My body of work focuses on the reduction of household air pollution in rural areas. While urban areas face their own set of challenges, rural populations are neglected in discourses on air pollution. The impact of climate change and its effects on the sources of energy available is felt most in the countryside. Demographic and Health Survey (DHS) data in Kenya shows that 95% of rural homes rely on wood, crop residue, or cow dung as a source of energy.

Over the two years of my fellowship, I would like to encourage more people to take up clean energy and reduce reliance on finite resources such as forests, by introducing ethanol and solar as cleaner alternatives for cooking and lighting respectively.

I am implementing this initiative in my home-county of Machakos, starting with an initial 1000 households and hopefully through a voluntary scheme, we would, at a subsidized price, provide participating households with stoves that use ethanol, while solar lamps will be provided for free. The study is designed to allow us to measure the type and levels of the emissions from their stoves before and after they start using the ethanol stoves.

Once households shift to the ethanol stoves we shall assess the frequency and consistency of use and through our research, address any factors leading to inconsistent use. Through a series of focus group discussions and surveys, participants would have an opportunity to give feedback which would go into informing product design.

With the growing interest in air pollution research, how does the future of this area of research look?

My sincere hope is that the momentum is sustained and many more countries commit towards reducing air pollution. Within the last five years, China has been able to lower its air pollution index.

In the same breath, though, African countries need to look internally for contextualized responses to this issue. Our governments need to develop their own policies and fund initiatives aimed at dealing with air quality issues.

What does Daktari Muindi do when she is not writing up her next proposal or neck-deep in a research project?

During my off-time, I am a farmer, reader, and writer. I am currently working on a book- look out for it in 2020!

Women's reproductive health hangs in the balance

By Kenneth Juma, research officer

A community health worker takes a woman through family planning methods

During his first week in office, US President Donald J. Trump issued a presidential memorandum reinstating and expanding the anti-choice restriction known as the 'Mexico City Policy' or 'Global Gag Rule' (GGR). Referred to as "Protecting Life in Global Health Assistance," the expanded policy prohibits any foreign non-governmental organization (NGOs) that receives US global health funds from engaging in any abortion-related activities, which include providing abortion services, information, counseling and referrals, and advocating to expand access to safe abortion services. While this policy has existed since 1984 first enacted by President Ronald Reagan, it has had several iterations under every Republican president since.

The difference with President Trump's expanded version of the policy is that it compromises almost $9.5 billion in US foreign assistance, vastly expanding its scope, potential reach and impact across organizations receiving US global health assistance. The expanded GGR policy makes NGOs ineligible for US funds for virtually all public health emergencies such as malaria, HIV, nutrition and non-communicable diseases even if the abortion-related activities they are involved in are carried out using other sources of funding. This policy change effectively forces health care providers

to make the painful choice between receiving US government funds - often their primary source of support - and providing women with comprehensive sexual and reproductive health (SRH) care and counseling that they may desperately want and need, especially if coping with adverse outcomes of unplanned pregnancies.

The United States is the largest financial contributor to global health activities, spending $9 billion on programs annually. In 2015, one in every three dollars spent on global health was US bilateral assistance including funding for HIV, maternal and child health, malaria, nutrition, and other programs. The reestablishment of the GGR has had wide-reaching impact on overseas organizations that rely heavily on US aid. In July 2017, Human Rights Watch interviewed 24 representatives from organizations in Kenya and Uganda affected by the funding restrictions. They found the policy had triggered reductions in key sexual and reproductive health services from well-established organizations that could not easily be replaced. [1] Several reports, including one by the US State Department, also reported severe disruptions in service availability, access, provision and quality of SRH.

A quantitative analysis by Bendavid. et. al found a strong association between the GGR policy and abortion rates in Sub-Saharan Africa. The study found that abortion rates rose in countries with high exposure to the GGR, with higher levels of unplanned pregnancies, higher rates of maternal mortality and increased incidences of unsafe abortion with its accompanying complications; an unsettling fact.[2] While scaling down their operations, affected organizations have been forced to take drastic measures such as laying off staff, reducing the number of days they work, or at the extreme end; closing their operations entirely.

According to Marie Stopes International (MSI), one of the largest providers of SRH services (including contraception and abortion services), they have been left with a funding gap of nearly US $80m since the expansion of the GGR which is having a devastating impact on millions of the world's poorest.

While there have been efforts to comprehensively estimate the impacts of the GGR policy during the previous iterations, not much empirical evidence exists. APHRC in collaboration with partners including Columbia University, is conducting a study to improve the understanding of impacts of the expanded GGR policy in Kenya, Nepal, and Bangladesh. The findings of this study will detail the effects that the GGR policy has placed on organizations, health care providers, and clients.

“The study found that abortion rates rose in countries with high exposure to the GGR, with higher levels of unplanned pregnancies, higher rates of maternal mortality and increased incidences of unsafe abortion with its accompanying complications”

Deliver for good: Using your power for gender equality

By Eunice Kilonzo, CARTA communications officer

Katja Iversen, CEO, Women Deliver

APHRC's Lynette Kamau, Eunice Kilonzo, Isabella Aboderin, Lauren Gelfand, and Meggie Mwoka were among the 8000 participants from 165 different countries for the Women Deliver 2019 Conference in Vancouver, Canada.

The five sat side-by-side with potential partners and collaborators and discussed how they use their power to advance gender equality and the health and rights of girls and women. They also networked and shared APHRC work in the continent.

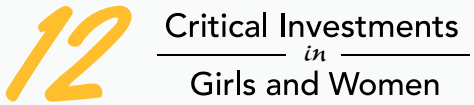
The Women Deliver 2019 Conference, the world's largest conference on gender equality and the health, rights, and wellbeing of girls and women, kicked off on June 3-6, 2019. The conference focused on power, and how it can drive – or hinder – progress and change; and how societies must redefine the concept of 'power' and use it as a force for good.

The conference, held every three years, was attended by President Uhuru Kenyatta, President Sahle-Work Zewde of Ethiopia, President Nana Akufo-Addo of Ghana and leaders in gender equality such as Katja Iversen, President/CEO, Women Deliver; Phumzile Mlambo-Ngcuka, Executive Director, UN Women; Natasha Wang Mwansa, Women Deliver Young Leader; and Maryam Monsef, the Minister of International Development and Minister Women and Gender Equality, Canada.

Women Deliver's advocacy efforts seek to drive investment – political and financial – transforming the lives of girls and women worldwide. It is well-known for hosting, every three years, the global Women Deliver conferences that bring together people from across a multitude of sectors, issues, and cultures.

The conference looked at the different issues affecting women's lives and will hone in on solutions and drive action in girls' and women's health – including maternal, sexual, and reproductive health and rights – education, environment, political participation, economic empowerment, human rights, gender based violence, and access to resources. It was also the place for storytelling, data sharing, evidence, and impact.

Women Deliver believes achieving progress for girls and women is dependent upon accurate, disaggregated data to fuel data driven advocacy, guide interventions, and hold governments accountable. Like APHRC, Women Deliver also agrees that evidence helps national authorities and development actors to make informed decisions about policies and programs; monitor their implementation; and advocate for change.



Boost Women's Economic Empowerment

Accelerate Access to Resources - Land, Energy, Water and Sanitation

Improve Data and Accountability

Ensure Equitable and Quality Education at all Levels

Dramatically Reduce Gender - Based Violence and Harmful Practices

Build Sustainable Financing and Partnerships for Girls and Women

Improve Maternal and Newborn Health and Nutrition

Respect, Protect and Fulfill Sexual Health and Rights

Invest in Women to Tackle Climate Change and Conserve the Environment

Achieve Parity in Political Participation

Meet the Demand for Contraception and Reproductive Health

Ensure Access to Comprehensive Health Services

More so around sexual and reproductive health that forms the anchor to advocate for the rights of girls and women across every aspect of their lives.

Months before the conference - in November 2018 - I met with Katja Iversen - CEO - Women Deliver in Nairobi, Kenya to speak about the conference. We spoke about the progress that has been made since the 2016 global conference in Denmark (where APHRC participated) to date.

Why Canada?

We selected Canada because it's one of the countries in the world that delivers for girls and women. Canada shares our value that investing in girls and women has a ripple effect that drives progress for all. The government has a feminist international assistance policy that puts gender equality and sexual and reproductive health and rights at its core.

Is there a link between gender equality and health – if yes how can we work to ensure the current buzzword, Universal Health Coverage, delivers for the unique health needs of girls and women?

Yes, indeed there is a link no doubt. First, we need to invest in primary health care, which will give women and girls access to not only quality and comprehensive health care, but also information about their health and bodies. Two, eliminate out-of-pocket health care costs, especially for sexual and reproductive health services as has been done in Thailand. Thirdly, we need to be sure we deliver on our promises of UHC to collect robust health data disaggregated by gender and age. We need data on the uptake of modern, evidence for informed debate and policies especially around unsafe abortion, gender and sexuality-related vulnerabilities, and unintended pregnancies. These alongside political participation (involving women every step of the way) and financial protection contributes to gender equality.

The focus of the Women Deliver 2016 conference, held in Copenhagen, Denmark from May 16-19, 2016 was how to implement the SDGs so they matter most for girls and women. The main focus was on health – in particular maternal, sexual, and reproductive health and rights – and on gender equality, education, environment, and economic empowerment. What were some of the lessons?

Collaboration and partnership in the international community is key to achieve the Sustainable Development Goals and significant progress for girls and women. The conference was a platform to connect, explore, learn from each other, network, and think outside of the box. After the conference, we heard of how some of the attendees were meeting in their home countries to discuss how to collaborate better to serve girls and women—who make 70 to 80% of the world workers—better. We hope to follow this up in this year's conference.

Women Deliver: Reflections on power

By Lynette Kamau, senior policy and communications officer

My Women Deliver experience started on Sunday, June 2 at the Vancouver airport. The airport was flooded with individuals from across the globe forcing me to stand in line for over two hours, a sheer testament to the number that had arrived to attend the conference. As I made my way to the front of the line, one of the airport staff asked me inquisitively, "What is this conference for women about?" I smiled as I replied, "it is not a women's conference but one where people -- men and women-- discuss how to advance equity in all aspects of a girl's and woman's life."

Women Deliver is a global movement that advocates and champions gender equality, health, and the rights of girls and women. It has grown in strength from inception in 2007, with their conferences becoming the world's largest convening on gender equality. This year's conference held on June 3-6 brought over 6000 delegates specializing in different professional fields together. The aim was to promote new knowledge and solutions on health, nutrition, education, economic, climate change and political empowerment to human rights, good governance, and girls' and women's agency and equality.

As I made my way into the vast Vancouver Conference Center on Monday, June 3, I was filled with both a sense of excitement and one of purpose. Joining over 6000 delegates, I was ready to learn from them, ready to share my experiences, and ready to engage. Looking back, it was a fruitful experience, and here are a few of my reflections.

Investing in women and girls

In one of the sessions I attended, Sibulele Sibaca, a young woman activist born in one of the Cape townships of South Africa, shared how HIV/AIDS had left her orphaned at a young age. She rose through adversity to start a social enterprise organization that is committed to empowering other youths orphaned by HIV/AIDS. Her story demonstrates the value that girls and women add to society when they contribute and provide solutions to challenges.

Girls and women's voices are often excluded from global and national decision making, and they need to be central to the formation of policies and programmes. They need to be part of the solution designed for them. This can only happen if they are part of the discussions on leadership, policy development, and implementation at all levels of decision making. All of us need to use our power to make this a reality, which means time's up for the male-only panels and boardrooms.

The role of men in advancing equity among girls and women

I recently read an article by Ziauddin Yousafzai, Malala Yousafzai's father, where he talks about championing gender equality in his family. He chose to raise Malala in the same way he did his sons and ensured that she went to school against a culture where girls are forced to stay home and are groomed for marriage instead.

This story and the many others I heard at the Women Deliver conference show the value of men's voices and action in addressing the inequalities girls and women face. We need to involve men as allies in advancing equality. Their voice and actions are essential in preventing the development of ineffective policies and propagating harmful practices such as gender-based violence, sexual harassment, female genital mutilation, among others.

If girls and women get equality, then families, societies, and countries benefit. We could all borrow a leaf from Ziauddin.

Our personal stories can drive change

I met Angelina Spicer, who shared her experience with postpartum depression (PPD) in a session titled 'listen to women: thriving before, during, and after pregnancy.' Angelina brought an honest and relevant perspective on PPD as she spoke of being admitted to a psychiatric hospital at her lowest point. Thankfully, she has since fully recovered.

Her experience made me think that probably the best way to deal with PPD is to look at maternal mental health broadly as opposed to its stages. Angelina is now an advocate who wants mothers and clinicians well equipped to do early screening for maternal mental health as part of antenatal and postnatal care. I believe that through such preemptive measures, women can access support and treatment early enough.

The value of policy and leadership

The conference was attended by global leaders from Kenya, Canada, Ethiopia and Ghana. I believe that leaders at all levels should advance policies that facilitate equity and the wellbeing of girls and women for a more inclusive and prosperous world. Such policies will inform gender equal governments, leadership, education, and health systems, among other structures.

Creative ways of audience engagement

Aside from the meaningful discussions and interactions, the conference is progressive in terms of exhibition booths, films aired, and overall engagement with the participants. You could get a fake tattoo with a slogan, watch a short film, engage with poster presenters, and share your thoughts on a blackboard under one roof. My favorite thing was the Women Deliver App that ensured we catch up with our sessions of interest and get timely updates. With the background of Angélique Kpasseloko song, we each shouted 'Power. Progress. Change.' -- the theme of the conference.

With these reflections and in the spirit of this year's Women Deliver theme, I will commit to using my power to help build a world where girls and women are seen, heard, and valued equally. I invite you to join me.

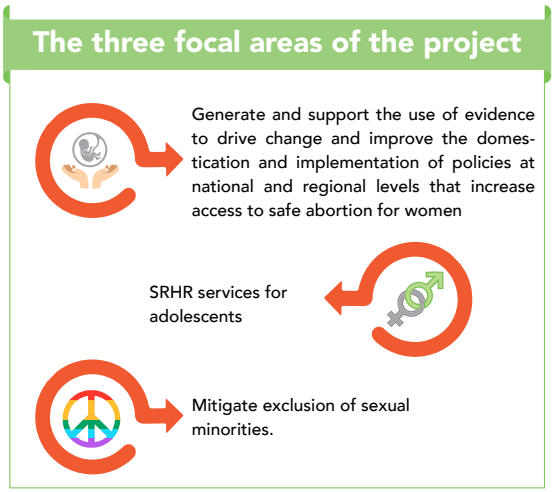
Seizing the opportunity to address social exclusion in Africa

By Collins Cheruiyot, advocacy project manager

From a young age, we are taught what topics we should shy away from. Topics we would never dare to utter at the dinner table, or in classrooms for fear of reprimand. Topics that include: sexuality, sexual identity, abortion and sexual and gender minorities. LGBTQ communities are framed as 'alien' and as a direct threat to the "traditional" family values, a familiar discourse in Africa. The stigma attached to such contentious issues are ingrained within our culture, from our religious centers to community gatherings, and they have slowly been integrated within policies and legislation across the continent. So as Africa strives to grow and broaden their development agenda, there are those that have been systematically left behind, those that have been pushed to the sidelines of important conversations, those that have been left deprived of their rights and opportunities. As a Center, we have chosen to tackle that systematic social exclusion head-on.

In 2018, we launched a new project titled Challenging the Politics of Social Exclusion (CPSE). The overall goal of the project is to generate and support the use of evidence to drive change and improve the domestication and implementation of policies at national and regional levels that increase access to safe abortion for women; SRHR services for adolescents; and mitigate exclusion of sexual minorities.

The Center has adopted a unique approach in this project putting evidence-informed policymaking into action to address contentious SRHR issues with a focus on adolescents, women seeking access to safe and legal abortion and sexual and gender minorities. This year alone, we held our inception meeting where we brought stakeholders from across the region to orient partners around our approach to the four-year CPSE project, and to identify areas for collaboration and technical capacity transfer. Through the multiple capacity-building workshops that we conducted, we were able to support support progressive SRHR CSO's in identifying tools needed to push for better policy implementation and monitoring around SRHR commitments made by governments and regional bodies.



The project further demonstrates the crucial role of the Center as a knowledge partner in addressing sensitive SRHR issues to promote systems that are inclusive, adaptive and responsive to the needs of our target demographic. Our role in this project provides an evidence-informed platform upon which we engage with policymakers and advocates, and it highlights our critical role as a bridge in convening and translating evidence into action.

I am proud to be part of a team that is facilitating a dialogue that is long overdue as we seek to challenge the discriminatory power structures in the form of policies, laws, attitudes, norms, and practices.

APHRC spreads its wings to West Africa

By Siki Kigongo, communications manager

May was the month of the takeover! From APHRC officially launching its first Senegal-based project *Improving Girls' Education (IGE)*, to hosting two separate events that included the regional health facility data analysis workshop for Countdown to 2030 and the African Doctoral Dissertation Research Fellowship (ADDRF) networking symposium. The finale to the week however, was the grand opening of the Center's West Africa regional office. It was no surprise that many said APHRC had taken West Africa by storm. As Executive Director Catherine Kyobutungi said, "we are expanding our footprint to ensure that we are well positioned for collaboration, for co-creating and for greater impact of evidence in decision-making in this part of the continent."

With a third of sub-Saharan population aged between 10 and 19 years, a large number of the youth population are set to inherit a continent with limitless opportunities for growth and development. However, a significant number of them are deprived of educational prospects, from the ability to go to school and learn, and thus are deprived of both contributing to and benefiting from development[MM1] . In West and Central Africa (WCA), 28 million girls are being stripped of that chance. Deprived of empowerment by being denied an opportunity to learn, to question and to succeed.

On May 9, APHRC joined forces with the Forum for African Women Educationalists (FAWE), our first technical partner in Senegal, to launch the IGE project. Alongside FAWE, we committed to working together with the government to help push girls' education to the forefront of the country's development agenda. The Center's experience and legacy in the generation of credible research evidence, and the use of that evidence to inform policy and decision-making is a much-needed addition in the West African region.

Running simultaneously was the third data analysis workshop of the Countdown to 2030 Regional Initiative for WCA. According to UNICEF (2017) child and maternal mortality rates in WCA are the highest on the continent. The Initiative seeks to guide how countries monitor and manage programs that support better nutrition, education, and improved health services for mothers and their children.

Led by the World Health Organization and APHRC, the focus of the week-long workshop was on health facility data analysis for intervention coverage indicators and mortality for universal health coverage. Twenty countries nominated 60 participants comprising of senior data analysts and representatives from public health institutions and universities who brought their datasets for in-depth analysis. Dr. Halima Mainassara, a representative from the Government of Niger lauded APHRC for "demonstrating the value and the impact of thoughtful engagement with data. The population-level information that informs trends and dynamics, and shapes the way we as governments need to design and implement interventions that are effective and responsive to the needs of our populations."

Under the same roof, yet another gathering was taking place in the form of the ADDRF networking symposium that brought together 50 fellows from 14 African countries. Led by the Center's Director for Research Capacity Strengthening, Evelyn Gitau, the event allowed fellows to share their research work in health rights, systems for health and public health policy. The symposium also hosted




Highlights from the launch of the APHRC West Africa regional office in Senegal on May 14, 2019.

a parallel session on policy engagement facilitated by Lauren Gelfand and Eunice Kilonzo. The ADDRF program, established in 2008, provides opportunities for capacity building to fellows researching on population and health.

The week's activities culminated with the Center officially opening its doors in Dakar, Senegal on May 14. As an institution founded on the basis of being truly African, it was crucial for the Center to validate its commitment to ensuring its presence fully encapsulates the diversity of the continent. This event was an important and drastic step in the decentralization of the Center. Board chair Tamara Fox highlighted that "the decision to expand into West Africa was driven not only by what we saw as the tremendous promise for us as the continent's premier research institution and think-tank on issues of population health and wellbeing, but also the prospects to export our model of capacity strengthening for research leadership." Her sentiments were echoed by Kyobutungi. "Our origins are grounded in the belief that Africa needed its own cadre of highly trained, well-resourced scientists, raised and nurtured in our own African institutions," she said.

Regional activities are designed to complement and enhance country-specific programs that include IGE and Countdown to 2030 where we are drawing valuable learnings from local knowledge and staff, placing ourselves in a better position to facilitate coalition initiatives.

"We are excited about the possibilities that are being availed to us in this country, le pays du Teranga. And in response to your Teranga, to your hospitality, we say Karibu. Because you, too, are welcome to APHRC." Kyobutungi said as she closed the ceremony.

Sex for survival: Tales of a prostitute

By Florence Ayieko, field interviewer

Sex workers during a demonstration in Nairobi.

Florence Ayieko is a field interviewer in the Nairobi Urban Health Demographic Surveillance System (NUHDSS) project at the African Population Health and Research Center (APHRC). The Center's NUHDSS is a pioneer, being one of only three HDSS in the sub-Saharan Africa. This surveillance system has provided a platform to investigate the long-term social, economic health consequences of urbanization on urban residents. As of 2018, the NUHDSS was surveilling over 88,000 individuals in 33,000 households capturing key demographic and health information that characterizes living conditions in the informal settlements.

In this piece, Ayieko recounts the story of Mary from Korogocho, one of the participants in the NUHDSS study that has been monitored over the last 17 years.

*Mary was only 15 when she dropped out of school to become a sex worker. "I asked the big girls what I had to do to become involved in this kind of work. It seemed like a very lucrative job," she says. Mary's decision came after careful consideration as she watched her mother struggle to make ends meet as a single mother. "I needed to earn a living to help, so I told my mother that I had found a job as a waitress. At the time, there was a large group of us, about 30 girls from Korogocho who had also dropped out to pursue the trade as a source of livelihood."

Today, Mary has moved her trade from Korogocho, to the Central Business District in Kenya's capital city, Nairobi. She talks with no acknowledgment of the fact that sex work became officially illegal in December 2017.

*not her true name

"There are so many of us here in Nairobi, from streetwalkers to brothel workers to call girls," she says casually.

According to the 2012 Nairobi Cross-sectional Slum Survey, Nairobi County is plagued by high unemployment levels, with 89% of women between 18 to 24 years being out of work. This means that they are often forced to engage in different activities, some of which are illegal and dangerous, to meet their daily needs.

Six years on, Mary's clientele averages six customers a day. "There's no standard pay, I charge the 'Johns' different rates depending on their negotiation skills, the type of sex act they want, or whether or not we use protection."

While business may be booming, Mary has not only faced harassment and brutality from clients, but has also been charged and imprisoned for loitering. Once, she and her friends were arrested by police who confiscated their condoms and vital medications. "The only way they would let us go was if we exchanged our freedom for sex," she remembers.

As one can imagine, the possibility of contracting sexually transmitted diseases is high, and while she uses pre-exposure prophylaxis (PreP) pills to reduce her risk of HIV infection, there are no guarantees. "The challenges are endless. Even the health workers discriminate against us, just like our community members." As a coping mechanism, she has chosen to use a range of illicit drugs, which in turn increase her health risks.

When asked if she would quit prostitution if alternative employment opportunities became available, she said yes. "Sex work isn't sustainable, and it's endangering to my life, and my health especially. If there were programs that empowered those of us that didn't attain conventional education certificates, and we could take up vocational courses, then, of course, I would choose to make a living sustainably."

A tribute to Dr. Peter da Costa

Technical Advisor, William and Flora Hewlett Foundation

Peter da Costa was an enduring and committed friend of APHRC and a true four-star general in the data revolution. He had a fervent belief in the power of evidence to change hearts and minds, and saw immense value in collaboration and intellectual discourse. Peter was never afraid of a big idea or a complex challenge, and willed people to join him in finding answers to the biggest of problems. He had a big heart, a hearty laugh and dazzling intellect that he used to encourage rather than intimidate. He will be sadly missed by APHRC and all who knew him.

We send strength and comfort in this impossibly difficult time to his family and loved ones.

APHRC Executive Director, Catherine Kyobutungi

Your days on earth may have been short, but they were filled with impact! You believed in Africa, its people, and its institutions. You longed to see a new Africa emerge, one where its sons and daughters take their rightful place and speak for the continent. You mentored and challenged your peers and spoke the truth fearlessly to the powerful. It's almost as though you knew something about your time here that made you live such a mission-focused life!

You will be dearly missed, Pete. I pray for your young family, that they will find the grace and fortitude to emerge from this loss to become more than you had dreamed for them! We will continue to carry forward the torch you lit. Adieu, Peter; adieu, my friend.

APHRC Founding Executive Director, Alex Ezeh

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