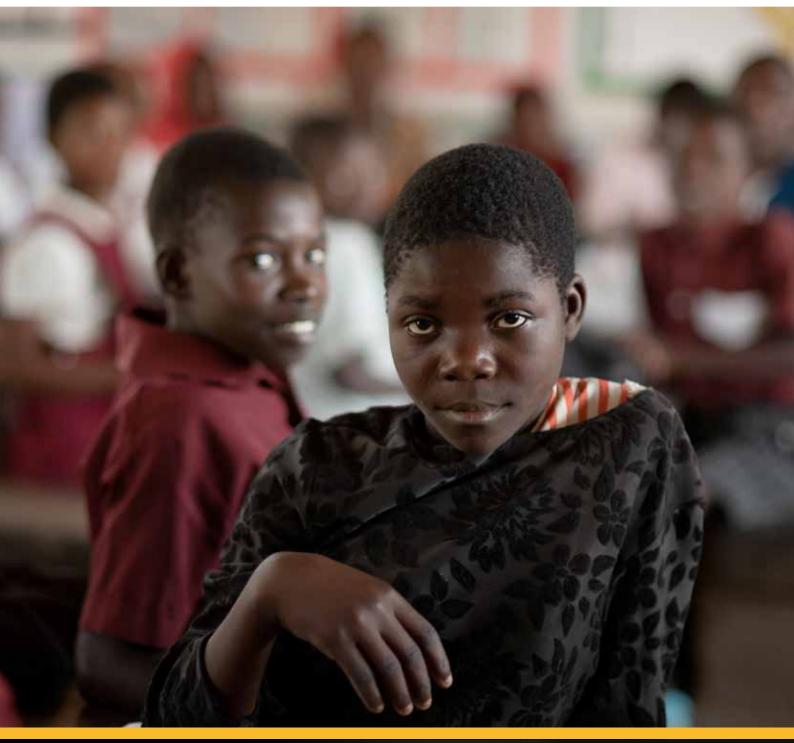


African Population and Health Research Center

Newsletter August 2021 Edition



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Low-Cost Private Schools in Africa's slums need support to address inequality in education

By Caroline Thiong'o, Research Officer

In 2019, a school in Ng'ando, Dagoretti, an informal settlement in Kenya, <u>collapsed</u>, <u>killing seven children</u>. It was a painful ordeal for the parents. They could barely come to terms with the loss of children who had left their homes to seek education with the hope of a better future. The worry and anxiety of sending one's child to school in informal settlements is one of the many challenges that parents who rely on Low-Cost Private Schools (LCPS) in sub-Saharan Africa have to contend with.

LCPS are characterized by inadequate infrastructure, including significantly smaller classrooms constructed in iron sheets and inadequate water, sanitation, and hygiene facilities with shared toilets for girls and boys in some schools. The utilization of LCPS by parents is often informed by <u>physical convenience rather</u> than the quality of education.

Achieving <u>Sustainable Development Goal 4</u> will be impossible if quality education opportunities are not provided for children in such informal settings. As generations change, the global trends of urbanization mirror the same. According to the United Nations, <u>55% of the world's population</u> currently lives in urban areas. The current population of about 1.1 billion in Africa is expected to double by 2050, and more than <u>80% of this growth</u> will happen in slums. Urban areas lack adequate provision of public services, including schools, hospitals, and proper water, sanitation and hygiene facilities to serve the growing population. This inadequacy has spurred the growth of private providers whose <u>regulation is still</u> <u>a challenge</u>.

The demand for schooling in informal-urban areas where few public schools exist has over time created a gap that has allowed the mushrooming of LCPS. In most sub-Saharan African countries, LCPS providers do not receive capitation grants from the government. Instead, schools' operations are run with a pittance raised from school fees and, in some instances, grants from Civil Society Organizations (CSOs). These resources have to cater to school staff wages, development, and teaching and learning materials. The impact of COVID-19 on households and schools and current regulations to reduce infections in schools add to the challenges faced by LCPS owners. Therefore, the school owners have to prioritize needs based on available resources or restrictions by grantors.

There is also a gap between policy and practice in implementing existing policy and legal frameworks developed by governments across SSA to support access to inclusive quality education for the most vulnerable.



What can be done?

Generating evidence: Data and evidence play an essential role in understanding the challenges and opportunities to support Low-Cost Private Schools learners. Governments should prioritize providing timely segregated data and registering all LCPS by relevant authorities. This data should be captured in the Education Management Information Systems, which in some countries determine the level of government support, financial or otherwise, that schools require.

Developing a progressive plan to provide public education in informal-urban settlements: Education is a right enshrined in the constitutions of most African countries, with countries also committing to providing universal basic education by signing international and regional treaties. A progressive plan geared towards making public education a reality in informal-urban areas would ensure more focused resource generation and distribution mechanisms.

Bridging the gap between policy and practice: A significant number of policy and legal frameworks have been developed to ensure access to quality inclusive education. However, the implementation of these policies continues to be a challenge. The lack of harmonization in some of the policy and legal frameworks developed calls for a comprehensive review before developing new ones.

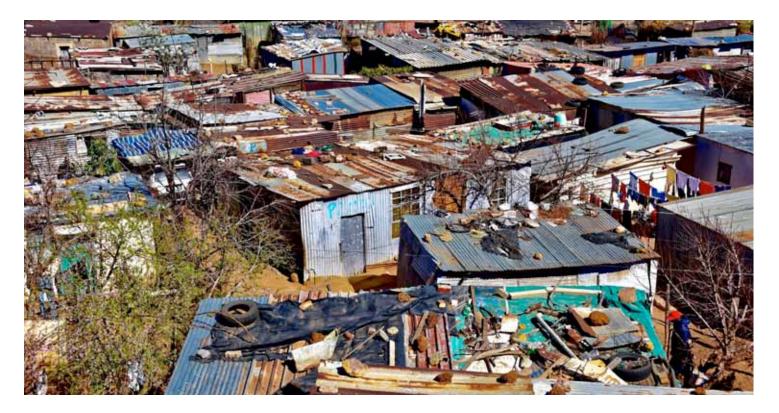
Establishing a plan to finance Low-Cost Private Schools: Countries have adopted emerging trends in sub-Saharan Africa to support private education providers. For example, in Uganda, the Public-Private Partnership (PPP) model supports some schools in their operations. Such options, among others, can be explored in support of LCPS. Fostering collaboration with CSOs, communities, and development partners: A coordinated multi-sectoral approach is key to addressing the numerous education challenges in informal-urban settlements. There is also an opportunity to learn from organizations already running consortiums on what works in managing partnerships with various stakeholders.

Strengthening accountability mechanisms at all levels: Accountability in the utilization of resources allocated to education financing, adherence to stipulated regulations in the management of institutions, and the responsibility from different stakeholders is critical in ensuring children from urban areas have access to publicly funded education.

In conclusion, while the growth of cities will create more and new opportunities, this may also exacerbate the challenges of urbanization. There should be proper planning and strategic coordination of all relevant government and non-government stakeholders to monitor trends in urbanization. Amidst the existing systemic and governance shortcomings that sub-Saharan Africa continues to face and the demand for schooling in urban areas, this is a call to all stakeholders to make inclusion a central reference when developing strategies, frameworks, and interventions. It is also crucial that education provided to children in sub-Saharan countries does not exacerbate inequalities.

1.1B

The current population of about 1.1 billion in Africa is expected to double by 2050, and more than 80% of this growth will happen in slums.





Facilitating continued learning during the pandemic

By Hesborn Wao, Training Coordinator, and Jackline Syonguvi, Program Assistant

Like many other programs, for the first few months of the pandemic, APHRC's Training Unit was engrossed in planning and re-strategizing how best to conduct scheduled short courses as part of the transition from predominantly in-person to the virtual course offering.

How were we to facilitate the very practical-oriented courses such as Quantitative Analysis and Visualization using R or Qualitative Data Analysis Using Nvivo, online? In our years of experience, such lend themselves well to in-person as opposed to virtual offering. Typically, they involve an incredible amount of "personalized" participant support by the facilitators and ideation in the in-person sessions.

We had many questions. Would people be interested in attending the virtual workshops? Would participants manage to stay engaged? Would facilitators be comfortable teaching virtually virtual?

Nonetheless, the dramatic shift presented a unique opportunity to expand our reach to researchers across Africa and beyond. By the end of 2020, we facilitated 13 short-course workshops, more than double what we had planned for in the year. Noteworthy, we attracted 540 participants from across the continent and

540

Noteworthy, we attracted 540 participants from across the continent and globally — a considerable increase over the participants we had trained earlier.

globally — a considerable increase over the participants we had trained earlier. None of these workshops had less than 15 participants. This year, we are on course to offer the highest number of sessions yet, in a year.

We continue to maximize technology to conduct high-quality workshops with more inclusive interactions through breakout rooms and other channels. Achieving this high number of courses is realized by our complete transition to a virtual platform unencumbered by travel and other logistics constraints.

Despite the accomplishments, there were some significant challenges. In some instances, we had participants from different time zones. Consequently, some participants and facilitators had to work late evenings or early mornings. We ensured participants were informed of this before enrolling. Internet downtime and frequent power outages were also not uncommon. As a team, we have learned how best to circumvent these challenges as part of planning.

The Training Unit continues to be deliberate in expanding access to demand-driven short courses in research-related topics in response to the needs of researchers wherever they may be. To do this, we are in the initial stages of introducing a virtual academy whereby we will offer workshops predominantly on <u>MOODLE</u> — a learning management system unencumbered by travel and other logistical constraints.

This shift does not imply diminished quality. Our course evaluations have indicated that a substantial amount of learning takes place, whether virtually or in-person and eventually, participants apply the skills acquired in their workplaces.



The IMCHA Initiative: Lessons and reflections

By Lynette Kamau, Senior Policy and Advocacy Officer

The Sustainable Development Goals aim to create healthy lives and promote the wellbeing of all. There are challenges to ensuring that the most vulnerable populations, including women and children, can enjoy these outcomes. Much of their poor health is caused by inaccessible healthcare services, poverty, gender, lack of education, and social marginalization.

A strong, equitable, and well-governed health system can contribute to sustainably improving their lives. Such health systems engage multisectoral stakeholders in addressing the underlying causes of poor health and building quality, accessible, and affordable primary healthcare services. But building robust health systems is challenging. The Innovating for Maternal and Child Health in Africa (IMCHA) a seven-year program jointly funded by the Canadian Institutes of Health Research, Global Affairs Canada, and IDRC - sought to improve maternal, newborn, and child health (MNCH) outcomes by strengthening health systems, using primary healthcare as an entry point. IMCHA was designed to provide evidence and innovations to improve access to healthcare services, build towards political commitment to address the underlying causes of poor maternal and child health, and enable effective, sustainable implementation. As this remarkable Initiative comes to an end, some of the reflections and lessons that we learned are:

Understanding the context is critical in defining change: At our first meeting with a decision-maker, they asked us about a specific target they had set on an MNCH indicator. Having been aware of the policy, we had taken time to analyze it and understand that particular government's commitments towards reproductive, maternal, newborn and child health. Our response was reassuring to the decision-maker as they felt that we were familiar with the context.

When engaging decision-makers, you have to research and understand their mandate and priorities. This knowledge has helped us enhance research and evidence ownership and facilitate discussions on what change would look like and how the innovations in MNCH can contribute to the process.

People and communities are at the center: Improving health outcomes cannot happen without the engagement of all who can contribute to change. People and communities who contribute to research and are part of the solution need to be centered in health planning. Community members, particularly the vulnerable, need to be actively engaged; health providers need the necessary support to provide quality services and decision-makers need information, authority, and resources to make informed programmatic and resource-allocation decisions.



- **Politics matter:** Health, like any other important issue, is political. We need to work from the community to global levels to address politics and power that impede equitable health systems. We have to work with decision-makers at all levels of politics to define health priorities, resource allocation, and facilitate equitable access. This means working with decision-making platforms such as parliamentary health committees, technical working groups, regional economic bodies, among other relevant forums. Such strategic engagement will ensure we engage different stakeholders that contribute to the health sector and enhance a better understanding of the value of providing health services for all. The reality is quality healthcare leads to healthy people that are available to build a nation. It needs to be clear that making good decisions for health is investing in the future of the human race.
- *Evidence is the foundation* Rigorous methodologies are needed to generate reliable data and evidence to inform changes in practice and policy. Evidence-based policy, programming, and decision-making can be a reality if there is more research investment in Africa. This investment will guarantee contextual evidence that is actionable and relevant to address the continent's challenges. Further, making the evidence accessible to those who make decisions is also essential as it equips them with knowledge and information for sustainable policy and programming.

These lessons guided our work and strategies and will continue to inform my future work in global health.

The IMCHA Initiative did its best to advance progress, innovation, and impact in maternal and child health in 11 countries within Eastern and Western Africa. We approached things differently, and I believe the benefits will outlive us. Through such meaningful work, we have a shot at changing the status quo in global health.



Re-envisioning waste management in Kisumu

60% Kisumu has the highest number of city residents living in informal settlements in Kenya.

By Michelle Mbuthia, Communications Officer

In Kisumu City, lined up by the main highway, are the informal settlements of Obunga, Manyatta, Kondele, and Nyalenda. The four are among nine slums that dot the city. At 60%, Kisumu has the highest number of city residents living in informal settlements in Kenya.

One of the oldest settlements in Kenya, Kisumu experienced a surge in growth and expansion once it became a port and terminus for the Uganda railway in 1901. In time, its population grew as people from the surrounding countryside and beyond were drawn to the different opportunities that soon became available. The town also offered the promise of education, housing, and many other amenities. In 2001, Kisumu became Kenya's third city and has grown in geography and population ever since.



As with many cities in developing countries, waste management is a serious predicament in Kisumu for the residents and authorities. While the county government has cracked down on littering and illegal dumpsites within the city, Kisumu still faces multiple environmental challenges such as poor industrial and household waste management and contamination of Lake Victoria.





Waste management in Kisumu is an even bigger concern for slum residents whose access to water and sanitation services remains limited.

In response, a number of residents from the four slums have formed small waste management groups to improve their surroundings and as an income-generating activity.



Look closely ... what do you see in the garbage?





This is Susan, a resident of Obunga. She is a mother, tailor, and local community welfare member. When not at home or measuring out fabric at her shop, she is collecting waste with other community members.

Local groups like these collect waste from homes and small businesses in the area for a small fee. The waste is sorted into recyclables (such as plastic and glass items), organic waste is converted into manure, while other items are upcycled into household items.



With the support of the Wellcome Trust, the Complex Urban Systems for Sustainability and Health project will be working with waste management actors at the community level, the media, and the county government to find smart solutions to the particularly pressing problem of managing the city's waste in the most sustainable ways. The initiative, which began in February 2020 and will run for two years, looks to increase scientifically-backed public discussion and action on environmental sustainability and health through case studies, art, and media communication around environment and health.

Walking the narrow path back to school

By Catherine Asego, Research Officer

'I would like to go back to school, but it has not been easy for my siblings and me here at home since COVID-19 started. I have to help out at home and also take care of my baby', said Fiona* as she hurriedly bathed her young brother, before tending to her crying one-month-old son. Fiona is one of many young girls living in the informal settlements of Nairobi, forced into motherhood at the tender age of 16.

COVID-19 has exacerbated the already existing inequalities in education. With the school closures around the globe, approximately 24 million learners from pre-primary to tertiary education were at risk of not returning to school, including 11.2 million girls and young women, according to <u>UNICEF</u>. Before the pandemic, already 258 million learners were not in school (UNESCO, 2019). In Kenya, while the government may have issued a directive for a staggered return to school, it is unknown whether the 17 million learners affected by the school closures managed to resume learning, particularly those from arid and semi-arid areas and informal settlements. Evidence from past crises such as the Ebola outbreak in West Africa also shows that women and adolescent girls were more vulnerable to coercion, exploitation, and sexual abuse due to containment measures instituted to stop the spread of the virus.

Teenage pregnancies in Kenya during the lockdown period were on the rise. According to the International Rescue Committee, cases reported in Turkana County, for instance, tripled between March and June 2020 compared to the same period in 2019. Research by APHRC shows that unintended pregnancies cause several thousands of girls - about 13,000- to drop out of school in Kenya every year. Coupled with the added disadvantage presented by the pandemic, this means that affected vulnerable groups such as girls, especially those from low-income backgrounds, are at the greatest risk of social exclusion from educational opportunities.

As part of the Kenyan government's support towards young mothers, the Ministry of Education instituted the national guidelines on re-entry into early and basic education institutions. These guidelines stipulate that girls who fall pregnant are allowed access to educational opportunities after giving birth. The school and the parents are required to work together to ensure that these learners remain until the completion of their studies. Despite the efforts by the Ministry of Education, for Fiona, and many other young mothers in the informal settlements, the journey back to school remains an uphill task. The challenges they face at home compound the numerous obstacles that hinder them from accessing school.



Lack of funds, especially for low-income households, to the costs of education

Before the pandemic, Fiona's mother worked as a casual laborer and could pay for her school fees, albeit with difficulty. Sadly, like many others, she lost her job as the pandemic raged on. With the loss of income and financial strains witnessed, especially for lowincome households, children's educational outcomes, such as enrolment, are negatively affected <u>(Owusu & Frimpong-Manso,</u> <u>2020)</u>. For Fiona's mother, it's a tough choice between feeding her family or taking Fiona back to school.

Stigmatization, juggling between the new role of motherhood and schooling

'I do not know what my friends at school will say when they find out I had a baby,' says a thoughtful Fiona as she ponders on her next move. With such thoughts lingering in her mind, one is left to wonder whether she will be able to focus in school if she gets an opportunity and the requisite support to re-enroll. Coupled with the schooling demands, the additional responsibility of being a new mother can be demanding on teenage mothers (Javadifar, N., et al, 2016).

As schooling continues in earnest in most parts of the country, education stakeholders need to consider the effects of the prolonged school closures on students and especially those that are yet to return to school. There must be a deliberate attempt by the directors of education and the school heads to follow up and ensure all learners resume school per the Ministry of Education directives. In partnership with development partners, the Ministry of Education should carry out research to ascertain the number of learners out of school and embark on massive campaigns to get them back to school. Furthermore, the roles of different players in ensuring the safety of girls and young mothers while in school and at home cannot be overemphasized.

Education financing is key to cementing the gains made towards equitable and quality education for all are not lost. Even as governments redirect finances to battle the pandemic, this component should be taken into account to ensure all children, especially the vulnerable such as Fiona, access their right to quality basic education in Kenya.



Adolescent and sexual reproductive health for all in sub-Saharan Africa: Are inequalities reducing?

By Khalifa Loum, Communication and Advocacy Officer, and Moreen Nkonge, Communications Officer

Adolescent health is a key concern in sub-Saharan Africa because of the relatively young population distribution and high levels of HIV, adolescent births, and other reproductive health challenges. However, are the risks distributed equally among girls and boys, rural and urban adolescents, and adolescents from the poorest and richest households? Led by Countdown to 2030 and APHRC, six new peer-reviewed articles and a commentary published in June as a journal supplement by *BMC Reproductive Health* show areas of progress and ongoing challenges.

Topics examined in the articles include inequalities in adolescent sexual debut, marriage and childbirth, family planning, HIV, violence against young women, and the extent to which new funding addressed adolescent sexual and reproductive health. The papers' lead authors and representatives from Countdown to 2030, APHRC, the World Health Organization, and others discussed the supplement in a <u>webinar</u>.



The six peer-reviewed articles included one examining trends and inequalities in adolescent behaviors related to early marriage, childbearing and sexual debut, which synthesized data from 37 African countries from 2000-2015.

'Inequalities in reproductive, maternal, newborn and child health are reducing almost everywhere whether it's for deliveries or antenatal care or immunization. But they are not declining for adolescent sexual and reproductive health for most indicators, and that is a worrisome finding, ' said Prof. Ties Boerma of the University of Manitoba.

Another paper looking into wealth-related inequalities in demand for family planning among married and unmarried adolescent girls and young women found that the least progress in satisfied needs for family planning was among unmarried adolescent girls and young women from the poorest households.

A third paper in the supplement found that between 2005 and 2015, HIV prevalence among adolescent girls 15-19 years old decreased by as much as 54% in Eastern and Southern Africa — where prevalence is higher — and by 43% in West and Central Africa. Nonetheless, urban adolescent girls remain at greater risk of HIV compared to boys and rural girls.

A paper investigating intimate partner violence against adolescents and young women in sub-Saharan Africa combined data from 27 African countries. Data shows that intimate partner violence is pervasive among both groups, with substantial variations across and within countries. In the few countries with a high prevalence of intimate partner violence, it is more common among adolescents and young women from the poorest households. Another paper examined recent trends in adolescent sexual and reproductive health in Ethiopia, Ghana, Kenya, Nigeria, and Uganda, comparing Performance Monitoring and Accountability (PMA) surveys and Demographic and Health Surveys (DHS) as data sources. Results from both surveys highlight slow progress in adolescent and reproductive health indicators with enormous disparities between the countries.

Lastly, a content analysis of 11 countries Global Financing Facility (GFF) investment cases and project appraisal documents found:

- While several GFFcountry documents signal understanding and investment in adolescents as a strategic area, this is not consistent across all countries.
- Across GFF country plans, commitments weaken as one moves from programming content to indicators to investment.
- A strong focus on teenage pregnancy is commended, yet a more comprehensive approach to adolescent health is needed.
- A lack of comprehensive analysis of adolescent health needs and inconsistent investments in adolescent-friendly health services and schoolbased programs

In his remarks, WHO's Venkatraman Chandra-Mouli noted that "While the supplement flags inequalities in adolescent sexual and reproductive health, we also need to step back and take stock of the progress made."



Bridging the market demand for internships: Drivers and new approaches

In March this year, APHRC made a call for research internships through our social media platforms. We did not anticipate the traction this call would gain, attracting an overwhelming 4000 applications from across the globe! This was an increase of 33% than those received in 2020 when we introduced the demand-driven approach to offering internships. The approach requires potential applicants to respond to specific research internship research opportunities at the Center.

'Internships have many advantages; Sometimes they are the only way new graduates can get that elusive experience; finding life-long career mentors. For a few, one foot inside the organization may mean a regular position a few months later,' says Dr. Catherine Kyobutungi, Executive Director at APHRC.

In its commitment to research capacity strengthening, APHRC has long offered research internships to postgraduate and undergraduate students allowing them to develop a deep appreciation of various elements of research by working in a highly active research environment. The experience not only enables career-shaping for those fresh out of college and unclear about their career paths, but also provides exposure for those who have established interest in a specific area.

Previously internship opportunities offered at the Center were face-to-face, unpaid, supply-driven, and largely on a 'first come, first served basis.'

The Internship and Visiting Scholars Review Committee (IVSRC) was constituted under the Research Capacity Strengthening Division to manage the recruitment and effective supervision of the interns.

The acceptance of the interns was based on the availability of supervision/mentorship and office space. However, due to the overwhelming number of requests for placement, most applicants would be turned away. A deliberate effort needed to be made to streamline the internship intake process and find ways to accommodate more applications.



In line with the demand-driven approach, research units express their needs for interns within specific projects and identify supervisors. The IVSRC reviews the submissions against set criteria (e.g., potential to benefit the intern, feasibility of the work, and ethical approval considerations). On average, in the last two years, three interns have been recruited per quarter based purely on individual merit. This year, due to challenges presented by the pandemic, we introduced a virtual internship program, through which we admitted 14 interns for 3-6 months.

Funding for the internship program is primarily from the Center's core funds and contributions by projects. However, the program's huge demand and expansion mean that additional funding sources need to be identified. The funds go towards interns' stipends, which have proven helpful. 'Besides the skills earned, that (stipend) was the best part of the internship,' noted one intern. With more funding, there is room for collaboration with other institutions for cross-posting of interns based on skills set required and even exchange programs for staff where necessary. The Center also partners with institutions on sandwich internship attachments through fellowship programs such as the <u>Global Alliance for Training in Health Equity Research</u> (GATHER), where APHRC is one of the host institutions.

Overall, our internship program has significantly impacted early-career researchers and visiting scholars in the region and internationally. Virtual internships, sandwich attachments, and more funding will certainly enable the program's expansion to support more interns.





The Healthy Food Africa Project: Promoting food security in informalurban settlements across Kenya

Food safety is an essential component of food security that is often overlooked. Yet, approximately 600 million people globally fall ill, and 420,000 others die each year after consuming food contaminated by bacteria, viruses, parasites, or chemical substances. Fresh foods are responsible for a significant number of illnesses. In Kenya, for example, contamination of meat, fruits, and vegetables is relatively common. There have been reports of kale contamination with fecal bacteria attributed to unsafe water for cleaning produce. Meat contamination, caused by poor hygiene practices, extensive manual handling of meat, limited worker skills, poor infrastructure, and inadequate supply of safe water, is also common. Other factors associated with food contamination include lack of structures to display food, planting foods in unsafe water, and food preparation in unhygienic environments.

In Kenya, residents of informal-urban settlements face extreme poverty levels, poor access to basic hygiene and sanitation facilities, and food insecurity. Research by APHRC shows that 85% of slum residents are food insecure which partly explains the high malnutrition rates of close to 50% among children. To survive, slum residents resort to different coping strategies: purchasing cheap, low-quality foods such as stale fruits and vegetables, scavenging for food in dumpsites, and dependence on street foods, often prepared in unhygienic conditions.



'This situation is not unique in the slum where you find food being sold near a sewer that has burst. The sewage [pipes] here are always bursting and the vendors continue selling their food near them without knowing that it contaminates the food they are selling' - Resident, Mukuru slum.

Therefore, there is a need for effective and sustainable food safety interventions in informal-urban settlements. Through *The Healthy Food Africa Project*, APHRC aims to promote food security in these settings by implementing food safety interventions among food vendors and advancing urban farming among women and youth to encourage economic empowerment.

The project will work with food vendors in Korogocho and Viwandani slums to assess their hygiene and food handling practices, knowledge, and attitudes, and thereafter train them on food handling and support them in coming up with innovative solutions through creative capacity building (CCB). CCB is a community-driven initiative that aims to develop the skills and competencies of disadvantaged communities to take greater control of their lives. We will also engage county government officials in Nairobi to advocate for proper water, hygiene, and sanitation infrastructure to enhance access to safe potable water, access to sanitation facilities such as toilets, and proper waste disposal. We hope to contribute to improving access to healthy and safe food in Nairobi through this initiative.



Pandemic hobbies: How I reconnected with cycling during the pandemic

By Florence Sipalla, Communications Manager

'Life is like riding a bicycle. To keep balance, you have to keep moving.' - Albert Einstein.

As COVID-19 threw us a curveball in 2020, many took up new hobbies such as knitting, baking, and gardening. Others reverted to old hobbies that they had not been able to devote much time to. I belong to the latter category; I reconnected with my love for cycling last year. In the past years, I have been cycling on and off.

About five years ago, a friend introduced me to a group of cyclists that went to Karura Forest during the weekends to cycle. I learned some hacks from this group. We used the entrance off Kiambu Road as it was less busy, thus much easier to hire out a bicycle for those who did not own one. After a few months, I realized I would be on the saddle for a while, so I started shopping around for one with the help of another friend. With a bike at my disposal, I started cycling more often.

One of my cycling highlights was securing a win for my team during the 2019 APHRC Sports Day — I was enthusiastic about defending my title last year, but it was not to be due to the pandemic. Before this, I had not cycled much; it had only been about six months since I joined a group ride.

As we embraced working from home, I would take short rides around my neighborhood. During this time, I was introduced to a cycling community on Twitter, and I religiously 'cycled with them online' every Saturday for over a month. I would sit on my couch and look forward to the pictures posted after every ride, trying to work up the courage to join this group of strangers with whom I shared the love for cycling. Today, that group of strangers — Spin Kings Kenya — has become my cycling family.

On August 15, 2020, I finally joined the group. But it took me a few months to join fellow cyclists from my neighborhood on a bike ride to the city center. Through the group, I have gathered the courage to cycle alone. My main achievement was cycling to town to service my bike and back home.

They say cycling is an individual sport, but after joining the group, I have realized there is a lot of teamwork involved. We have a

range of cyclists during beginner rides, from those just starting out to those who compete in races. The more experienced cyclists act as marshals, helping to direct traffic and supporting those who may need help. We also have motorcyclists who offer their services as marshals voluntarily. This also makes it a safe, fun ride for parents and their children.

By cycling with a group, I have learned how to use hand signals and enhance my safety on the road by using reflector jackets, front and rear lights, and the whistle when I need to alert other road users. I have also built my endurance by joining amateur group rides. Usually, beginner rides range between 35-40 km with several stops to ensure we move to the next leg of the ride together. Amateur rides are longer, mostly 100 km, while the semi-elites and elite cyclists tackle more kilometers and challenging terrains with more elevation.

> The cycling community provides a good environment for peer learning. It is common to see people exchanging tips on bike maintenance, nutrition, and exercise. Road safety awareness and conservation efforts also bring us together. Other times, it is the commemoration of the life of a fellow cyclist lost on the road. The community is looking forward to seeing legislation that supports cyclists and pedestrians come to life through the Non-Motorized Transport Amendment Bill introduced in the National Assembly by Samburu West MP, Naisula Lesuuda.

Almost a year on, I am enjoying my healthy addiction. Michel de Certeau wrote about 'walking the city.' With Spin Kings Kenya, I have enjoyed cycling all over Nairobi, discovering new routes to places I have visited, and getting to the parts not visited before. I intend to keep balancing my life with cycling, tackling a day, a kilometer at a time.



Foresight for future researchers

By Elizabeth Mwaniki, Research Officer

Armed with passion and the motivation to make a difference, an early-career scientist quickly learns that a research career requires constant learning and keeping abreast with various discoveries and applications of knowledge. Equal to the shaping of a scientist is the need to acquire career skills while on the job and by getting into academia, to emerge a professional, refined to give off one's best. Quite often, this road comes dimly lit. As with any career, growing and defining oneself is a personal journey but one that requires walking with others. SinceAPHRC has thriving researchers at different career levels, I found a suitable village to nurture young scientists. By providing a space to appreciate different career experiences, earlycareer scientists could benefit from the guidance of senior colleagues.

> I have learned from seasoned researchers that the path to establishing oneself is similar and rarely are there new questions or situations to contend with. With the support of research scientist Estelle Sidze, we created a forum where the more established researchers could provide insights on navigating critical areas to define a career niche.

We began with the early stages of the process, where a young researcher is seeking a postgraduate accomplishment.



Mentors shed light on how to approach various options suitably. They challenged mentees to become knowledgeable when seeking to establish themselves in an area of expertise, and were candid about the effort needed in seeking funds to secure a study program and propelling oneself through the demands of a study program while striving for the elusive work-life balance. It has been reassuring to hear mentoring scientists agree on the 'makes' or 'breaks' of an academic journey. As early-career scientists, we were prompted to anticipate the weight and rigor of an academic journey. Also notable was the encouragement to celebrate the small milestones while on this career course.

With this foresight, mentees are now aware that there is no need to guess their way along career paths. Be it figuring out the next steps or demystifying ideas; they have found an avenue to engage further with established researchers at a personal level. These budding researchers are also armed to blossom at every level of their career as they aim to be greater voices of their time.



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