# APHRC

## NEWS

**APHRC**

**A Journey into Year 2 of 5:**

Implementing APHRC's 2022-2026
Strategic Plan

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# Executive Director Remarks

On May 17, 2022, during the APHRC Board meeting, we launched our brand new five-year Strategic Plan. Holding the freshly printed and beautifully designed document in my hands, I stood on the stage surrounded by our Board members and senior management team as confetti gently floated around us. In a way, the event was the end of one journey - a winding process that involved countless consultative meetings with different teams at the Center, invigorating events at which the passion of colleagues shone brightly. The process involved making hard decisions, giving up some dreams, and embracing others. At the end of the journey, we stood proudly and admired our handiwork. Our 2022-2026 Strategic Plan held a bold vision and promise for the Center.

The launch was however, the beginning of another journey - implementing the bold ideas and strategies we had included in the Plan. Did we make the right decisions? Did we promise too much? Were we too bold?

Two years into the implementation of the Strategic Plan, we are still standing, growing from strength to strength, and more confident that we made the right decisions. We have continued to strengthen our systems and processes, improve governance, nurtured new partnerships while strengthening old ones, expanded the breadth and depth of our programs, and broken new ground.  It is hard to list all our achievements over the two years, but they are in all our programmatic areas and operations. They include the establishment of new functions, new programs taking off, and tremendous growth in our operations. Specifically, we have grown our staff numbers to 230 (from 176 at the end of 2021), expanded our partnerships and reach to at least 35 African countries, published 320 peer-reviewed and 201 non peer-reviewed products, and registered more than 20 documented policy wins in eight countries.

In this newsletter, we hear from APHRC staff in different programs and units and their journey so far into the 2022-2026 Strategic Plan - in their own words. I found it incredibly gratifying to read their stories and see the immense sense of pride that staff have in their work and their contributions to the Center's vision and mission.

We will take a journey to the Operations Division to read about what the ICT team is up to, the tremendous work done by the Measurement, Evaluation, and Learning team in streamlining this function and the introduction of knowledge management at the Center, and finally how the Business Development team is spurring innovation.

Next, we will delve into the Research Program to learn about the strides made in establishing the Data Science Program, how the Chronic Disease Management team is finding its feet, our brand new initiatives in mental health, and much more.

From the Policy Engagement and Communications Program, we learn about revamping and restructuring the function to be fit for purpose and take us to the next level of impact. We also learn about the strides made in forging new relationships around mental health advocacy in West Africa.

The Research and Related Capacity Strengthening team is showcasing our work in maintaining partnerships in our flagship doctoral and post-doctoral training program - the Consortium for Advanced Research Training in Africa (CARTA). They also showcase our first-ever initiative under the new systemic capacity strengthening approach and the remarkable progress in establishing a Virtual Academy.

Last but not least, we read about what our West Africa regional office team has been up to. We learn about another flagship program - the Countdown to 2030 - and how it is continuing its transformative path by launching a Fellowship program for early career professionals involved in analytic work in their respective countries and contributing to tracking Sustainable Development Goals (SDGs) related to the health of women, children, and adolescents. We also meet a rising star - Sokhna, who leads a new area of work in the intersection between climate change, environmental factors, and human health.

It has been six years at the helm of this amazing organization and two years into our Strategic Plan, and I see a bright future for the Center. A future where everyone at the Center thrives and takes great pride in their work. With such talent and a clear, bold strategy, there is no limit to the success we can achieve  - which can only be a good thing for the African continent.

I invite you to read about our two-year journey as we navigate transitions, new structures, new ways of thinking, new partnerships and set our sights on new horizons.

*Catherine Kyobutungi*

> *I see a bright future for the Center.  A future where everyone at the Center thrives and takes great pride in their work.*

# Beyond Compliance: Navigating the ESG Frontier

*By Phyllis Mungai, Legal and Grants Officer*



ESG (Environmental, Social, and Governance) considerations have gained significant traction in recent years and can be seen as more than just a trend. Amid climate change and social issues in the globalized world, organizations face increased scrutiny towards sustainable and socially responsible practices.



My first encounter with the term Environmental, Social, and Governance (ESG) was in early 2022 on X (formerly Twitter), when a tweet from the ever-so-controversial Elon Musk caught my attention. It partly read, "......ESG is a scam. It has been weaponized by phony social justice warriors." Intrigued and curious to find out more about this "scam," I clicked on the article that led to a listing of ESG ratings of renowned companies, in which a tobacco company had been ranked higher than Elon's company that manufactures electric cars. Indeed, this seemed odd, and there began my journey to demystify ESG.

## What is ESG?

ESG is an umbrella term that stands for Environmental, Social and Governance. These three factors are used to assess an organization's performance in these areas, considered important for measuring sustainability and ethical impact. Specifically, environmental factors assess an organization's impact on the environment and look at how an organization directly or indirectly treats the environment. Social factors examine how an organization manages stakeholder relationships, such as the treatment of employees, its clients, and the community. In comparison, governance factors assess how an organization is administratively managed.

## Doing the Right Thing While Doing Well

ESG's guiding principle is that organizations can achieve success and profitability while simultaneously acting ethically, responsibly, and sustainably. At the very outset, ESG was a purview of business entities. It came about when investors began to care more about how companies made their money and not only how profitable they were. This shift was largely driven by developments in the regulatory sector, consumer preferences, and a focus on long-term value creation. It also became evident that poor ESG practices could lead to unpleasant ramifications such as financial and reputational risk.

Due to this growing awareness of environmental issues, social responsibility, and the acknowledgment that well-governed institutions are often more resilient and sustainable in the long term, non-profit entities have equally embarked on the journey to ESG.

## APHRC's Commitment to Sustainability

The embedding of ESG into the 2022-2026 Strategic Plan not only puts APHRC ahead of its game but propels it as a trailblazer in all matters sustainability. Given that no fixed standard nor unified framework exists for ESG evaluation, APHRC's roadmap to sustainability focuses on its values of fairness, integrity, respect, and excellence. Since 2020, the Center has made significant strides in navigating the ESG landscape by effecting:

- **Environmental considerations:** A key initiative under our Strategic Plan is the environmental sustainability of the Center's work in two ways. Firstly, through the implementation of green and eco-friendly initiatives to reduce any negative impact of our work and secondly, through our programmatic areas work, which has the power to positively impact the environment. Under this pillar, our achievements include the introduction of paperless systems, which have significantly reduced paper waste, solar power installation in our Information and Communication Technology (ICT) server room, remote working initiatives that have led to reduced carbon footprint by road and air, and undertaking research in new focus areas such as the climate change and its impact on health.

- **Social considerations:** Each year, the Center gives back to the two slum communities where most of our research is undertaken. The most recent initiatives include: 1) the donation of 110 laptops to all the schools around the local communities and training by ICT staff on how to use them, and 2) Education support to 24 high schoolers under the Jubilee Education fund that provides needy students with funding for their secondary school education. In labor practices matters, the Center ensures impartiality across the talent management process (recruitment and selection, career progression, and training and development) and remuneration. The Center also has family-friendly work policies and practices, such as the provision of maternity/paternity leave, adoption leave, compassionate leave, flexitime, and leave without pay.

- **Governance considerations:** The governance pillar has by far the most achievements. In the last 2 years, the Center has undertaken 4 key audits: a governance audit, a legal audit, a risk management audit, and an environmental audit, with recommendations from each audit being effected. Efforts to strengthen governance structures include the establishment of an audit committee of the Board, Board charter, and Board diversity policy. Similarly, the management employs a culture of transparent reporting to staff and stakeholders. APHRC's robust internal controls align with industry best practices, the latest being the separation of the audit and risk functions to ensure objectivity in risk management.

Overall, integrating ESG principles into our Strategic Plan and areas of work can evidently contribute to the Center's success. By embracing ESG, APHRC sets itself apart and attracts like-minded funders and partners deemed responsible and accountable. Our alignment and prioritization of these principles position us better to thrive and contribute positively to our bottom line, the wider community, and the planet.

## The Revolution Will Not be Televised

In a world facing unprecedented challenges, each of us holds the potential to be a force for positive change. Now, more than ever, it's time for individuals to champion the principles of ESG by emphasizing the importance of integrity, empathy, and social responsibility alongside pursuing personal or career goals. Ethical behavior and success are not mutually exclusive, and they can reinforce each other for long-term prosperity and positive societal impact.

Together, we can be the architects of a more sustainable, equitable, and responsible future.

Will you join the ESG revolution?

# Fostering Innovation at the Center

*By Sheena Kayira, Development Unit Manager*

Recognizing the importance of generating impactful ideas and innovations as part of its 2022-2026 Strategic Plan, APHRC established a Fund for initiatives that align with the Center's long-term goals and the so-called Signature Issues Approach. The Fund was modeled along another initiative - the APHRC Prize for Innovation that ran sporadically between 2017 and 2020. Launched in 2022, the Fund aims to support individuals and teams in doing preliminary work that refines and strengthens ideas into fundable concepts.

The Fund has two mechanisms: i) Pipeline Ideas - a mechanism through which early-to-mid career professionals are supported to develop an area of interest and/or develop innovations that can be used in the Center's day-to-day operations. The award, ranging from $10K to $20K, may be used to seek mentorship, foster team development, build capacity, and accelerate project development through pilot and formative studies. It may also be used to conduct research or implement a project as part of an academic program. ii) Big Ideas - a mechanism for teams to establish partnerships and develop ideas that can be further refined and strengthened into multi-disciplinary, multi-country, multi-million, and multi-year concepts. The award for up to $50k may be used for pilot and formative research, stakeholder engagement, grant writing workshops, partnership-building activities, and co-creation/co-design events, among others. APHRC has so far provided $500,000 through an internal competitive process to individuals and teams from the programs and operations division that have showcased brilliant ideas with the potential to develop into fundable programs and usable innovations.

### Milestones Achieved

The initiative has garnered recognition, interest, and enthusiasm from staff and prospective partners. In 2023, the number of submissions for Pipeline Ideas rose to thirty-four from eight in the initial year, a 325% increase, while Big Ideas rose from five to nine, an 80% increase. The seed funding has helped support highly ambitious and expansive ideas, enabling individuals and teams to position themselves for future success in fundraising and developing usable products to strengthen the Center's systems. Below is a brief description of some of the funded innovations:

- One of the 2022 funded teams aims to leverage supermarket purchase data to understand how consumer-purchasing habits influence the prevalence of non-communicable diseases (NCDs) and to inform policies that promote health. The team is on course to develop a centralized database for supermarket purchase data, standardizing and harmonizing the data, analyzing purchasing patterns, and predicting the effects of nutrition on NCD rates in Kenya. The findings will support evidence-based policy interventions to reduce the burden of NCDs in Kenya. The project is on track, with stakeholder engagement and data preparation being the current focus. The subsequent phases will involve data analysis, model development, policy assessments, and policy engagement.

- Another team working on developing transformative food systems has formed a multi-disciplinary consortium that has cultivated relationships with strategic funders and is positioned to provide technical expertise and support to expand the work in Kenya to other countries in the East African region. They are on course to conduct a scoping review on the food systems in East Africa, and they have held a series of stakeholder engagements. They also organized a food festival, which provided a platform for targeted stakeholder engagement and dialogue.

- Additionally, one of the other teams seeks to generate rigorous evidence on the health and wellbeing of pregnant and parenting adolescents and has constituted a transdisciplinary team from the Health and Wellbeing, Human Development, and Data Science and Evaluation themes, Research and Related Capacity Strengthening, Policy Engagement, and Communications programs and the Operations division. The team has built on ongoing work by the Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) Unit under the Challenging the Politics of Social Exclusion (CPSE) project, and the Action to Empower Adolescent Mothers in Burkina Faso and Malawi to Improve their Sexual and Reproductive Health (PROMOTE project). Further, the team has developed research uptake strategies to guide their engagement with various policy actors, including decision-makers, community members, and experts in the field. They have also developed and submitted several manuscripts, contributing to a growing body of evidence on this subject.

### Looking Ahead

It is still early days, but we celebrate these early achievements. We look forward to the sustained impact of these initiatives on the Center's programs and beyond. The Center remains dedicated to fostering innovation, strengthening research and related capacity, and engaging with policies that will inform impactful actions. The adventure continues, with each initiative propelling APHRC toward greater heights and a future where innovation knows no bounds.

# Bolstering Cybersecurity at APHRC

*By Paul Odero, ICT Manager*

In the bustling cityscape of Nairobi, where the pursuit of knowledge intersects with the drive for social impact, APHRC embarked on a journey to fortify its technological backbone. The mission was clear: to establish state-of-the-art Information and Communication Technology (ICT) security platforms that would elevate the Center's research capabilities, safeguard the integrity of its critical data, and implement systems that would support the implementation of APHRC's 2022-2026 Strategic Plan.

At the core of this endeavor was the recognition that technology is the linchpin for catalyzing impactful research and policy formulation. APHRC, an organization committed to advancing research on population, health, education, and related issues in Africa, understood the imperative of laying a strong foundation for its digital future.

The first chapter of this story unfolded with the establishment of an integrated ICT platform. Recognizing that the seamless flow of data is the lifeblood of research, APHRC invested in a cutting-edge ICT infrastructure. This included a state-of-the-art server room, virtualized environment, fast and secure internal networks, and internet connectivity. This became the nerve center, enabling APHRC to securely manage, process, and disseminate information efficiently, effectively, and accurately. It laid the groundwork for subsequent platforms that would redefine how technology was harnessed for the greater good.

As the ICT backbone solidified, APHRC turned its attention to a critical facet of the digital age – cybersecurity. The rise of cyber threats necessitated a shift in how the Center safeguarded its most precious asset - data. The Security Measures Platform was conceived and designed to be more than just a shield; it was a sentinel guarding the sanctity of information, the first line of defense against internal and external threats, malware, and a defense system against access to our data systems. Stringent protocols, encryption mechanisms, and continuous monitoring became the norm, ensuring that APHRC's digital fortress was impregnable.

Yet, the story didn't end there. The Center recognized that the pursuit of security must be a dynamic and evolving journey. As cyber threats shape-shifted, so did APHRC's response. The platform became a living entity, adapting to emerging threats and staying ahead in the cybersecurity arms race. This commitment to proactive cybersecurity was not just a shield against threats; it was an assertion of the Center's responsibility to protect the trust placed in it by the communities it serves.

The next chapter in this journey was etched with the principles of interoperability. Systems needed to communicate seamlessly, ensuring data from various sources could converge harmoniously. The Semantic Interoperability Platform emerged, breaking down silos and facilitating a more holistic understanding of the complex web of data. This interoperability wasn't just a technological feat but a bridge between disciplines, enabling researchers to glean insights that transcended traditional boundaries.

The FAIR (Findable, Accessible, Interoperable, and Reusable) principles became the guiding light for data management. Every facet of the platform was aligned with these principles, ensuring that data was not just a commodity but an asset that could be harnessed ethically and responsibly.

The climax of this journey came in the form of the Community Engagement Platform. APHRC realized that the technology it deployed was not merely a tool but a means to engage with the very communities it aimed to impact. This platform became the conduit for dialogue, ensuring that the voices of those directly affected were not only heard but actively integrated into the research and policy formulation processes.

As the final pages of this story unfolded, what emerged at APHRC was more than a set of platforms – it was an ecosystem where technology, research, and community intersected. The ICT and Security platforms became the bedrock of a digital renaissance, propelling APHRC into a future where data wasn't just a resource but a catalyst for positive change.

The story of establishing ICT and security platforms at APHRC is a testament to the Center's commitment to excellence, innovation, and ethical responsibility. It is a story that goes beyond the digital realm, encapsulating the spirit of transformation and impact that defines APHRC's journey in the digital age.

# Fueling Progress: A Dive into the Center's Knowledge Management and Learning Journey

*By **Evans Simiyu,** Knowledge Management and Learning Officer*

The Center inaugurated its Knowledge Management and Learning (KML) function in 2023. The function is anchored within the Operations Division's Measurement Evaluation and Learning Unit (MEL). The core mission of the KML function is to institutionalize practices and establish a framework for identifying, creating, capturing, storing, sharing, and applying knowledge for evidence generation and use within the Center.

Within this initiative, the KML team has crafted an array of activities to ensure the continuous generation, storage, sharing, and application of pivotal knowledge within the Center. A knowledge management and learning strategy for 2023-2026 has been formulated, providing a framework for harvesting and processing critical knowledge. One of the initiatives within the KML strategy involved staff capacity strengthening through targeted engagements, culminating in a 5-day training program on MEL and knowledge management in October 2023. 47 staff members were trained on knowledge management concepts, sharing behavior, translation techniques, and collaborative learning.

In addition, the KML team established a corporate knowledge and learning repository with centralized knowledge products, ensuring effortless accessibility for all staff through direct links or the Enterprise Resource Planning (ERP) system. This repository has over 230 knowledge products and is the epicenter of institutional memory. Moreover, a strategic knowledge retention and transfer initiative has been set in motion to safeguard critical knowledge held by retiring or exiting staff, ensuring a seamless transfer and business continuity of APHRC. The documented knowledge capture reports and other material will be stored in the repository and shared with the relevant staff.

KML's work extends beyond the technical realm. In liaison with the MEL team, they were instrumental in organizing the inaugural Senior Management Team (SMT) Pause and Reflect session, engaging 53 participants across the Center. This session catalyzed collective reflection on the implementation of APHRC's 2022-2026 Strategic Plan, aiming to enhance effectiveness, responsiveness, collaboration, and fulfillment of the Center's vision. Through activities like listing key activities, dot voting for strategic priorities, and synthesizing insights, the session shaped a comprehensive after-action review report to guide further implementation of the Strategic Plan.

As a final step in this journey, the KML Unit conducted a knowledge needs assessment and mapping survey. This survey identified knowledge gaps, training needs, and paved the way for recognizing Center-wide designated subject matter experts (SMEs) and knowledge champions. These SMEs will further invigorate the process of knowledge identification, capture, and transfer through the operationalization of knowledge cafes — platforms where teams converge to discuss mutual interests, share collective wisdom, propose innovative ideas, and deepen their understanding of critical issues at the Center.

To sustain these knowledge-sharing efforts, APHRC staff are not only encouraged but emboldened to share their wealth of knowledge continuously. Through active consultation, engagement, and a commitment to perpetual learning, we are nurturing a robust knowledge-sharing culture that significantly propels the Center's learning efforts and adaptive prowess to new heights.



*2023 Pause and Reflect Session*

# Tracking Performance and Showcasing Successes through Measurement, Evaluation, and Learning

*By Cynthia Runyenje, Monitoring and Evaluation Officer*
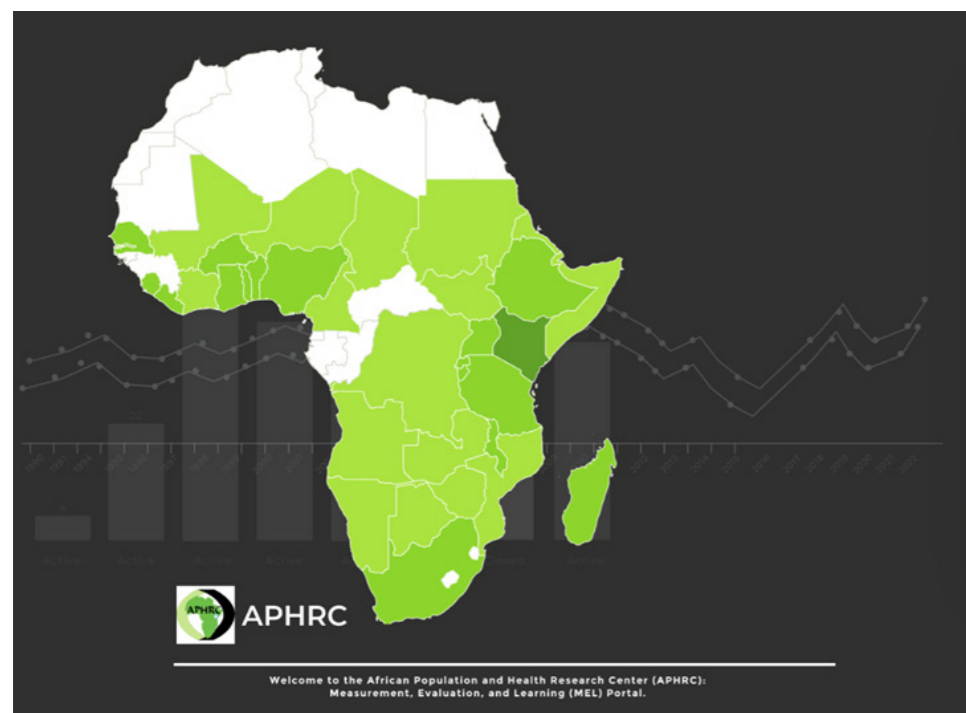
*What gets measured gets down - Tom Peters*

The Center established a corporate Measurement Evaluation and Learning (MEL) function in November 2018. The Unit developed the first comprehensive MEL framework for the Center's 2017-2021 Strategic Plan more than two years into its implementation. This made it difficult to accurately track our performance in the previous Plan period, and we resolved to get it right this time. At the beginning of the 2022-2026 Strategic Plan period, the existing MEL Unit was significantly strengthened with more staffing and resources, and the revamped team has not disappointed.

There are exciting initiatives from the Measurement, Evaluation, and Learning (MEL) Unit as it embarks on a transformative journey to enhance the impact and efficiency of our programs. These initiatives, aligned with APHRC's 2022-2026 Strategic Plan, signify the commitment to continuous improvement and innovation around the Center's Monitoring, Evaluation, Learning, and Knowledge Management framework.

## MEL Plan: A Roadmap for Monitoring and Evaluation Success

This process commenced by developing and operationalizing the Monitoring, Evaluation, and Learning (MEL) plan 2022-2026, which was meticulously crafted to monitor and assess the Center's performance in terms of outputs, outcomes, and impact in line with the Strategic Plan objectives. Notably, this plan was completed and launched by May 2022, a record for the Center, which had previously struggled to have such a plan completed in time to be meaningfully implemented. The MEL plan serves as a vital mechanism for standardized monitoring, evaluation, and learning processes for tracking the Strategic Plan's progress and ensuring focus on set targets towards achieving the envisioned impact. Additionally, it guides continuous learning through sharing performance on key indicators, lessons learned, and best practices to facilitate evidence-informed decision-making across the Center.

## MEL Portal: Elevating our M&E Data Management and Visualization

The MEL Unit is proud to introduce an Integrated MEL Portal, a cutting-edge centralized system designed to support APHRC's measurement and evaluation efforts, enabling efficient data collection, analysis, and reporting. The portal goes beyond traditional data management to incorporate features such as an interactive dynamic visualization dashboard, geographic information system (GIS) mapping capabilities, comprehensive reports, and data management modules. It will enable real-time data analysis, empowering APHRC to track indicators, identify trends, and uncover valuable patterns to communicate the Center's performance effectively. This initiative will further standardize and streamline our MEL processes. The MEL portal roll-out is coming soon.

## Impact Tracking and Assessment Toolkit: Conveying our Successes through Impact Storytelling

In our pursuit of excellence, the MEL team has introduced the APHRC Impact Tracking and Assessment (ITA) Toolkit, a comprehensive set of tools designed to enhance impact-tracking while emphasizing the importance of documentation and communication of the Center's influence. Aligned with the APHRC theory of change, the toolkit focuses on two key impact statements: the transformative impact of using evidence on lives in Africa and the impact of capacity strengthening on the Research and Development (R&D) ecosystem in Africa. This holistic approach allows for a thorough assessment, tracking, preparation, and documentation of APHRC's impact through policy and in line with the Center's vision. In collaboration with the Policy Engagement and Communications (PEC) program, the impact storytelling component will facilitate compelling documentation and communication of APHRC's transformative impact across Africa.

## The Learning Agenda: Strengthening Adaptive and Continuous Learning

To fortify our learning culture, we introduced a Learning Agenda emphasizing collaboration, learning, and adapting to our processes. Key to this is peer review meetings and reflection sessions. Through the Learning Agenda, the Center will continue building on its strengths and reinforce a culture of learning, adaptation, and impact-oriented implementation to fulfill its vision for transformative change across Africa.

## Capacity Strengthening on Monitoring, Evaluation, and Learning

Recognizing the importance of capacity building, our MEL Unit will continue to conduct institutional M&E capacity strengthening. Our focus areas include the operationalization of an M&E Community of Practice and, further to this, conducting targeted M&E training.

These initiatives represent a significant leap forward for APHRC towards elevating our monitoring and evaluation capabilities, fostering a culture of evidence-informed decision-making, and continuous learning and improvement.

The MEL team at APHRC is proud of its contributions so far in streamlining our systems and processes for monitoring, evaluation, and, above all, learning. We are confident that our contributions will effectively guide the Center's quest to achieve impact.





*Staff capacity strengthening workshop on Measurement, Evaluation, Learning, and Knowledge Management for evidence-based development.*



*MEL Portal login page*

# Advocating for Change in Adolescent Sexual and Reproductive Health

*By Issabelah Mutuku,*
*Communications Officer*

The Challenging the Politics of Social Exclusion (CPSE) project continues to work on sexual and reproductive health and rights (SRHR) to transform lives in Africa through spearheading research on the health and wellbeing of adolescents, with a specific focus on understanding the lived experiences of pregnant and parenting adolescents. Across sub-Saharan Africa, pregnant and parenting adolescents grapple with a myriad of challenges, including limited access to comprehensive sexuality education, contraception, and essential services, especially during antenatal care and childbirth.

The CPSE team in 2022 released the findings of two studies conducted in collaboration with the University of Malawi and Institut Supérieur des Sciences de la Population (ISSP). These studies examined how the social exclusion of adolescents from sexual and reproductive health and rights information and services increases their vulnerability to early and unintended pregnancies and their consequences. The studies identified crucial interventions aimed at enhancing the health and well-being of pregnant and parenting adolescents.

In September 2023, the team disseminated the findings of a third study conducted in collaboration with Miss Koch Kenya and the Directorate of Children Services, Nairobi County. This study focused on Korogocho, an informal urban settlement in Nairobi, and it shed light on how early and unintended childbearing affects the health and social wellbeing of adolescents, as well as school re-entry.

The study revealed instances of mistreatment, abuse, and discrimination against pregnant and parenting adolescents throughout various aspects of their lives. From seeking healthcare services to encounters at home with family members, interactions in school with peers and teachers, and experiences within the community. These challenges resulted in mental distress and hesitancy while interacting with others and seeking antenatal care services.

*"...people would backbite me as I passed; they would talk about me, laugh loudly, and even clap their hands. So, I just decided to stay home." - Parenting girl, 19 years old.*

The livelihood challenges faced by parenting adolescents are profound. The probability of cyclical poverty looms large for both adolescents and their children. Financial struggle, lack of family support, and denial of responsibility by boys and men compound these young mothers' hardships. Some girls hardly have food for themselves and the necessities for their children.

*"I would be happy if someone would help me raise the baby, pay my school fees, buy my school uniform, books, and other essentials." - Parenting girl, 19 years old.*

One notable hurdle highlighted by the studies from the three countries is the obstacle to the girls' return to school. Many girls expressed a strong desire to return to school after childbirth, but they encountered barriers such as lack of childcare support, financial constraints for education and childcare, a hostile school environment, and parental opposition.

*"My mother told me she would help me raise my child; however, I have to look for money to help her, and that is why I cannot go back to school as I have to provide for my child." - Parenting girl, 19 years old.*

Some of the key recommendations from the studies include the prevention of early and unintended pregnancies by providing accurate sexual and reproductive health information as well as offering family planning services to adolescents. To counteract mistreatment by healthcare providers, access to maternal care can be improved through youth-friendly desks and enhanced psychosocial support. In addition, healthcare providers can be trained to offer respectful services to adolescents.

In recognition of the critical importance of childcare support, the studies propose the establishment of low-cost daycare centers and safe houses. It is vital to sensitize parents in providing adequate support, given that not all adolescents receive the required family support. School re-entry should involve measures to eliminate discrimination through teacher and student sensitization, allowing breastfeeding breaks in schools, and providing financial support for school-related expenses.

The studies highlight the complex and widespread challenges pregnant and parenting adolescents face, emphasizing the need for comprehensive solutions. The recommendations underscore a collaborative approach involving policymakers, government agencies, communities, and other stakeholders. By implementing these measures, there is an opportunity to foster an environment that enables young parents to overcome obstacles and pursue a promising future filled with opportunities.

As the Center implements its 2022-2026 Strategic Plan, the CPSE team continues to leverage on the gains made in APHRC's legacy program, which broadly covers the sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH) spectrum. The team is engaging with decision-makers and advocating for adolescent sexual and reproductive health and rights (ASRHR) using the evidence generated through these studies.

# Challenging the Politics of Social Exclusion Exemplary Journey: The Case of Liberia and Sierra Leone

*By **Kenneth Juma,** Senior Research Officer **and Grace Kibunja,** Advocacy Unit Manager*

In the early weeks of 2020, a group of five APHRC staff found ourselves on a boat, wearing bright orange life jackets, holding on to our suitcases and the headrest of the seat in front to stabilize our churning insides while adjusting to the splashes of water that were hitting the sides of the boat and the wide open windows. We were all seasick; the smell of the Atlantic Ocean was vivid, and fear was palpable and very evident in all our faces. Even the slow, gentle steps on the pier as we walked toward the safely docked boat reflected the caution we all felt about our venture into two unique countries – Sierra Leone and Liberia - along the West African Coast.

This is a story of how APHRC's research, capacity strengthening, advocacy, and policy engagement has come full cycle in the two West African countries that neighbor each other. A narrative of how the generation of policy-relevant evidence and use of evidence in the policy-making processes, in particular, two legislative bills being discussed, and how stakeholder engagement and capacity strengthening has evolved and caused important changes over time.

The flight time to Lungi International Airport in Sierra Leone was nine hours. To get to Freetown (Sierra Leone's capital), we had to go through a one-hour boat ride. To our surprise, ten minutes into the boat ride, the vessel suddenly stopped in the middle of the sea. Fear and anxiety reigned supreme as passengers in the boat looked at each other as if expecting answers from the other person's face. The rough waters and turbulence worsened the experience, and the silence quickly turned into murmurs and whispers of what could be happening. The beautiful and lush landscapes covered with luxurious greenery we saw from the plane when landing were now nowhere to be seen. This was our maiden trip to Sierra Leone, and during our layover in Monrovia (Liberia), we chatted about the upcoming meetings with potential partners. We had spoken to about five different partners for Liberia, and none materialized. It had been an excruciating journey finding sexual and reproductive health and rights (SRHR) partners to work with in Sierra Leone and Liberia since this was our first time in the country.

The CPSE project team was just beginning its work in Sierra Leone. We had planned our first stakeholder engagement with Sierra Leone SRHR stakeholders to initiate our research and capacity-strengthening activities. Mapping the potential stakeholders in Sierra Leone took six months. Preparation for the engagement entailed making phone calls, writing emails, and working with our partner - Statistics Sierra Leone, to plan the event, which ultimately succeeded. We held a series of stakeholder meetings with our partners during our first two days of the week. However, on the eve of our main event, we received a call from our Human Resources Manager in Nairobi. Very few people globally can forget the month of March 2020. As such, you can guess what the tough conversation was about.

In her usual calm and gracious manner, she requested the project lead to urgently let her know what the team's decision was about our return because countries were starting to lock down due to the escalation of COVID-19. An intense argument followed, with each person attempting to justify why we should not wrap up everything and head home. The feeling among most was that we had invested so much work over the past six months and that it made sense to hold the stakeholder engagement and then leave immediately on the next flight. The team agreed to stay and have the stakeholder meeting the next day and leave immediately.

The meeting was a success, and we had over 70 stakeholders from the government, current and former members of parliament, Civil Society Organizations (CSOs), community groups, and implementing partners, among others attending. We left the meeting in a rush to catch the boat, and one of our partners took it upon himself to call and ask the boat to wait for us. We only relaxed once in the plane, even though the sight of passengers in K9 masks and bodysuits was strange and made us anxious. Hope was not near, and no one seemed to be sure what the future had in store for us. Upon landing at the Jomo Kenyatta International Airport, we all went into a 14-day quarantine, and thankfully, none of us contracted COVID-19.

### How Stakeholder Engagements Have Evolved in the Two Countries

With the COVID-19 lockdowns, we carried on with our stakeholder engagement virtually, including conducting capacity-strengthening sessions on advocacy, encompassing policy engagement, communications, and evidence use. Thus, our first engagement with stakeholders in Liberia was held virtually with inbuilt capacity-strengthening sessions. As part of the work in these two countries, the APHRC team and other stakeholders participated in research training on conducting abortion incidence studies facilitated by researchers from the Guttmacher Institute. By the end of the sessions, we had several researchers in Kenya, Uganda, Zambia, Sierra Leone, and Liberia who were now skilled in abortion incidence research.

The virtual engagement lasted two years until the COVID-19-related travel bans were lifted, and we reverted to face-to-face sessions. The virtual sessions formed a strong community, and we leveraged social media platforms (such as WhatsApp) to keep in touch and updated. This WhatsApp community transformed into a movement of CSOs who work in SRHR in Liberia and Sierra Leone. The platform, therefore, offers a unique space for cross-learning and sharing information on SRHR.

### The Research Work

The research work also began following the suspension of the COVID-19-related travel bans. The CPSE team traveled and spent several weeks in both countries conducting training for field workers. This implied prolonged lengths of stay abroad by staff, with travel to the remotest parts of Sierra Leone and Liberia, with no access to the internet or running water, not to mention the typical West African heat, was a tough call. The abortion research itself was not without challenges. To succeed, the team had to make a barrage of technical, logistical, and bureaucratic maneuvers. Language barriers in some cases and the use of tablets by health care providers to collect data didn't make the work any easier. Despite the painstaking challenges, the data collection was successful, and we cultivated solid relationships with the Ministries of Health in both countries and other key institutions. The appetite for the abortion data we gathered had always been high both during and after the data collection process, ostensibly because this incidence of abortion studies was the first-ever nationwide survey conducted in Liberia and Sierra Leone. These were particularly important given the backdrop that the two countries had experienced protracted civil war and conflict for several years, widespread poverty, and more recently suffered the scourge of the 2014 Ebola epidemic, and previously recorded the highest maternal mortality

rates globally. The COVID-19 pandemic also created a fertile ground for SRHR challenges such as teenage pregnancy, sexual and gender-based violence (SGBV), a rise in abortions, and transactional sex.

### Making the Evidence Available to Stakeholders for Decision Making

For the studies' dissemination in the two countries, the CPSE team brought on board the ministries, government institutions, and other partners alongside the CSOs. This created broader awareness of the study among CSOs that have also been able to transmit the findings to communities. The research findings have been instrumental in enabling the

Liberia

Sierra Leone

Ministry of Health and key partners to rationalize the need for the two laws in both countries because they have been backed by evidence. A case in point is in Liberia, where the Public Health Law is before the Senate after being passed by the National Assembly in late 2022. In Sierra Leone, the Safe Motherhood and Reproductive Health Bill is in parliament for ratification before being taken to the Head of State for presidential assent.

### Strengthening the Capacity of Our Stakeholders

The CPSE team held training sessions with the CSOs to impart skills that would enable them to work with, speak to, and influence the policy-making process in the SRHR space. We

have strengthened the capacity of more than 20 CSOs in Liberia and 30 in Sierra Leone. They actively use these skills to engage the ministries of health, finance, and education on the two bills before parliament in both countries. In addition, they are able to meet with policymakers to discuss and give recommendations on the bills.

CPSE continues with the stakeholder capacity strengthening sessions in both countries, and our current sessions cover areas relevant to the current stages of the bill, such as budget advocacy and engaging directly with the holders of power in the policy-making space. We recently held policy dialogues where we discussed a plan for budget advocacy and the stakeholder engagement plan for the key decision-makers who would be critical in ensuring the bills become law. In addition, we also presented the research findings again to enable our stakeholders to have the evidence at hand to use during their discussions to provide evidence for their recommendations. CPSE has not fully disseminated the evidence since we're awaiting the publication of several papers, after which we will fully share our findings. In addition, we have also held a writing workshop to enable our stakeholders in both countries to write their own papers independently and train others. This gives them freedom in the publishing space.

These two countries are perfect case studies of the Center's work that has gone full cycle since the launch of its Strategic Plan 2022-2026. Despite elections in both countries, this has not hampered or stopped our work because we created partnerships and relationships with stakeholders at all levels. Even with expected changes in policymakers, CPSE key stakeholders remain the same, and we continue our ardent work with them. Not only has this been a story of APHRC's work, in line with its Strategic Plan, but it is also a vital example of the synergy in our work. The connections made in the SRHR projects have come in handy in APHRC's stakeholder mapping for the mental health project in Sierra Leone.

Fast forward to today, Sierra Leone now has an ultra-modern airport that opened in 2023. They also have faster boats, reducing the hour-long journey to 40 minutes. The road from the boat docking area to the airport has been tarmacked, and one no longer has to wait for a bus. In Liberia today, construction of a nice modern highway from the Roberts International Airport to Monrovia is ongoing and is expected to reduce travel time significantly. For the CPSE team, there is no longer fear of travel; instead, there is optimism for successful program implementation because of the well-established partnerships.

# Empowering Teen Mums through Life Skills Training

*By Michelle Mbuthia,*
*Communications Officer*

Emilly Phiri was only 16 when she fell pregnant. She and her boyfriend had been seeing each other for a year, much to the chagrin of her older brothers. Since their father's death two years prior, her older siblings had taken on the role of providing for the family. Emilly's mother was the first to notice the changes in her daughter and soon confronted her about her suspicions. She was already five months along by the time the pregnancy was confirmed. Word soon got around, and the constant stares and snide comments got too much to bear, and she dropped out of school. 'I don't remember the pregnancy. I spent most of the time in the house. I didn't want to see anyone,' she said.

Her boyfriend was supportive, but he was also a student from a poor family. Soon after the baby was born, her family made it clear that her son was her responsibility. Life for many living in Malawi's low-income townships, where poverty is widespread, is hard. The situation was no different for Emilly and her family living in Nkolokoti, Blantyre.

Getting pregnant and giving birth meant that she had to put a pause on her education and look for work to fend for her child. Having only reached Standard 7, the opportunities available to her were limited to menial jobs, such as cleaning.

Emilly's story is a resounding echo of the 277 and 288 adolescent girls interviewed in Burkina Faso and Malawi, respectively, as part of the PROMOTE study. Formally known as the 'Action to Empower Adolescent Mothers in Burkina Faso and Malawi to Improve their Sexual and Reproductive Health.' The PROMOTE project seeks to address the challenges adolescent mothers face that perpetuate gender inequality through their social exclusion.

In many sub-Saharan African countries, the age at which individuals typically first engage in sexual activity is between 16 to 18 years. However, many adolescents in the region lack access to crucial information and services to prevent early and unintended pregnancies, sexual and gender-based violence, and sexually transmitted infections. While most countries in the region have subscribed to implementing age-appropriate, culturally sensitive, and rights-based comprehensive sexuality education, the focus is largely on abstinence without the additional know-how on how to prevent early or unintended pregnancy. Consequently, the sub-Saharan African region has the highest adolescent fertility rate in the world, with over a quarter of adolescents beginning childbearing before the age of 18 years compared to 15% globally. Early childbearing is associated with negative impacts on the health, education, and socio-economic wellbeing of girls, who often have to discontinue their education. This has a knock-on effect on the wellbeing and future prospects of their children, creating a vicious cycle of poverty.

One of the three interventions the PROMOTE project is testing is life skills training carried out through adolescent mothers' clubs. Facilitated by trained community health workers, the bi-monthly meetings bring together adolescent mothers like Emilly to interact and learn about childcare, financial management, and other life skills. By bringing the girls together, the clubs create a safe space to be themselves and a community where they can lean on each other, considering the similarities of their circumstances. The meetings take place at venues easily accessible within the community, such as community halls, schools, and church halls, for convenience and to ensure attendance.

Community health workers use role plays, dance, games, and storytelling to ensure that adolescent mothers are actively involved in their learning while improving their critical thinking, memory and retention, and interpersonal skills. The clubs also allow adolescent mothers to get out of their day-to-day routines, release stress, and improve their mental health. The curriculum is informed by that which is used for similar interventions implemented across the region, including Adolescent Girls Initiative – Kenya (Population Council); the Mphatlalatsane (Early Morning Star) Health and Nutrition Programme Manual; the Maternal and Child Health Handbook (Ministry of Public Health- Cameroon) and the Parenting for Lifelong Health Programme for Young Children.

This being the adolescent mothers' club's fourth month of implementation in Malawi and first in Burkina Faso, they are a potentially beneficial intervention to support adolescent mothers transitioning into adulthood while stepping into their new roles as parents.

Our hope for Emilly and many other girls who participate in these clubs is that the training equips them with strong skills to better face life's challenges, make informed choices, build healthy relationships, and, in turn, raise a strong generation.

Adolescent sexual reproductive health is anchored under the Center's legacy program, which broadly covers the whole sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH) spectrum. This work falls under our 2022-2026 Strategic Plan's Health and Wellbeing theme.

# Mental Health-A Step At a Time

*By Christopher Maero,*
*Senior Communications Officer*

about mental health issues. Armed with this knowledge, the initiative set out to validate and give meaning to these insights.

The Catalyze team initiated stakeholder engagement forums in both countries to enhance policy engagement, communication, and advocacy capacities and promote open conversations. The initiative partnered with diverse private and public stakeholders to create safe spaces for young people and the rest of the population to share their experiences and concerns. Through workshops and other strategic engagements, the team has highlighted the importance of mental wellbeing, gradually dismantling the deeply ingrained stigma surrounding the topic.

Simultaneously, the initiative has worked closely with the government to support increased investment in mental health initiatives. The team believes that systemic change is essential for sustainable impact, and such efforts will bear fruit once the government allocates more resources to mental health services. This may go as far as establishing new mental health clinics, boosting the mental health care workforce, and seeing that existing facilities are expanded, all in a bid to ensure that young people have easier access to professional support.

Moreover, the Catalyze team has sought to identify innovative digital interventions that can be scaled to provide accessible mental health support resources, including a dedicated helpline, online counseling services, and a user-friendly website.

As the Catalyze team continues its work, there have been several testimonials from individuals who have interacted with the initiative. Further, stories of resilience, collaboration, and empowerment so far highlight the positive impact the initiative is making in the lives of young people in Sierra Leone and Senegal. Formerly silent voices are now speaking up, sharing their journeys, and inspiring others to seek help without fear or shame.

Amid these success stories, Catalyze remains committed to the ongoing battle for youth mental health in Sierra Leone and Senegal. The initiative understands that societal change is a gradual process, and while significant strides have been made, there is still much work to be done. The Catalyze Mental Health Initiative is a beacon of hope, lighting the way for a brighter, more inclusive future where mental health is prioritized, stigma is erased, and every young person can thrive.

In the vibrant streets of Freetown, Sierra Leone, and the bustling neighborhoods of Dakar, Senegal, a quiet revolution has been taking place—one that will transform the narrative around youth mental health. At the heart of this transformation is the Catalyze Mental Health Initiative, a groundbreaking effort spearheaded by APHRC. The initiative is dedicated to providing clarity on the status of youth mental health with the intention that stakeholders drawn across diverse settings can come together to address the pressing mental health needs of young people in these West African nations.

Sierra Leone and Senegal, like many other countries, have long grappled with the stigma surrounding mental health issues. Traditionally, discussions about mental wellbeing were held in hushed tones, and those who sought help often did so in secrecy. Recognizing the urgent need for change, the Catalyze Mental Health Initiative emerged to break down barriers and provide avenues for discussions and consensus around youth mental health.

Mental health research and advocacy at APHRC is a nascent area of work. In the 2022-2026 Strategic Plan, the Center identified mental health as a priority for developing new programs of work. The new but growing mental health team is therefore excited to be leading a new initiative within the first two years of the Strategic Plan.

The initiative began its journey with a quest to find out the status of mental health, the key drivers, and where concerned individuals sought information on mental health in Sierra Leone and Senegal. Recognizing the shortage of mental health services and the prevailing ignorance surrounding these issues prompted a series of stakeholder engagement events.

One of the first steps taken by the team was to conduct comprehensive research on the existing mental health landscape in Sierra Leone and Senegal. The findings were staggering—limited mental health workforce, scarce resources, and a glaring lack of awareness

# Ready for Take Off: A Re-imagined Synergy Unit at APHRC

*By Philip Emase, Synergy Unit Manager*

Since its establishment in 2001, APHRC has progressed from strength to strength. The Center has generated evidence that has shaped policy and practice across various African countries. Its trailblazing achievements have accumulated over time, winning several global awards and securing its position as a world-class, African-led, Africa-based research center.

Building on these historical accomplishments and inspired by future possibilities, a critical pursuit for the Center today—as it enters the third year of its 2022-2026 Strategic Plan—is to amplify its impact on African health and development by taking a long-term and more strategic approach to change. The responsibility for maximizing the Center's policy and programmatic impact lies with the Synergy Unit, which is domiciled within the Policy Engagement and Communications Program.

### 2023: A Year of Expansion and Restructuring

Over the year 2023, the Synergy Unit broadened its remit from a singular focus on research communications to encompass three roles, namely (a) Promoting cross-cutting programming among specialized units and teams at the Center, (b) Facilitating closer and more sustained engagement with policy and decision-makers, and (c) Supporting knowledge translation of research evidence to drive positive change on the continent.

### Improving Knowledge Translation Support for Research

In keeping with APHRC's reputation of cutting-edge research and policy advice, the Synergy Unit is looking to strengthen the translation of research evidence into more practical, actionable information for use by policymakers, decision-makers, practitioners, and other stakeholders involved in the African research-to-evidence and evidence-to-action ecosystems. The Synergy Unit's communications and policy teams will enhance their collaboration with research teams to ensure that the Center's research evidence is well-presented and more strategically packaged for use by relevant stakeholders within the African policy and decision-making spheres.

### More Strategic Engagement with Policy Actors

Increasing the impact of APHRC's work will also require sustained engagement with diverse policy actors and entities at the sub-national, national, regional, and international levels. Increasingly tailored policy engagement strategies and co-creation approaches seek to align APHRC's programmatic and policy efforts with the priorities of governments in different countries and other policy actors. Strategic policy engagement also seeks to ensure that research evidence generated at the Center reaches the most critical policy and decision-makers, namely those actors with the capacity to address African health and development challenges.

### The Signature Issues Approach: Mainstreaming a New Pathway to Impact

The top priority of the Synergy Unit in 2024 will involve mainstreaming the Signature Issues Approach, a new model that maximizes APHRC's programmatic and policy impact. An in-house model, the Signature Issues Approach is anchored around the "signature issues," a set of carefully selected niche areas with the potential for maximum impact on health and development in Africa. Mainstreaming this approach will begin with a pilot, which will run alongside a continuous, incremental adoption process for the approach across all program areas. The end goal is to have the Signature Issues Approach effectively mainstreamed as APHRC's principal pathway to impact.

### 2024: More Hands on Deck and More Work Ahead

In January 2024, a team of new managers and officers joined the Synergy Unit, with more expected as the year unfolds. These new hands are undoubtedly a welcome addition to the Center's efforts, going into the future, to consolidate its impact and footprint across Africa.

This restructuring of the Synergy Unit and the significant investments in building a formidable team signifies that the PEC function at the Center has come of age, and we are indeed ready for take-off. Watch this space!

# Pictorial

# Inspiring Transformation to Food Secure Cities through Agroecological Urban Agriculture

## An Interview with Gregory Kimani, Team Leader, City Shamba

**By David Osogo,** *Research Officer* **and Isabel Radoli,** *Communications Officer*

## About City Shamba

**G**rowing up in a low-income settlement, food was a luxury, both in quality and quantity. The food that was sold to us was rarely cultivated under proper conditions. Most of the time, the vegetables were grown along the sewer lines, something that still happens today. Our choices were limited to either staying hungry or eating contaminated food. This is where my enthusiasm for food security and quality food started, and as a result, the City Shamba initiative was born in 2019.

The Initiative, a community engagement partnership with APHRC (anchored under the Nutrition and Food Systems Unit in their Strategic Plan 2022 -2026), presents urban areas as part of the war against hunger and malnutrition by modeling urban agriculture resources and information hubs where urban communities can visit and learn how to produce food in constrained spaces. We work to transform the Nairobi food system into self-sufficiency. We began our work in 2019 in a small space where we set up a demonstration farm with the aim of building capacities for local food production through urban farming, focusing on learning institutions, community-organized groups, and interested individuals. In 2023, we partnered with a level 5 hospital - Mama Lucy Kibaki Hospital, to set up a food forest to supplement the hospital's needs and act as a learning space.

## What Model of Learning Does City Shamba Offer?

The resource center hosts a variety of organic-centered farming methods, including a poultry unit, variant vertical farms, a rabbit unit, controlled environment farming (hydroponics and aquaponics), a fish farm, a snail farm, and drought-resistant technologies. Using this model, participants can learn through farm visits, exposure to different farming methods, or structured training with seven theoretical topics.



*Gregory Kimani, Team Leader City Shamba*

## What Powers City Shamba?

The youth of Eastlands in Nairobi county are the force behind City Shamba, young men and women passionate about learning. For them, City Shamba is a cause they believe in, an opportunity to gain a livelihood in a country with a high unemployment rate. Our human resource is primarily voluntary, with approximately 15 monthly volunteers and five full-time staff.

We use organic waste from the urban centers, which we decompose using black soldier flies as farm input, and we use plastic waste as our grow beds.

Our revenue is from the training sessions, construction of variant farm structures, farm visits, consultation services, sale of the farm input and produce, collaborations, and partnerships.

## What are the Community's Perceptions of Your Work?

Many urban dwellers hate getting their hands dirty. When we started the initiative, getting buy-in from the community around us was hard. The perception is that agriculture is for the rural areas and the elderly. It is rarely a go-to career choice. This is changing gradually as people become more aware and sensitive to food quality and nutrition.

City Shamba considers itself a disruptor. The COVID-19 pandemic allowed us to sell our story, emphasize the need for self-sufficiency in food production, and recruit community champions for urban farming.

## What are Some of Your Most Memorable Moments?

We were honored to host His Majesty King Charles in October 2023. The visit profiled and showcased our work to the world, gaining us lots of recognition for our efforts towards food security. Our partnership with Mama Lucy Kibaki Hospital is one for the books; the sense of fulfillment from supporting the vulnerable in our community is immeasurable. We also cannot take our partnership with Nairobi County and the platforms provided to showcase our work for granted.

## How has Your Partnership with APHRC Impacted Your Work?

As a result of City Shamba's partnership with APHRC, we have gained knowledge through cross-learning, our work has gained visibility and further recognition, and we have expanded our training and mentorship reach.



*His Majesty, King Charles III at City Shamba during his visit to Kenya in November 2023.*

## What Next for City Shamba?

City Shamba to the world! One urban center, one county, one country at a time. We want to see that no one goes hungry. From our experiences, we know what it means not to have food on our table and wouldn't wish it on anyone. We would like to inspire transformation to food secure cities through agroecological urban agriculture. We would like to intensify our relationships with policymakers to enhance food security. This is just the beginning!

# My Journey at APHRC-West Africa Regional Office

*By **Sokhna Thiam,** Associate Research Scientist, and **Dorcas Odhiambo**, Senior Communications Officer*

*Sokhna Thiam is an Environmental Epidemiologist with a Ph.D. in Epidemiology and a background in Health Geography. She joined APHRC in October 2020 as a Postdoctoral Research Scientist and is currently an Associate Research Scientist based at the West Africa Regional Office (WARO) in Dakar, Senegal, where she leads the Environment, Climate and Health (ECH) research group. Here is what she had to say about her journey at APHRC.*

## Why APHRC-WARO?

It is one of the questions I get asked most! Before joining APHRC, I was a PhD Student and a Postdoctoral fellow at the Swiss Tropical and Public Health Institute (Swiss TPH) and an associate institute of the University of Basel in Switzerland.

After my PhD, I was looking for an opportunity to work on a project in my country from inception, implementation to completion. Upon returning to Senegal, I met Dr Silas Onyango, a Ph.D. student at Swiss TPH. In our conversations, he shared that APHRC would open an office in Dakar. I didn't know much about APHRC then. I was amazed when he told me that APHRC is an African-led and Africa-based international research and policy organization committed to conducting high-quality and policy-relevant multidisciplinary research in all sub-Saharan African countries.

I am passionate about changing lives in Senegal and Africa through research. Over time, this interest has helped me develop and solidify my scientific abilities while strengthening my position as a young woman in Science in Senegal. After learning about this opportunity at APHRC, I applied for a Postdoctoral researcher scientist position at WARO.

## Tell Us About Your Work at WARO.

I started by supporting the Countdown 2030 and the Countdown 2030 Exemplar projects, respectively, as Senegal and Niger country collaboration focal point. I led several projects, including one on adolescent health, a project on strengthening sub-national data systems in five African countries, and a project on COVID-19.

My interest has always been in environmental health, climate change, and health research. Therefore, I established and maintained strong national and international networks and working relationships in my primary research areas. At the end of my Postdoc position, I started defining my research niche by designing and submitting research proposals focused on my interests. I worked hard to achieve my career goal at APHRC-WARO to become the lead of the Environment Climate and Health (ECH) research group.

## What Will the ECH Group Accomplish?

The ECH research group aims to address social and environmental determinants of health and fill the knowledge gaps in research and practice. It also intends to integrate environment, climate, and health data to better understand and mitigate environmental and climate-related hazards and their impacts on human health and well-being in West African countries and beyond.

There is a need for long-term financial support, in-country capacity, and internal and external partnerships to establish the working group. We must continue to be creative so as to attract funders and partners. We will continue leveraging available data to improve our understanding and mitigate environmental and climate-related hazards and their impacts on human health and wellbeing. As for me, starting the ECH group continues to be a very educational and valuable journey. I hope the experiences I gained at Swiss TPH and abroad will benefit APHRC and the future ECH group at WARO.

## Now that the ECH Group is Established, What is Next for You?

To move forward with the agenda, I have been awarded a grant on the impact of climate change on health from the UK Medical Research Foundation (MRF) to study the interlinkages between climate change, air quality, and urban greenspaces and how they interact to affect non-communicable diseases in Senegal. In this 3-year project (2024–2027), I will collaborate with the London School of Hygiene and Tropical Medicine (LSHTM), the Medical Research Council (MRC), the Gambia LSHTM unit, and the Senegalese Ministry of Health, particularly the non-communicable diseases (NCDs) division. We will engage with key stakeholders and communities to collectively generate knowledge and co-design interventions that could help improve our understanding and reduce the health and societal impact of the ongoing climate-induced extreme events.

I am also a partner and international nexus board member of a 5-year consortium project on "Co-creating Climate Services for Care Economy and Caring Society "implemented in five Northern and two Southern countries, including Senegal.

Additionally, I just won the APHRC Big Ideas seed fund based on a project I conceptualized to work collaboratively with other units in the Center to develop and co-design a multi-year, multi-country research program with stakeholders. I look forward to continued career growth and transformative impact at APHRC.

# Nurturing the Data Science Program at APHRC

*By Agnes N. Kiragga, Head of Data Science Program*

Join me on a journey behind the curtains of the APHRC Data Science Program. In May 2022, I joined this esteemed institution, and as part of the new job pre-reads, I vaguely stumbled across the section of a new research programmatic area – Data Science. Of course, this didn't mean much then, so I quickly pushed this to the back of my mind and preferred knowing more about the workplace culture, meeting new colleagues, and settling in a new country.

As a new staff member, I visited the IT office, where the bestowment of power occurred—an HP computer, which ushered in the commencement of work at APHRC. However, the exact nature of this work remained elusive. Amidst mentions of a new Strategic Plan and the emergence of data as a programmatic area, clarity still eluded me, even after rounds of new staff orientations and engagements with key staff and fellow researchers.

The reality of actualizing the new Data Science Program slowly dawned on me. I remember attending a monthly staff meeting, and someone asked for clarity on the relevance and mandate of the new Data Science Program. I then quickly realized the need to challenge the old-school mindset of data scientists being viewed as support data staff to researcher scientists rather than a team supporting an independent programmatic area to work synergistically with the existing research themes at APHRC and in line with the Center's 2022-2026 Strategic Plan. Wrestling with the dichotomy of being new to the Center versus the impetus to make a difference in the first 100 days, I embarked on developing a robust strategy for the Data Science Program, which only took shape through consultations with statisticians, researchers, and the APHRC leadership team.

To date, the goal of DSP is "To maximize the power of data for health research in Africa through creating a center for Africa-led data governance and sharing and application of state-of-the-art big data analytics to foster advances in livelihood in Africa for effective Research and Development." The DSP team continues to run promotional campaigns to distinguish the Data Science Program from its predecessor – Data Science and Evaluation, today known as Data Synergy and Evaluation. Unfortunately, the confusion with the acronyms DSP and DSE never ceases – but it will only be a matter of time for these to become the norm in the APHRC community.

Positioned as the fastest-growing program at APHRC, the DSP has witnessed new hires with a vibrant team of eight data scientists and has secured resources to support its vision. On top of the seven grants won, with the largest being a multi-year and multi-country one aiming to build data science capacity in Cameroon, Ethiopia, and Senegal, the team was thrilled to be considered for a strategic investment by the Board, using funds from the US $ 15 million gift the Center received in March 2022. As the Data Science Program navigates the ever-evolving landscape of health research in Africa, its commitment to data governance, sharing, and state-of-the-art analytics becomes increasingly apparent. The narrative encapsulates the program's success and transformation journey—from conceptualization to becoming an impactful entity within APHRC.

This compelling story inspires those venturing into the realm of data science and program establishment, showcasing the importance of vision, strategic planning, and adaptability in carving a niche in the competitive world of research and development.

Success does not mark the end of a journey; failure is not always bad; what matters is the courage to keep going. The DSP program will keep growing, and as much as it may experience non-fatal failures occasionally, it will always have the courage to continue and make its vision a reality. Read on about some of the highlights of our journey so far.

# Embracing New Artificial Intelligence

*By Steve Cygu, Data Scientist*

A powerful fusion occurs in the vibrant world of technology and healthcare. Machine learning (ML), a branch of Artificial Intelligence (AI), is quietly revolutionizing how we tackle public health challenges. This is due to the massive increase in healthcare data, improved processing power, and the evolution of smarter algorithms, marking the beginning of a new era where ML and AI tools play a crucial role in medical diagnostics, drug discovery, clinical trials, and more, promising efficiency and quick solutions to long-standing problems.

As more and more advances are made in ML and AI, the lack of technical capacity for coding continues to be a hindrance in many countries on the African continent.

Fortunately, there has been an emergence of low- or no-code platforms in the recent past. These platforms, born from the idea of making coding accessible to the inexperienced, allow non-data scientists to independently train ML algorithms and deploy digital solutions without wrestling with lines of code. These AI-enabled no-code platforms hold the promise of transforming research capabilities by automating data analysis, pattern recognition, and predictive modeling.

With no-code platforms, anyone without coding experience can now develop, train, test, and deploy AI/ML algorithms with a simple "click-and-go" or "drag-and-drop" interface. The power of these no-code platforms to democratize AI/ML techniques across disciplines, including public health, is recognized. Embracing such a no-code platform can help to turn innovative ideas into intelligence applications effortlessly. Yet, despite their potential, the adoption of no-code platforms in the public health community is still in its early stages.

The newly established Data Science Program at APHRC aims to "maximize the power of data for health research in Africa through creating a center for Africa-led data governance and sharing and application of state-of-the-art big data analytics to foster advances in livelihood in Africa for effective Research and Development." As such, venturing into initiatives that address capacity gaps on the continent is a natural fit for our ambitions.

With the passion to bring the power of machine learning

*I-DAIR RI node running the no-code platform hosted within APHRC*

and artificial intelligence to everyone regardless of their coding expertise and to be a key player in this field, APHRC is hosting the I-DAIR CODEX no-code platform. With its "point-and-click" interface and user-guided feedback, this platform allows individuals without programming backgrounds to navigate the complex world of data analysis, machine learning, and predictive modeling. The I-DAIR CODEX brings forth a range of benefits for public health researchers. It provides tailored ML/AI analytics, embraces a federated learning approach, and is packaged as a plug-and-play solution. Its AI/ML pipeline process automation enables users to iterate through data exploration, model training, deployment, and prediction faster than ever.

In line with APHRC's Strategic Plan 2022-2026, an AI platform like this one supports collaboration, fostering interdisciplinary teamwork among researchers from diverse fields. We are excited that the promise of this technology holds for the continent. Watch this space as this initiative unfolds.

# From Fair to Fairer Principles: A Look at Data Governance at APHRC

*By Daniel Mwanga, Research Fellow*

Regulatory authorities have become increasingly vigilant, ready to initiate investigations and levy substantial fines against organizations that do not adequately safeguard customer or patient data, as mandated by data protection laws. A recent case in point is the action taken by Kenya's Office of the Data Protection Commissioner in September 2023, where they announced three penalties totaling KES 9,375,000 (approximately USD 60,000) for alleged breaches of the Data Protection Act. Failure to adhere to data protection standards or regulatory compliance poses significant organizational risks, including reputational damage, loss of customer trust, and legal action.

Unregulated practices, such as allowing staff to store, access, and share data in an unstructured manner, can jeopardize the security of sensitive data, making it susceptible to cyberattacks and unauthorized access. Data should, therefore, be stored with proper encryption and security measures in place. The absence of proper data governance may result in various adverse outcomes, including data inaccuracies, security vulnerabilities, compliance challenges, data silos, stakeholder trust erosion, and ineffective decision-

making. Therefore, research institutions must establish strong data management and governance structures.

Data governance has become indispensable in population and health research, ensuring data quality, patient privacy, interoperability, evidence-based medicine, and regulatory compliance. A robust data governance framework empowers organizations, policymakers, and individuals to make informed decisions. It also fosters collaboration, supports research reproducibility, and bolsters the reliability and credibility of research findings, benefiting organizations, researchers, and the broader community.

Since 2022, APHRC has established a standalone data governance function in response to an evolving data protection external environment in line with its ethos around strong systems and structures. The function resides in the DSP to ensure that the Center's governance practices are best practices and to support the program's efforts to strengthen data governance on the continent as part of its objectives.

The APHRC data science team is proactively implementing rigorous data governance policies and investing significantly in staff training to prevent any present or future data-related predicament. The data governance team aims to strengthen data use in Africa for evidence-informed decision-making (EIDM) through developing data governance frameworks and promoting open science. Our multifaceted work includes researching the utility of artificial intelligence and data science tools to promote data governance in Africa, the impact of digital technology on data privacy, sharing, and use, and research on good practices for handling data throughout the data value chain. We conduct these by strengthening data systems and capacities on data governance among data producers and users. We engage stakeholders in the ecosystem, including data protection offices, academia, and policymakers in population and health, to generate insights and develop linkages and partnerships to promote data use and establish data communities of practice.

To promote FAIRER (Findable, Accessible, Interoperable, Reusable, Ethical, and Responsible use) principles of data, our team works to strengthen interoperable data systems and repositories in Africa. These include the use of data sharing repositories, data documentation, data anonymization and data standardization good practices, and incorporating lessons learned to develop a proposed large-scale data sharing platform for Africa (DASSA). The proposed platform will utilize modern data-sharing models, such as the federated approach, to increase the use of data for policymaking.

At APHRC, we are working with the data teams and researchers to strengthen all aspects of data management across the data value chain, including data documentation, privacy, protection, sharing, storage, use, and reuse. This is done in liaison with the overall research governance and ethics function. The goal is to document data from all the Center's projects by ensuring that it is mapped and uploaded on the APHRC micro-data portal.

Another critical activity we have conducted so far is a policy stakeholder engagement on data governance, which brought together 46 stakeholders for a two-day workshop in Naivasha, Kenya, in September 2023. The key recommendation from this workshop was to develop a data governance framework and capacity-building strategies to raise awareness and strengthen capacities among data users and producers in research, academic, and policy institutions on the continent. We have since developed a paper based on the workshop's findings, which has been accepted for publication in Perspectives in Public Health journal.

The future of our work at APHRC is to develop a data governance framework that aligns with the Center's 2022-2026 Strategic Plan. Additionally, the team will develop a training strategy for data governance in liaison with the Research and Related Capacity Strengthening (RRCS) program, targeting APHRC data producers and users to pilot the curriculum, which will later be scaled up for external stakeholders. The current regulatory environment demands greater accountability from data producers like APHRC, and we are ready!

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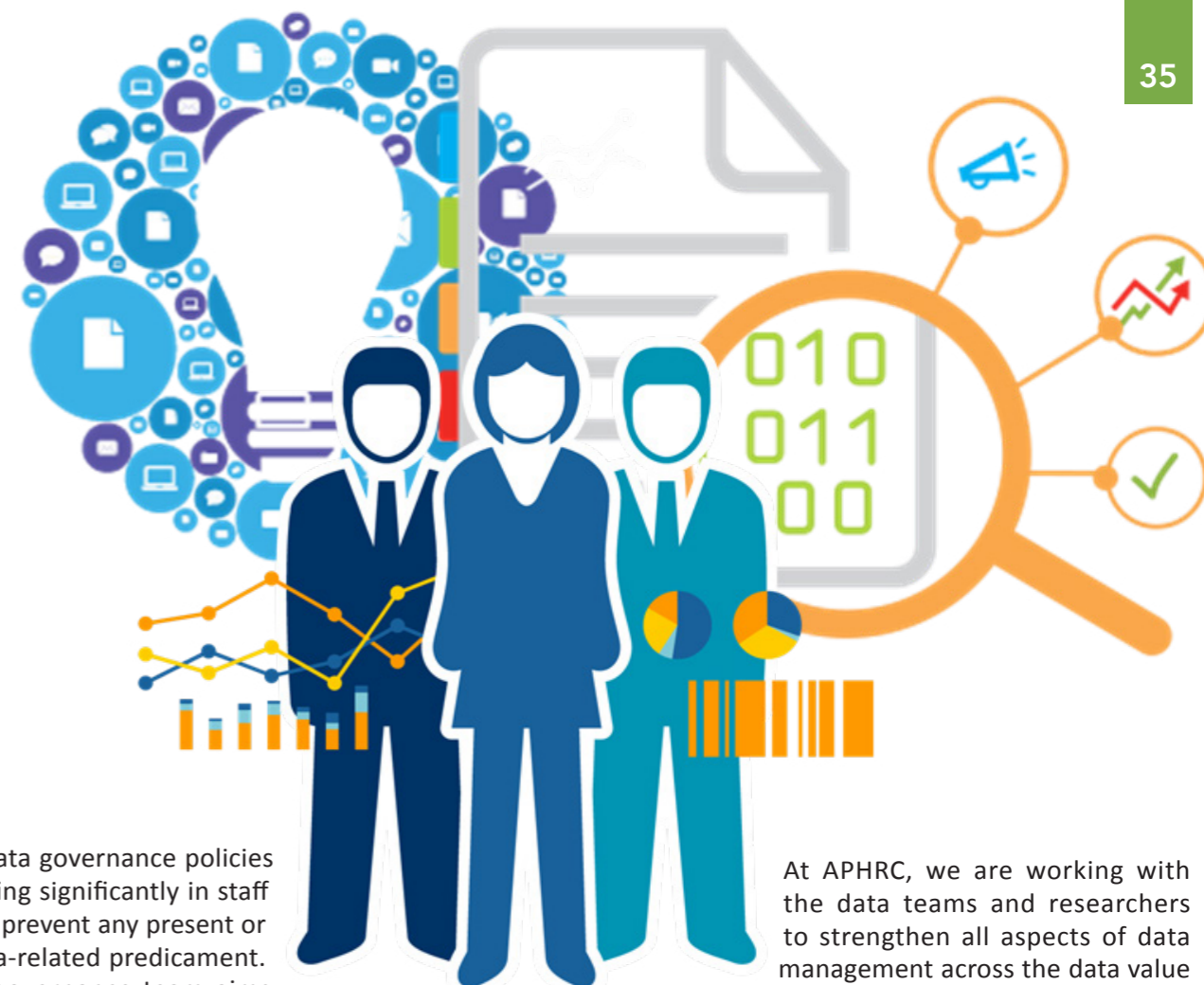
# The Plan for Mathematical Modelling at APHRC

*By **Evans Omondi,** Post-Doctoral Research Scientist*

While many individuals may have harbored an aversion to mathematics during their formative years, a select few found themselves captivated by the elegance of numerical concepts and the intricate patterns they manifest in the world around us. For those in the latter category, their fascination with mathematics served as a catalyst, nurturing a profound desire to embark on a career in this field. Using mathematics to address real-world challenges and effect positive change has kindled a sense of purpose in others, including myself. Mathematical models are invaluable in simulating a wide array of practical phenomena and resolving genuine issues, such as helping to predict the spread of infectious diseases like COVID-19 and allowing for early intervention, resource allocation, and vaccination planning. They may also be used to simulate global climate patterns, enabling scientists to understand climate change impacts and devise mitigation strategies, assess the impact of vaccination programs, predict disease outbreaks, guide healthcare policy, optimize drug dosages, and foresee drug interactions in medical treatment. These practical applications demonstrate the indispensable role of mathematical models in solving complex, real-world problems, fostering innovation, and driving progress across various disciplines.

There is a symbiotic relationship between data and mathematical modeling that supports decision-making and influences our lives by generating invaluable insights. As APHRC implements its 2022-2026 Strategic Plan, our vision for mathematical modeling at the Center is to unlock vital insights into complex public health challenges on the African continent. Our plan leverages cutting-edge techniques to analyze infectious disease patterns, chronic conditions, and healthcare systems. We aim to predict disease trends through interdisciplinary collaboration, harnessing advanced computational tools, evaluate interventions, and guide policy decisions. Our commitment extends to training the next generation of mathematical modelers, fostering ethical research practices, and promoting the dissemination of impactful findings. With the power of mathematics and associated skills comes informed policy-making, leading to transformed healthcare in Africa and globally.

The newly established DSP now boasts two mathematical modelers, and I am proud to be among the first people to be recruited into this small but growing team. We are excited about what the future holds as we contribute to actualizing the program's objectives.

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# Beyond the Limits Towards Mental Wellbeing in sub-Saharan Africa

*By Elizabeth Mwaniki, Research Officer,*
*Michelle Mbuthia, Communications Officer,*
*Grace Kibunja, Advocacy Unit Manager,*
*Estelle Sidze, Research Scientist,*
*Frederick Wekesah, Associate Research Scientist,*
*Christopher Maero, Senior Communications Officer,*
*Hazel Akinyi, Research Officer,*
*Anthony Ajayi, Associate Research Scientist,*
*Amanuel Abajobir, Associate Research Scientist*

A year ago, the family of Mamadou Sow from Kedougou, Senegal, called the police to their home to stop a fight between two of the family's six sons. What had started as an inquiry about a pair of shoes had quickly escalated into a violent fight, with the elder of the two beating his brother unconscious. Instead of imprisonment, his family requested his confinement in a mental health facility. This was not the first time he was driven to extreme aggression. Since his teenage years, Mamadou behaved in ways his family described as irritable, quarrelsome, and aggressive. To manage the situation, they often resorted to ignoring and isolating him. After the last episode, the family held an emergency meeting, and the decision was made to have him committed to a mental health facility. The family neither informed him nor did they involve him in the decision.

Mamadou's story is not an isolated one. In recent years, studies have shown an increase in poor mental health across sub-Saharan Africa (SSA) and in other parts of the world. At the same time, mental health in the Global South is an often ignored and under-resourced area, meaning that many countries are underprepared for the growing demand for mental health services. This 'silent' burden of mental disorders and illness continues to affect multiple families such as the Sows. Family members are sometimes not able to provide proper care for their loved ones due to stigma, lack of knowledge, and unavailability of mental health services is prevalent in many countries. Beyond this, evidence shows that the increase in mental illness is occurring in ill-equipped health systems.

Mental health research and advocacy is new at the Center. While mental health was identified as a priority in the 2022-2026 Strategic Plan, this is a nascent area of work. A team of interested researchers and policy engagement professionals have formed a working group to establish a mental health program at the Center. The team was able to receive a grant to run its first project. APHRC, in partnership with Sustainable Health Services (Sierra Leone) and Réseau de Promotion de la Santé Mentale au Sénégal (REPOSAMS), is implementing the Catalyze – Mental Health project. In countries such as Senegal and Sierra Leone, where the understanding of mental health is limited, much awareness is needed so that communities can understand the occurring forms of mental disorders. The study aims to create supportive communities and foster system-level changes by collating evidence on youth mental health in each country.

Early findings from this project show that one critical challenge for mental health promotion in Senegal is the (mis)conception that mental illness is solely psychosis. This lack of awareness, and therefore misunderstanding of mental illness and stigma, is pervasive across many other countries in SSA. Cultural beliefs further compound this stigma, as mental illness is thought to be a result of negative and harmful spirituality. Further, people with mental illness are perceived to be dangerous. Due to these attitudes, conversations on mental illness, and by extension, mental disorders, are shunned and not easily accepted. Even worse, people with mental illness, particularly those with psychotic symptoms like Mamadou, are abandoned and neglected by their family members, left to be ostracized by other community members. In Senegal, for example, people with psychosis are commonly physically, verbally, and sexually abused or kept prisoners within the confines of their own family houses.

Mamadou has since been diagnosed with mental illness and is currently on life-long medication. He disclosed that none of his family members had ever visited him during the year-long stay at the mental health facility in Tambacounda, Senegal. Mamadou hopes to be discharged soon, even though he does not know whether his family will welcome him back and is unsure of how to pick up the pieces of his life.

Common mental health problems in SSA include affective and behavioral disorders, post-traumatic stress, suicidal behavior, and psychosis. Adolescents and young people present a particularly vulnerable lot, and strategic learning is needed to understand the drivers of mental illness within this group and the general population. The lack of sufficient epidemiological evidence limits the full view of the causes and burden of mental illness conditions in the SSA region. Because of the differences in the social and environmental contexts across the SSA region, it should be expected that the prevalence and drivers of mental illness in the region will vary. This scarcity of data and evidence for mental health has to be resolved urgently.

Despite these limitations, echoes of hope and change have been ringing in the last couple of years as more young people step out to advocate for more investments in mental health services. Some of these young people have had first-hand experience of the challenges resulting from mental illness. Their rallying call is that, like other health challenges, mental illness is treatable and should not prevent one from leading a productive life.

Sahid Bangura is one such champion for mental health. A social worker and mental health advocate, he heads Creating Opportunities for Disadvantaged Persons (CODaP), a youth-led organization based in Freetown, Sierra Leone. Bangura links young people struggling with substance abuse to facilities where they can access clinical care and rehabilitation. He also convenes community sensitization fora and visits schools where he speaks to young people about alcohol and substance abuse.

For Sahid, his passion is fueled by an experience very close to home: "During the war, my brother suffered an injury that led to a mental breakdown. Because of this, our family abandoned him. I could not bear to see yet do nothing about it. My graduate studies in social work gave me insight into mental illness. I looked for my brother and took him to Kissy Hospital, where he got help. Now he is married, has a family, and works as a teacher," he recounts.

Experiences of recovery such as these are providing opportunities for demystifying mental illness among communities. However, much more needs to be done by way of evidence generation and policy action. Consequently, investments towards mental well-being must take center stage alongside other health priorities in SSA.

The mental health working group is encouraged by the success of their first project and is inspired to develop a program that will develop interventions leading to transformative impact on the millions of Africans living with mental illness and their families. Onwards and upwards!



*A mural at a mental health facility in Tambacounda, Senegal*

# A Journey into Chronic Diseases Management

*By Magdaline Kusuna, Program Admnistrator, Richard Sanya, Associate Research Scientist, and Gershim Asiki, Research Scientist*

The Chronic Diseases Management (CDM) Unit, which falls under the Health and Wellbeing theme, was created at the start of the 2022-2026 Strategic Plan with the objective of improving people's lives through innovative research to inform chronic disease prevention and care efforts across Africa. The last two years have been quite a journey! It's been a whirlwind of activities setting up the team, grant writing, and implementing projects. With a team in place, the last year has seen the Unit define its priorities and organize its work into three areas: aetiological, intervention, and implementation research.

In the aetiological research category, the unit aims to identify the causes/pathways of various chronic communicable and non-communicable diseases and address risk factors at individual and environmental levels. Through the Multimorbidity in Africa: Digital Innovation, Visualization and Application (MADIVA) project, the unit deployed data science tools (Artificial Intelligence [AI] and Machine Learning) for forecasting the burden of multi-morbidity and generating risk models; the RECAP project identified environmental risk factors for unhealthy food consumption focusing on food advertisements in schools, on television, radio, and in food stores, while the EPInA project, identified risk factors for epilepsy in slum populations and the Long COVID-19 project estimated the burden and predictors of prolonged symptoms of COVID-19.

For the intervention work, the unit harnessed the power of cutting-edge digital health tools, from AI-driven analytics to state-of-the-art imaging techniques. The EPInA project developed and deployed an SMS-based intervention to improve adherence to epilepsy medication. With the first grant of the year, the Next Generation Vaccine Card project, the team developed a digital vaccine card and registry that will facilitate the electronic collection of individual data at health facilities to allow improved monitoring of vaccine coverage and timeliness by both healthcare providers and parents/caregivers, in turn improving vaccine equity in urban slums in Nairobi and rural Uganda. The MRC-PaLs project piloted a microfinance self-help group innovation to improve access to medication among patients struggling to pay their medical bills out-of-pocket.

In the implementation research portfolio, the Food Environment Policy (FEP) Action project, in collaboration with government stakeholders, developed a double-duty four-policy bundle to prevent the double-burden malnutrition in Kenya. Fiscal policies increasing taxes on unhealthy foods, restriction on child-directed marketing, healthy food procurement policies in public institutions, and Front-of-Pack Food Labeling to inform consumers about healthy foods being developed collaboratively with the Kenya Ministry of Health. A Nutrient Profile Model was developed prior to the policies to inform the nutrient thresholds for designing the four policies. These policies are expected to promote healthy food consumption to prevent obesity and related non-communicable diseases in Kenya.

The unit led the expansion of laboratory infrastructure, establishing the first-ever molecular laboratory at the Center. So far, a laboratory facility has been constructed, equipment procured, and staff with expertise in laboratory science recruited. Currently, the unit is supporting an innovative project establishing a long-term partnership for biobanking of leftover human samples obtained during routine healthcare provision, a collaborative project with hospitals in Kenya and Uganda to promote future biomedical research.

The CDM unit is like a mosaic, with each member contributing a unique piece to the larger picture. We organized several workshops, including those explicitly focusing on proposal development, manuscript writing, policy engagement, and communications. These fostered collaboration not just within the team but also across other units and with external partners. This cross-pollination of ideas and expertise was instrumental in the unit's success.

Seeing how much ground the CDM covered in just two years is awe-inspiring. The unit is not just a place where research happens but is a hub of innovation, dedication, and a shared vision of a healthier future. As we stand on the threshold of a new year, the unit carries forward the lessons learned, discoveries made, and the passion that drives the team to continue the pursuit of unraveling the mysteries of chronic diseases and making a lasting impact on the lives of people of Africa affected by these conditions.

# Enhancing Sexual Reproductive Health Care for Adolescent Girls and Young Women

**By Jane Shirima,** *Research Assistant*

Accessing sexual and reproductive health (SRH) services has remained a challenge for women and girls from low-income backgrounds in many African countries who are faced with multiple barriers. In line with APHRC's 2022-2026 Strategic Plan and under the broad theme of Health and Wellbeing, various projects focus on SRH.

The Center's work on sexual and reproductive health and rights (SRHR) spans its 20-year history. Currently, the work comprises one of the largest portfolios and one with an extensive network of policy actors, a large body of evidence, and documented policy wins in Kenya and beyond. In the 2022-2026 Strategic Plan, our work on SRHR embodies continuity - expanding our work to other geographic areas, addressing specific issues in more depth, and refining our policy engagement approaches, among others. Currently, the team is implementing a project named "Nisaidie, Usinidhuru!" (Help me, don't harm me), aiming to enhance the quality of care for rape survivors and girls and young women facing abortion complications in the country. The project focuses on training and educating girls, community champions, and healthcare providers to increase accountability toward quality SRH care for adolescent girls and young women.

The project was designed following an ethnographic study conducted in 2021 on the lived experiences and pathways to abortion in Kilifi County, Kenya, addressing critical knowledge gaps around unsafe abortion in the region. The results from this study were presented at the International Conference on Family Planning (ICFP) 2022. During the same conference, the Quality Innovation Challenge was launched, and the team later won a grant for $100,000 to pilot an SRH intervention in Kilifi County, Kenya, based on the findings from the 2021 ethnography study.

Using a human-centered design approach, we ideated, tested, learned, and improved messages and communication tools for adolescent girls. We have held co-creation workshops, bringing together healthcare providers, youth advocates, and adolescent girls.

Partnering with the Reproductive Health Network Kenya (RHNK) and leveraging the commitment of the Kilifi County Department of Health, we conducted training workshops for healthcare providers on improving the quality of post-abortion and post-rape care. The training facilitated by an expert on abortion and reproductive health covered Value Clarification, Attitude Transformation, and Legal Framework. The goal is to provide information on sexual and reproductive health and rights, outlining what quality care should entail when they visit health facilities following rape or abortion.

Training youth advocates has been fulfilling as we co-create and develop a curriculum for peer training in the community. Meaningful engagement with adolescents in the workshop resonates with the theme of "nothing for us without us."

As we continue the project, our main objectives include improving post-rape and post-abortion services for adolescent girls and young women and enhancing their knowledge of post-rape and post-abortion care. We aim to ensure they know where to seek support and referrals if their care rights are violated. The project also focuses on increasing healthcare providers' capacity to deliver non-judgmental, survivor-centered care and fostering positive attitudes towards adolescent girls and young women in Kilifi. We are excited that our research over the years has led to a concrete, impactful intervention to support young women and girls in accessing the best SRH care in Kenya.

# Empowering Women through the Provision of Quality Childcare Services and Strengthening their Capacities to Engage in Paid Labor Opportunities

*By **Patricia Wekulo,** Research Scientist*

**W**omen spend disproportionately more time than men on unpaid care work such as childcare and household chores. Taking care of these responsibilities helps to maintain healthy, productive households and functioning economies. However, the consequences of unpaid care work include time, poverty, and significant opportunity costs among the poorest and most marginalized women and girls; reduced opportunities to engage in social, economic, and political spheres; low female labor force participation; income inequality; and negative effects on mental health (International Centre for Research on Women, 2023). Previous studies have shown that provision of quality childcare can enable women to have more freedom of choice and engage better in meaningful paid work.

The Center's Early Child Development (ECD) Unit has been conducting policy-relevant research since its inception in 2018. In the 2022-2026 Strategic Plan, the unit's objectives are to: a) Establish ways to promote the quality of childcare, especially for the urban poor and the impact of its provision on children's and women's outcomes; b) Generate evidence to inform the integration of ECD into the health care system; and c) Promote effective strategies to enhance school readiness as children enter the schooling system at age 4 to ensure schooling success.

In 2021, we were excited to launch a new study to build on the unit's work since its inception while actualizing the objectives we set for ourselves in the Strategic Plan. Our study sought to evaluate the impact of Kidogo (a social franchise that seeks to improve access to quality, affordable early childhood care and education in low-income settlements) on women's economic outcomes. Specifically, our study sought to determine what aspects of the Kidogo model worked well and how these could be scaled to other similar settings.

The study was carried out in Nakuru Town West sub-county in Nakuru County. The study had intervention and comparison groups. The intervention arm comprised women using childcare services supported by Kidogo, while the comparison arm involved those using childcare services from other centers. Being APHRC's first time working on such a project in Nakuru County, we engaged with representatives from the County Health Department and the Kidogo team to identify the study site. Kidogo also set up a Center of Excellence (CoE) that serves as a model childcare facility and a training center. The CoE was officially launched by the Director of Social Services in March 2023.

In addition, the County Department of Social Services took on the mandate of overseeing childcare provision. We shared the baseline and midline survey results with policy stakeholders from the Nakuru County Departments of Health, Education, and Social Services and other players involved in the childcare sector. The study results showed that improving the quality of childcare provision leads to improvement in income levels for childcare providers and

frees them to engage in other activities. The changes we have seen in the course of the project are that when evidence is shared with women, they develop a sense of awareness of the challenges they face and are able to have more urgency in making better decisions to support them in childcare and engagement in paid labor opportunities. Our work has made a difference in the County by providing current evidence on childcare provision. Through this evidence, policy stakeholders have understood existing gaps in childcare provision and what needs to be done.

Our engagement with various stakeholders also spurred conversations on the importance of forging public-private partnerships to support childcare provision in the county. A critical outcome of the engagement with policy stakeholders is the formation of a technical working group (TWG) comprising members from the relevant county departments, APHRC and Kidogo. The main aim of the TWG is to engage on childcare-related issues, especially with regard to policies, legislation, and implementation guidelines, as well as identify ways of dealing with existing gaps.

The Nakuru County Childcare Facilities Bill has been dormant since 2019. We convened a meeting in June 2023 with the county officials from the Departments of Health, Education, and Social Services to discuss the best ways to bring the Childcare Facilities Bill back to the County Assembly for legislation. This Bill was first introduced to the County Assembly in 2019 and only went through the first reading. Through the TWG, we have worked with the relevant county officials to bring this Bill back to the floor of the County Assembly for discussion. We anticipate that the Bill will be subjected to the entire legislative process and finally assented to as an Act. As members of the TWG, we are also working with the relevant officials to draft a Childcare Policy that will guide the provision and regulation of childcare services in the county. The processes of legislation of the Childcare Bill and development of the Childcare Policy will have long-term impacts because once they are successful, they will guide childcare provision in the county.

We are thrilled to see the impact of our work in the ECD Unit and are looking with optimism towards a future where quality childcare can spur women's economic empowerment in Kenya and beyond.
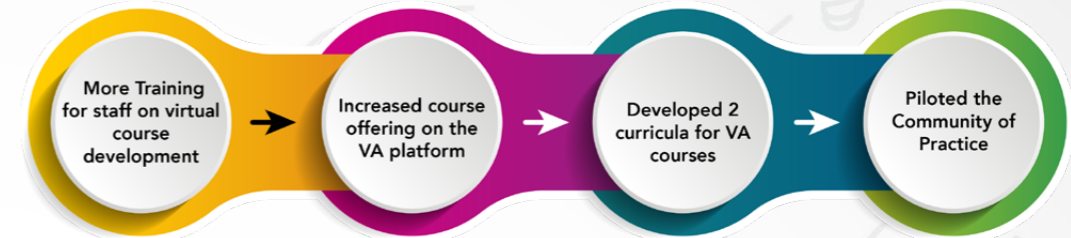
# APHRC's Virtual Academy

*By Benard Ondiek, Virtual Academy Coordinator*

The Research and Related Capacity Strengthening Program, in line with APHRC's 2022-2026 Strategic Plan, endeavors to nurture African research leadership to meaningfully engage with policy actors and decision-makers for the continent's development. The function is organized into three units: Individual Capacity Strengthening (ICS), Capacity Strengthening for Institutions(CSI), and Research and Development (R&D) Ecosystem Capacity Strengthening (ECS).

## The Genesis of the Virtual Academy (VA)

Since 2015, APHRC has been conducting short course training in different areas, including Scientific Writing, Grants Proposal Writing, Systematic Review and Meta-Analysis, Research Governance, and Quantitative Data Analysis, just to mention a few. Traditionally, these trainings were conducted mainly as in-person workshops. However, due to the COVID-19 pandemic, there was a need to offer the courses virtually, which led to the development of a blueprint for implementing the Virtual Academy. A needs assessment was conducted through a survey targeting APHRC staff and stakeholders to determine the challenges of traditional online learning. As a result, the roadmap for implementing the Virtual Academy was clustered into four areas: planning, capacity building, implementation, and scaling, as shown in the figure below.



## Uptake of the Virtual Academy

The beginning of the 2022-2026 Strategic Plan period happened at a time when the Virtual Academy was taking shape. The back-end infrastructure was almost complete, and the necessary structures to support its implementation were in place. The Strategic Plan was developed during the latter part of the pandemic and at a time when virtual engagements had been embraced by the scientific and academic community, bringing into question the cost-benefit of a purely in-person approach to training. Therefore, the place of the Virtual Academy was elevated in the Plan, with the platform seen as a key driver for the Center's strategy around internal and external individual capacity strengthening.

The Virtual Academy currently operates using two platforms: the Learning Management System (LMS) and the Community of Practice (CoP). All the courses are offered online and are relevant and responsive to the needs and demands of the modern research environment. The platforms capacitate facilitators with the knowledge and skills to design online curricula and prepare instructional materials.

APHRC's Virtual Academy stands out because learning is self-paced, bilingual (English & French), interactive, flexible, and easily accessible via mobile devices. Since its launch, the Virtual Academy has widened its reach to participants beyond the Center and has grown its course offerings.

Below is a sample of courses offered on the Virtual Academy and their completion rates. The courses reflect those jointly developed with implementation partners and customized to specific audiences. The completion rate ranges from 79% to 94%, which is impressive and encouraging.

**1** Value Clarification and Attitude Transformation (VCAT) Phase 1
- 94 % completion rate
- 2 weeks self-paced
- Participants from Kenya

**2** Value Clarification and Attitude Transformation (VCAT) Phase 2
- 94% completion rate
- 2 weeks self-paced
- Participants from Africa

**3** Collection, Analysis, and Utilization of Reliable Sex- and Age-Disaggregated Data on Violence Against Women and Girls
- Bilingual: English and French
- 2 weeks self-paced
- 83% completion rate

**4** African Union Human Rights Instruments
- Bilingual: English and French
- 1 weeks self-paced
- 79% completion rate

**5** Gender Transformative Programming
- Bilingual: English and French
- 3 Days self-paced
- 79% completion rate

**6** Graduate Grant Writing Workshop
- Carta Fellows
- Course preceeded the Face to Face course

## Future Prospects

APHRC's Virtual Academy is a game-changer in the Center's strategy to strengthen individual capacity in research and policy engagement for its staff and others on the African continent. The last two years have seen the platform roll out and offer several courses. In the next couple of years, we will operationalize the Community of Practice, develop more courses, increase capacity strengthening for staff, and add Portuguese as one of its languages in the course offerings to widen its reach across the continent.

# Assessing Africa's Research Potential

*By: Gaye Agesa, Policy, Advocacy and Communications Manager **and Daniel Kurui,** Data Scientist*

In Kenya, little is known about Muran'ga Technical University's capacity in health research, unlike the University of Nairobi, which requires no introduction. This is the case across many African countries where the spotlight often falls on well-established and more visible institutions, leaving many lesser-known academic institutions in the shadows. Although Africa hosts close to 7,000 research institutes and universities, most research is led by researchers and institutions domiciled outside the continent. A critical concern arises from the fact that only around 2,000 of these institutions have a visible online presence, predominantly in English-speaking countries. It is, therefore, difficult to identify and determine the extent of Africa's research capacity simply by relying on publicly available platforms.

African academic and research institutions are stuck in a vicious cycle. Lack of information about the research capacity of African institutions continues to be cited as a hindrance to their being funded since it is difficult to ascertain the quality of research and innovation that come from the least discoverable institutions. At the same time, the lack of funding is a stumbling block to the quality of research churned out of the continent. Hence, there is a likelihood of the research agenda being led by more established northern institutions and not being context-relevant, even when working with African partners. This significantly reduces the chances of the evidence from research conducted on the continent being adopted into policy to make meaningful decisions.

In its 2022-2026 Strategic Plan, the Center positioned itself as a catalyst and enabler in strengthening the African Research and Development (R&D) ecosystem. As such, we established a new unit under our capacity strengthening program dubbed ecosystemic capacity strengthening. The Catalyze Impact team was thrilled to receive a grant in the first year of the Center's Strategic Plan to implement an initiative aimed at building the capabilities for implementation research on the continent. The Gates-funded Catalyze Impact via Africa-led Research Platforms has the following objectives:

- Greater visibility for African researchers and academic institutions as drivers of research, innovation, evidence generation, and policy change adoption.

- African universities and research institutions capably test and adapt evidence innovations generated from health research to improve health outcomes.

- African-led and owned initiatives that actively engage and catalyze capacity strengthening of African universities, research institutes, and governments.

- A more gender-equal research environment.

To address the apparent invisibility of African academics, the Catalyze Impact team took a proactive step and embarked on developing a comprehensive tool capable of assessing the research readiness of academic and research institutions. The research readiness score is a modular online self-assessment tool that aims to provide a detailed analysis of an institution's research preparedness. It serves as a conduit for critical information funders use to make informed funding decisions and for other institutions to make informed decisions on partnerships. The goal is to see more African research institutions receiving more funding for research that will provide more context-relevant solutions, compelling governments to take action. The significance of this tool lies in its ability to generate insights from each institution that completes the assessment. These insights offer a holistic view and shed light on the institutions' strengths and weaknesses. By identifying capacity-building niches, research and academic institutions are supported to enrich their research capabilities, ultimately increasing their visibility and recognition.

Beyond securing funding, the gathered information helps identify and address capacity gaps. Further, the information collected will constitute one of the components of the Research Matching Platform (RMP), a high-tech digital networking platform that will serve as a comprehensive repository, offering information about researchers and research institutions. From profiles and publications to research and policy capacity, the RMP aims to streamline collaboration for users as well as ease grant management.

The rollout of both the research readiness score and the RMP has commenced on a large scale in Ethiopia, Nigeria, and Kenya. To date, the research readiness score survey tool has been sent out to 140 institutions in these three countries, with a notably high uptake during the pilot phase. The data collected from completed surveys underwent rigorous cleaning and analysis, culminating in a stakeholder meeting held on September 14, 2023. During the meeting, participants engaged the Catalyze team to understand the survey tool's intricacies and how the collected data would be instrumental in identifying institutional strengths and weaknesses. Feedback from participants played a crucial role in refining the tool, and strategies have been implemented to enhance the response rate.

The readiness score and RMP promise to revolutionize how Africa's research readiness and capacity are evaluated. Pinpointing capacity gaps and providing avenues for improvement increases the likelihood of funding and sets the stage for collaborative engagement that can shape the continent's research landscape.

Our dream for a stronger research and development ecosystem on the African continent is taking shape - with empowered academic institutions supported to drive the continent's research and policy agenda, the sky is the limit.

# Lessons from CARTA on Sustaining Partnerships

*By: Winnie Chepkemoi and Pauline Ochieng, Grants Officers*

The Consortium for Advanced Research Training in Africa (CARTA) has long been the Center's flagship capacity-strengthening initiative. Developed as a program to strengthen individual and institutional capacity for research, the program has evolved over its 15-year journey into a model for sustainable research capacity strengthening on the continent. In the 2022-2026 Strategic Plan, the CARTA program takes center stage again as a tested model and the foundation on which the Center has positioned itself in defining its individual and institutional capacity-strengthening strategies. The question is, why is CARTA a wildly successful program? What is the secret? The answer lies in its approach to partnerships.

Since its inception in 2008, CARTA has maintained its founding partners comprising African and non-African universities and research institutions. The consortium was keen to choose partners that shared a common vision, mission, values, complementary skills, and resources, which has led to its success. CARTA envisions a vibrant African academy that can lead world-class multidisciplinary research that makes a positive impact on public and population health. Inclusive leadership, effective communication, mutual trust, and flexibility have been key factors in navigating the partnership cycle successfully.

CARTA takes pride in inclusive and consultative governance structures and decision-making processes. Consequently, it convenes a bi-annual Partners Forum and Board of Management meetings where the leadership shares the progress and aspirations of the program with their partners and funders. At these gatherings, partners showcase their achievements in relation to the program's objectives, challenges experienced, and recommendations for better engagement with their respective administrations/management for more support to be accorded to the program. In the last two years, these forums have also provided an opportunity to reflect on the success of the CARTA model in research training and the need to consider revision of the program's theory of change, given the ongoing uptake of the CARTA mainstreaming activities at the partner universities.

The transparent discussions between the partners and funders at the Partners' Forum demonstrated how institutions can better engage with their funders and implementing partners. The focus should be on building relationships, and trust goes beyond one-off meetings when raising funds and hoping for successful proposals. Instead, it requires continuous engagement with partners on projects, frequent ideation workshops, proposal writing, and mutual respect. Open, clear, and timely communication among the partners is also key in ensuring sustainable partnerships.

At the institutional level, buy-in by management is critical to the successful implementation of partnership activities. CARTA has engaged the African universities' Vice Chancellors (VC) through biennial meetings to discuss progress and operational and strategic challenges the program faces and solicits input in defining CARTA's future direction. The program has also embodied the spirit of Kaizen: continuous improvement through capacity-building and strengthening workshops for different cadres of staff and faculty at African member institutions to create research-supportive environments for the partners.

CARTA is a shining example of how to build and sustain partnerships. The CARTA program and its vast community of fellows, graduates, supervisors, focal persons, facilitators, mentors, funders, and the secretariat are poised to take on the next challenge - strengthening African academic institutions to play their rightful role in the African research and policy landscape.

# Strengthening the Capacity of Early Career Researchers to Monitor and Track Progress of Life-saving Health Interventions

*By Diana Munjuri, Senior Communications Officer*

On August 23, 2023, at the APHRC campus, Ulwazi Place, Serengeti's meeting room was a beehive of activity. Ten early career researchers were busy on their laptops crunching data on reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH+N), often looking up to consult their mentors or among themselves in low tones. The researchers were the first cohort of the Countdown to 2030 for Women's, Children's, and Adolescents' Health (CD2030) fellowship.

Among them is a vibrant statistician from the University of Zambia, Mwiche Musukuma. "For the fellowship, my research focus is on deliveries occurring in International Organization for Migration (IOM) facilities and the referral of pregnant women and newborns when an emergency occurs from one health facility to another," Mwiche tells me during a chat over tea break.

She adds, "I chose this topic because Zambia, as a country, is still grappling to reduce maternal and newborn mortality. Though we have had an increase in the number of women delivering in health facilities, we are still experiencing high maternal mortality from newborn deaths."

"My study looks at the state of health facilities that women are delivering in and how they are referred from one facility to another if an emergency occurs at the point of delivery, Mwiche shares.

"My hope is that the research evidence from the study will be utilized to influence policy change as well as implement interventions aimed at reducing maternal and newborn mortality in Zambia," Mwiche shares further.

To build the capacity of fellows like Mwiche towards realizing their dreams, on August 7 to 25, 2023, the CD2030 project held its first training for the 2023 cohort in Nairobi, Kenya. The objective of the training was to provide fellows with analytical skills, empowering them to undertake research projects and data analysis and write manuscripts on findings from their analyses. Researchers from APHRC, experts in the CD2030 initiative, and collaborating universities facilitated the training.

During the training, the ten fellows had the opportunity to interact directly with their assigned facilitators to review their analytical plans and methods. Fellows also participated in at least two APHRC short courses (e.g., scientific writing, data analysis using STATA or R, and conducting systematic reviews.)

At the end of the analytical workshop, each fellow finalized their research projects, including analytical methods, products, and timelines, set up a plan for writing and publishing manuscripts on findings from their research, started data analysis for their projects, gained skills to conduct systematic reviews and meta-analyses, obtained relevant scientific writing skills and publishing tips.

The CD2030 initiative is in it's eighth year of implementation and just embarked on its fourth phase. CD2030 aims to improve coverage measurement and monitoring and strengthen the regional and country capacity for evidence generation and use.

In line with APHRC's 2022-2026 Strategic Plan, CD2030 embraced an all-inclusive approach to add a Fellowship Program to its groundbreaking work in conducting national and sub-national analyses to track progress toward SDG targets related to the health of women, children, and adolescents. The Fellowship aims to strengthen research and analytical capacities for monitoring and tracking the progress of life-saving interventions for RMNCAH+N in CD2030 collaborating countries in Africa more sustainably. This first cohort of fellows is uniquely drawn from Kenya, Uganda, Tanzania, Ethiopia, Zambia, Ghana, Burkina Faso, Cameroon, Congo, and Zimbabwe.

The program will recruit about ten fellows from the collaborating countries annually through a competitive process. The 12-month program includes two residential trainings (one-month stay each) and remote support and engagements. CD2030 is building a strong multi-country and multi-disciplinary network of learned fellows working across the continent to transform lives.

The Fellowship program is another huge milestone in the CD2030 journey, and we are excited to see the impact on the analytical capacity in the respective countries now and in the future.

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