



APHRC

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Using intersectionality for gender-responsive pandemic measures

By Michelle Mbuthia, Communications Officer

For many people across the globe, the COVID-19 pandemic disrupted social, economic, and political activities, which caused various challenges. With restricted movements, many businesses were shuttered, and schools temporarily halted learning. The health systems in some regions, particularly those in low and middle-income countries (LMICs), were tested; understaffing, low budgets, and poor infrastructure were common features before being compelled to reroute, reorganize and restructure these limited resources. The pandemic has also highlighted and exacerbated the inequalities suffered by vulnerable populations, such as women, sexual minorities, and the differently abled.

The impact on women was significant; incomes were lost as the informal economy, the biggest employer of women across LMICs slowed down, and the burden of unpaid domestic work increased owing to the need for better sanitation and caring for family members (including those who are COVID-positive). The



impact was also compounded by the need for paid care workers to isolate or maintain a level of social distancing. At the same time, many households could not afford their paid care owing to reduced or lost incomes. In addition, while women comprise 70% of the global health workforce, they hold only 25% of leadership positions. While women and men are equally likely to fall ill with the virus, socio-cultural gender norms that regulate access to money and movement often hamper women's access to COVID-19 testing, treatment, and vaccination. However, many COVID-19 response plans across the continent and beyond tend to be gender-blind. They are incognizant of gender norms, roles, and relations. Of 388 policies under analysis by the Global Health 50/50 policy portal, only nine percent (35) acknowledged gender as a critical driver of health-seeking. This number is attributed partly to a lack of recognition of the layers of inequality and their subsequent disadvantage(s) on different groups within a given population.

As a result, the INSPIRE Platform for Evaluation and Analysis of COVID-19 Harmonized data (PEACH), in collaboration with Gender at Work, is working on the Gender Action Learning Initiative. With the main aim to test the Gender Intersectionality Tool, a checklist is used to ensure stakeholders get adequate information to incorporate gender and intersectionality in the data lifecycle. Intersectionality is an aspect of research that goes further than the assessment of single factors such as sex, gender, and race, to consider their simultaneous interactions with aspects of social identity and the impact of systems and processes of oppression and domination.

Intersectional analysis, therefore, enables a multi-faceted exploration of how factors of privilege and penalty may alternate between contexts or co-occur. It means instead of assuming people as homogenous groups consisting of women or men, male or female. It requires stakeholders to delve deeper and ask specific questions. Understanding different overlaps with various forms of systemic discrimination, such as racism, ableism, and homophobia, increases barriers to fundamental rights and services. It is this intersectionality that has affected how different genders experienced the COVID-19 pandemic, both directly and indirectly. For this reason, the pandemic has often been described as a social disease- not just for its transmissibility but its ability to affect one's life beyond morbidity, depending on the 'social odds' stacked against them.

This study, a component of the SIDA-IDRC's Global South Artificial Intelligence (AI) for COVID-19 (AI4COVID) program, aims to ensure that data goes beyond counting the numbers to address the unintended risks and consequences of communities that are excluded or under-represented. This layered data would provide a complete picture of the pandemic for informed, holistic policymaking. As governments program to halt the spread of the virus, they also need to develop these interventions in ways that prevent, reduce or alleviate the layered negative impact on at-risk populations. At the same time, they could lean on technology, such as artificial intelligence and machine learning, for more accurate disease mapping, including timings, locations, and groups.

Enhancing the capacity of partners through fund management initiative

By Winnie Chepkemoi, Grants Officer

Partnerships, whether collaborative or strategic, are vital as they allow us to accelerate learning, harness and distribute skills and knowledge and add depth and breadth to our impact. Fund management creates a special kind of partnership with donors. It serves as a funding channel to support various activities and many intended partnership outcomes, such as leverage, coordination, and capacity strengthening, both directly and indirectly[1]. APHRC has successfully served as a grantor and fund manager in several initiatives. We have exceeded standard fund management expectations by enhancing the capacity of our partners to ensure that donor funds are used effectively and efficiently in delivering intended outcomes.

In 2021, APHRC took on fund management for the Joint Programming Initiative for Antimicrobial Resistance (JPIAMR), funded by the Swedish International Development Cooperation Agency (SIDA). APHRC oversees (13) JPIAMR projects in (18) implementing partner institutions drawn from (13) African countries. APHRC's role includes monitoring and supporting the project partners to enhance efficiency and effectiveness, strengthen the research and grant management capacities of AMR researchers, and implement partner institutions in Africa. Ultimately, APHRC's expected outcomes for the project are strengthened research, governance, and management systems within institutions supporting AMR research and response; and a strong network of AMR researchers collaboratively and effectively engaging with policy actors in projects aimed at the prevention and treatment of bacterial, parasitic, viral and fungal infections and diseases.



The project kick-started with a due diligence assessment using the Good Financial Grant Practice (GFGP) tool to understand the institutions' capabilities, gaps, and organizational aspects that would inform capacity strengthening plans. The institutions first carried out a self-assessment using an online survey; assessing themselves in four areas of financial management, procurement, human resources, and governance - rating themselves under any one of the levels of bronze, silver, gold, or platinum, with the bronze being the lowest level and platinum being the highest level of compliance. Analysis from a review of the self-assessment reports and independent reviews by external auditors pointed to the need to strengthen grant management and regularly monitor the projects at the specific institutions.

From 2022, APHRC embarked on monitoring visits to ensure efficient and effective project management, including management according to plans and budget, and to identify project weaknesses and gaps early enough so that they could be addressed accordingly. The visits also enabled the team to contextualize the proposals and reports we received from the partner institutions. Whereas the visits identified gaps in project governance and management, they also helped us to understand some of the challenges faced by the implementing partners, such as delays in project implementation due to COVID restrictions and procurement delays, especially for equipment shipped from the North. The monitoring team also mentored some implementing teams in documenting their risk management strategy.

Findings from the monitoring visits informed the design of the first capacity strengthening forum held on June 7-10, 2022. The workshop allowed for more network integration and forging between various project members involved in the ongoing JPIAMR Projects. It also facilitated open interactions and networking among the participants, and this presented a good opportunity to break hierarchical, functional, regional, language, project, and cohort barriers. A critical takeaway was that regular engagement with funders, support units, and stakeholders ensured a greater understanding of expectations and successful project delivery. Communication was cited as the most critical skill for successful grant management throughout the project life cycle.

Through monitoring visits, annual reviews, and capacity-strengthening forums, the implementing partners will ultimately be facilitated to strengthen the research ecosystem at their institution.

Q&A

with Alex Manyasi: The ins and out of working with governments in policy

By Moreen Nkonge, Communication and Knowledge Translation Officer

In this interview, I sit with Alex Manyasi, Advocacy and Knowledge Management Specialist at APHRC, to trace his 13-year-long journey working in the policy space in Kenya and across the region. He is currently managing the National Sanitation Policy project supporting governments to think through sanitation policy challenges and bolstering policy review and implementation. Alex is also a Ph.D. candidate in leadership and governance at the Jomo Kenyatta University of Agriculture and Technology.



Q: What prompted your interest in policy work, and how long have you been in this space?

A: Actually, I stumbled into this space by chance and ended up building a career in it for the past several years. My induction into policy started in the private sector when I worked as a project officer with the Kenya Private Sector Alliance to help improve the business environment by engaging the government on the legal, regulatory and operational challenges that faced the business community. Later in 2012, I joined Sanergy - a non-profit working on providing non-sewered sanitation solutions in urban areas in Kenya - as a government relations manager handling policy engagement, advocacy, and regulatory compliance. I have served as the private sector Kenyan representative to Sanitation and Water for All - a global partnership of governments, donors, civil society organizations, and other development partners working towards clean water and adequate sanitation; and as the national coordinator for Kenya for the Water Supply and Sanitation Collaborative Council (now the Sanitation Hygiene Fund). I am currently leading the National Sanitation Policy Advocacy project at APHRC.

Q: You are working with African governments to support the alignment of sanitation policies with the African Sanitation Policy Guidelines (ASPGs). What are the ASPGs, and why are they important for sanitation policy?

A: The ASPGs are guidelines for African Union member states to help them develop or review their policies in line with the SDGs. They came about from the concern that Africa would take at least 200 years to achieve the 2030 aspirations on sanitation. To deal with this, the African Ministers' Council on Water assessed African policies supporting sanitation and realized many gaps. The ASPGs were then conceptualized as a framework to help address them.

Q: How will adopting the ASPGs for national sanitation policies help address the perennial challenges countries face in sanitation?

A: Initially, the Millennium Development Goals focused on access to sanitation, but with the transition to the SDGs, this shifted to safely managed sanitation capturing the sanitation value chain. Aligning national sanitation policies with the ASPGs (and by extension, the SDGs) expanded the sector's investment scope, accelerating progress toward sanitation for all.

Q: APHRC worked closely with Kenya's Ministry of Water, Sanitation, and Irrigation and sector stakeholders to support the development of the new National Sanitation Management Policy with much success. What would you attribute this to?

A: Most important was the political will and leadership by the government through the Ministry to engage in the sanitation policy reform process. Secondly, there was robust sector stakeholder involvement from initial consultations and public participation to drafting the policy. APHRC was honored to coordinate this process and provide technical support.

Q: Statistics show only 29% of Kenyans have access to safe and basic sanitation. How will the new National Sanitation Management Policy address this challenge?

A: Investment in the sector is key. However, structural and policy challenges have in the past made it impossible to even track this in the sector. The new policy promises better management and coordination of the sector while opening it up for more investment. Secondly, earlier sanitation focus in Kenya was largely on access and hygiene, but the new policy is focused on the entire sanitation value chain: containment, transport, treatment, and disposal/reuse.

Q: What key lessons have you learned from working in policy?

A: Policy work is never a one-man's show; neither is it a quick fix. It, therefore, calls for many consultations and collaboration while investing long-term. Policy influence sometimes requires cultivating government interest while aligning with its strategic priorities. Lastly, when working with governments, it is important to have a good grasp of sector challenges to inform strategy towards finding solutions.

Q: Lastly, there is often a disconnect between policy and implementation across sectors. Why do you think this is the case, and what can be done to remedy this?

A: The challenge in policy implementation lies in the policy-making process. Often, a lot of effort goes into getting everyone on the same page, and when this doesn't happen, it can chip away at the goodwill. The policy-making process must focus more on finding consensus on contentious issues to avoid stalling at the implementation stage. Organizations involved in the policy space also have a role to play in understanding the dynamics of the policy-making process to invest adequate expertise and time for the long term.



Reflections in rainbow colors: Lived experiences of the LGBT+ community in Mombasa

by Emmanuel Otukpa, Research Officer

Abuse and mistreatment are the keywords that describe the lived experiences of the LGBT+ community worldwide. I am writing this piece to reflect on my experience participating in the problem driven political economy analysis (PEA) conducted as part of the Challenging the Politics of Social Exclusion (CPSE) project.

I consider myself privileged, having lived in many parts of the world, and exposed to various cultures. Born in a Franco-Arabic country, Mauritania, I spent my childhood traversing a few European countries and received a blended education with an African upbringing. Regardless of wherever I was on the face of the planet, one thing remained constant, discrimination. I define it as interactions and the treatment of individuals based on a prejudiced understanding of who they are and their origin. In Europe, I was discriminated against based on my skin color. In Africa, I was and continue to be discriminated against based on my nationality as a Nigerian. Even in my home country, I often face discrimination based on my ethnic background and religion.

While preparing for my first qualitative study, different thoughts ran through my mind, highlighting my implicit bias toward heteronormative social behavior. This research intended to gather tangible evidence on many aspects of the political and economic factors surrounding the lived experiences of the LGBTQ community in Kenya. Mombasa was one of the three sites included in the study owing to its population size and cultural history.

During preparation, I often asked myself questions such as, 'Will they think I share the same sexual orientation? Will the respondents receive us and provide the information we seek? Will they buy the idea of a Nigerian at the Kenyan coast asking questions about sexual diversity?'

The Political Economy Analyses comprised different forms of interviews, and to prepare, I often practiced in front of the mirror, memorizing the interview guides and ensuring I had the necessary documentation for the exercise. Despite the residual fear and anxiety in me, one thing remained constant—the purpose of the research.

For many of those considered sexual minorities, things are different. The hostility toward the community is palpable: Although masked in

the presence of an "enlightened" company, members of the LGBT+ community risk the threat of daily violence and death. In-depth interviews provided a glimpse into the everyday lives of sexual minorities, such as poor treatment at health facilities, constant fear for their lives, secrecy, and abandonment by family and society in general. Coupled with economic disenfranchisement and exploitation, this often culminates in serious mental health issues.

My anxiety slowly waned as I investigated further; members of the LGBT community I interacted with were open and willing to share information with anyone willing to listen. Community leaders where sexual and gender minorities resided took visible positions in attempting to end violence towards members outed as being of a different sexual orientation or being gender diverse. Few members of law enforcement provided protection when needed, as well as activists and community-based organizations that fund programs and speak out to aid the LGBT+ community.

From my interactions, I discovered that at the end of the day, most, if not all, individuals' lived experiences (LGBT or otherwise) greatly depend on the economics of the day, that is, on the generosity of thrill-seeking

tourists and patrons of the sex trade. For example, while research economics depends on interventions or activities and funding availability, politics rooted in academia include funder-interests, North-south relations, and a balance of power in technical expertise. For sexual minorities, the politics and economics of their community are rooted in the sex industry. While sexual minorities are in a small way recognized and catered for in the realm of public health and HIV, the criminalization of the sex industry and sex work perpetuates a cyclic system of human trafficking, violence, and an increased risk of STIs and discrimination. These, coupled with the interplay of culture, religion, and the alleged acceptance of Western values, have contributed to the ecosystem of hatred, discrimination, and homophobia against the LGBT+ community.

There is potential that the economic growth sought could elude many communities when a number of its members are marginalized based on their sexual orientation or gender identification. There is a need for further research into the lived experiences of the LGBT community to explore issues that lead to and result from social exclusion, such as substance abuse as a coping mechanism and mental health challenges.

Tribute to Dr. Pauline Bakibinga

by Catherine Kyobutungi,
Executive Director

Friends, colleagues, and family of Pauline.

On behalf of the African Population and Health Research Center (APHRC) community, please accept my deepest condolences on the passing of our colleague, mentor, and friend Pauline.

Pauline joined APHRC in 2013 as a post-doctoral fellow, soon after completing her Ph.D. at the University of Bergen. She completed her fellowship and was offered a position as an Associate Research Scientist, a position she held until her demise.

At APHRC, Pauline worked on health systems research, where she led various research projects on strengthening health services for communities in poor urban areas. She was a very effective research leader working with local community leaders, healthcare workers, and county and sub-county health leaders in running the projects. She had formed networks with partners from across the world that she impressed with her intellect, dedication, passion, and dependability.

Over time, her research interests evolved into the digital health field – at the intersection between healthcare and digital (especially mobile phone) technology. She has been the leader of this area at APHRC and, in May this year was appointed as the head of the health systems strengthening research unit in recognition of her thought leadership.

The biggest impact of her work was to develop digital tools to support community health workers in identifying critically sick newborn babies and new mothers and referring them for care in a timely manner, leading to work to develop a policy framework for telehealth in several African countries. As a researcher, she was very successful,

publishing more than 40 papers and raising approximately US \$ 7 million or slightly more than 28 billion UGX – which are all marks of a highly successful researcher. Pauline was in the prime of her research career, and society is poorer at this loss. Indeed just ten days before her death, she was awarded the very first Tumani Corrah Award for Research Excellence in Africa. Tumani Corrah is the founding director of the Africa Research Excellence Fund – Pauline was a trainee in one of their grant writing workshops. She was competitively selected among her peers with whom she trained in 2016.

Now, let me talk about Pauline, the person. We will remember Pauline for her bubbly personality though she was sometimes reserved and shy. She had lots of energy and was quick to volunteer and take on responsibilities. She was very witty and had a genuine, heartwarming laugh. The last memory most of us have of her is during the last staff meeting on Zoom on July 18, where she was bantering with colleagues and making all of us laugh.

She was also very organized and an early riser – before COVID19, there were periods when she would be in the office by 5.00 AM, and by the time most of us reported at 9.00, she would be through with most of her work, and she would leave the office around 2.00 PM. It takes a certain level of discipline to operate that way.

Pauline was an extraordinary mentor – whether with the young and upcoming researchers she worked with at APHRC or with young and upcoming scientists from her various networks – specifically at MUST. Several times, she told me that she had “projects” with MUST students, she was either organizing training, doing one-on-one coaching, reading manuscripts, name it, and she did it! She sometimes asked to take off a few days without pay to work on these projects. Indeed if one looks carefully at her research papers, one can clearly see how vast and deep her networks were and how she maintained strong ties with people she had met at various stages of her career.

Pauline was a woman of faith – some of us knew of her participation in the Christ the King choir in Kampala – even though she was based in Nairobi – of course, until COVID19 made it possible for her to spend most of her time in UG; some of us are aware of her work with Nsambya hospital even when she was terribly busy with her work at the Center. She was never too busy to support church projects.

In 2018, the Catholic community at APHRC organized for mass to be celebrated at the office once a week. Pauline donated some of the vestments for use during mass and never failed to participate in preparation for the mass – or the mass itself whenever she was in town.

Pauline was a fashionista – most of us will remember her very colorful outfits. Elaborate African prints perfectly matched with her accessories – I used to wonder how many sets of jewelry she had, how many hair bands, and how many bangles – There are times I would wonder what her closet looked like, and I would picture something bursting with color but still perfectly organized.

At APHRC, we have lost a colleague, a fearless African woman, an outstanding scientist, and an extraordinary mentor. We have lost a friend and a member of the great APHRC family. The shock and suddenness of her death have left us devastated with many unanswered questions. Questions about what we could have done, what we could have missed, and what could have been? But, we will never know –

For Pauline’s family – we pray that you find comfort. We pray that God wraps His arms around you and brings you light in the hours of darkness. We pray that Pauline’s memory will be a blessing to you and that her bright smile will light your path in the coming days. Mama Pauline, your daughter, left a big mark in the world, and we hope that knowing that gives you some comfort, however small.

Pauline loved to sing, and I hope that in the midst of our tears, we can sing as well, that we can sing and raise our voices in praise of the wonderful life that Pauline lived, that we can sing and raise our voices to our heavenly God to welcome her into His eternal kingdom.



I will end with the poem

♫ **If I Should Go - by Joyce Grenfell.** ♪

If I should die before the rest of you,

Break not a flower nor inscribe a stone.

Nor, when I’m gone, speak in a Sunday voice,

But be the usual selves that I have known.

Weep if you must,

Parting is hell.

But life goes on,

So sing as well.

May Pauline Rest in Peace.



A time to rethink special education institutions in Kenya

by Elly Kiru, Postdoctoral Research Scientist

Rethinking ingrained beliefs and concepts can change society for the better. Speculations should start with a critical examination of the terminology we employ to characterize one another's views, which inform our behavior or our ideas. It is high time that we begin to improve on this aspect when we look at inclusion in schools.

In Kenya, strides have been made to include people with disabilities, also referred to as differently abled, as active participants in different areas of society. Decades of advocacy from disability organizations, faith-based organizations, and communities have contributed to the current and continued momentum for the involvement of people with disabilities in societal development. Legislative mandates such as the 2003 Disabilities Act, the 2010 Constitution of Kenya, the 2009 Special Needs Education Policy Framework, and the 2018 Sector Policy for Learners and Trainees with Disabilities communicate concerted government efforts to increase awareness about people with disabilities and potentially improve their quality of lives.

One area that could benefit from the change regarding people with disabilities pertains to institutions of learning which are a crucial engine in the development of society. Only a handful of schools with resources provide students using wheelchairs with ramps to increase access and safety. The lack of this creates physical barriers and denies

large populations of students access to not only facilities, but opportunities. Inclusion, in general, is a journey that requires active involvement from multiple stakeholders, which includes the community, faith-based organizations, the government, grassroots movements, and the whole village.

Active involvement also requires understanding ideas that propel inclusion versus actions that stall inclusive ideas and practices. Active involvement pushes us to think about the terms we use to describe categories of people. Active involvement includes creating a space that understands one shoe does not fit everyone. In Kenya, a continuum of services for students with special needs is already in place at a small scale. These continuums of services and settings seek education and related services (e.g., speech therapy, occupational therapy). For example, we have the Autism Unit at City primary and the Deaf unit at Aga Khan primary in Nairobi. There are special units in different public schools around the country, Thika School for the Blind, Jacaranda school, and so forth. These schools are crucial in ensuring students with special needs receive educational opportunities in safe environments with trained personnel. One would ask whether these are inclusive settings considering they are schools solely with a population of students with special needs. Another salient case in point is the continued existence of the Dagoretti Special School for students with physical impairments. A physical impairment due to



an injury, health condition, or extenuating circumstances is not equivalent to cognitive or functional impairment in all areas. On the surface, this setting, like many others, may appear to provide specific educational opportunities for a particular population of students, a worthwhile endeavor; however, this setting also perpetuates a culture of segregation based on disability.

What then does inclusion call for us to do? Inclusion calls for us to reimagine. While some students may benefit from receiving special education in these separate settings, more effort is needed to increase interactions between students in regular schools and to develop necessary mechanisms that facilitate inclusion. There is a possibility for mutual benefit when students in the special schools interact with students in the regular schools and vice versa.



Legislative mandates such as the 2003 Disabilities Act, the 2010 Constitution of Kenya, the 2009 Special Needs Education Policy Framework, and the 2018 Sector Policy for Learners and Trainees with Disabilities communicate concerted government efforts to increase awareness about people with disabilities and potentially improve their quality of lives.

Parallel to this rethinking is the need for schools to increase awareness about special education and practices promoting inclusion in daily interactions and squash stereotypes perpetuating deficit thinking.

Questions and challenges abound on the journey towards building inclusive worlds, beginning with our learning institutions. For instance, is it possible for schools to create increased opportunities between students in regular schools and special schools? Do we need to reconsider the continued existence of the Dagoretti Special School? Is it time for us to begin the elimination of this institution as we construct ramps and create space

for students with physical impairments in the regular schools? Alternatively, can we redesign the school and admit all students with and without physical disabilities? As we build new schools, should there be a requirement to build accessible buildings? Do we need to increase resources in regular schools for early screening, hiring skilled personnel, and developing student teams?

Inclusion is a gradual process that requires intentional investments over time. Students with disabilities and their families should have more choices and freedom to enroll their children in different schools not limited to their physical impairment or any other disability.



Evolution of grantmaking in research and research and related capacity strengthening

By *Florah Karimi, CARTA Program Manager*

Over the years, the Research and Related Capacity Strengthening (RRCS) Division of APHRC has strengthened its grantmaking strategies based on lessons learned. With an initial focus on funding post-graduate fellowships, the Division has since extended its activities to include the funding of institutions, post-doctoral fellowships, and thematic-based research and related hubs.

The individual fellowships include fees for post-graduate training and short courses; stipend, travel, conference, networking, and internship support; and individual grants for research work, community and policy engagements, and post-doctoral fellowship activities that include mentorship opportunities.

Recently, through the Swedish International Development Cooperation Agency (SIDA) support to the Consortium for Advanced Research Training in Africa (CARTA) program, APHRC introduced child-care and last-mile grants to

cushion its fellows from adverse effects of the COVID-19 pandemic on their progression.

Furthermore, RRCS provides institutional grants for groundwork development support, institutional research projects, coordination of RRCS events at partner institutions, monitoring and outreach activities, staff engagement in institutional-based RRCS activities, and the institutionalization of proven interventions.

Our grantmaking processes have also evolved, and as a result, we have employed various strategies in the grantmaking process. These strategies entail making open calls to suitable candidates for individual-based fellowships in specific research priority areas linked to APHRC's focus on population health and well-being. We also make targeted calls for institutional-based and individual-based fellowships related to existing partnerships and networks that prioritize population health and well-being. While the open approaches provide a broad reach, the targeted

strategies consolidate their efforts for more significant impact and accountability within a restricted scope. The African Doctoral Dissertation Research Fellowship (ADDRF) and the Capacity Development of Applied Epidemiologists (CDAE) projects have embraced the open-call approaches.

On the other hand, CARTA, a flagship project of APHRC, has embraced the targeted-call approach. We endeavor to develop strategies to accommodate the two methods – a consideration we are making through projects such as the Catalyze Impact via Africa-led Implementation Research Initiative. In this light, we are strengthening our partnership mechanisms to bring appropriate and strategic partners to walk with while enhancing Africa's research and development (R&D) system.

Other strategies we have adopted to strengthen grantmaking in RRCS include the development of guidelines, including application packages and templates, selection criteria, engagement requirements, and deliverables, for various funding opportunities, all of which are availed to potential grantees. Further, we strengthen the grant development and management capacities of potential applicants, giving them opportunities to draft proposals using collaborative approaches, expert facilitation, mentorship arrangements, and employment of peer and external review and learning processes. The awardee selection process is robust and includes a guided peer review process and engagement of the partners in the decision-making process while also optimizing equity and inclusivity.

As a different approach to grant making, APHRC has, over the last two years, experienced an increased request for partnership with various international funding agents to coordinate and manage specific grants provided for research projects in the Africa region, including the Sida-funded Joint Programming Initiative for Anti-Microbial Resistance (JPIAMR). We attribute this to APHRC's efficiency and effectiveness in grant management and its proven credibility that various funding agents have recognized.

APHRC remains committed to efficient and effective grantmaking: monitoring, evaluating, researching, and learning, strengthening its capacities and identifying and engaging with various strategic partners for optimal performance.

Nairobi Urban Health and Demographic Surveillance System over the 20 years

by Marylene Wamukoya, Senior Data Analyst

The Nairobi Urban Health and Demographic Surveillance System (NUHDSS) was pioneered in two slums, Korogocho and Viwandani, in Nairobi County, Kenya, in August 2002 by the African Population and Health Research Center (APHRC). This pioneer urban HDSS was a flagship project for the Center and was established to highlight the urban-health disadvantage in sub-Saharan Africa following the Nairobi Cross-sectional Slums Survey (NCSS) conducted by the Center in 2000. The NCSS highlighted the plight of slum residents with the worst health and socioeconomic outcomes of any group in Kenya. The marked absence of public sector and law enforcement agencies and no legal land entitlements exposed them to violence and social unrest.

Over the years, the NUHDSS has served as a platform for:

- Investigating the long-term effects of urban slum residence on health and socio-economic outcomes.
- Monitoring the impact of interventions by the government and other development agencies.
- A research tool for other specialized studies

focusing on urbanization, population, education, family planning, reproductive, and general health conditions of the urban poor.

The findings have been used to develop and implement solutions that have been directly relevant to the monitoring of the Millennium Development Goals (especially goals 1,2,5,6), which today form a reasonable basis for monitoring the Sustainable Development Goals (in particular Targets 1 and 5). For example, in 2008 Korogocho slum was selected as the site for a joint initiative by the Government of Italy in collaboration with UN-HABITAT and the Ministry of Local Government, Kenya, to implement a major slum-upgrading program following the publication of findings from the NUHDSS platform. The platform has matured profoundly over the years. From a monitoring and surveillance initiative to a platform used for implementation research to improve the wellbeing of slum communities and in 2017, the Impact Evaluation of the PEPFAR's DREAMS (Determined, Resilient, Empowered, AIDS-free, mentored, and Safe) began in the NUHDSS.

“The NUHDSS is a valuable resource. It combines the best elements of community engagement, high-quality health research, and the use of evidence for decisions that have the potential to improve people’s lives.” - Catherine Kyobutungi, Executive Director, APHRC, 2018.

Despite these successes, there have been a few challenges that have necessitated a re-design of the platform. In March 2020, the Center paused the project activities to understand these challenges better and implement solutions in collaboration with key stakeholders. The major challenges include (but are not limited to):

- **Funding** – with a lack of consistent/direct funding, the platform has relied on core funds and nested studies, but these do not guarantee financial sustainability.
- **Lack of depth and detail** – the platform is purely quantitative. Still, the observed differences between the two slums and the demographic transitions over the years require qualitative methodologies to be well characterized.

- **Limited utility** - is because the platform was not designed to generate evidence at a city- or national-level and cannot provide evidence that speaks to national and global priorities.

Key considerations for a re-designed urban HDSS that maintains the purpose for which APHRC initially established the platform include:

- The geographic scope of the platform is beyond two slums in Nairobi County, Kenya.
- Use of technology to inform the methodology by which the research is conducted.
- Focus on special socially vulnerable groups.
- Focus on environment and health agenda.
- Preparedness for responding with evidence during major disease outbreaks.
- Improved coordination with other regional HDSSs.



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