



African Population and  
Health Research Center

# APHRC NEWS

NEWSLETTER | January 2020



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# Accelerating the promise: The International Conference on Population and Development

By Lauren Gelfand, Business Development Executive



The year 1994 was a seminal one for the African continent's ability to engineer its own sweeping and structural changes. In South Africa, the first post-apartheid, multi-racial elections were held, anointing Nelson Mandela as the first black president of a reunited Rainbow Nation. 'All that the light touches' across an East African landscape was identified as the realm of a wayward youth who, with the strength of his partner by his side, took his rightful place as the Lion King. And in Cairo, thousands of champions of a new approach to women's rights as human rights, gathered to focus international attention on the economic and social value of family planning for women's empowerment and wellbeing.

Twenty-five years later, with the wisdom of a generation, South Africa won its third Rugby World Cup – but its first with a black captain. The Lion King was re-released to great acclaim featuring the queen herself, Beyoncé; and in Nairobi, thousands of sons and daughters joined the original champions to accelerate the promise of a more inclusive, more contextualized, and more urgent population and development agenda.

The International Conference on Population and Development was a watershed for global health, focusing international attention on the need for family planning to be at the center of primary care health service delivery – and for women and girls to be empowered by the knowledge of their rights to control their own lives, their own bodies, and their own decision-making.

If one looked only at the language of the Program of Action of 1994 and that which emerged in anticipation of the Nairobi Summit, one would think that much progress had been made in the intervening 25 years. Its language was pedestrian, shorn of the nuances of inclusion and rights and embracing of diversity in sexual identity, gender, and identifying pleasure as among the rights that have in the generation since added an R to SRH.

But a more careful examination of its contents produces a bleaker picture. The Program of Action that was decided at that conference in Cairo was, for the time, aspirational: universal education; reductions in infant and child mortality, and maternal mortality; and access to reproductive and sexual health services. For far too many countries, particularly those in sub-Saharan Africa that remain among the world's least developed, there has been a criminal lack of progress toward turning aspiration into achievement.

Accelerating the momentum, and the promise of that aspirational agenda, therefore, was a core consideration of the Nairobi summit and in the commitments that emerged from the three-day event. The Nairobi statement endorsed by more than 55 countries offers a forward-looking framework for meeting the sexual and reproductive health needs of women, young people and marginalized and vulnerable populations, including sexual and gender minorities, and refugees and displaced people. At its heart is a drive toward three zeros by 2030: zero maternal deaths, zero unmet need for family planning, and zero gender-based violence and harmful practices against women and girls.

For APHRC, the Nairobi Summit was more than an opportunity to play host to our partners from around the



world. Over the course of 2019, we engaged at multiple levels with the organization and conceptualization of the three-day summit, as a member both of the global demographic diversity working group and the Kenya-based local reference group.

We also had an opportunity to showcase our evidence as part of the summit itself, with Dr. Isabella Aboderin, senior research scientist and lead of our Aging and Development research unit, participating in a plenary panel seeking to prepare us for an aging world.

Our roles did not begin or end with the official program, however.

Days before the summit opened, APHRC brought more than 300 young people from 50 countries together to provide budding youth activists with the tools they need to build the world they want. Leading a consortium of global advocacy and technical agencies including FP2020, the Population Reference Bureau, Plan International, Girl Effect and Advocates for Youth, APHRC coordinated two days of a bootcamp-style skills building workshop that aimed to provide a grounding not only in the ICPD agenda itself but also in the advocacy skills activists need to accelerate the promise of achieving the targets in that agenda.

On the other side of the city, APHRC convened the policy actors, technical partners and academic scholars those young people will hold accountable, as part of a regional policy dialogue to explore emergent imperatives in population and development that are missing from the ICPD agenda. Held under the auspices of the African

Union Commission and the Kenyan National Council for Population and Development, this two-day dialogue urged deeper consideration of the implications of the rapid growth of slums as a hallmark of Africa's urbanization, of climate change, of forced migration and of a growing population of people aged over 60 for population and development targets.

And, in a lively breakfast session culminating the final day of the summit itself, as part of its engagement in the Global Early Adolescent Study in partnership with Population Council and Johns Hopkins University, APHRC hosted a panel discussion on the need to include adolescents and young people in the pursuit of SDG5 on gender equality.



“Days before the summit opened, APHRC brought more than 300 young people from 50 countries together to provide budding youth activists with the tools they need to build the world they want.”



## Q&A with the ICPD-U boot camp participants

By Michelle Mbutia, Communications Officer

As part of the activities leading up to the Nairobi Summit on ICPD25, the African Population and Health Research Center convened the ICPD-U - a youth boot camp drawing participants from across the globe for a two-day intensive workshop. The boot camp aimed at firming up their understanding of the ICPD agenda ahead of the Summit and providing them with the necessary advocacy tools and skills as young sexual and reproductive health (SRH) advocates.

Among the SRH youth advocates were Aïcha Kante and Justine van de Beeke representing Senegal and the Kingdom of the Netherlands, respectively. We spoke to the two on their thoughts and hopes for ICPD+25 and beyond.



**Q: What did ICPD25 mean for you as a young woman?**

ICPD25, for me, meant an opportunity to emphasize once more the importance of reinforcing women’s autonomy and agency over their sexual and reproductive health and rights. It also meant emphasizing necessary action against violence against women and girls – a worldwide epidemic that must be stopped.

**Q: As an SRHR ambassador with the responsibility of voicing young people’s reproductive and health needs, what submissions did you make during the Conference?**

I spoke on the need for comprehensive sexuality education in combatting violence against women in a plenary session on this topic. Evidence shows that most perpetrators of violence are men. There is, however, nothing biological about violent behavior, so we need to re-examine what

it means to be masculine. Boys will not be boys, they will be what we choose to teach them. We can do this through, among other things, inclusive and evidence-based sexuality education tackling harmful gender norms. In another plenary youth session, I discussed the importance of preparing young people well for meaningful contributions in these spaces. We must be aware of the power dynamics and relevant knowledge; else, we can’t fully participate. Also, paying youth for their work can help attract more to leadership positions. These are aspects provided for within my role, and I hope to inspire other countries also to take up the role of Youth Ambassador for SRHR. Finally, young people should be involved in the preparation, implementation, and evaluation of policies that are about them. In other sessions, I also spoke out about safeguarding young activists - in many countries, speaking out may pose safety hazards. Organizations or governments working with young activists need to have a safety plan in place.

**Q: Commitment No. 11 of the Nairobi Summit calls for ‘nothing for us, without us.’ What do you think are some of the innovative ways in which the youth can be involved in discussions and actions around improved adolescent and youth SRHR?**

At a previous conference, I heard about an evaluation of a family planning clinic in a Whatsapp group with youth, where the feedback was given to service providers in an anonymized way. I think using social media as a tool to involve young people, who are often digital natives, is a useful strategy – if the safety of youth speaking out is guarded.

young people should be involved in the preparation, implementation, and evaluation of policies that are about them.



**Q: What did ICPD25 mean to you as a young woman?**

ICPD25 was a space for dialogue, advocacy opportunities to improve health conditions and increase economic opportunities through the reaffirmation of the commitments made since Cairo by our governments - which remain relevant.

During the Summit, the Government of Senegal reaffirmed its commitment to achieving the goals of zero preventable maternal deaths and less than 10% unmet need for family planning through a range of health interventions.

**Q: As an SRHR ambassador, you are responsible for defining the reproductive health needs of young people. What proposals did you make during the Conference?**

As SRHR ambassadors, we recommended the effective implementation of commitments related to international conventions and treaties on health, education, and the empowerment of women and girls.

Given the rise in femicide cases in Senegal, our network included in its advocacy list, a request for a commitment from authorities to put an end to all forms of discrimination against women and girls and gender-based violence, including child marriage, female genital mutilation, and other harmful practices.

**Q: Commitment No. 11 of the Nairobi Summit calls for “nothing for us without us.” In your opinion, what are some innovative ways to involve young people in discussions and actions related to improved SRHR among adolescents and youth?**

For instance, active participation of young people in the implementation at all levels (local, national, regional) of the African Youth Charter and the African Union Roadmap on the Demographic Dividend and also through the establishment of youth focal points in all regional programs and initiatives aimed at impacting on the sexual and reproductive health of youth.

**ICPD-U Bootcamp:**

Over the course of the two-day event, drawing in young people aged 18-26 from around the world, we aimed to:

- equip young people with the understanding and skills to develop advocacy plans, use evidence, communicate with decision-makers, and leverage existing accountability mechanisms to advance the ICPD+25 agenda both at the Nairobi summit and beyond
- coalesce a broader global youth movement around a shared agenda while identifying and optimizing opportunities for regionalization
- empower a collective voice to extract commitments for new ways of ensuring government accountability to their youthful populations - to provide models and tools for benchmarking progress and success metrics for advocacy and accountability
- encourage networking, relationship-building and ideas-sharing among and between youth advocates to carry forward the commitments emerging from the Nairobi Summit and provide opportunities for future resource mobilization for youth-led organizations.

# Kusi Ideas Festival: The Next 60 years in Africa

By Siki Kigongo, Communications Manager



On Sunday, December 8, 2019, the Kusi Ideas Festival officially kicked off in Kigali, Rwanda. The first-of-its-kind conference brought together leaders, innovators, scholars and policy makers to discuss and address critical issues pertinent to Africa's development challenges. Led by Rwandan President Paul Kagame, Democratic Republic of Congo President Felix Tshisekedi, and African Union Infrastructure Envoy Raila Odinga, among other dignitaries, the conference was held under the theme of 'The Next 60 Years in Africa.'

Speaking at the opening of the conference, Nation Media Group Board Chairman Dr. Wilfred Kiboro highlighted the need to bring Africans together to debate on what they would like the continent to be for the next generation. "This Kusi Ideas meet is for the young people to talk about what they'd like to see in the next 60 years in terms of infrastructure, politics, education, health, agriculture and technology," he said.

The conference featured a panel discussion themed 'Feeding Africa's Billions: Who'll Grow the Food, Who'll Get to Eat?' which included APHRC's Executive Director Dr. Catherine Kyobutungi alongside World Bank's Mr. Sarwat Hussain and CEO of the Aga Khan Foundation, Mr. Graham Wood.

Panelists spoke on the role of aid in regards to Africa's poor accessing food, the importance of technology to affect change in this sector and whether Africa needs to become more competitive in the areas of agriculture.

Dr. Kyobutungi also spoke on the prevalent narrative on feeding Africa's billions being one of scarcity and under-nutrition. "There is a feeling that there is no limit to how

the population can grow, and there is no limit to how healthy the global community can be, and that the world has infinite resources to accommodate all the advances in health."

Dr. Kyobutungi called for reality checks to counter these narratives. "Before we think about who is going to feed Africa's billions, we need to think about what we are going to feed them. We need to think about the nutrition transition, where by many countries are grappling with as much over nutrition as under nutrition. Whilst we need to feed those that don't have, how about those who we are having too much of the wrong thing?" She referenced a three-fold increase in obesity rates across multiple African countries, where a quarter of the adult population is obese, and in some instances, another quarter is under-nourished. "We need to strike a balance between the two narratives," she said.

Mr. Wood went on to reference the impact of food production on environmental sustainability. "There is need and demand for a green economy where we integrate food safety management from the farm, to the table." This was later reiterated by Dr. Kyobutungi who stated that "food production is both a driver and a victim of environmental changes." With food production contributing approximately 30% of global greenhouse gas emissions, using 70% of fresh water reserves and occupying 40% of global land, there is a need to draw boundaries within which the global food production should stay to "decrease the risk of irreversible and potentially catastrophic shifts in the Earth system."

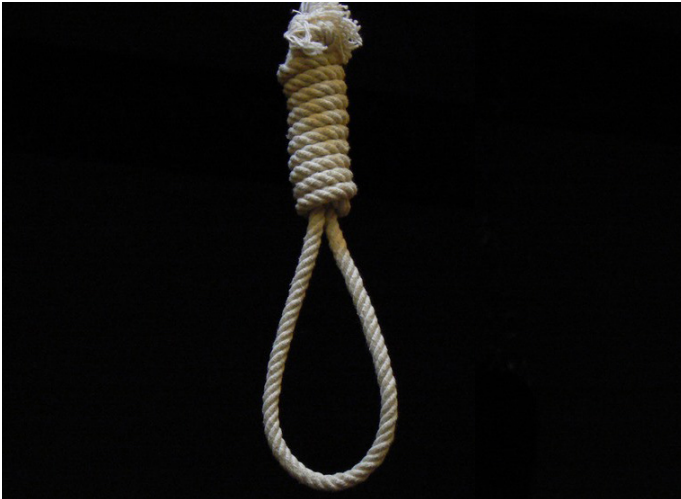
Other thematic areas covered in subsequent panels included; Towards a Borderless Continent - Climate Change; Winning the Fight - Guarding The Gates; and Human Security in Africa.

Following its launch in Kigali, the Kusi Ideas Festival is scheduled to be held in different African cities on an annual basis. The name Kusi is coined from one of the southerly trade winds that blow over the Indian Ocean between April to September. These winds enabled trade in the early centuries up north, along the east African coast and between Asia and Africa. It is noted that beyond trade, over the centuries, Kusi and other trade winds made possible cultural, intellectual, and technological exchanges, and considerably shaped the history of the nations on the east side of Africa, its hinterland, and the wider Indian Ocean rim.



# I am not a criminal, I need help!

By **Lyagamula Kisia, Researcher Officer**



It was a regular evening. I was done with the visit to a study site and was headed back to the office. As usual, I took up my seat at the front of the cab and was lost in my thoughts in no time. Tired, any discussion on radio went through one ear and out the other... a mindless state. Well, until the cab driver commented rather confidently "Yaani mtu anaweza kujua kwa sababu hana chakula? Mimi siwezi!" He was expressing his shock that someone would commit suicide owing to lack of food, as was being reported on radio. It was one of those stories we hear all too often these days, to the extent that we have become oblivious to them. Yet his statement jolted me, prompting me to reflect on the number of times I have heard someone say, "I can't believe they killed themselves...they didn't look like the type who could do that".

So how exactly does 'the type that can commit suicide' look? Perhaps they look like the person seated beside you? The guard at the gate? The newspaper vendor? Well, truth is it could be anyone. It could be your family member, desk mate at work, friend, or lover. People who commit suicide or attempt to commit suicide are no different from the rest of us.

Suicide Ideation and Behavior (SIB) is linked to depression, traumatic stress or events, pressure from different sources such as financial problems, relationships, academic failure, social acceptance, unemployment, impulsive actions, social isolation, feelings of hopelessness and catastrophic loss or fear of suffering such loss.

Data from the World Health Organization (WHO) reports that one person dies from suicide every 40 seconds. That means that by the time you have taken your 12th breath,

somebody would have committed suicide. These statistics are devastating. Nearly 800,000 people commit suicide each year around the world, 79% of which occur in low- and middle-income countries (LMICs). In Africa, eight out of every 100,000 adults die from suicide, which is not very different from the global average of 11 per 100,000. Currently, official statistics on suicide in Kenya is 3.2 for every 100,000 people, with male adults (5:1) more likely than female adults (2:1) to commit suicide. While unofficial reports put this number much higher, this translates to an average of 317 Kenyans taking their own lives every year.

Suicide is preventable, but it is difficult to deal with a problem that is criminalized and stigmatized. There is a false idea that people who commit suicide want to die, but in most cases, it is a cry for help that has gone unheard. Thus it is important to know the symptoms that are linked to SIB, and find ways of providing help to individuals who display such signs.

Suicide ideation and behavior is accompanied by some warning signs such as: threatening or making comments about killing themselves, social withdrawal from family and friends, talking, writing or thinking about death, impulsive or reckless behavior, aggressive behavior and increased alcohol and drug use. However, sometimes people might not exhibit any of the above signs, rather SIB is triggered by stressful life events.

Emotional support and awareness- raising are some of the interventions that have been tried, and have proven to make a difference. In Kenya, organizations like Befrienders Kenya offer such support. As an individual, you can also genuinely take an interest to find out how those around you are doing.

Because suicide is linked to poor mental health in individuals, it is important that in preventing suicides, interventions should incorporate mental health care, and substance abuse support. In 2015, Kenya adopted the Mental Health Policy that proposes interventions to foster mental health reforms. The country is however still struggling with isolating, recognizing and addressing the challenges that surround suicide ideation and behavior. More needs to be done to address this problem.

# Why gender is vital in maternal and child health programming

By Lynette Kamau, Senior Policy and Communications Officer



The World Health Organization defines gender as socially constructed characteristics of women and men – such as norms, roles, and relationships of and between women and men. Gender varies from society to society and can be changed. People are taught appropriate norms and behaviors – including how they should interact with others of the same or opposite sex within households, communities, and workplaces.

Gender norms, roles, and relations have a bearing on people's access to and uptake of health services and on the health outcomes they experience throughout their lives. In this article, I will share how gender is affecting the adoption of kangaroo mother care (KMC) - a life-saving intervention for newborns and preterm births.

More than 2.5 million newborns die each year, accounting for 47% of children dying worldwide before the age of five. Complications of preterm birth are the leading cause of death among newborns. Globally, Every Newborn Action Plan (ENAP) has emphasized on KMC as an essential component of neonatal health initiatives. In developing countries, KMC is a safe and inexpensive procedure that has proven benefits for mothers and children compared to an incubator caring method. It plays a significant role in infant survival, neurodevelopment, and the quality of mother-infant bonding.

KMC includes early and continuous skin-to-skin contact between the newborn's front and the caregiver's chest, exclusive breastfeeding, early discharge from health

facilities, and supportive care and follow-up (World Health Organization 2003). Skin-to-skin contact should ideally start at birth, but is helpful at any time. It should ideally be continuous day and night, but shorter periods are still beneficial.

As the name suggests, in most settings, KMC is done by women. However, male involvement in maternal, newborn, and child health is encouraged to engage men as caregivers. Though there are innovative approaches to enhance male engagement, some of them face challenges as they do not have a gender lens or perspective to them. In the case of KMC, research studies done in Botswana, Malawi, and Zimbabwe, noted that its implementation experienced challenges linked to gender norms. Specifically, researchers supported by the Innovating for Maternal and Child Health in Africa Initiative in Malawi have been analyzing to learn the difficulties of implementing KMC in rural areas. The lessons are also derived from efforts to involve men in implementing KMC.

From the research, one of the lessons is that fathers are not comfortable with performing KMC because traditionally, childcare is a mother's role. This example demonstrates the sociocultural context and constructs of gender within households. Such cultural norms are a barrier to the successful implementation of KMC.

Research shows that paternal involvement plays a significant role in the uptake of KMC – either by the division of labor or by helping the mother feel comfortable. For this reason, we must invest more in changing social perceptions around childcare in communities as this will enhance men's confidence to practice KMC as caregivers and support their female partners. Such a focus will help in saving more infant lives.

Studies have also shown that societal acceptance of paternal participation in childcare promotes the uptake of kangaroo mother care. Therefore, there is a need to engage men in a reflective way keeping in mind that we are asking them to unlearn sociocultural norms that have defined gender for a long time. We need to show them that they do not have to be bystanders, but they can play a role in saving the lives of women and children.

One way to get buy-in and enhance male involvement in implementing life-saving services such as KMC is to have an inclusive name. So instead of kangaroo mother care, how about kangaroo care?



# Meet Daniel Laster, new APHRC Board member

By Moreen Nkonge, Communications Officer



**Daniel Laster | APHRC Board Member**

In November 2019, Daniel Laster, the immediate former Chief Operating Officer at PATH, joined the APHRC Board. Laster, an intellectual property specialist, previously also worked as an associate general counsel at Microsoft and later as an associate professor at the University of Washington. In this interview, he briefly discussed his new role at the Center and the opportunity to contribute towards shaping its strategic direction.

## **What sparked your interest in joining the APHRC Board?**

Having spent the last ten years at PATH -a non- profit working in many countries focused on developing health products for those most in need - I had the pleasure to work with your former Executive Director, Dr. Alex Ezeh, who sat on our board at the time. Several years ago, I also had the opportunity to visit APHRC and was much impressed by its work. When I received the offer, the notion of being part of an African-led institution that is building the capacity of Africans to produce high-quality research to address population health and wellbeing issues affecting the continent was exceedingly compelling to me. I hope to contribute to the organization's vision in my small way.

## **As an intellectual property specialist. How do you see your background and experience contributing to this new role?**

The work by the Research Capacity Strengthening Division provides a significant intersection. For instance, with the

training program, the goal is to make the courses available and replicable but also protect the intellectual property of the organization as the originators of the courses. I see this as one avenue for contribution.

## **In your opinion, where do you think APHRC needs to invest more to advance its position as a global think tank?**

What I see is an organization moving to the next generation, after nearly two decades of experience and finding its place and voice in the African ecosystem. We need to continue supporting the Center in owning its unique position in blending high-quality, issue-based research with translation skills. This approach has made it possible to communicate research in a way that policymakers and influentials who can affect change are looking to the institution's expertise to inform critical discussions.

## **We are in a phase of infrastructural growth. In your experience as a former COO, what strategic fronts do you think the APHRC could benefit from pursuing at this point of growth?**

One thing with growth is balancing strategic moves, shoring them up, and learning from them before taking another leap. The office in Senegal, for instance, presents an opportunity to build from our strengths but adapt to a different culture and political environment to be successful.

## **On a lighter note, tell us more about your career as an athlete?**

I am 61 years old. I started running way back in high school. Right before I turned 40, I decided to run marathons every year - since then, I have raced in the last 19 Boston Marathons. At PATH, I commuted to work running, making it part of my day. Recently, I cycled from Vancouver, British Columbia, Canada to Mexico.

## **Any last words?**

I am excited to be part of and contribute in my own small way, towards APHRC's vision of improving the lives of Africans.

# Gender-responsive doctoral programs in Africa: CARTA's model

By Eunice Kilonzo, CARTA Communications Officer and Anne Khisa, CARTA Cohort Three Fellow



Enrolment and completion of doctoral training in the continent are fraught with gender inequalities that contribute negatively to Africa's contribution to global knowledge production and research. In general, Africans—who constitute 1.1% of the world's scientific researchers—have authored only about 1.4% of all globally published research. Of these, women in sub-Saharan Africa represent 30% of the continent's researchers.

The Consortium for Advanced Research Training in Africa (CARTA) is cognizant of women's gender roles that likely affect their enrollment in and completion of doctoral programs.

The article *Gender-responsive multidisciplinary doctoral training program: The Consortium for Advanced Research Training in Africa (CARTA) experience* describes CARTA's approach in challenging gender inequities in enrolment and completion of doctoral studies across the continent.

Commenting on the publication, Anne Khisa, the lead author of the paper and alumni of the program, attests to the gender-sensitive response by CARTA to its fellows' needs as it "meets women's practical needs around childbearing and childrearing."

Some of the CARTA interventions that make the merit-based fellowships accessible to, and supportive of female fellows include:

- different cut-off age for applicants, female (45 years) and male (40 years). The approach is in response to women who may start their

Ph.D. studies later in life owing to childbearing obligations

- enrollment of fellows at any one of the African partner universities, including their home institution. Thus, compatible with other gendered roles that would have limited their participation or progress in a doctoral training program
- joint advanced seminars (JAS) offered at strategic times during the Ph.D. journey. This exposes fellows to alternative learning and teaching environments. To ensure female fellows can fully engage in the JASs, while also fulfilling their gendered roles as mothers and childcarers, CARTA supports each breastfeeding mother to attend the JAS with their baby and a childminder by catering for all costs
- leave of absence for fellows upon request during their maternity leave.

The authors of the article published in the *Global Health Action* journal posit that: "Women in the CARTA program have their needs met during training and this has supported them to maintain on-time graduation rates that are similar to their male counterparts. Some of the female fellows have also advanced in the academy, reaching positions of power. While the CARTA program has managed to address practical gender needs, structural barriers such as unequal pay and unfair workload can be addressed by working with institutions to change their policies."

CARTA is an Africa-based, African-led initiative working to rebuild and strengthen the capacity of African universities to produce skilled researchers and scholars locally. It consists of eight African universities, four African research centers, and nine non-African partners. The consortium seeks to address the scarcity of a robust research and training infrastructure capable of offering vibrant and sustained doctoral training necessary to attract, train, and retain the continent's brightest minds. The consortium is a collaboration jointly led by the African Population and Health Research Center (APHRC), Kenya, and the University of the Witwatersrand (Wits), South Africa.

# Transformative research and policy implementation key to curbing cancer

By Ken Wekesa, Communications Officer



Experts are calling for effective policy implementation, cross-sector collaboration, and cutting-edge research to address gaps in public policy and action on cancer control in Kenya.

Speaking at the African Population and Health Research Center (APHRC) in November, delegates at a high-level policy dialogue and symposium on cancer research, prevention, and control in Kenya, noted that lack of good quality research and the will to implement policies hampered the fight against cancer.

The dialogue which brought together medical practitioners, the private sector, government representatives, and academia comes amid a backdrop of increasing rates of cancer infections and deaths, with the disease ranked the third leading cause of death after infectious and cardiovascular diseases in the country.

They decried the current response to the scourge, claiming that the intervention is inadequate as it is focused mostly on the treatment of advanced disease, leading to a largely unabated increase in the number of new cases and death from the disease.

According to industrialist and founding chairman of the Kenya Private Sector Alliance, Dr. Manu Chandaria, the private sector has a critical role to play in ensuring both government and academic institutions avail funding for cancer research.

“My 25 years of experience at the University of Nairobi council show that funding for research is not available. The figures show in the budgets; however, getting the money is almost impossible,” said Dr. Chandaria.

“Policies need to be implemented, not only in health but in every sector. Parliament creates policies that make very good reading, but when it comes to implementation, it is close to zero,” he added.

APHRC Executive Director Dr. Catherine Kyobutungi underlined the importance of analyzing the policy and legislative frameworks in other sectors such as agriculture and education to understand their role in cancer prevention in the country.

“At the moment, diet-related policies are solely focused on malnutrition, with no urgency to look into what everyone else is consuming. For Kenya to have meaningful strategies, it must establish policies that react to the current realities of nutrition,” She said.

“There is insufficient research-based quality evidence on what needs to be done with regards to cancer prevention we want to propose a partnership that focuses on prevention. Most of the interventions are largely health sector focused mainly on secondary prevention while primary prevention hardly features in any of the multitudes of interventions that are already taking place,” added Dr. Kyobutungi.

The Chairperson of the Kenya Medical Association (KMA) Dr. Jacqueline Kitulu pointed out that leadership and governance are some of the critical building blocks of health systems that must play a fundamental role in the fight against cancer.

“Government needs to be proactive. You may have the finances, you may have the infrastructure, but if there is no one coordinating what is happening then you have the situation of what is happening in the country right now,” she said

“We are going in a dangerous direction of setting up cancer centers. We need to integrate cancer management throughout the health system from the community level to the national level because early detection is key,” she added.

Other measures the experts recommended include forming partnerships based on evidence-informed actions, forming technical working groups on research, strengthening systems in counties for data collection and transmission, and undertaking countrywide public health education and networking with diverse spheres.

# Reflection and hope as APHRC opens the doors to Ulwazi Place

By Siki Kigongo, Communications Manager



Monday, November 11, 2019, marked the culmination of more than five years of planning, strategizing, designing, constructing, and fine-tuning APHRC's newest residential and training facility. As the chief guest, H.E Deputy President Dr. William Ruto officially opened the doors to Ulwazi Place -taken from the isiZulu language to mean knowledge - it was a pivotal moment for the institution. It stood as a testament to APHRC's continued commitment to strengthening the capacity to train the next generation of African researchers.

"Ulwazi Place will make it possible for many generations of Africans to be trained, mentored, and inspired. It is the place where we hope big dreams will be nurtured and big ideas, born," said Dr. Catherine Kyobutungi, Executive Director, APHRC.

It is no secret that the African region comprises 15% of the world's population, yet only accounts for 1.1% of the world's scientific researchers that have authored only 1.4% of globally published research. While there is a belief that we need more investments in research and development, little is said about the results that can spur economic growth and lead to breakthrough innovations transforming sectors from healthcare, to education, to agriculture and beyond. APHRC's approach towards research and capacity development can result in process innovations changing the way we do things in terms of policy and program delivery, resulting in greater efficiency and accountability.

Underlying APHRC's effort in the establishment of the training facility is the conviction that improvements in research capacity will contribute to improvements in the health and socio-economic status of the population

through the utilization and application of evidence-based recommendations. The facility is home to 22 hotel standard rooms, ten apartments, and two state-of-the-art meeting rooms with the capacity to host over 50 delegates.

Guests in attendance included representatives from funding and partner agencies, and government symbolizing the importance of partnerships and collaboration for the institution. "I take this moment to reiterate our close working relationship with APHRC, especially in knowledge generation. They have been able to help us in our policy formulation efforts," said Dr. Patrick Amoth, Director of Public Health, Ministry of Health, Kenya.

A recent survey showed that only 11% of Ph.D. students enrolled in Kenyan universities complete their studies, meaning a shocking 89% fail to graduate -yet there is a lack for researchers in the country. As he gave his remarks, the Deputy President highlighted the Center's Ph.D. fellowship program that "has proven locally designed Ph.D. training programs can graduate globally competitive, but locally relevant academics."

The day concluded with the Deputy President lauding APHRC "for their conviction to improving research capacity, their commitment to evidence that informs policymaking and their focus on the impact of research on society."



# APHRC supports the first Kenya Sanitation Conference

*By Patterson Siema, Director, Policy Engagement and Communications*



**A**PHRC partnered with the Government, civil society and the private sector to host the first Kenya Sanitation Conference in October 2019. During the conference, the Government committed to investing over 80 billion Kenyan shillings in the next three years for rehabilitation and expansion of sewerage and none sewer infrastructure in the country.

Speaking at the event, the Deputy President H.E Dr. William Ruto affirmed that the investment once completed in 2022, will increase the national access to sewerage and none sewer services to about 40%. He further directed the Ministry of Water, Sanitation and Irrigation to pursue incentives aimed at increasing use of recycled water to expand irrigation.

The Deputy Head of State said major pollution emanates from improper disposal of solid waste, especially in the cities and towns. "Industries are required to include pre-treatment facilities in their premises to ensure acceptable standard of waste water is discharged into the sewerage system and to the environment and the rivers," He committed that the Government will aim at strengthening regulatory institutions such as the National Environment Management Authority (NEMA) and the Water Resources Authority (WRA) to further empower them to effectively respond."

The Deputy President noted that the Government envisages 80% water coverage and 40% sanitation by the year 2022, and universal coverage by 2030 stating that access to reasonable standards of sanitation was a basic right for all citizens in the country and the world in general.

Lack of access to basic sanitation together with poor hygiene practices results in a severe burden of disease and associated economic costs of about 27 billion Kenyan shillings, as well as immense human, social and environmental costs for the people. According to a Government of Kenya Study in 2017, it is estimated that 80% of Kenyans do not have access to safely managed sanitation, 75% do not even have access to basic sanitation and 12.5% defecate in the open. The Cabinet Secretary for Water, Sanitation and Irrigation, Hon. Simon Chelugui acknowledged that lack of adequate sanitation services to the Kenyan people causes socio-ecological damage to the country and must be urgently addressed.

The conference participants committed among others to:

- address governance bottlenecks by clearly defining roles and responsibilities of various government institutions at national and county level and stakeholders; and establishing a multi-stakeholder coordination mechanism under leadership of the Ministry of Water, Sanitation and Irrigation to initiate development of policies, laws and strategies for integrated sanitation planning, investments and service delivery
- work collaboratively to create public awareness and implementation of a paradigm shift to accelerate access to adequate and sustainable sanitation and hygiene through cost effective and innovative approaches and
- engage with National Treasury for increasing the sanitation budget and establishing a separate budget line for sanitation

APHRC supported the conference through the fecal waste management project that aims to improve and expand the implementation and resourcing of national sanitation policies in Kenya, Uganda and Tanzania and funded by the Bill and Melinda Gates Foundation.

# The changing face of poverty

By Henry Owoko, Field Interviewer

The world is less poor than it was two decades ago. According to the Sustainable Development Goals Fund, the number of people living in extreme poverty dropped by more than half – from 1.9 billion in 1990 to 836 million in 2015. Things seem to be getting better, but we are not quite there yet!

The demographics of extreme poverty are changing due to rapid urbanization. The world is moving from a majority rural poor to a majority urban poor. By 2030, urban areas will accommodate about 70% of the world's population. As urbanization gains momentum, slums are expanding. Today, over 1 billion of the world's urban population live in slums.

When Odhiambo came to this city, he hoped for a great deal of fortune. He hoped for a regular income. He wanted to go back to school. He wanted to send money home to his only surviving parent-his mother. He wanted so much to make her proud. When I met him in my daily rounds of household visits, like many other respondents, he narrated the chain of events that had led him to where he was. Ten years after moving to the city, he now lives in a rusty makeshift house with three other young men. The two-storied iron sheet built house stands timidly on a slope close to a nearby river. "Things are good," Ndirangu - Odhiambo's roommate- chips in. "You don't see those houses made of paper and plastics these days. Korogocho is a better place these days. We have access to water, toilets, roads, electricity, hospitals, and schools - this was different when we were growing up." While this paints a picture of a transforming community, a majority can barely afford a meal. Often, they have to choose between food and other necessities.

Martin Ravallion, in his book "The Economics of Poverty," puts this into perspective in his discussion on poverty trends in the world. He explores a provocative topic on why poverty still exists despite countless anti-poverty programs. Just like the case of Odhiambo and his friends, Ravallion brings out how elusive "the end of poverty" could be even with the outstanding strategies at play.

Apart from the residents, nobody can tell the slum story better than the Nairobi Urban Health and Demographic Surveillance System (NUHDSS) project, established by APHRC in 2002 in Viwandani and Korogocho slums - home to some of the most disenfranchised of Nairobi residents. The NUHDSS investigates the long-term social, economic, and health consequences of rapid and

unplanned urbanization on the lives of Nairobi's poorest urban residents.

With a wealth of 15 years of data, we have insights on the extent of poverty and progress by the urban poor in Kenya's slums.

Today, extreme poverty is limited to Africa, with 23 of the world's poorest countries. Cognizant of the remarkable progress that slums have made in reducing poverty, there are some aspects of life in the slum that are difficult to overcome. What Oscar Lewis referred to as the culture of poverty -the deep-rooted psychosocial effect of life in the slum. Thanks to the rise of behavioral economics, research scientists can now study the psychosocial impact of poverty without blaming the poor for their poverty.





# How can TVET education produce market-relevant labor force?

By Volla Ochieng, Research Officer



Quality education is fundamental to development. It is not possible to attain sustainable economic development without adequate investment in human capital. Each year, about one million youth join the labor market in Kenya with different skill sets at varying levels of expertise. The implication is that Kenya needs to create a million new jobs annually to meet this demand. Other than the existing educational training in tertiary or post-secondary education, there is a need for adequate training and value addition for youth skills. The advent of technical and vocational education and training-competency-based education and training (TVET-CBET) curriculum portends a perfect avenue to add value to TVET education.

Recently, the government launched its 'Big Four' development agenda – biased towards improving food security, boosting manufacturing, attaining universal health coverage, and setting up affordable housing to facilitate economic growth. But does the country's TVET system and structure have what it takes – material and human capital – to actualize these ambitious goals? Better still, what can be done differently to enable Kenya to be at par with the Asian tigers, whose economies were at the same level as Kenya at independence? The solution lies in a well-developed human capital. The current state of the country's TVET institutions is far from meeting learners' needs, let alone current or future development outcomes. For the country's TVET institutions to evince and realize quality outputs in students, we need multi-pronged approaches that, beyond curriculum review, extend to stakeholders who benefit from or implement the curriculum – students, instructors, and institutions.

First, a re-energized marketing campaign would not only raise awareness on the TVET education and courses offered therein but also improve its image and perception among students and parents. As it stands, TVET education is perceived as a training ground for the less intellectually talented students that have not made it to public and private universities, thus shunned by these stakeholders. The majority of instructors in TVET institutions have undergraduate qualifications, with an insignificant number having doctorates. This situation paints a picture of a shallow knowledge base in these institutions. How can this perception be improved? We need to see more youth from TVET institutions taking an upward trend in various employment positions. Institutions also need to start recruiting high achieving instructors for various courses and levels of training. In turn, these investments will sell to students and parents, motivating them to consider TVET education as an opportunity for upward socio-economic mobility.

Secondly, refresher training and pre-service training for instructors will align their skillsets with new curriculum provisions. The training should apply to both in-service instructors and those yet to join the teaching profession to acquire the necessary skills for delivery.

Thirdly, TVET institutions need to be well resourced. Rather than have more institutions spread across the country, the education policy-makers could delve more on having few but result-oriented institutions where productivity or performance is the yardstick for educational attainment instead of course completion or time taken in an institution. Moreover, institutions could prioritize assessment and awarding of certification for skills based on students' competencies rather than the satisfaction of course duration.

It is no doubt that education enhances an individual's understanding of self and environment, with corresponding improved creativity and productivity that advances technological and entrepreneurial development. In the Kenyan context, for the 'Big Four' agenda to be achieved and sustained, we require comprehensive adoption and implementation of the three action points in TVET education to bridge the existing skills inadequacies.

# My Young Africa Leaders Initiative experience

By Doris Omas, Program Assistant



Education is the best gift you could give a child". The world today is confronted by challenges which have left so many children at home without an education. Millions of children have not been able to access education in different parts of Africa because of overwhelming issues that have gone unsolved over time. To satisfy the burning passion I have for educating a child, I was lucky to be selected to take part in the YALI East Africa cohort 35 program together with 109 participants from 14 African countries.

I had been craving another tassel to add to my cap since I graduated in 2017. I did not expect a month's course to fulfill my desire. Meeting young people from across the continent, and sharing our journeys and experiences was my favorite part. I heard heartbreaking stories, although each left me feeling encouraged. Some people have walked barefoot on blazing fires but have risen above their situations and made it out stronger. We spent most of our free time sharing our stories, wiping each other's tears, celebrating wins, wining and dining, singing, working out, and most importantly learning from one another.

The classroom experience topped it all off. There was so much to learn from every sitting through the brilliant facilitators and course work from the world's best learning institutions. I tried to share most of it via social media but definitely couldn't exhaust everything.

The program began with a team building out of town for the first two days. This was the best way to get to know and interact with one another. On the third day, each one of us took an intense personality test and openly shared our results. The purpose of the personality test was for participants to get to deeply understand one another's characters and make it easier to work in teams.

**The highlight of my learning was the lesson on '7 habits of highly effective people':**

- be proactive
- begin with the end in mind
- but first things first
- think, win, win
- seek first to understand, then to be understood
- synergize
- sharpen the saw.

There was also a very interesting lesson on design thinking where we learned about bringing our ideas to life and implementing them to the last step. It was quite a difficult challenge because we had to take it up in groups and compete for a prize that could guarantee funding from USAID. My group did not emerge best, but we took home greater lessons than we could ever imagine. We learned to trust the process no matter how complex it may seem. Everything that has a beginning has an end but this one had a perfect ending. We literally presented our idea to the world and got genuine feedback which encouraged us to try again if given a chance.

As an advocate for 'Education for all', my dream is to establish a fully equipped library for the children in my community. I believe that knowledge is power and feeding the mind is key. It may take a while waiting for our politicians to build schools that can accommodate the entire community. Therefore, I pledged to move this agenda forward and source for funding to bring my dream into a reality. YALI has proven to me that this is possible. We only need to rise above our fears and challenges and bring young people together to change the world.

The Young Africa Leaders Initiative is an origin of the Obama Foundation program which is also part of the Mandela Washington Fellowship. It is a great program that brings together young Africans with the aim of encouraging them to be the change-makers in their communities.



# APHRC in 2019



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