



African Population and
Health Research Center

Newsletter

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In this issue

- | | | | |
|---|---|----|--|
| 2 | Listening for influence: AidData and APHRC partner to improve policy impact | 11 | Promoting gender equity in doctoral research in Africa |
| 4 | Why sex-disaggregated data is crucial in the fight against COVID-19 | 13 | How we measure success: A participatory approach to sustainability |
| 6 | How COVID-19 has exacerbated unpaid care work burden on women | 15 | How we sustained and deepened stakeholder engagement: A reflection on 2020 |
| 7 | Everything rises and falls on leadership | 16 | Coping in quarantine through physical activity |
| 9 | Keeping antimicrobial resistance in check in the face of a pandemic | 17 | Staff reflections on the year 2020 |



Listening for influence: AidData and APHRC partner to improve policy impact

By Grace Kibunja, Advocacy Unit Manager, APHRC, and Soren Patterson and Tanya Sethi, AidData

Policy research and advocacy groups in low-and-middle-income countries work tirelessly to inform and shape policies, local to global. Yet even as these organizations aspire to be responsive and relevant to policymakers, they often lack the tools, metrics, or capacity to assess how their efforts are perceived and received by the government officials and other policy actors they seek to influence.

To address this challenge, AidData partnered with APHRC to test how policy research organizations in Africa can use semi-standardized tools to scale up the collection of important feedback data from their stakeholders in a sustainable way.

Supported by the Hewlett Foundation, this pilot project involved close collaboration between AidData and APHRC, as we fielded our first-ever organization-wide client perception survey. The partnership worked together to determine organizational goals and key indicators, define a target audience and construct a sampling frame, co-

design and field the survey, and analyze the results. This provided APHRC with actionable insights.

At APHRC, we work across 30 sub-Saharan African countries, and we seek to generate evidence that drives policy action to improve population health and wellbeing on the continent. “Feedback on the way we interact with stakeholders, our performance, and our impact is critical for our work to be transformative,” said Patterson Siema, Director of Policy Engagement and Communications, APHRC. “It helps us understand what has changed as a result of our engagement and what we need to improve to help transform lives through research and evidence. Ultimately, the best validation of our work is to see our research recommendations being adopted in the policy process.”

“The AidData-APHRC partnership demonstrates that with a modest level of financial support and capacity building, organizations can gain the skills and confidence to continuously seek and act upon feedback from their

constituents,” said Samantha Custer, Director of Policy Analysis at AidData. “This helps organizations like APHRC not only understand whether they are successful in their goals but also ensure their financial sustainability: organizations can attract more funding for their work when they demonstrate that their work is used, appreciated, and valued by those they seek to influence,” continued Custer.

What stands in the way of soliciting feedback?

“Aside from funding and capacity, one constraint we faced was the lack of a centralized database of stakeholders that could be readily deployed for a survey or a similar tool,” said Siema. This challenge is by no means unique to APHRC—organizations often struggle with building and maintaining a list of contacts that they view as their key target audiences.

APHRC began by defining its target audience and took a project-level approach to collect information on the various stakeholders. We worked with relevant project and program units to collect information on individuals that worked with them on any project over the previous three years. While time-consuming, this exercise resulted in a database that has become an asset for the Center, serving as a one-stop-shop for information on all stakeholders.

Insights from a client satisfaction survey

In the past, APHRC has collected project-level feedback from stakeholders; however, a client perception survey at an organization-wide level was a first. While the survey produced a wealth of rich information, several findings stood out.

First, when asked how APHRC can best inform policies through its research, a strong majority of stakeholders (over 60%) said they preferred research designed with policy impact in mind by involving policy actors when initially developing research questions.

Second, a similar majority indicated a preference for receiving evidence in concise documents, easy to read and understand. Improved messaging to stakeholders could focus more on bite-sized communication, such as blogs, press releases, media articles, and social media. The amount of respondents placed a high priority on cultivating relationships with policymakers by supporting them beyond just disseminating research. These findings are not unique to APHRC—African leaders who responded to the survey highlighted them as the most critical factors for whether data and research can inform and impact policy.

“The AidData-APHRC partnership demonstrates that with a modest level of financial support and capacity building, organizations can gain the skills and confidence to continuously seek and act upon feedback from their constituents,”
– Samantha Custer, Director of Policy Analysis at AidData.

Third, respondents provided the names of other organizations whose evidence they found credible, giving insights into the right partners with whom the APHRC can pursue joint activities to increase data and evidence uptake.

For APHRC, the feedback received provides input for the upcoming strategic plan, informs a redesign of the Center’s work, and serves as a guide to building and deepening relationships with stakeholders. The consequences are not trivial—the actions we take as a result of the survey could lead to increased funding, better project results, and meeting organization-wide objectives.

The partnership found that for the feedback process to provide value, it needs to be carried out regularly. This requires staff time and money, but organizations can start with simple and cost-effective open-source survey tools. Organizations would do well to build in the costs of such an exercise into project proposals or set aside a small amount of core funding for this purpose. The process would also benefit from continuity and consistency in the survey content, so progress on certain indicators can be tracked over time.

Going forward, AidData will explore whether and how semi-standardized surveys can help African policy research organizations like APHRC assess the impact of their work. As part of AidData’s ongoing work to build partnerships with such organizations, and bolster engagement with policymakers in Africa, AidData will continue to seek innovative ways to engage with organizations interested in better defining and measuring their policy influence. APHRC is also keen to explore ways to partner with other organizations in the region to help them carry out similar feedback exercises. This will help foster peer learning among organizations with similar mandates and target audiences and help mainstream the practice of collecting performance feedback.

The COVID-19 Sex- Disaggregated Data Tracker

An initiative of the Sex, Gender and
COVID-19 Project

Explore the dashboard:
globalhealth5050.org/the-sex-gender-and-covid-19-project

GLOBAL
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African Population and
Health Research Center

ICRW
INTERNATIONAL CENTER
FOR RESEARCH ON WOMEN

Why sex-disaggregated data is crucial in the fight against COVID-19

By Siki Kigongo, Communications Manager

The COVID-19 pandemic altered how every industry in the world operated, its effects being felt across the world over. We were forced to adapt to a new reality, where concepts such as 'lockdowns,' social distancing,' 'essential services,' and 'mask mandates' became part of our everyday language. The pandemic spurred a permanent paradigm shift, forcing every system in every industry to adapt.

Government lockdowns forced non-essential stores to close their doors, creating an e-commerce surge as retailers moved their products online. It was no different for the education sector, as school closures led to the establishment of virtual classrooms that were once non-existent in some regions. The tourism sector began to switch their target markets from international tourists to local ones as travel restrictions limited their access to their once desired audiences. The development sector also began to shift its focus during these unprecedented times, with non-profit organizations becoming paramount in fighting the virus and trying to limit its impact on society's most vulnerable populations.

APHRC was no different. We were compelled to redesign and pivot our projects to respond to the rapidly changing landscape caused by COVID-19. As we did so, we also began to look for partnerships with like-minded institutions to contribute to the global efforts in tackling the virus. It is out of this that the Sex, Gender, and COVID-19 project was born. The project is a partnership of Global Health 50/50 (UCL), the International Center for Research on Women (ICRW - Asia), and APHRC. The project is currently building the world's largest database of sex-disaggregated data on COVID-19, investigating the roles sex and gender are playing in the outbreak, building the evidence base of what works to tackle gender disparities, and advocating for practical gender-responsive approaches to the pandemic.

Despite robust evidence that shows marked differences in rates of COVID-19 testing, hospitalizations, ICU admissions, and deaths between men and women, the partnership behind the Sex, Gender, and COVID-19 Report finds only half of the world's countries are currently reporting any data across these indicators broken down by sex - and some which had been doing so have stopped or are doing so too inconsistently to monitor trends.

Your sex and gender matters

As medical science continues to progress, it is now evident that disease occurrences and outcomes differ for men and women. A person's sex influences immunological and hormonal responses to infections, with research showing that the Ebola, SARS, and influenza viruses affect men and women differently. However, the burden of diseases is influenced by biological differences and social factors such as gender norms, behaviors, and roles.

Given the ongoing COVID-19 pandemic, understanding and addressing the impacts of sex and gender on health outcomes has never been more crucial. It is the only way to effectively guide global communities' response and prevention efforts and build equitable, sustainable, and healthy societies.

What trends do we see in the African region?

Initial research has shown that the pandemic impacts women and men differently. Within the African region, men account for a much larger proportion of cases (60%) and deaths (73%) than at the global level. However, this differs across countries and reflects a multitude of contexts and inequalities. For example, South Africa reports that only 42% of its cases are among men, while that share is 71% in Chad.

Although women and men account for a similar proportion of COVID-19 cases globally, men's high mortality rates are a trend seen worldwide. The project's available data has shown that there are roughly 14 deaths in men for every ten deaths in women. From the 21,309 deaths for which sex-disaggregated data was available from the African region, 54% were men, and 46% were women.

Building an effective response

Despite robust evidence that shows marked differences in rates of COVID-19 testing, hospitalizations, ICU admissions, and deaths between men and women, the partnership behind the Sex, Gender, and COVID-19 Report finds only half of the world's countries are currently reporting any data across these indicators broken down by sex - and some which had been doing so have stopped or are doing so too inconsistently to monitor trends. Of the 47 countries in the WHO-AFRO region, 22 have never reported sex-disaggregated data on confirmed COVID-19 cases, and 35 countries have never reported such data on deaths.

To effectively respond to COVID-19, sex-disaggregated data is critical to tailoring public health responses, informing clinical practice, influencing the development of vaccines and treatments, and designing clinical trials. The high variability in the data is a significant obstacle to both national analysis and cross-country comparisons. It poses a challenge in planning and monitoring effective COVID-19 responses and developing evidence-based response strategies.

All countries should collect and publish data on COVID-19 disaggregated by sex as an essential pillar of their reporting, as called for by the World Health Organization. As we face the most significant global health emergency in 100 years, governments have been forced to respond quickly under pressure- perhaps to the demise of the inclusion of gender perspectives. Robust sex-disaggregated data is needed as a crucial tool as we seek more effective solutions in the fight against the pandemic.



How COVID-19 has exacerbated unpaid care work burden on women

By Patricia Wekulo, Associate Research Scientist

Participation of women in critical sectors of the economy remains low as unpaid care work prevents women from getting into, staying and progressing in the labor force. Research shows that women are trapped in time and income poverty as they bear a disproportionate burden of unpaid care work, spending more than three times the amount of time men spend — an equivalent of 2 billion people working for 8 hours a day with no pay. The International Labor Organization (2018) estimated that it would take about 210 years to close the gender gap.

The care crisis has been exacerbated by the COVID-19 pandemic, further exposing the existing gender and economic inequalities. Recent data (Population Council, 2020) showed that 66% of women reported a greater loss of income, increased cleaning responsibilities and greater childcare responsibilities compared to men at 36%. Moreover, a higher proportion of women than men reported that they had skipped meals because of COVID-19. Within the health sector, there is a higher proportion of female health workers compared to men. Considering the situation currently facing female healthcare workers, it is apparent that they experience a “double-caregiving burden” — at work, they are expected to work for longer hours, and at home, they are required to tend to the family, particularly young children. Further, with home-based care recommended for asymptomatic and mildly symptomatic COVID-19 patients to decongest health facilities, the additional burden of care falls mainly on women, putting them at risk too.

APHRC’s past work in the slums of Korogocho among women with children under the age of three years showed

that providing subsidized childcare led to increased labor participation and decreased feelings of stress. Up to 35% of the women involved in the intervention were engaged in low-paying cleaning, nanny and laundry jobs. One of the indirect effects of the pandemic was the loss of many casual jobs because households felt at risk allowing people in and out of their homes. School closures also meant that several childcare facilities ceased operations. Facility operators were left without a source of income while parents no longer had childcare options for their children when they had to work. Without a livelihood, many of these women are likely to migrate back to their rural households. This phenomenon was witnessed in Nairobi as soon as the lockdown was lifted in July 2020.

Some of the ways to improve the current situation, where women carry a disproportionately high burden of unpaid care, include:

- Provision of grants to women to cover loss of income;
- Carry out further research on the direct and indirect effects of COVID-19 on women, particularly in relation to unpaid care work; and
- Support low-income working women with safe, appropriate and affordable childcare options.

By instituting these measures, we are likely to raise the economic profile of low-income working women. Another critical step would be meaningful involvement of women in decision-making processes related to COVID-19 responses. Lastly, we must encourage redistribution of work and challenge social norms on the expectation that women should shoulder responsibility for caring for young children and other household care needs.



The APHRC Board leadership

Everything rises and falls on leadership

By Sheena Kayira, Business Development Manager

Every end of the year lends itself to reflection. For APHRC, the last months of the unprecedented 2020 were no different. As we pondered over the extraordinary months that had elapsed, the ups and downs, the prolonged office closure, and all the adjustments we had to make, it was incredible to see projections that we were on track to meet our annual performance targets.

The unfolding of events since the first case was announced in Kenya in March 2020 and the subsequent shift in operations for many organizations, birthed a lot of uncertainty. This uncertainty was exacerbated by several studies, including one conducted by the Institute of Fundraising in collaboration with PwC that established non-profits had to reduce their services significantly due to rapidly dwindling revenue. Excelling in a context where fear of the unknown was prominent seemed unattainable.

So what mainly contributed to the year's accomplishments?

Many organizations needed to re-strategize to stay afloat. Those who have succeeded had specific measures

in place. For APHRC, we will highlight the tenacity of our Executive Leadership Team (ELT). This team, comprising the Executive Director, Deputy Executive Director and the respective Directors of our Research, Research Capacity Strengthening and Policy Engagement and Communications Divisions, exhibited determination, persistence and grit to see the Center through the year.

Springing into action

Since March, the ELT has been at the forefront of implementing a multi-pronged strategy to ensure proper functioning of the Center in the new normal. A plan for business continuity in Kenya and Senegal was developed, giving guidance on matters such as working from home, procedures for communication and case-by-case considerations of project activities. There was an immediate suspension of data collection activities and face-to-face gatherings, except for countries where there were no confirmed cases and there would be no requirement for staff to travel. This decision would continuously be reviewed and updated as circumstances evolved.

The leadership made provisions for the smooth transition to working from home by availing necessary tools and software to make operational processes possible remotely. For instance, efforts were made to expedite the financial approval module on our Enterprise Resource Planning (ERP) platform for remote authorization with the necessary controls in place. Further, internet costs were catered for, and hygiene and safety measures were put in place at the office premises to safeguard staff whose work could not be conducted remotely.

Within the Research Division, a COVID-19 research working group was established and tasked with developing concept notes and responding to calls for proposals on specific research themes. This team also collaborated with northern partners with funding to support COVID-19 related proposals or work. An overarching strategy for the Center's COVID-19 research further streamlined internal and external collaboration and harmonized response to different opportunities.

The Research Capacity Strengthening Division led the reprogramming of various initiatives such as the Consortium for Advanced Research Training in Africa (CARTA). There was the realization of the need to adapt the program to a mix of virtual and face-to-face interaction, allowing for delivery of the training curriculum in the most efficient and cost-effective manner without compromising quality.

The prevailing situation provided numerous opportunities for policy engagement. The Division facilitated webinars contributing to public conversations on food insecurity, the state of learning on the continent, vaccine development, and the impact of the pandemic on the continent, among others. Further, the team amplified expert voices through robust engagement with traditional and social media platforms, informing discussions and providing access to factual information, thus helping tackle the infodemic.

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Adjusting to a new normal

A critical consideration in the transition was maintaining communication with funders, keeping them informed of the Center's response plan to the pandemic. With most research activities on hold, project teams also initiated discussions with their respective funders, renegotiating budgets and work plans to accommodate the new circumstances.

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With guidance from the APHRC Board, we would resume operations, albeit differently. The resumption would be under a new normal, which kicked off in August, providing guidance in mapping, staggering, and sequencing new normal activities. Additionally, a COVID-19 task force was formed, expanding the ELT to include eight more staff who would diversify perspectives for decisions, follow up on various action points and facilitate faster communication to staff. The task force also developed COVID-19 new normal guidelines on data collection, training, engaging with policy actors, and working from the office.

Staff wellbeing

For the much progress we made during the year, staff welfare was at the core of it. The management kept staff informed by providing regular situation updates on institutional developments and plans hence managing anxiety. Additionally, the Executive Director hosted monthly virtual coffee hangouts of small groups for informal catch-up where staff could freely discuss the highs and lows of the transition. Most notable was the commitment to support the psychosocial health of staff through welfare webinars and a confidential employee assistance program. All these measures contributed to maintaining positivity, boosting morale and cultivating the culture of excellence.

In hindsight, reflecting on the year that plunged the world into turmoil and uncertainty, we are automatically drawn to the series of actions that the leadership took and the structure they provided to create an enabling environment for commendable performance. Indeed everything rises and falls on leadership.

Keeping antimicrobial resistance in check in the face of a pandemic

By Abdhahah Ziraba, Research Scientist and Elvis Wambiya, Research Officer

The COVID-19 pandemic has almost brought the world to its knees and the global community has focused all its attention on fighting and ending the disease. As at mid-November, there were 54.2 million confirmed cases with more than one million deaths worldwide. According to the latest reports, Africa has about 1.4 million confirmed COVID-19 cases and about 24,500 cumulative deaths. As a result, health systems — many of which are already overburdened — are coming under immense pressure and strain as they try to cope with the extra load.

The World Health Organization (WHO) has emphasized the need to maintain focus on other important health issues during the pandemic. This will ensure that essential services such as immunization are maintained and gains made in the fight against HIV/AIDS, tuberculosis, malaria and non-communicable diseases are not lost as a result of COVID-19. Antimicrobial resistance (AMR) is among these important health priorities that should not be put on the side-lines as the COVID-19 fight rages on. AMR is defined as a 'Situation where drugs become ineffective against disease-causing germs that they were previously effective against'. In 2015 the WHO declared AMR a threat to global public health, and endorsed a global action plan as a guide to tackling the problem. While many countries are working to adapt these guidelines into their national action plans (NAP), shifting health priorities during the Pandemic may eclipse AMR prevention and control hence affecting progress and possibly erode current gains.

Kenya is currently among the countries bearing the highest burden of COVID-19 on the continent with about 70,000 cumulative cases and 2,200 cumulative deaths reported by mid-November. Consequently, the health system is increasingly coming under immense pressure to keep up with the prevailing situation. A health system cannot be effective if most of the available antimicrobials are ineffective against the common causes of morbidity and mortality. With the growing levels of hospitalization of long duration and intubation, hospital-acquired infections are expected to rise and therefore in a context of high levels of AMR, the clinical outcomes are likely to be poor.

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Increasing evidence has linked poor antimicrobial use (AMU), increased availability of counterfeit medicines and poor infection control measures to high AMR prevalence to common pathogens in human and animal health in Kenya. However, a lot is still unknown on the link between changing food systems, agriculture and AMR. A scoping review was conducted by the African Population and Health Research Center (APHRC), Newcastle University, and University of Malawi to synthesize evidence on changing food systems, the poultry sector, and AMR to aid intervention on AMR stewardship and control in agriculture in sub-Saharan Africa (SSA) (particularly Kenya and Malawi). To commemorate the 2020 World Antimicrobial Awareness Week (WAAW), we present key findings from the review, and their implications on the fight against AMR. Based on the finding, we give some recommendations to keep AMR in check during the COVID-19 pandemic and beyond.

Our scoping review followed the framework developed by Arksey and O'Malley (2005) to identify the role of changing food systems with a specific focus on poultry production, distribution and consumption in SSA in the development and transmission of AMR. The following main themes emerged from the review with regards to changing food systems, the poultry sector and AMR:

Misuse or irrational use of antimicrobials (AM)

A vast variety of AM are used in agriculture in most countries, the majority of which are also used in human health.

It is very probable that misuse or overuse of AM increases the likelihood of bacteria developing resistance which may be transferred to humans through the food chain, including poultry meat and products such as eggs. Our review revealed that AM overuse in poultry farming is widespread in SSA mainly as treatment, prophylaxis and growth promotion agents (including in Kenya), and is a primary driver of the accumulation of harmful resistance genes or residues in the animal reservoir. Farmers mainly obtain AM from (agro-veterinary stores) agrovets or veterinary shops without prescription or advice from animal health professionals, and the sale of AM is unregulated in some settings. In the same breath, farmers were less informed of the potential threat that improper use of AM poses on human health with regards to AMR, did not keep records of the AM used in poultry farms, were not aware of AM withdrawal periods, and did not administer proper dosage of AM.

Knowledge, attitudes and practices in poultry production

Evidence also indicates the use of banned or restricted AM in poultry farms is common. Most farmers employed AM as prophylaxis in their farms and vaccination of birds was not a popular option.

Some possible pathways of AMR transmission from poultry production included contaminated poultry products, infected poultry, and discharging of contaminated feces into the environment (implications on sanitation and hygiene). Cultural and regional differences in knowledge, attitudes, and practices regarding AMU were identified. For instance, farmers in urban areas exhibit higher AMU as compared to those from pastoralist and rural communities.

Evidence of AMR to common bacteria from poultry isolates

There is an implication on the transfer of AMR from animal sources to human health during the COVID-19 pandemic. On the one hand, declining use of formal health services due to the overburdening of the health system unable to take in patients; fear of hospital-acquired infections; and inability to afford care as a result of the economic effects of the pandemic. It is expected that self-medication and antimicrobial misuse through the purchase of AM over-the-counter among the population will increase during the pandemic. On the other hand, increased use of AM in patients with or suspected to have COVID-19 could lead to worsening the AMR situation.

Call to action

Kenya launched its AMR National Action Plan in 2017 as a guide for coordinated response against AMR and has strategic objectives to guide the AMR containment policy. Key objectives of the plan include improving awareness and understanding of AMR, strengthening surveillance and research programs (including AMR stewardship programs), improving sanitation, hygiene, and preventive measures, optimizing the use of antimicrobials in animals and humans, and developing an economic case which accounts for the country needs and for a sustainable investment on medicines, diagnostics, vaccines and other interventions. However, some challenges exist such as limited finances and human resources, poor infrastructure, weak supply chains for laboratory consumables, attitude and behavior of patients, health workers, animal farmers and the public, and lack of political will.

During the COVID-19 pandemic, restrictions to movement, shifting health priorities and pressure on the health system could shift the focus on AMR and therefore delay the gains on the control of 'Superbugs'. However, efforts should be made to adapt and step-up efforts to address AMR during this time, in line with NAP activities. For instance, through the 'One Health' approach, antimicrobial stewardship and surveillance programs in agriculture and public health should be sustained to monitor and regulate AMU and AM transmission patterns. In addition, infection prevention and control activities in the environment as well as healthcare settings should be stepped-up, especially at the bottom of the primary healthcare pyramid. As pressure increases on national laboratories to deliver COVID-19 test results, provisions should be made for continued testing of AMR using agricultural, environmental and clinical samples.

There is also need for advocacy and awareness of AMR, sustainable and safe farming practices (including vaccination) and judicious AMU at the national and community level should also be put in place particularly in community settings to educate farmers and the general public thus minimizing AMR risk. Finally, financial and technical investment is required to adapt and strengthen public health systems during the pandemic and promote research to keep up the fight against AMR and fulfill the commitments and targets stipulated in the national AMR containment Plan.



Promoting gender equity in doctoral research in Africa

By Florence Sipalla, Communications Manager

Developing Excellence in Leadership, Training and Science (DELTAS) Africa supports an African-led research capacity strengthening program geared towards nurturing world-class researchers and scientific leaders. As we celebrate CARTA's milestones over a decade, #CARTA10, we spoke to Dr. Alphonsus Neba, Deputy Programs Director – Science Support and Systems, The Africa Academy of Sciences (AAS) to get insights on gender equity in doctoral research in Africa.

Q Why is it important to promote gender equity, especially as we nurture the next cadre of research leaders on the African continent?

A Nurturing the next cadre of research leaders on the African continent is one of the interventions that would lead to invaluable health and socio-economic outcomes and benefits for future generations of Africans, especially in terms of quality of life for millions for Africans. This new crop of leaders holds a lot of promise for real change in many areas of the research profession as they represent a generational and a paradigm shift from the club of aging academics and professors and the tradition where today's understanding, agitation and efforts at addressing gender challenges are uncomfortable and near taboo issues. Ignoring gender equity in this laudable intervention would inevitably lead to missed opportunities to build a new and vibrant gender equity culture in research, driven by a new crop of younger research leaders which would maximize the benefits for Africa's burgeoning population. The participation and thriving of women and other marginalized groups of people in finding solutions to health challenges undoubtedly brings in multiple perspectives, views and a wider spectrum of potential solutions.

Q How are African universities and research institutions doing with regards to gender equity in doctoral research programs?

A African universities and research institutions have shown some level of interest in strengthening gender equity in doctoral research programs, as well as mainstreaming this concept into their core functions of teaching and research and administration. This explains why many have introduced gender courses in various faculties and departments.

However, it appears there has been little concerted effort, synchronized policy and plan for integrating gender into university and other research institutions functions as whole, and specifically within doctoral research programs. What is required is a fundamental shift to more holistic gender responsive strategies and a move beyond simply enabling access to universities and research institutions and postdoctoral research programs to effectively address the issues that predominantly affect women and other marginalized group's ability to fully participate and optimally perform within these institutions and postdoctoral programs in Africa.

Q What are the gender-related differential challenges that are encountered by researchers, thus making it difficult for them to progress in their careers?

A I have often marveled at how young early career female researchers combine marriage life, childbearing, homecare, and minding after kids and even spouses, some of whom are scientists themselves, and still excel in their research careers, oftentimes outshining their male counterparts. In worst case scenarios, some must simultaneously contend with other challenges including various forms of harassment, bullying and intimidation at their respective places of work.

In one of the DELTAS African Programs Annual Scientific Conferences in Cote D'Ivoire in 2019, the Alliance for Accelerating Excellence in Science in Africa (AESA) provided funding to cover expenses for female DELTAS Fellows and their young infants and childcare support for the duration of the conference. This was to ensure they did not miss the conference on account of having minor children and to enable them to participate fully at the conference or so we thought.

Even with this level of support, the female fellows spent an inordinate amount of time dividing attention between conference proceedings and tending to the welfare of their infants and the child minders. While all this happened, their male counterparts were less distracted and fully participating in the various conference sessions, quite oblivious to this gender-related differential challenge encountered by their female peers. It takes an extra-ordinarily high level of tenacity and determination by female scientists to overcome gender-related differential challenges, despite the best efforts and support systems that may sometimes be provided. There is a need for universities and research institutions and all stakeholders in postdoctoral training programs in Africa to be deeply sensitive to the challenges of gender equality especially within the contextual realities of unique African societies and cultural norms.

Q How has the Developing Excellence in Leadership, Training and Science (DELTAS) program embraced gender mainstreaming?



A At the onset of the DELTAS Africa Initiative, we recognized gender-related differential challenges as a major risk factor to what we sought to achieve and moved quickly to develop, implement and promote gender friendly policies for the programme. We also took deliberate actions to provide budget lines for the implementation of the various policies, including training and raising awareness among our grantees. While this was mostly programme-based, we have since recruited a Gender Specialist to assist the AAS and AESA platform conduct a landscape study and develop

a Gender, Equity, Diversity and Inclusive (GEDI) strategy and an implementation plan which would guide us as we address current gaps and fully mainstream gender and related issues within and across all our programs, business operations and activities. We have actively encouraged our grantees and their institutions to embrace issues of gender, equity, diversity and inclusion.

Q What can other research capacity strengthening programs, especially on the African continent, learn from the DELTAS experience?

A The DELTAS Africa experience has been a pacesetter in many aspects of health research leadership capacity development on the continent. We make no apologies for being an Africa-led research capacity development program, with the most eminent African research leaders and scientists taking the lead in developing a critical mass of globally competitive research leaders, within state-of-the art research environments and a new culture of doing research that we actively support and promote. One of the central pillars of this success is recognizing and addressing issues around gender and diversity and being bold enough to adopt and introduce innovative interventions where necessary. We have found that developing functional and effective program management systems, policies and procedures, backed by robust finance and grants governance systems and structures, functional monitoring, evaluation and learning systems, robust programme risk management and mitigation frameworks, and maintaining collaborative and mutually respectful relationships with our grantees, and other stakeholders is a recipe for success.

Overall DELTAS Africa Gender Ratio*

	MSc	PhD	PostDoc	Total
 Male	200	156	73	437
 Female	179	163	57	401

* includes all categories of trainees recruited to date (i.e. interns, MSc, PhDs, Post Doc, Senior Research fellows) as at Dec 2019

Parting shot?

As gender issues gain more currency, a combination of innovative institutional and intellectual strategies would be required to advance gender equity, and to equip institutions and postdoctoral programs to continue to respond and to keep abreast developments in the gender equity discourse. With visionary research leadership, and a culture of research excellence, the journey towards addressing gender equity issues within research institutions and postdoctoral training programs would progress much faster.



How we measure success: A participatory approach to sustainability

By Cynthia Runyenje, Monitoring and Evaluation Officer (Originally published via IHP)

Let's set the scene: a project sought to address the high mortality rates due to malaria in villages in Kenya's coastal region. The intervention was to distribute insecticide-treated mosquito nets to hundreds of the villages as a preventive measure of malaria.

For twelve months, the project distributed the mosquito nets to households in the villages, after which the project ended, having been deemed successful. After a year, the project implementers came back to the same villages to measure the impacts of the intervention and record the success stories from the beneficiaries, only to find that the mosquito nets distributed and installed in each household were now being used as fishing nets and for fencing chicken coops in their poultry farms. After engaging the community, the project implementers discovered that the villagers' top priority was not malaria prevention but rather having a consistent income source to feed their families. Thus, to them, the mosquito nets were useful in fishing and for their poultry farming. This is what the community felt was important to them.

The project implementers, aware of the community's priorities, could re-strategize for the next phase, centering not only on distributing mosquito nets but also fishing nets and educating the community on alternative ways of building chicken coops. By the end of the project, the households were utilizing the mosquito nets for their intended purpose. As a result, there were reduced malaria infections and sustained livelihood for the community from fishing and poultry farming. The use of mosquito nets for malaria prevention was, ultimately, sustained even after the project ended due to the small tweak made from the information obtained from the community.

The project was successful as it met the needs of all parties, the community and implementers, thus being sustainable. The above case study highlights the importance of a participatory approach in project conceptualization and evaluation. Over the years, there has been a shift in how projects are deemed successful. Success has shifted from merely implementing and completing activities to actual outcomes and impact attained from the interventions implemented.

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Impact is defined as "the long-term and sustainable change introduced by a given intervention in the lives of beneficiaries." This includes the intended impact per the project objectives and the unanticipated impact caused by the interventions. A Participatory Impact Assessment (PIA) emphasizes the need for communities to inform what impact and success mean to them and whether or not the project has addressed issues they feel are important to them. Communities should participate not only in the implementation of the project but also in the conceptualization, particularly in defining what desired change they would like to see in their lives as a result of the project. Beneficiary involvement should also be in defining how to measure success (impact indicators), the collection of data, interpretation, and communication of assessment findings.

In its methodology, PIA looks at not only numbers but also the qualitative angle as an indicator of impact. These are the stories behind what is observed, such as changes in perception, attitude, knowledge, and wellbeing. This encourages the community and brings about buy-in and ownership for sustainability.

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A participatory approach is also a flexible approach that is adaptable to local conditions and contexts, emphasizing the community/beneficiaries as experts in developing and assessing impacts based on the local contexts and community needs. A participatory approach can also include diversity of perspectives from among the participants. Success and impact are recorded per the various subgroups. An example being disaggregates based on gender, social-economic status, marginalized communities, among others.

Governments at all levels, national and sub-national, also play a key role in participation by developing legislation and policies that encourage, guide and advocate for public participation. In Kenya, Article 10 of the constitution includes participation of the people as one of the national values and governance principles. In addition, the country's long-term development blueprint, Vision 2030, further breaks it down in its Third Medium Term Plan 2018-2022 under the social pillar, the importance of public participation in project cycle management. Furthermore, the Public Participation Bill 2016, once enacted, will be a framework for effective public participation to give effect to the constitutional principles of democracy and participation of the people.

In summary, impact definition and evaluations should not solely be donor-driven but a delicate balance between community needs and donor expectations, facilitated by an overarching framework for effective public participation. Although participatory methods may face challenges in implementation and actual participation in practice, it is a great approach to building relationships between the donor, implementing organizations and communities, for sustainability.



How we sustained and deepened stakeholder engagement: A reflection on 2020

By Patterson Siema, Director, Policy Engagement and Communications

For an institution that seeks to connect research to policy action, 2020 threw away everything known in the book. The COVID-19 pandemic redrafted policy engagement and communications implementation and how to connect communities, researchers and policy actors. However, within the Policy Engagement and Communication Division, we adapted and deployed new engagement models, mostly virtual solutions to connect with stakeholders.

We continued to grow the scope of our advocacy work by expanding policy capacity among critical partners. For instance, we worked closely with the Southern Africa Development Community Parliamentary Forum imparting skills in effective communications, advocacy, media relations, monitoring, and evaluation — all critical to their work. This was a testament to our commitment to enhance the capacity of partners for greater impact.

At the beginning of the year, the Eastern Africa Health Policy and Research Organization (EA-HPRO) consortium for whom APHRC is a leading partner, embarked on an evaluation to document lessons learned through our collaboration with the 13 research teams in the Eastern Africa region as part of the Innovating for Maternal and Child Health in Africa (IMCHA) initiative. From the evaluation we gained perspective on what has worked for the EA-HPRO model of engagement, knowledge translation and policy engagement, and the impact of capacity strengthening for research teams.

Through the Immunization Advocacy Initiative, we participated in the drafting of the upcoming Kenya National Immunization Policy. Further, the team continued to mentor project implementing partners in Cote D'Ivoire, Ghana and Kenya on advocacy monitoring and evaluation.

Following up on the Kenya Sanitation Conference's success, we supported the government's sanitation policy review. We also coordinated the key sanitation stakeholders to coalesce around critical sanitation issues and gaps to develop a roadmap for sanitation

policy implementation and link the same to the African Ministers' Council on Water initiative. Our goal is to provide knowledge and tools that will enable decision-makers to identify creative ways to overcome boundaries that can hamper the research-to-policy process. We summed up our engagement with policy actors at the annual Nation Leadership summit graced by Kenya and Rwanda's presidents.

Strategic engagement with the media

APHRC believes that media engagement is critical to propagate evidence from our research and advocacy work. Working closely with local and global media, we platformed our experts to inform discussions on COVID-19 and related issues. Providing access to factual information was essential in tackling false information. To mark ten years of CARTA's existence, we collaborated with the media to highlight research by some of the Ph.D. graduates under the program.

While previously in-person interviews may have been the norm, COVID-19 forced a new virtual media engagement approach, which opened up our access to media regionally and internationally. Consequently, our reach grew by 84% to 16,500 mentions across online editorial and social media, maintaining at least 45 media mentions in a day.

To further support our visibility, we hosted webinars that informed the public on critical areas of work such as the effects of Covid-19 on education in Africa, sexual reproductive health, food security, urbanization, health systems strengthening. These webinars imparted knowledge to our stakeholder audiences and created stronger partnerships with key players on the continent and beyond.

To support the Center in achieving its goals, we have increased our human resource capacity for policy engagement in Dakar to anchor our work in the West African region.



Duncan Gatoto on a hiking expedition to Mt. Kilimanjaro

Coping in quarantine through physical activity

By Duncan Gatoto, Finance Manager and Sheillah Simiyu, Postdoctoral Research Scientist

COVID-19 forced many changes in our lives. Suddenly our movement was restricted and with it came the call to stay home and work remotely. While working from home was a relief to many who had a long commute to the office, for others, it took a lot of effort to adjust, delicately balancing work and family needs at home. A few weeks in, and most of us began experiencing cabin fever - people felt isolated, stuck, and restless. We all needed a little help to adjust to the new normal, and for some, the APHRC's Movers Group came in handy.

The APHRC Movers Group came to be in November 2019 following a conversation among three colleagues who shared a passion for fitness, specifically jogging. What started as a joggers' group in no time grew to an exercising community drawing more members. As a condition to join the group, members were required to take part in a physical activity daily, record and share it to the group's WhatsApp page. This way, they held each other accountable.

During the pandemic, the group has provided a sense of community, helping members cope with cabin fever and ease into the new normal. The group kept its commitment to 'keep moving' with activities ranging from jogging, hiking, walking, strength training sessions, rope skipping, house chores, virtual marathons to summiting Mt. Kilimanjaro. Everybody was moving, in their own way, at their own pace but still encouraging

one another. A bond was forming. You see, it was no longer just about fitness. Talents and interests that had taken a backseat soon emerged. There were storytellers, poets, bikers, photographers, hikers, and the occasional comic on a good day. Members always had something to look out for in the group.

The APHRC Movers Group means more than just fitness to its members. It is a community that continues to help through unprecedented times, by learning from and inspiring each other.



Evelyn Gitau and friends on a weekend run

Staff reflections on the year 2020



Marylene Wamukoya

"2020 was a challenge but I must acknowledge the opportunity it provided for self-discovery about how I adapt to adversity, to change. For instance, I found a work-life style that is in sync with my personality and maximizes results in both my work and my life."



Marta Vicente-Crespo

"There will be a before and after 2020. Science and society met and the meeting room was smaller than ever. I hope they will come out hand in hand to walk together in the coming decades; for a better future, for a better humanity."



Festus Muendo

I "was only a month-and-half old at the Center when the first case of Covid-19 was confirmed in Kenya. No sooner had I mastered my way around than a new vocabulary, working-from-home, came calling. This threw me off balance but soon enough, it became the new normal and I marched on, uncertain yes, but still determined. On the flip side, the uncertain times squeezed the resilience, the innovativeness and the hope for the better out of me. Looking back now, I see 2020 taught me to live out of the ordinary, and yet live. I approach 2021 with the greatest hope to live fully, even at the cutting edge!"



Vollan Ochieng

"Besides the fear of COVID-19, the year brought with it many socio-economic insecurities. Seeing friends lose jobs, go without pay, go with reduced pay or having their hopes of ever getting employment dashed away, could only make me think of 'if' and 'when' it hits home. Happily, despite the year's uncertainties, it came with its successes – health and still on the job! Looking forward, we are building back better and I am optimistic that 2021 will be a year of great successes with even greater milestones."



Caroline Thiong'o

"2020 presented an opportunity to unlearn, re-learn, and learn many things both at a personal and professional level. My resilience skills were put to test but I learned that keeping a positive mind was an achievement by itself."



Kenneth Juma

"Time in 2020 felt strange. Some weeks felt endless whereas others flew by quickly. I had to learn so much to work effectively from home. Despite the challenge of COVID-19 that halted our livelihoods in several ways, 2020 remains one of my most productive years. I start 2021 with high hopes, and with lofty resolutions, which I pray will come to pass."

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About the African Population and Health Research Center

The African Population and Health Research Center is the continent's premier research institution and think tank, generating evidence to drive policy action to improve the health and wellbeing of African people.

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