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## Parliamentary health committees in Africa challenged to increase health budgets



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Rt. Hon. Rebecca Kadaga, the Speaker of the Uganda Parliament, at the opening of the 2017 NEAPACOH meeting. She urged African parliamentarians to push for an increase in health budgets in their countries

### Rose Oronje

The Network of African Parliamentary Committees on Health (NEAPACOH) held their annual forum on 13-14 December 2017 in Munyonyo, Uganda. The theme of the 2017 forum was "*Building the capacity of African policy makers for reproductive health and family planning: Challenges and opportunities for parliaments to enhance reproductive health and family planning*". The Speaker of the Uganda Parliament, Rt. Hon. Rebecca Kadaga, presided over the opening session of the forum, and in her address, emphasised the need for Members of Parliament (MPs) to push for an increase in health budgets in their countries.

As one case in point, the Speaker highlighted Uganda's health

budget, which remains low and far from reaching the Abuja Declaration, a commitment made in 2001 by members of the African Union during a conference in Abuja, Nigeria. The Declaration requires countries to allocate at least 15% of national budgets to health. She also decried the fact that although health insurance could help improve citizens' access to health care, efforts of the Parliament of Uganda to reform health insurance have not been successful.

She further challenged MPs to discuss the quality of life of Ugandans, which remains very poor. She pointed out that while "the president or politicians will say 'have many children', nobody talks about the quality of life those children will have." She added, "I'm challenging Ugandan

MPs in this meeting to bring a motion to Parliament on quality of life, so that we can discuss this important issue in Parliament."

Speaking at the meeting, AFIDEP's Dr. Rose Oronje noted that given the critical role of parliaments in development efforts, AFIDEP has continued to strengthen the effectiveness of parliaments through the provision of research and other evidence to inform decisions, and also through capacity building initiatives. She called on MPs to champion evidence use within parliament in order to strengthen parliaments' effectiveness and contribution to tackling development challenges in Africa. In line with the meeting's theme, AFIDEP also conducted a 2-day pre-forum training workshop for parliamentary staff on evidence-informed decision-

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Op-Ed

## Decision-making from the middle: The trials of an African technocrat



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Technocrats in a past meeting where AFIDEP provided technical advice on improving how the Kenya Ministry of Health (MoH) captures adolescent sexual and reproductive health (SRH) indicators for better provision of SRH products and services. Technocrats are often caught in-between political interests and the tyranny of expertise by development partners, researchers and consultants

### Bernard Onyango

**A**frican technocrats are among the most under-appreciated and vilified professionals on the continent. Yet, despite being constantly caricatured as unqualified, inept, lazy, corrupt, and even partisan to political interests, they still play a decisive role in decision-making, policy development and programme implementation, with notable impact for the socio-economic development of their countries.

At AFIDEP, we work closely with technocrats across the continent in supporting their use of evidence in decision-making. My experience from this work has convinced me that these stereotypes do not reflect the many professionals in African governments who are highly educated and patriotic to the cause of improving the lives of their people. Many technocrats are caught in-between competing and conflicting interests on one hand, and power dynamics on the other, and often have to work in poorly-

resourced settings and institutionalised inertia, which makes decision-making from the middle a difficult and thankless job.

I participated in the 2017 Global Evidence Summit in Cape Town, South Africa. The Summit convened global experts to deliberate on effective ways of enabling and improving evidence-informed decision-making (EIDM). The evidence implied here is mainly scientific evidence, although the conference also considered other types of evidence. EIDM is a fast-

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## Parliamentary health committees in Africa challenged to increase health budgets

-making. The workshop attracted 15 staff from 6 African parliaments.

Technical discussions at the NEAPACOH meeting reiterated the need for African MPs to use their capacities in parliament to tackle development challenges in Africa through legislation, oversight, resource allocation, and representation. Many MPs committed to working on these issues, but at the same time highlighted the challenges they face in conducting oversight over the Executive back in their countries. One of the major challenges is that in many African countries, the Executive arms of government dominate parliaments and

therefore undermine their efforts to conduct oversight. MPs of some parliaments are limited to exercising a 'rubberstamp' role, especially in the budgetary process, and are therefore unable to address the resource challenges being raised at the meeting. Party politics was another issue raised as a hindrance to parliament's performance. The issues raised show the significance of sustaining the on-going efforts to reform parliaments around Africa in order to strengthen their performance and overall governance systems in the countries.

Other speakers at the opening session of the NEAPACOH forum included Dr. Jotham Musinguzi (Director General of Uganda's National Population Council); Mr. Patrick Mugirwa (Director of the Partners in Population and Development Africa Regional Office (PPD-ARO)); and Mr. Alain Sibenaler (UNFPA Country Representative for Uganda).

*AFIDEP is a co-convenor of NEAPACOH annual forums together with several other partners led by the PPD-ARO. AFIDEP's work with NEAPACOH is funded by the Hewlett Foundation.*

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developing field in its own right with its theorists and specialists to boot. I attended and participated in many sessions at the conference where hurdles to EIDM were discussed. These discussions made me reflect critically on the difficulties that technocrats face in actualising EIDM.

Technocrats are often caught in-between political interests and the tyranny of expertise by development partners, researchers and consultants hired to fill “capacity gaps” in public service. On the political front, I reckon that high-level civil servants with the responsibility to make impactful policy decisions that are then endorsed by the Executive, or that have to be approved by Parliament, are among the most anxious citizens regarding the outcomes of general elections in Africa. With a change in government, elections can easily torpedo the best-laid plans to roll out a painstakingly developed policy that adhered to the best tenets of EIDM. This is especially possible if the winning team deems the policy to be in opposition to its own ideas, or may even agree with the policy, but is unwilling to let the departing regime take credit for initiating the policy or programme.

In other instances, politicians campaign on the basis of populist policy changes without an implementation plan that will ensure efficient, effective and impactful outcomes. Politicians then expect the technocrats to implement these decisions when they win elections. For instance, many populist programmes aimed at providing free health and education services on the continent often fail because many times the resources to

**“Many technocrats are often caught in-between competing and conflicting interests and power dynamics, and in poorly-resourced settings and institutionalised inertia that makes decision-making from the middle a difficult and thankless job.”**

successfully implement these programmes are not factored in the campaign rhetoric. The subsequent poor quality of service or denial of service to the people unfortunately ends up being blamed on the civil servants, and not the politicians.

On the opposing pressure point for the technocrats are the bilateral partners and expert consultants they work with to support governments in policymaking and programme implementation. There are several hurdles to watch out for despite the tyranny of expertise offered to our technocrats. Obviously, one of these is a misalignment of priorities between the needs of the country as understood by the government technocrat and as advocated for by development partners. It is true that the latter have in recent years tried to pay more attention to the priorities of the governments they partner with. However, it is also true that these organisations often have interests and strategic plans developed in the capitals of the developed countries that are the overarching guiding principle for their engagement with African governments.

**“With a change in government, elections can easily torpedo the best-laid plans to roll out a painstakingly developed policy that adhered to the best tenets of EIDM.”**

Unfortunately, their solutions for the problems are usually formulated for regional needs rather than contextualised for country needs. It makes sense to the development partners because it is cost-effective to have a ‘template’ rather than to find a fitting solution for each country. The argument can also be made that it is up to the African technocrats to contextualise the template and take care of the heterogeneity within their countries. However, even if they wanted to do this, the technocrats do not usually have the resources to implement their ideas. It is also a fact that the power dynamics between the African technocrats and development partners is often skewed towards the latter, and rather than outright reject the development aid offered, African technocrats would rather try to make the best of the situation.

**“In other instances, politicians campaign on the basis of populist policy changes without an implementation plan that will ensure efficient, effective and impactful outcomes.”**

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Still on resources, African governments often allocate little or no resources to facilitating EIDM. To actualise EIDM, one needs supportive institutional systems and mechanisms such as reliable Internet, functional libraries, access to e-databases, access to quality data coming from government service provisions points, regular platforms for exchange of information and ideas, among others. Yet from our work in different African countries, we have encountered many technocrats who work in environments lacking such basic supportive institutional infrastructure that they need to be able to actualise EIDM.

Another aspect of resources that impedes EIDM is the sad fact that many African governments often allocate little or no resources for the implementation of policies. This means that while technocrats can formulate evidence-informed policies, these don’t get translated into interventions that can change the lives of their people.

Based on these reflections, I think that the parody of the African civil servant as unqualified or inept fails to fully take into consideration some of the difficulties they face in their contexts to actualise EIDM and impact the lives of their people. This is not to say that the African technocrats are blameless in the failures of EIDM on the continent, but rather to highlight the difficult task they face, caught in the middle of decision-making dynamics.

# Kenya's parliamentary caucus for promoting



Some of the members of the Parliamentary Caucus for Evidence Use in Decision-making, with members of staff from the Parliamentary Research Services and AFIDEP during a planning meeting for the Caucus' activities in late 2016

## Rose Oronje

The work of parliament –including scrutinising budgets, draft policies and laws, and representing the interests of their constituents– is dependent on access to quality information. Members of Parliament (MPs) need information to be able to critically review, challenge or enrich government's budget proposals. They need information to review, debate, and input into draft policies and laws proposed by governments, if these are to be effective in tackling development issues. They need information about their constituencies and constituents to be able to effectively represent their interests in parliament and ensure parliament effectively responds to the development needs of constituents through its three functions of oversight, legislation, and representation.

### The Evidence Caucus in Kenya's Parliament and its activities

Given the central place of information in the work of parliament, a Kenyan MP, Hon. Susan Musyoka, in 2015, spearheaded the formation of a caucus of MPs to champion the prioritisation and use of evidence in the Kenyan parliament. Evidence here refers to data and information from government reports/publications, databases, and institutions, as well as scientific research. Having been centrally involved in the work of the Caucus through the African Institute for Development Policy (AFIDEP), I shared some reflections from this work at the Global Evidence Summit in Cape Town on 13 September 2017; this article shares some of these reflections.

Shortly after its formation, the Caucus defined a strategy outlining its objectives and the activities it would undertake to realise them. The objectives included:

- Strengthen leadership and technical capacity of MPs to promote and use research evidence in their work
- Encourage evidence use by parliamentary committees
- Advocate for and facilitate the strengthening of key public institutions mandated to provide evidence
- Advocate for and facilitate a shift from traditional Monitoring and Evaluation (M&E) to result-based M&E by government ministries

In 2016, the Caucus implemented two evidence dialogue forums. In one of the forums, MPs and experts discussed evidence on the financing strategies that Kenya could adopt to expand access to healthcare services to all Kenyans. In another forum, MPs discussed the many sources of credible evidence that they can tap into to find evidence for their work, and how they can assess the credibility of evidence to ensure they only use quality evidence. Besides the evidence forums, the MPs leading the Caucus engaged Parliament's leadership to lobby for recognition and support to the Caucus by Parliament to facilitate the implementation of its strategy. These efforts resulted in the Caucus being allocated staff to support the MPs in their quest to champion and use evidence.

Although the Caucus only implemented a few of its activities amidst the busy campaign period leading to the August 2017 elections, the MPs realised some achievements. One of these achievements was that the Caucus increased awareness among MPs on the value of evidence in their work. In one of the forums, an MP said, "You know, when I heard about evidence, I wondered why you people would want to focus on the evidence that witnesses give in court. But being here, I realise that it's about the information that we need to do our work, and this is so useful!". In another forum, an MP opined, "You should have begun these forums at the start of Parliament in 2013. That way, you would have really helped us improve our work at the beginning of our term."

One of the evidence forums recommended that the work on supporting MPs to use evidence be initiated in earnest at the start of the next parliament. This way, it was argued, MPs would clearly define the issues they wish to focus on in Parliament informed by evidence, and the evidence they would need to successfully get parliament to address these issues.

Another achievement was enabling the actual consideration of evidence in bills that MPs worked on. The draft Bill proposing amendments to the NHIF Act was reported to have benefited from the evidence and discussions by experts on the wide range of strategies that Kenya could draw on to address its financing challenges rampant in the health sector. The strategies were based on evidence and therefore provided objective discussion of different strategies with the aim of increasing the

# evidence use: What did we learn?

MPs' understanding of the evidence on the strategies.

As another achievement, the Caucus managed to gain Parliament support and get institutionalised within the Research Services Unit in Parliament, with staffing support. This means that the Caucus will not fade away with Parliament transitions, but that it will be revived at the start of each new Parliament. It therefore provides a useful institutional platform for supporting Kenyan MPs in their use of evidence.

## **MPs struggled to appreciate the importance of evidence in their work**

One of the experiences in working with the Caucus was the notably limited appreciation of the value of evidence in Parliament's work by MPs. This was surprising to us because of the central role of evidence in MPs' daily work of scrutinising policies and bills, debating on the floor of the house, and representing the interests of their constituents. The leadership of the Caucus reported that it took them a lot of explaining for the Speaker of the National Assembly to understand and appreciate the usefulness of such a caucus. In the first instance, the Speaker just dismissed them and told them that evidence use was the work of the Executive and not Parliament. But with subsequent discussions, the Speaker came to appreciate the critical place of evidence in the work of Parliament and lent support to the Caucus.

***"The fact is that existing evidence often does not respond to the specific questions that decision-makers ask when they decide to change policy or develop new policies."***

In another incident and as noted earlier, some MPs struggled to understand what the 'evidence forums' were all about. It was often after their participation in the forums that they appreciated the usefulness of evidence in their work. One of the reasons behind this was the realisation that the very word "evidence"

is actually jargon in the language of many MPs. As experts working in this area, we are better off just referring to "evidence" as "information". This, we think, could help reduce the confusion.

## **Evidence forums generated more demand for evidence that we could not meet**

In another experience, evidence forums with MPs generated demand for more evidence that we could not meet. There were working to get MPs to use evidence in their work, but when they demanded for more specific evidence to help inform the bills they were developing, we were unable to adequately meet this demand. For instance, the discussions at the evidence forum on health care financing resulted in MPs demanding for more specific analyses to help them understand some practical options for Kenya to improve its funding gaps for the healthcare system. We were not able to provide this evidence because it required further analyses of existing data, and yet we did not have funds to cover the time of experts to conduct these analyses.

This is an important problem for actors out there keen to promote increased evidence use in decision-making. The fact is that existing evidence often does not respond to the specific questions that decision-makers ask when they decide to change policy or develop new policies. Decision-makers will often ask for very context-specific analyses or studies once they decide to make policy or legal changes, and this requires money to generate. In most cases, the decision-makers will not have the money to fund these analyses, but will hope that since you have created the demand for evidence, you will be able to meet this demand. When you are unable to meet the demand, then decision-makers become disillusioned about evidence.

## **What motivates MPs to champion evidence?**

The question of what motivates MPs to champion evidence is an important one and was always on our minds as we engaged with the Caucus. We found the MPs with professional backgrounds, particularly those with medical backgrounds, to be highly motivated to seek, assess, and use evidence in their work. This was largely because of the

significance of evidence in the medical field. Political interests also motivated MPs to look for and use evidence. For instance, MPs not only lead bills to address societal issues, but also for political mileage. Therefore, MPs leading bills will look for evidence to inform the bills so that they bring strong bills to parliament.

But, there was also the issue of money. I would chat with MPs, off the record, during these engagements about why they bother to be involved in efforts to champion evidence in parliament. In

***"... the word "evidence" is actually jargon in the language of many MPs.***

***As experts working in this area, we are better off just referring to 'evidence' as 'information'. This, we think, could help reduce the confusion."***

separate incidences, two MPs told me that money was a very important motivator for them as MPs in doing anything, not just championing evidence. This was said in jest, but they noted that money was "always on their minds" because they have to get re-elected and campaigns, in a setting like Kenya, can be very expensive. This issue is something that actors involved in efforts to support MPs in low-income settings in increasing their use or consideration of evidence cannot just ignore. I have observed similar views from MPs working in other African countries, and, therefore, this is not just an issue unique to Kenya.

## **MPs who focus on tackling development issues often don't get re-elected**

Every MP wants to be re-elected. And yet, another important observation coming from our work with MPs around Africa is the sad reality that often MPs who focus on tackling development issues as opposed to "playing party politics" do not get re-elected. This is important because it has implications for future work aimed

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# Sexuality education for Kenya's youth: When the evidence is on the wall, but politics gets in the way

By Diana Warira

The need to provide sexuality education for Kenya's youth has been a subject of discussion in Kenya's development circles for decades. Whether sexuality education has a critical role in improving the sexual and reproductive health outcomes of youth has also been a subject of debate among policymakers, the media and the public for a while. This debate notwithstanding, research evidence already shows that sexuality education reduces risky sexual behaviour among youth, demonstrating that when youth are well-informed about their sexuality, then their likelihood of engaging in risky sexual behaviour lessens. Those abstaining from sex continue abstaining, and those already having sex practice safer sex. This means that sexuality education has the potential

to reduce teenage pregnancy, unsafe abortions, and HIV infections among other negative sexual and reproductive health outcomes in Kenya.

However, despite the strong evidence supporting the need for sexuality education for Kenya's youth, the momentum the government had gained over recent years towards incorporating sexuality education in the formal education curriculum seems to have waned - drastically. To quote one development practitioner, the 'matter was shelved.'

## We have an enabling policy environment, right?

More puzzling is the fact that the government has a policy outlining the need for sexuality education for Kenya's youth, particularly adolescents. The Ministry of Health's National Adolescent Sexual and Reproductive Health (ASRH) Policy of 2015 includes contributing to increased

access to ASRH information and age-appropriate comprehensive sexuality education (AACSE) as one of the policy objectives. Comprehensive sexuality education, while taught differently across the world, generally includes information that's scientifically accurate about human development, anatomy and reproductive health, as well as information about contraception, childbirth and sexually transmitted infections (STIs), including HIV. The Policy goes on to outline that it shall "strengthen ASRH information and AACSE programmes for out-of-school and in-school adolescents."

Further, in order to ensure the policy recommendations are implemented, the Policy stresses the use of a multi-sectoral approach cutting across various ministries and state agencies. Top on the list of ministries to be involved in the Policy implementation is the Ministry of Education, Science and Technology (MoEST).

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## Kenya's parliamentary caucus for promoting evidence use: What did we learn?

at focusing parliaments to tackling urgent development issues. Why should MPs be interested in evidence or championing other development issues, if such work doesn't get them re-elected?

### Engaging the politics and interests centrally at play in parliaments

Another important learning from this work was the importance of engaging the politics and interests, which are usually centrally at play in Parliament. We did not engage the politics and interests at all, and yet this had the potential to open up opportunities for expanding the impact of the Caucus, if used tactically. One of the reasons why we steered clear of politics and interests was the fact that the caucus membership was already dominated by MPs in the opposition, and so trying to draw on politics and interests presented the risk of the Caucus being seen as an opposition platform, which it was not. Even then, actors getting into similar work will benefit from deep political economy analyses and drawing on the findings of such analyses to strengthen the influence of

such platforms.

### Caucus or Committee of Parliament?

Another experience was the issue of whether to keep the platform as a caucus or push to get it transformed into a Parliamentary Committee. As a Parliamentary Committee, the platform would receive funding and staffing support from Parliament. As a caucus, the platform would not receive such support from Parliament, and yet it needs this support to implement its strategy. On the other hand, as a Parliamentary Committee, the platform would have limited influence on other parliamentary committees and yet one of its objectives was to champion and support evidence use within the work of parliamentary committees. As we move forward, the platform will need to weigh its options and decide on whether to push on with becoming a Parliamentary Committee or maintain its status as a caucus. As experts, we think the caucus option is better as this means it will draw membership from these committees and ensure that it has

evidence champions within the committees. This will be more effective than the platform becoming a committee and trying to influence other committees.

All in all, we believe that the relationships that we created and maintained with the MPs and the Parliament staff who work with them were very critical in the successes of the Caucus. The relationships created trust among us and, in a way, became the "oil that kept the wheels of the Caucus moving". We believe that if designed well, such platforms could provide value for money for development partners keen to support and strengthen the role of parliaments in tackling development issues.

### What next for the Kenya Caucus with a new Parliament?

Since the Caucus is now institutionalised as an "organ" of the Research Services Unit in Parliament, this unit is already working to reconstitute the Caucus, redefine its strategy, and work with partners in implementing the strategy for the next five years.

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Ensuring that youth have good sexual and reproductive health outcomes is a major determinant as to whether youth achieve their full potential, or not

The Policy stipulates that MoEST shall implement sexuality education, AACSE to be precise, in line with the Education Sector Policy on HIV and AIDS of 2013. Other areas of involvement for MoEST as outlined in the Policy are: facilitating provision of information to parents on the sexual and reproductive health of adolescents within the school set up, and strengthening partnership with the Ministry of Health (MoH) to provide ASRH information and services in schools.

That said, it is clear that the question of whether Kenya has a policy framework, or not, within which to implement sexuality education is no longer valid. Several groups of stakeholders, including a technical working group on ASRH, have convened in order to deliberate how to move the policy recommendations into action. However, all these efforts seem to have hit a snag.

While the mandate of ensuring good sexual and reproductive health outcomes among youth falls on the MoH,

***“...research evidence already shows that sexuality education reduces risky sexual behaviour among youth, demonstrating that when youth are well-informed about their sexuality, then the likelihood of engaging in risky sexual behaviour lessens.”***

implementation at the school level lies with MoEST. A good point to note is that Kenya has a National Curriculum Policy of 2015, which outlines various education reforms driven by the Second Medium Term Plan of Kenya Vision 2030. The Policy seeks to ensure life-long learning and steer learners towards achieving their full potential.

Ensuring that youth have good sexual and reproductive health outcomes is a major determinant as to whether youth achieve their full potential or not. However, the glaring absence of any mention of sexuality education (or the more prominent option, family life education) in the National Curriculum Policy as part of the curriculum reforms is evidence to the disconnect in commitments between the various state agencies charged with steering forward the ASRH Policy and other policy frameworks. The 2015 National Curriculum Policy was an excellent opportunity for MoEST to take up some of the recommendations of the 2015 ASRH Policy in order to ensure joint effort towards improving the sexual and reproductive health of Kenya’s youth. Perhaps it is worth mentioning that the ASRH Policy was published a few months ahead of the National Curriculum Policy hence there was room to incorporate these elements in the latter.

#### **A middle ground perhaps?**

The lack of collective political will within government therefore, is the greatest hurdle standing in the way of realising sexual and reproductive health among Kenyan youth. It is widely known that a notable proportion of adolescents in Kenya are sexually active. The 2014 Kenya Demographic and Health Survey (KDHS) reported that women and men

***“While the arguments against sexuality education may be hinged on genuine fears, it is time we separated the evidence from myth and opinion.”***

start having sex before marriage, often at age 18. Moreover, 15 percent of women and 22 percent of men aged 20-49 had sex by age 15. Opponents of sexuality education have pointed out that this type of education, if implemented in schools, will lead to moral decadence, to spike curiosity among adolescents to experiment with sex, among other issues.

However, shouldn't the government, parents, teachers and other stakeholders be working collaboratively to ensure these young ones have the right information regarding their sexual and reproductive well-being? The ASRH Policy is very clear on the emphasis on 'age-appropriate' sexuality education. This means that information shared with a 10-year-old is very different from that shared with an 18-year-old. The fixation on the 'comprehensive' bit of sexuality education has led many to dispense with the entire agenda.

While the arguments against sexuality education may be hinged on genuine fears, it is time we separated the evidence from myth and opinion. It is at this point that the government agencies charged with steering this matter should step up to provide guidance on the best

## Interview

# Evidence-Informed Decision-Making in Africa's Development

## Making it not just work, but also matter



### Tell us about yourself

I am a communications and public policy professional passionate about evidence, and the role it can play in development efforts. I am also passionate about human rights, especially the rights and freedoms of girls and women.

I've worked in the development sector since 2002, starting off as a Publications Officer in 2002 in a national policy think-tank focused on conducting research to inform policies in the social sector as well as governance, agriculture, and industry. I later led the communications programme of one of the leading health and population research centers in Africa for six years, growing the communications unit from a one-woman unit to a fully-fledged communication and policy engagement department.

I was fortunate to win a PhD scholarship to study at the Institute of Development Studies (IDS) at the University of Sussex, a leading development institute globally. My PhD research explored the drivers of change in the public policymaking process, with a focus on the health sector.

In 2013, I returned home and was lucky to get the opportunity to lead AFIDEP's communications and evidence uptake programme. I love my job and the challenges that come with it; making evidence matter in development efforts is not an easy task.

AFIDEP has for many years championed and nurtured a culture of evidence-informed decision-making (EIDM) in government institutions and parliaments in Africa. The Institute has designed and implemented innovative interventions meant to strengthen both individual and institutional capacities for enabling EIDM in Kenya and Malawi.

We speak to **Dr. Rose Oronje**, AFIDEP Director - Science Communications and Evidence Uptake, on the various aspects of AFIDEP's work on EIDM, the lessons learned and shared from this work, and what this means for the continent's development.

I also love working at the Institute; the environment is busy and relaxed at the same time! Working at the Institute as it grows is most inspiring; it almost feels like I have a second chance at starting my life afresh, contributing to nurturing an Institute whose mandate is so close to my heart, that of bridging the research to policy and practice gap in development efforts.

**AFIDEP's vision is to make evidence matter in Africa's development, but to make evidence matter, its value first needs to be appreciated. With that said, what has been your experience supporting MPs in Kenya's parliament to use evidence?**

There is a reason why many research organisations steer clear of parliament. It's too political a space for evidence to matter; MPs are there for only 4-5 years; and given that African parliaments experience very high turn-overs, it's not value for money as you have to keep starting over with new MPs every four-five years. As AFIDEP, we recognise that, but also recognise that reforms in African parliaments in the last two decades have meant that these parliaments are increasingly making very important decisions that affect people's lives. For instance, some parliaments, like the Kenyan parliament, now have a more meaningful role in the budgetary process. For this reason, we believe that it is critical to sustain the efforts that promote and enable evidence use in African parliaments.

Now, my experience working with the Kenyan parliament has been most rewarding. I was very skeptical at the start of the work with the parliament in Kenya back in 2013; I didn't think that we could achieve much given the never-ending politics in the country. But I've been proven wrong. We've worked with the leadership of parliament, especially the Director General of the Parliamentary Service Commission, the Director of Information, Library and Research Services, and the Head of Research, to implement interventions that have strengthened institutional support for evidence use as well as equipped staff with knowledge and skills in evidence-informed policy analysis and decision-making. Through this partnership with the parliament, we developed Guidelines for Evidence-Informed Policy Analysis and Decision-Making, which have been adopted and are currently being used by technical staff. We also trained and mentored research staff in evidence use (including, finding, assessing quality, synthesizing and packaging evidence for committees). Parliament's leadership in 2016 reported improved quality of technical advice provided to committees following these activities.

We also supported the formation of the Parliamentary Caucus on Evidence-Informed Oversight and Decision-Making (PC-EIDM). The caucus has now been institutionalised in parliament under the Parliamentary Research Services unit and provides an important institutional platform to engage MPs with evidence on various development issues.

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**“...my experience working with the Kenyan parliament has been most rewarding. I was very skeptical at the start of the work with the parliament in Kenya back in 2013; I didn’t think that we could achieve much given the never-ending politics in the country. But I’ve been proven wrong.”**

It has been challenging, of course, given the busy schedules of politicians. But two things made a difference with this work. One is that the work was owned by parliament. Parliament leaders noted above owned the capacity strengthening efforts and implemented them from within. What this meant was that our role then became one of providing technical assistance on these efforts. The second factor that made the difference was that the caucus was an initiative of parliament, led by MPs genuinely interested in championing evidence use in parliament work. This meant that our role was, again, technical in providing advice on how the caucus should be structured, what its focus should be, and synthesizing evidence and convening experts for the evidence sessions hosted by the caucus. Our role was not convincing parliament that they need the caucus.

One thing that stands out in these efforts is the role of champions. For both the capacity building and evidence caucus efforts, we had champions in parliament who spearheaded the interventions from within parliament because they believed in the usefulness of evidence in the functions of parliament. Sustained relations of mutual trust and support have underpinned this success.

**In September 2017, you attended the Global Evidence Summit in Cape Town, South Africa, where you spoke about the Kenya Parliamentary Caucus on Evidence-Informed Oversight and Decision-making. Can you tell us more about that?**

The Global Evidence Summit was held to advance the use of reliable research

evidence in addressing some of the world’s most serious health and social challenges. I shared some of the achievements and insights from working with the parliamentary caucus. On achievements, the caucus increased awareness among MPs on the value of evidence in their work in parliament. MPs attending the forums repeatedly noted the importance of the forums given the critical role that evidence has in their work. And, for this reason, they recommended the need for the evidence forums and other evidence support provided by the caucus to start immediately a new parliament starts so as to get more MPs on board with clear goals of what they want to achieve in parliament and how evidence can help them achieve these goals. This was, also, because the caucus started hosting forums for MPs in 2016, nearly three years after they started their term in parliament in 2013, and so many of them felt that the caucus’ activities could have improved their performance had it started early enough.

Another achievement of the caucus was that it generated political buy-in from parliament’s leadership that saw it embedded within the Parliamentary Research Services (PRS) unit. With this achievement, the PRS became the secretariat of the caucus and allocated staff to plan and coordinate activities of the caucus. This means that the PRS will revive the caucus upon every new parliament, which will ensure that the caucus does not “die” with any parliament if its key members do not return to parliament.

A third achievement of the caucus was that its activities promoted and facilitated the use of evidence in some draft bills. For example, the parliamentary health committee requested the caucus to provide evidence to inform its discussions on the amendments it was making to the National Health Insurance Fund Act. In response to this request, the caucus with technical support from AFIDEP, prepared an evidence synthesis on health care financing mechanisms, and convened a panel of experts that discussed the different options that Kenya could take to reduce health care costs borne by citizens, which would ultimately enhance access to quality health in the country.

**What challenges have you had to overcome in establishing the Caucus and institutionalising it in Kenya’s Parliament?**

As noted much earlier, we have not faced a lot of challenges working with the caucus. Even then, one challenge that

persisted was the failure to raise funds to implement some of the activities outlined in the caucus’ strategy. While the caucus was able to implement some of its activities that were not resource-intensive, it was unable to implement others because of lack of resources. Specifically, activities aiming to strengthen key public institutions that provide evidence for decision-making in the country, and those aiming to stimulate a shift by government ministries from the traditional monitoring and evaluation (M&E) focus to a results-based M&E were not implemented due to lack of resources.

**You also recently were a co-editor on *The Social Realities of Knowledge*, an edited collection of articles from champions of, and stakeholders in, evidence-informed policymaking. In the special issue, a common theme is that “social relations rather than the technical aspects of evidence are key to influence or uptake”. How would you unpack this?**

For many years in the health sector or health field, there had been a belief that “scientific evidence speaks for itself”. That once scientists generated “gold-standard” scientific evidence, this was automatically taken up in decisions being made by policymakers. This belief was founded in the evidence-based medicine concept in the biomedical field. Like many scholars who have challenged this view over the last decade, the articles in the Special Issue demonstrated that social relations are as important when it comes to enabling evidence uptake in public policy decision-making as the technical evidence.

It is important to note that we did not pre-determine this common thread within nearly all the articles of the special issue. Rather, this common thread of social realities emerged from the articles, which were openly advertised and competitively selected; it was the most common reason, as explained by the authors, that was most important in enabling evidence uptake.

Now, this is not to say that even if scientists provided rubbish evidence, this would be taken up as long as they had established good social relations with policymakers. Rather, factors that enable evidence uptake are complex and include social and interactive realities of mobilising knowledge including individual and collective capacities, individual relationships, networks and group dynamics, and cultural norms and politics.

# How staff in African parliaments navigate barriers



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A section of the technical staff from the five African parliaments that participated in the December 2017 AFIDEP training workshop on evidence-informed decision-making (EIDM) in Munyonyo, Uganda.

## Rose Oronje

Between 11-12 December 2017, AFIDEP's Dr Rose Oronje and Diana Warira facilitated a training workshop in Uganda for technical staff from five African parliaments (Malawi, Namibia, Swaziland, Uganda and Zimbabwe). The aim of the training was to strengthen their knowledge and skills in evidence-informed decision-making, and to improve their appreciation of the context of evidence use in Parliament.

The parliamentary staff at the training included parliamentary researchers, committee clerks, information officers and legal drafters. Although providing technical advice to members of parliament (MPs) and parliamentary committees is the formal role of parliamentary researchers

and experts who work in the parliaments' legal and budget offices (where these exist), other staff such as committee clerks and information officers, find themselves required to provide technical advice to committees because many parliaments in Africa have very few researchers/experts to meet the demand for evidence by MPs and committees.

In our training, one parliamentary staff member - an information officer - narrated how he is often called upon to review evidence and provide technical advice to committees because his parliament only has one researcher serving more than 100 MPs. This means that although employed as an information officer, he often plays the role of a 'researcher' in order to meet the demands for evidence from MPs and committees.

This is the case of many committee clerks in African parliaments, who find themselves being required to provide technical advice because researchers in parliament are just too few to meet the information demand. This reality means that parliament staff find the trainings that AFIDEP conducts on evidence-informed decision-making very useful because these trainings equip them with skills they need, but often lack.

## Tools, manuals and guidelines are actually useful

Beyond inadequate staff numbers, in our discussions during the training, parliament staff reported the usefulness of tools and manuals that provide guidance on the different evidence gathering or generating activities they have to undertake. Staff

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# Sexuality education for Kenya's youth



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way forward. Sexuality education, comprehensive or not, is a critical remedy to runaway morals, and a long-term fix to the country's declining sexual and reproductive health outcomes. If

nothing is done, we shall not only miss the sustainable development targets on improving the health and well-being of Kenyan youth, but also the Vision 2030 goals. Therefore, a key question for us to

answer is – should we let go of what the evidence says because the reality makes us uncomfortable, or should we all find a middle ground and save our youth while we still have the chance?

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## to provide evidence to members of parliament

***“...In our training, one parliamentary staff member - an information officer - narrated how he is often called upon to review evidence and provide technical advice to committees because his parliament only has one researcher serving more than 100 MPs.***

noted that tools such as those that provide guidance on how to conduct public hearings, or guidelines on quality assurance in producing briefing notes, are useful in enabling them undertake these tasks more effectively. Yet, except for Zimbabwe, which reported having various tools for guiding the generation or provision of quality technical advice, and Malawi, which has guidelines for evidence use, other parliaments represented at the meeting reported not having such tools. AFIDEP has developed guidelines for evidence use for the Kenya and Malawi parliaments. We therefore encouraged staff from other parliaments to refer to these guidelines, which provide general principles in EIDM, and therefore applicable beyond the two parliaments.

In one of the plenary discussions, parliamentary staff argued that the

Standing Orders, which guide parliament business and procedure, provide no guidance on information or evidence use. An argument was presented that if the Standing Orders provided guidance on evidence use or even required evidence use, this could increase the priority given to institutional structures that facilitate access to or provide information to MPs and committees (such as research departments, legal counsel, budget office, library, and ICT).

### The hidden power of technical staff

Some of the experiences that parliamentary staff at the training shared regarding how they navigate the many barriers to evidence use in their parliaments clarified how important technical staff are in shaping debate and decision-making in African parliaments. For example, we heard from one staffer that parliamentary health committee members once pushed for a field visit to health facilities in a particular constituency to investigate an incident reported in the media. This push came from a member of the committee in whose constituency the incident had been reported. However, the technical staff knew that the incident was not unique to this constituency. She offered to compile evidence on the incident for the committee to increase members' appreciation of the issue, and also advised the committee to sermon the health ministry to provide more information on the issue and how the government was addressing it, but the committee opposed her suggestions. Fortunately, the Clerk of Parliament supported her recommendations and directed the committee to implement them. In the end, this directive increased

members' understanding of the issue and therefore enabled committee members to have more informed discussions and decisions on the issue.

### The interaction of evidence and politics

The above example stimulated a discussion in plenary on the interaction between evidence and politics. On one hand, the MPs wanted to visit the health facilities to gather first-hand evidence on the issue, but there were also subtle political interests at play, especially given that the MP representing the constituency in question was the one leading the push for a field visit. In the grand scheme of things, the visit was meant to provide political mileage, i.e. to have the MP be seen by constituents to be tackling health issues on the ground. However, the visit was not going to provide a comprehensive view of the issue, given that it was not unique to the constituency. Yet, committees need comprehensive understanding of such issues if they are to effectively contribute to their tackling.

This example demonstrates the importance of technical staff who have the requisite knowledge and skills in improving the performance of parliaments in Africa. As parliaments in Africa continue to implement efforts to improve their performance, we hope that they will prioritise the institutional systems and structures they have put in place to enable access to, and use of, information and technical advice in parliamentary debate and decision-making. Some parliaments, such as Uganda and Kenya, are setting the pace in this area, and it will be great if more African parliaments can follow in the footsteps or even do better.



Staff of the Parliamentary Research Service, which provides research support in policy development to the Kenya Parliament, during a past workshop on evidence use in Nairobi

# Kenya government commits to closing gaps in



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Dr. Joel Gondi, Head of the Reproductive and Maternal Health Services Unit (RHMSU) at the Kenya Ministry of Health, speaking during the World Population Day celebrations in Nairobi on 11 July 2017. He emphasised that Kenya's Government had renewed its commitments to family planning and pointed out the opportunities that would lead to this

## Evans Chumo

1 July 2017 marked the 28th World Population Day. First observed in 1990 when the total global population was estimated at around 5 billion, the world's population has increased by more than 50 percent to now stand at 7.6 billion people.

2017's World Population Day, whose theme was *"Family Planning: Empowering People, Developing Nations"*, coincided with the 2017 Family Planning (FP) Summit held in London, United Kingdom. The FP Summit - first convened in 2012 - brings together policymakers, donors, and advocates from around the world to discuss efforts to reach the FP 2020 goals and ensure that more women and girls around the world are able to plan their families and their futures through better access to voluntary modern FP methods and services. The Summit is organised by the Bill and Melinda Gates Foundation and the UK Department for International Development (DFID).

In Kenya, stakeholders in population and development held a satellite event in Nairobi to commemorate the Day as well as the FP Summit. The event was convened by the National Council for Population and Development (NCPD) in collaboration with the United Nations Population Fund (UNFPA). In attendance were various stakeholders and representatives from the Ministry of Health, DFID, Family Health Options Kenya (FHOK), the National Aids Control Council (NACC) and AFIDEP, to name a few.

## Status of FP in Kenya

A key feature of the commemoration was a panel discussion on the status of FP in Kenya, the country's progress towards its FP2020 commitments set at the 2012 London Summit, and recommendations on how to improve FP programmes in the country. The panel comprised Mr. Peter Nyakwara, the Director of Technical Services at NCPD, Dr. Joel Gondi, Head of the Reproductive and Maternal Health Services Unit (RHMSU) at the Ministry of Health, and Mr. Edward Marienga, the Executive Director at FHOK. The panel discussions highlighted some of the major challenges facing the FP programme in Kenya as including: declining funding for FP services, changing donor priorities, and difficulties in improving efficiency in the value chain for FP services and in expanding access to adolescents, youth and marginalised segments of the population.

Nonetheless, Dr. Gondi emphasised that the government had renewed its commitment to the FP programme. He pointed out that opportunities exist to improve FP in Kenya, including increasing advocacy for political commitment and domestic financing for FP at the county level and the inclusion of FP services into the National Health Care Financing Strategy. The latter encompasses the strengthening of the Free Maternity Services and the Linda Mama Initiative under the National Hospital Insurance Fund (NHIF), which ensures post-natal care for up to one year after delivery. The Ministry of Health will also ensure

sustained universal health coverage through the Total Market Approach (TMA), a framework that leverages on the full range of public, private, nonprofit, and donor resources in a country's health system to equitably and efficiently increase access to priority health information, products, and services.

The newly-appointed UNFPA country representative, Dr. Ademola Olajide, lauded the Kenya government for enabling the country to not only achieve, but surpass the FP targets it committed to at the 2012 Family Planning Summit. Kenya has attained the targeted 56 percent prevalence rate in FP and contraception. However, Dr. Olajide cautioned that away from this progress, a significant number of women in sub-Saharan Africa still have closely-spaced births - a key contributor to the region's high infant and child mortality rates.

## Bridging the gaps

Speaking on behalf of NCPD, Mr. Nyakwara pointed out that the government had committed to ensuring budgetary allocations for FP in all 47 counties by 2020, increasing the number of health facilities offering youth-friendly FP services, and strengthening partnerships with the private sector through the Total Market Approach. The government would also incorporate strategies to increase demand and access to FP services and commodities, and improve commodity security through partnerships with NHIF. Further, in order to continue the fight against the rising

>> Continued on pg. 13

## family planning investments

numbers of teenage pregnancies, the government would invest in increasing the use of FP among adolescents aged 15-19 years.

### A roadmap for Kenya

A key part of the discussions was how FP fits in the demographic dividend agenda. As Dr. Olajide noted, no country could harness a demographic dividend without investing in FP. It is sustained investments in FP that lead to a youth bulge and a reduction in the child dependency burden. It was in line with this avowal that NCPD and the Ministry of Health launched the Kenya Demographic Dividend Roadmap,

whose main objective is to guide and ensure that Kenya harnesses the potential of its youthful population through proposed priority actions for Kenya, as well as charting monitoring and evaluation frameworks to track the country's progress.

The Kenya Demographic Dividend Roadmap operationalises the African Union Roadmap to harness the demographic dividend through investments in youth. The Kenya Roadmap focuses on the four key pillars of the demographic dividend: health and well-being (which includes FP); education and skills development; employment and

entrepreneurship; and rights, governance and youth empowerment. FP is key to achieving a demographic dividend as it improves a country's health outcomes and further strengthens the effectiveness of the development initiatives that aim to equip the youth with education and training, employment and good health. The Kenya Roadmap was developed through the collective efforts of stakeholders who are members of the Kenya Demographic Dividend Working group under the leadership of NCPD. AFIDEP is a member of both the technical and steering committees of the working group.

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## July - December 2017 in Pictures



High-level stakeholders in health in Kenya, led by the UNFPA country representative in Kenya, Dr. Ademola Olajide (far left), hold up their inaugural copies of the Kenya Demographic Dividend Roadmap during its launch in July 2017 on World Population Day



Hon. Dr. Chris Baryomunsi, MP, Uganda Parliament and Minister of Housing and Urban Development, gives the keynote address at the opening of the NEAPACOH 2017 forum



Dr. Rose Oronje, AFIDEP Director - Science Communication and Evidence Uptake, speaking during the opening session of the 2017 annual NEAPACOH forum. She called on MPs to champion evidence use within parliament

## July - December 2017 in Pictures



Members of parliamentary committees of health from various African parliaments pose for a photo with the Uganda Speaker of Parliament, Rt. Hon. Rebecca Kadaga (centre) during the opening of the 2017 annual NEAPACOH forum, in Munyonyo, Uganda



(L to R) AFIDEP's Hleziwe Hara - Knowledge Translation Officer, with Imali Ngusale - Youth Advocate at DSW (Deutsche Stiftung Weltbevölkerung), Alex Omari - Family Planning Advocate (Marie Stopes) and Lameck Mageto - Youth champion, Kwale County, at the 2<sup>nd</sup> Adolescent Health Symposium in November 2017



Participants at a workshop on communicating the demographic dividend in Dar es Salaam, Tanzania (4-5 October 2017). The workshop was part of a project seeking to recruit key influencers to communicate and advocate on issues related to one or more of the four pillars of the demographic dividend



AFIDEP Executive Director, Dr. Eliya Zulu, during a press junket on KTN News' *World View* programme and KBC's *Good Morning Kenya*, respectively, in July 2017, Nairobi-Kenya. He, along with the other panelists, were speaking on the African Union's declaration of "Harnessing the Demographic Dividend through Investments in Youth" as the theme for 2017, and whether there was political will on the part of African leaders to empower the youth to be the agents of socio-economic change in Africa

## July - December 2017 in Pictures



AFIDEP Director of Science Communication and Evidence Uptake, Dr. Rose Oronje, leading parliamentary staff pooled from 6 parliaments across Africa in a training session on evidence-informed decision-making in Munyonyo, Uganda, in December 2017



AFIDEP staff Elizabeth Mutinda and Nurudeen Alhassan are all smiles after being unanimously crowned the two best-dressed staff members at AFIDEP's end-of year party in December 2017



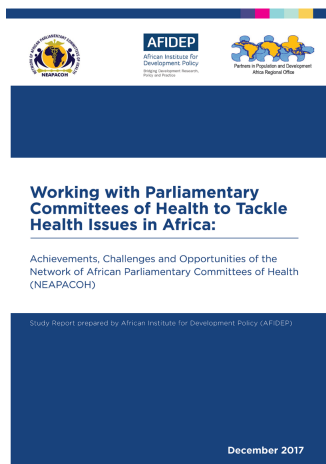
A section of the members of AFIDEP's Board of Directors enjoying a hearty moment during a board meeting in Nairobi in November 2017



AFIDEP Nairobi members of staff playing a round of cards during a "Happy Hour"-themed staff party in Nairobi - July 2017

# New Publications

## Research Reports



### Working with Parliamentary Committees of Health to Tackle Health Issues in Africa

December, 2017

The Network of African Parliamentary Committees of Health (NEAPACOH, previously known as the Southern and Eastern Africa Parliamentary Alliance of Committees on Health (SEAPACOH)) is one of the active networks engaging members of parliament (MPs) in Africa to strengthen the delivery of their functions of oversight, legislation and representation, in tackling health challenges in the region.

This study sought to understand NEAPACOH's contributions in strengthening parliamentary committees in Africa to tackle health and population challenges, and identify ways in which the network can become more effective in the delivery of its mandate. Given the integral role of information or evidence in the delivery of the parliamentary functions, the study had a special interest in understanding how the network promotes evidence-informed discharge of the health committee. The purpose of the study was to generate learning needed to strengthen NEAPACOH as well as inform future efforts aimed at strengthening the delivery of parliamentary functions in Africa.

*This report is available on the AFIDEP website ([afidep.org](http://afidep.org))*

## Annual Reports



### Annual Report 2016

November, 2017

Our 2016 Annual Report shares what difference we made in 2016 in the various areas of our work. These include using demographic dividend evidence to focus Africa's development trajectory; contributing to stronger health systems in Africa; enabling African parliaments to tackle development challenges; and reinforcing the African voice in global development discourses. You will also get insights on our work through the voices of our beneficiaries featured in various testimonials.

*This report is available on the AFIDEP website ([afidep.org](http://afidep.org))*

## Journal Articles



### Protecting female migrants from forced sex and HIV infection

November, 2017

Worldwide, more than one-third of women have experienced either sexual or physical violence, often perpetrated by an intimate partner, while about 7% have been sexually assaulted by a non-partner. Such violence is not only a crime, but also a public health concern since it is associated with ill-health including depression, low birthweight babies, and infection from HIV. The study by Julie Pannetier and colleagues in *The Lancet Public Health* provides evidence of forced sex and HIV infection in female migrants in Europe.

Authors: Nyovani Janet Madise, Bernard Onyango

*This journal article is available on the AFIDEP website ([afidep.org](http://afidep.org))*

## Research Reports



### Working with Parliamentary Committees of Health to Tackle Health Issues in Africa

December, 2017

This is the inaugural issue of *Development Perspectives*, a new biannual publication from AFIDEP. The *Development Perspectives* will provide critical evidence-informed analyses and commentary on urgent development challenges in Africa, with the aim of informing policy and programme decisions. Each issue of the *Development Perspectives* will address a specific development topic and will feature leading experts on the subject matter working in Africa. The 1st Issue discusses the Demographic Dividend (DD) and articles in this issue focus on key challenges and opportunities that African countries face in their journey towards harnessing their respective DD

Contributors: Bernard Onyango, Collins Ouma, Eunice Mueni, Grace Kumchulesi, Jackline Nyerere, Martin Atela, Mike Eldon, Okwach Abagi, and Rose Oronje

*This issue is available on the AFIDEP website ([afidep.org](http://afidep.org))*



## New Staff and Fellows



**Elizabeth Mutinda - Grants Accountant**

Elizabeth joined AFIDEP in June 2017. Her work entails providing effective support to programmes implementation through management of programme funding and implementation systems and activities.



**Claire Jensen - Research fellow**

Claire is currently supporting AFIDEP projects related to health systems strengthening, including work with the Liverpool School of Tropical Medicine, the Malawian Parliament, and the Ministry of Gender.



**Salim Mapila - Research fellow**

Salim works under AFIDEP's Population Change and Sustainable Development focus area in the Malawi office, where he provides technical support for the initiative.



**Nurudeen Alhassan - Research Fellow**

Nurudeen provides support in knowledge synthesis and technical assistance in the implementation of ongoing projects in AFIDEP's Population and Sustainable Development Focus Area.



**Carol Mukira - PhD Fellow**

Carol is a doctoral student of Demography at the University of Witwatersrand, Johannesburg, South Africa, working on the experiences of non-communicable disease patients on health seeking in Kenya.



**Brenda Nyambura - PhD Fellow**

Brenda is currently undertaking a PhD in Policy in Lung Health at the London School of Tropical Medicine (LSTM) under the International Multidisciplinary Programme to Address Lung Health in Africa (IMPALA).

## At A Glance: Programme Updates

### Programme: Demographic Dividend

This programme seeks to understand population dynamics in Africa within the context of the appropriate policies and actions that should be adopted to harness the **demographic dividend** - the accelerated economic growth initiated by a rapid decline in fertility and mortality resulting in a change in the age structure from one dominated by child dependents to one with economically productive working-age adults.

The programme was able to achieve the following milestones between July and December 2017:

#### Finalisation of DD National studies in East and Southern Africa

- We finalised DD studies in four southern Africa countries - Swaziland, Botswana, Namibia, and Zimbabwe that we began during the last quarter of 2016. We applied the National Transfer Accounts (NTA) methodology to conduct these studies and partnered with the University of Cape Town's Development Policy Research Unit (DPRU) to implement the studies. Findings from the Swaziland study have been endorsed by the cabinet of the Kingdom and in Namibia, the study findings were incorporated into the National Development Plan (NDP) 5 in the chapter on social transformation.

There are advanced plans for comprehensive dissemination of the study findings in all four countries. These studies, commissioned by the respective Governments of the four countries, were supported by the UNFPA East and Southern Africa Regional office (ESARO) and the respective UNFPA country offices.

- We completed the DD national study for Rwanda that we started in the first half of 2017. For this study, we used the DemDiv modelling tool. The Rwanda national DD study was commissioned by the Ministry of Finance and Economic Planning and supported by UNFPA ESARO and the Country Office. The study report and policy briefs are set to be launched

in 2018 together with the Rwanda's new long-term development strategy Vision 2050 and the Economic Development and Poverty Reduction Strategy III.

- We provided technical support to update the DD national study for Tanzania initially implemented in 2014. The work was supported by Pathfinder Tanzania and led by University of Dar es Salaam in collaboration with the Tanzania National Planning Commission.

- In December 2017, we conducted preliminary work on the DD in Angola that will form the basis of a full national study using the DemDiv model in 2018.

# At A Glance: Programme Updates

## Rebranding the Demographic Dividend

Beginning in July 2017, we embarked on an exciting project aimed at developing communications tool that demystify the DD from a technical paradigm to facilitate communication and advocacy on the subject to both technical and non-technical audiences.

This project is being implemented by M&C Saatchi, an international advertising agency network, while AFIDEP is providing the technical leadership and oversight of the project. The project is focused on 4 countries – Kenya, Tanzania, Senegal and Nigeria. The communications collateral developed will be used widely for communications and advocacy on the DD in the four countries and across Africa during the course of 2018.

We were also involved in continuous policy engagements and participation at high level meetings and scientific conferences as both presenters and resource persons. The following are some of those events we participated in between July and December 2017:

### December 2017:

- Network of African Parliamentary Committees of Health (NEAPACOH) annual meeting. Munyonyo, Uganda.

### November 2017:

- The 2nd National Adolescent Health Symposium. Nairobi, Kenya.
- The Conference on African Cities at the Italian Ministry of Foreign Affairs. Rome, Italy.
- IDRC and UNDP Policy Dialogue on Youth, Violence and Development in Africa. Addis Ababa, Ethiopia.

### October 2017

- The 28th International Population Conference (IPC) of the International

Union for the Scientific Study of Population (IUSSP). Cape Town, South Africa.

- Gender Policy Dialogue on Promoting and Strengthening Efforts to End Child Marriage in Malawi convened by the Ministry of Gender, Children, Disability, and Social Welfare.
- The 7th Eastern Africa Reproductive Health Network (EARHN) coordination meeting. Nairobi, Kenya.

### September 2017

- The 3rd High Level Forum on Development Effectiveness in Malawi. Lilongwe, Malawi.
- The Global Evidence Summit 2017. Cape Town, South Africa.

### August 2017

- Workshop on Strengthening Regional Capacity and Collaboration in the Implementation of the AU Roadmap on the Demographic Dividend in ESA Region convened by UNFPA ESARO. Johannesburg, South Africa.
- International Youth Day. Lilongwe, Malawi.

### July 2017

- The London Family Planning Summit 2017. London, UK.
- World Population Day 2017. Nairobi, Kenya.

## Programme: Regional Analysis of Youth Demographics (ReAYD)

AFIDEP, in partnership with the University of Southampton, has been implementing the Regional Analysis of Youth Demographics (ReAYD) project since the first quarter of 2017. ReAYD is a one-year study to understand the implications of the present and future changes to the demography of youth (15-24 years) in four East African Community (EAC) countries (Tanzania, Kenya, Rwanda, and Uganda) on social services, labour force, and urban planning. The study is funded by DFID through the East Africa Research Fund (EARF).

We conducted the following activities during the period July to December 2017:

- Conducted a review of existing literature and data sources, and developed a conceptual framework of the pathways through which youth demographics affect access to and demand for basic and critical services including schooling, housing, health care, and jobs.
- Modelled scenarios to project short, medium, and long-term implications of youth population dynamics on the countries' socio-economic status up to 2065.

- Developed a summary study report and country briefing notes that highlight the policy implications and recommendations based on triangulation of the evidence from the literature and data review and the scenario modelling.
- Conducted preliminary dissemination activities including at the Network of African Parliamentary Committees of Health (NEAPACOH) annual meeting held in Munyonyo, Uganda in December 2017.

The final study report and related communications collateral for this project are expected in the first quarter of 2018 and will be disseminated through an elaborate communications and policy uptake plan over six months to September 2018. The dissemination activities will target stakeholders working around population and development from the public and private sectors and the civil society in all four countries and at international forums.

## Programme: The International Multidisciplinary Programme to Address Lung Health and TB in Africa

The International Multidisciplinary Programme to Address Lung Health and TB in Africa (IMPALA) is a collaborative research programme hosted by the Liverpool School of Tropical Medicine (LSTM) that spans 11 countries in Africa. In our role as co-leader of the pathways-

to-impact component of the programme, AFIDEP will conduct trainings to strengthen the capacity of IMPALA researchers to develop strategies to engage with decision-makers about their research, including sharpening skills in policy analysis, stakeholder mapping, packaging

evidence, and monitoring, evaluation, and learning for policy influence. AFIDEP will also develop and implement regional and global policy engagement and evidence uptake strategies for the programme.

## At A Glance: Programme Updates

**Programme: Performance Monitoring and Accountability for the Promotion of the Well-being of Women and Girls in Kenya (PMAP)**

### **Promoting the wellbeing of women and girls in Kenya through a strengthened performance monitoring and accountability framework**

AFIDEP, in collaboration with UNFPA, implemented a project aimed at strengthening the technical capacity of performance monitoring and accountability for the promotion of the well-being of women and girls in Kenya. This project was carried out between November 2017 and December 2017.

Key project activities included interviews with stakeholders from government and non-government organisations working in the area of reproductive, maternal, neonatal, child, and adolescent health (RMNCAH), HIV, Sexual and Gender-based Violence (SGBV) and health information systems, at the national level and in six counties in Kenya. The six counties have the

worst maternal health outcomes in the country and include Migori, Lamu, Mandera, Marsabit, Isiolo and Wajir.

A mapping of existing scorecards on RMNCAH, GBV and HIV was conducted to establish what is available and key indicators tracked in the various scorecards. Findings from the interviews as well as the scorecard mapping exercise informed the development of an integrated scorecard for RMNCAH, HIV and SGBV.

The project also conducted an assessment of the capacity of technical staff in county health departments to analyse data and package it for use. This exercise was a follow-up to a capacity

building workshop that AFIDEP in collaboration with UNFPA Kenya Office conducted in June 2017. The purpose of the training was to strengthen use of data and research evidence in decision-making in the six counties.

Key project outputs included the development of an integrated scorecard for monitoring performance of RMNCAH, HIV and GBV programmes. A performance monitoring and accountability framework defining systems and platforms to be used to reinforce action on policy and programme issues was also developed.

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>> Continued from pg. 20

## 2017 State of World Population report spotlights reproductive health and rights inequality



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Girls and women with access to reproductive health rights and services are more empowered and make better choices with their lives and the lives of those under their care

are pressured into early motherhood, sometimes repeatedly, and as a result, they become more likely to incur maternal injuries, disabilities and even death. They also become less likely to complete their education or join the paid labour force, further immersing their families into poverty and their children into bleaker futures. As a whole, these inequalities could potentially undermine the global community's goals to end poverty and achieve sustainable development.

### **Start with the furthest behind**

According to Dr. Josephine Kibaru-Mbae, the Director General, NCPD, some of the interventions that could lay the foundation for reducing the level of inequality across society today are targeted efforts to grow income among the poor and improve access to reproductive health services and products in these communities. Ezekiel Ngure, a Population Data Specialist at UNFPA, also spoke at the launch, noting

that a good place to start is to make reproductive health care universally accessible to help the poorest girls and women overcome inequalities. Girls and women with access to reproductive health rights and services are more empowered and make better choices with their lives and the lives of those under their care.

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# 2017 State of World Population report spotlights reproductive health and rights inequality



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A common thread in the report is that one's gender is an important determinant of experiencing inequalities. Being a girl or a woman intensifies the inequalities that one experiences

## Evans Chumo

On 17 October 2017, the Kenya Office of the United Nations Population Fund (UNFPA), the National Council for Population and Development (NCPD) in collaboration with the African Institute for Development Policy (AFIDEP) and other stakeholders in population and development convened at a forum in Nairobi to launch the 2017 State of World Population report. The theme of the 2017 report is "Worlds Apart: Reproductive health and rights in an age of inequality."

The report highlights the growing inequality in the world, especially in reproductive health. It also highlights the vast range of inequalities that threaten economies, communities and entire nations. Social, economic and political inequalities are mutually reinforcing and, in turn, also largely inescapable for those people trapped in the poverty cycle and deprivation.

### The link between poverty and inequality

Speaking at the launch, Prof. Alfred Agwanda from the University of Nairobi

said that poverty - the first focus of the Sustainable Development Goals (SDGs) - is both a cause and a consequence of multiple human rights deprivations. In his address, he noted that the relationship between population and development is so intertwined with the issues of poverty, and inequality, that no issue can be fruitfully addressed in isolation. Although the report shows that poverty is on the decline, as a multidimensional phenomenon it continues to keep inequality on the rise. For instance, around six million Kenyans currently live in slums. Despite access to health and basic services such as food and water, they will remain trapped in a poverty cycle. This is because other factors like adult literacy, fertility rates, the arability of the land they live on, education of mothers, distance to the nearest health facility, among others, apply a larger extent of pressure on poor people than they do on the middle and upper-income class. This further widens the inequality gap.

Dr. David Soti, from the Ministry of Health, said that the combination of being poor and having ill health increases the chances of this turning into a vicious cycle of

poverty. He pointed out that despite the private sector having doubled its service reach and workload, the key indicators for health and inequality have not changed significantly, clearly demonstrating that access to health by the poor is still very low. Dr. Soti was representing the Director of Medical Services.

### Reproductive health and inequality

A common thread in the report is that one's gender is an important determinant of the inequalities. Being a girl or a woman intensifies the inequalities that one experiences. Currently, too many girls and women across the world either do not have or only have limited access to sexual and reproductive health care. This means that, among others, they are unable to receive family planning services or antenatal care, and may be forced to either keep unintended pregnancies, give birth in difficult and unsafe conditions, or have unsafe abortions.

Dr. Ademola Olajide, the UNFPA Country Representative for Kenya, noted that one of the steps towards righting inequality is tackling the "motherhood penalty". This is the situation where girls and women

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## Contact Information

### Kenya Office

6<sup>th</sup> Floor (Block A), Westcom Building  
Mahiga Mairu Avenue, off Waiyaki Way, Westlands  
P.O. Box 14688-00800  
Nairobi, KENYA  
Tel: +254 20 4343 116/117; +254 716 002 059  
Email: info@afidep.org | Website: www.afidep.org

### Malawi Office

Area 6, plot #6/3  
Off Maula Prison Road  
P.O. Box 31024, | Lilongwe 3  
MALAWI  
Tel: +265 111 581 373