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Malawi Health Minister ratifies "Evidence Use in Policymaking" guidelines



Hon. Dr. Peter Kumpalume, Minister for Health, Malawi, cuts the ribbon to mark the launch of the Guidelines for Evidence Use in Policymaking for the Ministry of Health.

By Abiba Longwe-Ngwira, PhD

It is in the interest of any government to have the highest possible level of health and quality of life for its citizenry. This is by improving the health outcomes of the nation through the combined efforts of individuals, communities, organisations, and other stakeholders. It is thus encouraging that the Government of Malawi, specifically the Ministry of Health (MoH) realises that the use of evidence from research findings and rigorous data is key to sustaining past gains as well as achieving the goals and objectives stipulated in the Health Sector Strategic Plan (HSSP), health-related Sustainable Development Goals (SDGs), the UNAIDS 90-90-90 HIV and AIDS targets, and other health sector strategic plans.

Evidence-informed decision-making can help improve health outcomes and reduce the high disease burden by informing formulation

of robust policies and implementation plans, resource allocation, and design of effective health interventions and their evaluation. Evidence can assist in revealing health challenges, which need to be prioritised and inform the identification of the most effective and impact-driven intervention strategies.

The importance of evidence-informed decision-making and policy formulation cannot be overstated. Even the leadership of Malawi advocates the use of evidence. For instance, on 2nd May 2016, His Excellency Prof. Arthur Peter Mutharika, the President of the Republic of Malawi, encouraged cabinet secretaries from various African countries, including Malawi, to ensure that they formulate policies that are evidence-based. "It is your duty to ensure that appropriate procedures are developed to guide the policy making process. If Africa is

to move forward, we cannot tolerate haphazard policy development. We cannot accept policies that do not listen to the people, to the procedures, and to evidence," he said. President Mutharika was speaking to African cabinet secretaries during the third Africa cabinet secretaries' roundtable workshop in Lilongwe, Malawi.

Realising the crucial role that evidence-informed decision-making plays, the MoH Research Unit, with support from AFIDEP's Strengthening Capacity to Use Research Evidence in Health Policy (SECURE Health) programme, has developed Guidelines for Evidence Use in Policymaking in the Health Sector. These Guidelines outline the steps involved in policy making, and provide guidance and tips on how to seek, appraise, synthesise and apply evidence in decision-making.

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The Guidelines are a response to the results of a study on the Status of Research Evidence Use in the Health Sector in Malawi, conducted by the SECURE Health programme in 2014, which revealed the need for guidance on the use of evidence in decision-making in the health sector. The purpose of this document is to provide guidance on how evidence-informed policy making (EIPM) can be made practical. The Guidelines complement other policy making frameworks in Malawi with emphasis on how to use evidence to inform policy and

decision-making processes. They will enhance the skills of policy makers and practitioners in accessing, appraising, interpreting, synthesising, and using available evidence in decision-making processes.

After several months of consultations and drafting, the final version of the Guidelines has been ratified by the Minister of Health. This is an important milestone and an indication of the Malawi government's commitment to evidence-informed decision-making. The Guidelines were launched during

a graduation ceremony of 24 MoH staff who had undergone a rigorous training in accessing, appraising, synthesising and applying evidence in decision-making. The graduation was presided over by Malawi's Minister for Health, Dr. Peter Kumpalume, on July 19th, 2016 at a colourful ceremony held at the Sunbird Capital in Lilongwe. The training was part of the SECURE Health programme's intervention to enhance individual capacity in evidence-informed decision-making.

Senegal's Minister of Finance commits to explore the demographic dividend as a tool for achieving the country's Vision 2035



Senegal's Minister of Economy, Finance and Planning, Hon. Amadou Ba (centre) officiates demographic dividend forum on 10th June 2016.

By Diana Warira

Senegal's Minister of Economy, Finance and Planning, Hon. Amadou Ba, has expressed his country's commitment to explore the demographic dividend (DD) as an operational framework for achieving the country's long-term development goals outlined in the vision Plan Sénégal Émergent (PSE) 2035.

Speaking at a forum on the demographic dividend convened by the Ministry of Economy, Finance and Planning (MEFP) with support from the United Nations Population Fund (UNFPA), the Minister noted that the demographic dividend offers

a practical framework to help the country optimise the value of its youth population to achieve the socio-economic transformation articulated in Vision 2035. He also called on his ministry and other relevant ministers and stakeholders to work towards incorporating the findings of the Senegal DD study in upcoming processes to revise Vision 2035's next five-year mid-term plan.

Speaking at the same forum, the UNFPA Senegal country representative Andrea Wojnar-Diagne made a firm commitment to continue supporting the DD process in the country.

The demographic dividend is the accelerated economic growth that a country can earn when the structure of its population changes from one dominated by dependent children to one dominated by working-age population. This change is made possible by rapid decline in birth and death rates and is reinforced if the population is well educated, healthy and there are ample quality jobs for them.

The forum was held on 10th June 2016 at the King Fahd Palace Hotel in Dakar. It brought together key government officials from

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various sectors, non-governmental organisations, development partners, academics, and the media. It was convened to disseminate results of a study, which was commissioned by MEFP to assess Senegal's opportunities for harnessing a DD and accelerate the country's socio-economic development. The study was made possible with financial support from UNFPA and technical leadership from the African Institute for Development Policy (AFIDEP).

When presenting the results of the study and their policy implications, the Director General of Planning and Economic Policy, Mr Pierre Ndiaye, noted that the study presented a great opportunity for the country to rethink and refine the operationalisation of Vision 2035. He noted that the conclusion from the study is that Senegal can harness a sizeable DD if the government commits to integrated development that prioritises investments in education, health, job creation, family planning and good governance.

Of critical importance is the need for the country to end early child-bearing through keeping girls in school and stopping child marriages, strengthening its voluntary family planning programme, child survival and maternal health programmes. Enhancing the initiatives above can significantly reduce fertility from the current level of five births per woman

to ease the high child dependency burden, and open the window of opportunity for Senegal to harness the DD.

The Director General noted that Senegal should also revamp its economic policies to focus on job creation and spur economic growth. For instance, the government needs to bring down national unemployment rates currently standing at 10.2 percent, but much higher among the youth and women. A majority of the working population is under-employed with about nine out of 10 employed persons working in the informal sector, where they make low and unstable incomes and lack social protection.

Investment in education is also critical for Senegal to harness a DD. The country has a large youthful population with 76 percent of the population being below 35 years. The youthful population can be a great resource for economic development if the country invests in their education and skills development. Investments are also needed to keep girls in school and eliminate gender inequality. Needed also are education programmes that facilitate adequate levels of transition to secondary school and institutions of higher learning and those that build productive skills of out-of-school youth.

In order for the DD to become a reality in Senegal, the country needs to

improve its measures on governance and accountability. This will ensure that investments in all other pillars of the DD are efficiently and effectively used to translate into collective benefit for the country's population.

In conclusion, the Director General noted that the next critical step will be for Senegal to develop a national DD roadmap, which will determine the specific game-changer interventions that the country should prioritise in order to harness a maximum DD. Furthermore, the roadmap will define the modalities for ensuring that DD principles are assimilated into various Vision 2035 operationalisation tools and processes and define systems for coordination or multi-partner activities, monitoring progress and ensuring accountability. He also noted that the process to develop the roadmap will enable the country determine concrete actions that it can undertake to showcase at the upcoming Africa Union Heads of State Summit in 2017 whose theme will be "Harnessing the demographic dividend through investments in youth".

AFIDEP was represented at the DD Forum and in various meetings related to the DD programme in Senegal by the Executive Director, Dr Eliya Zulu, Dr Bernard Onyango, Knowledge Translation Scientist and Dr Ousmane Faye.

Interview with Prof. Collins Ouma

Interview

Prof. Collins Ouma (Director, Research and Knowledge Translation at AFIDEP) unpacks the concept of transferable skills, speaks about education policies in Kenya and gives his take on how they can be improved.

By **Diana Warira**

Who is Prof. Collins Ouma?

I am a researcher, academician, and a father—all in one. I am a Professor of Public Health with a focus on genetic epidemiology with a great interest in improving the general lifestyle of Africans irrespective of their economic status. Currently, I'm the Director of Research and Knowledge Translation at AFIDEP.

What do you think of the quality of education in Africa?

The general quality of education in Africa is moderate. However,

the level of education that an individual gets depends to a large extent on one's exposure to different factors and parameters which go beyond the academic institutions the individual goes to. For instance, this takes into account the persons the individual interacts with, the kind of mentorship one gets, and the products resulting from the mentorship.

AFIDEP is implementing a programme on transferable skills. Tell us about the programme.



We take cognizance of the fact that children and youth in most African countries constitute a significantly large proportion of the population. Most of the youth are currently either unemployed or underemployed. What we realised was that this level of unemployment is resulting from the fact that we do not really address gaps that employers need for the youth to be employable.

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One of the things we identified was that the youth lack transferable skills that are a necessary pre-requisite in order to fit into the job market. We know that in Africa there have been several projects looking at the integration of transferable skills in the education curriculum to equip youth with the necessary skills needed to fit into the job market.

However, these [projects] have been sporadically done and have not been well documented. What AFIDEP set out to do is documenting some case studies on how the transferable skills have been integrated into some of the African institutions and see how these have been scaled up, and in addition, see what the challenges and opportunities were in trying to scale up these processes. We have three case studies, in Kenya, Rwanda and Nigeria where we shall look at the implementation of transferable skills and integration into the education curriculum.

What exactly are these transferable skills?

Transferable skills are what we call 'soft' or 'non-cognitive' skills that can be applied across work and life situations. They include skills like communication, collaboration – things that you will never learn in class. Critical thinking, problem solving, leadership, character skills, and things like entrepreneurship, which you inculcate into the youth so they can be independent thinkers and be in a position to create their own jobs in case they cannot secure employment.

In your opinion, how can these skills improve the quality of African college/university graduates?

If transferable skills are integrated and inculcated into our youthful population we will likely end up with a particular population with well-developed skills that can then be employable and also entrepreneurial. This will definitely lead to an improved socio-economic status and we shall have an empowered human capital to drive the development agenda of the country.

You have supervised several PhD candidates. What observations have you made in terms of the quality of graduates our institutions of higher learning are producing?

I have contributed towards graduating candidates who do not have the necessary transferable skills to meet the

job market. For instance when I look at the PhD students that I have been supervising, they lack the necessary skills to push them forward to support Africa's development agenda. It has always taken me more time and resources to mentor and mould the PhD students to what the society requires and to make them competitive in both research and academia. Therefore this is an area that we need to look into because once you are supervising a PhD candidate, it is more like getting into a relationship, which runs for four to five years. By the end of it you have to be sure that the student you are graduating is able to compete not only locally, but also internationally.

What is your opinion with regard to education policies in Kenya?

Generally, education policies in Kenya are still wanting in terms of addressing the emerging challenges in education and supporting the growth of the country. I still think that as much as politicians play a key role in any country's growth, a thorough thinking and review by education experts to reform the current education system has never been more urgent. Therefore, there is a critical need that the education policies in the country be reviewed.

Several middle level colleges have in recent years been upgraded to university colleges. Is this a good trend and why?

This is a good and bad trend. It is good in the sense that we are increasing access to university education in the country. However, one of the bad results is having several university colleges with no capacity to support the number of students that they are enrolling. For example, we still get the same number of PhD graduates every year although the number of colleges has increased almost 200-fold. Further, the infrastructure in these colleges remains the same. We don't have enough infrastructural development or resources to keep up with the growing number of people who require university education. This needs to be looked into so that as we increase the number of universities, we need to match the resource allocation to support the growth.

What improvements in education policy would you propose for a better education system in Kenya?

One of the key requirements will be to align education reforms to Vision 2030 and the global sustainable development goals (SDGs). We are aware that Vision 2030 singles out education and training as the vehicle that will drive the Kenyan economy into becoming a middle-income economy. In addition, there is need to benchmark with other first world education systems with good practices. One of the major issues will be to include relevance with regard to content and delivery while allowing for sufficient flexibility to adapt to the changing socio-economic needs and requisite quality to match global competitiveness and to address challenges of the 21st Century.

Other areas that will need quick attention will be effective governance and management, policies to promote retention and transition rates at various education levels. There is also the element of enhanced teacher education and training, management and attrition, effective structures, adoption of effective standards and quality assurance, monitoring and evaluation. Additionally, there is necessity to increase access to education, especially among the vulnerable without compromising quality, to adopt a sufficiently flexible and responsive regulatory framework to deal with the current and emerging challenges and ensure total access, equity and equality in our education system.

And in closing...?

I am an academician and what we like to see is a growing economy in the country with a drive in the education sector. It is my desire to see more youth getting the necessary training to meet the needs of the job market.

Experts vow to tackle problem of unemployable graduates



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Industry, as “the end users” of tertiary education graduates are key partners to involve in the formulation of tertiary level curricula.

By Anthony Mugo

The problem of ‘unemployable’ graduates has been an ongoing conversation in Kenya in recent years. Many employers claim that there is a mismatch between skills that graduates coming out of the country’s institutions of higher learning have and those demanded by the job market.

A unique panel discussion on 7th March 2016 provided refreshing insights from experts in education, civil society and the private sector on how to bring about the much needed policy shift to address this problem. At the centre of these discussions, which were held in the form of a Science-Policy Café at a Nairobi hotel, was the role of transferable skills in addressing the disparity between what universities and tertiary colleges teach and what the workplace requires.

Transferable skills are the ‘soft’ or non-cognitive skills that can be applied across different work and life situations including communication and collaboration, critical thinking, creative thinking, problem solving, leadership and character skills.

With the theme: *Unlocking the Demographic Dividend and Power of Youth to Propel Kenya’s Socio-economic Transformation Agenda*, the aim of the Science-Policy Café was to discuss the role of transferable skills and to find ways of inculcating them in the education system as part of ongoing reforms. The Café was co-hosted by AFIDEP and the United States International University (USIU).

The problem of graduates failing to find gainful employment has become a major sticking point amidst urgent need for African governments to put in place mechanisms to take advantage of the impending demographic transition to harness a demographic dividend. The demographic dividend is the accelerated economic growth that is initiated by a rapid decline in fertility rate (number of children per woman) combined with simultaneous investments in education, health, economic reforms and job creation and marked improvement governance. The result is a change in the age structure from one dominated by child dependents to one dominated by economically productive working-age adults.

Prof. Jimmy Macharia, the Dean of the School of Science and Technology at the United States International University-Africa (USIU-A), who moderated the discussion, said that USIU-A has identified the gap in its curriculum, which prevents the desired linkage between universities and industry. To address this gap, USIU has come up with a programme known as LAGIC that seeks to link academia, government, industry and civil society.

A panelist, Prof. Okwach Abagi, the Director of the Centre for Research and Development, pointed out that sub-Saharan Africa achieved the greatest gains globally in participation in primary and secondary education levels between 1999 and 2012. Over the

last decade, university enrollment in Kenya has risen by 320 percent to stand at about 600,000 in 60 universities. Sadly, due to lack of proper planning this rapid growth has led to a crisis in staffing, quality, infrastructure, equipment and facilities, lack of systematic policy analysis and support by other sectors, ethnicity, and low staff morale.

There was near consensus on the need for a comprehensive and radical education master plan that will produce well-rounded graduates who are not only job seekers but also job creators. Calls were made for comprehensive reform of training for teachers too, and for the Government to create space for dialogue and partnerships between tertiary institutions and industry. Industry, as “the end users” of tertiary education graduates are key partners to involve in the formulation of tertiary level curriculae.

A USIU-A student panelist, Santana Muthoni, called for the establishment of a mechanism for tapping into and promoting information and communication technology (ICT) innovations for which Kenya is well known.

Malawi’s Ambassador to Kenya, Dr. Perks Ligoya, was of the view that African leaders are increasingly committing themselves to changing education systems to make them more responsive to industry needs. He indicated that Malawi has plans to set one community college in every constituency and go further by giving constituencies the latitude

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to determine what will be taught to ensure local relevance.

The UNFPA Representative in Kenya, Mr. Siddharth Chatterjee, warned about the need to find ways of producing employable graduates, failure of which Africa risks turning the demographic dividend into a disaster. He noted that the global community has taken the cue and endorsed the sustainable development goals, particularly SDG 4, which seeks to ensure inclusive and equitable quality education.

The Secretary of the National Economic and Social Council (NESC), Dr. Julius Muia, shared insights about the Government of Kenya's response

to high youth unemployment and under-employment. First is affirmative action that reserves 30 percent of government tenders for youth and women. He noted that megaprojects being implemented namely: Standard Gauge Railway, the Lamu Port and Southern Sudan-Ethiopia Transport (LAPSSET) corridor and enhanced electricity generation will boost youth employment.

Dr. Meshack Opwora who represented the Principal Secretary for Vocational and Technical Training, Ministry of Education, spoke of Kenya's current shift from competition to competency-based education. He acknowledged that stakeholders' involvement is critical in education reform. He

however noted the difficulty of mobilising funds needed to make required changes in policy which might contribute to the observed low demand for research evidence.

A key recommendation was that research be undertaken to gather comprehensive evidence about the mismatch between graduates' competencies and the needs of the labour market. Another recommendation was that institutions of higher learning create formal linkages with industry to ensure that effective channels for identifying skills needs of industry become known to tertiary institutions in order to enable them to draw up responsive curricula.

Living with HIV: Stigma and discrimination remain a major public health challenge



Stigma and discrimination negatively affect preventive efforts as people may fear going for HIV testing and counselling.

By **Martin Atela**

HIV-linked discrimination is considered to be any form of arbitrary distinction, exclusion, or restriction affecting a person. This is usually, but not only by virtue of a person's confirmed or suspected HIV-positive status - irrespective of whether or not there is any justification for these measures. Discrimination is closely linked to stigma and is often viewed as the result of stigma acted upon. Even though HIV-related stigma and discrimination manifests globally, it

is a major public health challenge in settings where prevalence rates are high and cultural norms are prohibitive to treatment and prevention efforts.

In Kenya for instance, despite a high level of HIV/AIDS awareness (99 percent of women and 100 percent men aged 15-49 years) stigma and discrimination remain worryingly high. A 2016 National AIDS Control Council (NACC) report shows that discrimination against people living

with HIV/AIDS (PLHIV) is on the rise. Only 33 percent of women and 48 percent of men express accepting attitudes towards PLHIV, an indication that discrimination against PLHIV remains one of the major hurdles facing the fight against the scourge in Kenya, as it is the case in the rest of Africa.

Stigma and discrimination take many forms and affect women the most

Discrimination expresses itself in various forms and is highly attached to



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Persons living with HIV (PLWHIV) listen to the counsel of a Red Cross home-based care volunteer in Mopeia District, Mozambique. Where PLWHIV have access to medication, they have had to develop new 'medical behaviours' to cope with the high level of HIV-related stigma and discrimination such as hiding when taking anti-retroviral medication (ARVs).

societal beliefs and practices, affecting women the most. HIV/AIDS tends to be associated with women seen to be promiscuous, sex workers, gay people, and mobile immigrants like truck drivers. A recent study narrated how neighbours referred to an HIV-infected woman:

“This one is infected, can’t you see how slim she has become? She will die and no one will attend her burial. In my face, they will say that the disease came to me because I was having sex ... like a dog.”

Even when the source of the HIV infection is the man, the woman usually ends up suffering the consequences because in the eyes of the society, it can only be the woman bringing sexual infections to the family. The story of Jane (not her real name) below narrated by IRIN is illustrative of the challenge women face as a result of HIV-associated stigma, including in some cases, physical harm:

“After the test, it turned out that I was [HIV] positive. When my husband heard about it, he just turned violent and beat me senseless and chased me from home together with the children, claiming I am a prostitute. But inside I knew I had never cheated on him.”

Stigma and discrimination deny PLWHIV their basic human rights

Discrimination undermines individual basic human rights with greater consequences for the health and wellbeing of PLWHIV. Education, access

to health care and personal safety are some of the basic human rights that are threatened and curtailed by HIV/AIDS, since orphans and vulnerable children are less likely to be in school compared to non-orphans. At the community level, an individual feels ostracised: they can lose their property, their jobs (discrimination at the work place) and in the worst cases, their lives. PLWHIV are often gossiped about, openly avoided, and sometimes made targets of violence. In fact, some people do not want to eat, work and live with PLWHIV. Others prefer not to buy from or sell goods to PLWHIV, on the grounds that they risk being infected in the process. The 2016 NACC report noted that 52 percent of Kenyans would not buy food from a PLWHIV. Although experiences vary across countries, in Kenya, evidence shows that orphans and vulnerable children are less likely to complete their studies and can have their studies continuously interrupted resulting in higher dropout rates.

Stigma and discrimination undermine health system response to the needs of PLWHIV

At the health system level, especially in Africa, many people still do not have access to HIV prevention, care and treatment services. In Kenya for example, only one in three children needing treatment were receiving it as of 2010. Where PLWHIV have access to medication, they have had to develop new 'medical behaviours' to cope with the high level of HIV-related stigma and discrimination such as hiding when taking anti-retroviral medication (ARVs).

Stigma and discrimination hamper HIV prevention efforts

Stigma and discrimination negatively affect preventive efforts as people may fear going for HIV testing and counselling. People who would like to access preventive services may be put off by the fear that their 'HIV status' could be revealed, especially in close-knit communities where members know each other. This has hampered the implementation of recent WHO guidelines encouraging the testing of everyone visiting health centres as part of the routine preventive services. Care providers may also avoid serving PLWHIV due to the stigma attached to the service and the consequences thereof.

What can the health system do?

To effectively win the war against HIV/AIDS, emphasis should be placed on preventive therapies that tackle stigma and discrimination at household and community levels. In addition, PLWHIV should be made aware of their rights and authorities sensitised on the need for extra efforts to protect these rights. Further, community engagement and use of community health mechanisms such as health volunteers can serve to promote PLWHIV acceptance and countering cultural practices that promote stigma. It is critical therefore that all health sector stakeholders, including communities, work together to address both vices in order to achieve the public health goal of eventually eliminating the HIV/AIDS epidemic by 2030.

Secondary schooling a good contraception against teenage pregnancy

The 2014 KDHS reported that girls with secondary and higher education are three times less likely to begin childbearing compared to girls that are uneducated.



Girls who become pregnant tend to drop out of school, often ending up with inadequate education, skills and opportunities to secure jobs. Consequently, countries lose out on the income a young woman would have earned over her lifetime had she avoided an early pregnancy.

By Violet Murunga

Teenage pregnancy is both a public health and education sector challenge in Kenya. The 2014 Kenya Demographic and Health Survey (KDHS) reported that one in five girls aged 15-19 (18.1 percent) have begun childbearing, meaning that they are pregnant with their first child or have already given birth to one or more children.

The gravity of this problem in Kenya varies from county to county. Ten counties, about half of which are in Central Kenya, have the lowest teenage pregnancy rates (less than 10 percent), whereas, six counties, half of which are in Nyanza, have the highest teenage pregnancy rates (greater than 20 percent). Moreover, the national teenage pregnancy rate has only declined marginally over the last two decades. Evidently, national efforts to meet the sexual and reproductive health needs of adolescents seem to have fallen short.

Teenage pregnancy has been closely linked to adverse health, social and economic consequences. Globally, pregnancy and childbirth complications are the second cause of death among teenage girls. If they do not succumb to childbirth complications, girls who become

pregnant tend to drop out of school, often ending up with inadequate education, skills and opportunities to secure jobs. Consequently, countries lose out on the annual income a young woman would have earned over her lifetime had she avoided an early pregnancy. Furthermore, early childbearing has also been linked to high fertility and rapid population growth, which puts pressure on available resources and hampers national development.

Evidence abounds on what it would take to reduce teenage pregnancy and this includes keeping girls in school through: facilitating higher transition to secondary and higher education; intensifying efforts to address the underlying economic and socio-cultural factors that lead to school drop-out; allowing teenagers to access age-appropriate comprehensive sexuality education; and providing sexual and reproductive health information and services.

The 2014 KDHS reported that girls with secondary and higher education are three times less likely to begin childbearing compared to girls that are uneducated (12 percent and 33 percent, respectively). While Kenya has made great strides to improve

access to basic education through the 2003 free primary education (FPE) policy, the Ministry of Education, Science and Technology has reported that only 57 percent of primary school students transition to secondary education. In other words, close to half of school-going children drop out after primary school, with girls being more disadvantaged than boys. Moreover, wider variations exist across the country between counties such as Kirinyaga, Vihiga and Kisii that have high secondary school transition rates (more than 80 percent) and counties such as Kajiado, Nairobi and Narok that have experienced very low rates (between 20 and 30 percent).

Poverty, which at household level translates to lack of school fees, is a major contributing factor to school dropout rates particularly among girls. About half (49.5 percent) of Kenyans still live below the poverty line. Other factors that have previously been linked to school dropout are early marriage and female circumcision - the latter often being a precursor to early marriage. Indeed, the 2014 KDHS reported that girls with secondary and higher education marry five years later than those with no education (23 years and 18 years, respectively).

Notably, school attendance alone will only go so far in reducing teenage pregnancy. Unintended pregnancy among unmarried school-going girls still often results in their dropping out. This is mainly because most young people have inadequate knowledge and skills to make informed decisions about their sexuality and sexual and reproductive health (SRH). The benefits of school attendance can therefore also be reinforced by exposing school children to age-appropriate comprehensive sexuality education (CSE). CSE has been shown to be effective in improving teenagers' sexual and reproductive health behaviour. However, strong opposition, particularly from religious sections of society, has slowed down its implementation in Kenya.

The Ministry of Health launched a new Adolescent Sexual and Reproductive Health (ASRH) Policy in 2015. The Policy emphasises improving access to both CSE and adolescent-friendly SRH services. In this regard, the new Policy has addressed most of the policy gaps that were evident in the 2003 Adolescent Reproductive and Health Policy. The 2015 policy also promises to address the implementation challenges that hampered the success of the 2003 policy in reducing teenage pregnancy. It promises to strengthen linkages and coordination between the health and education ministries, support the implementation of CSE and efforts to keep girls in school including teenage mothers and to mobilise more resources to implement programmes that address the sexual

and reproductive health of teenagers.

Of importance is that within Kenya's new devolved system of governance, any progress in improving the sexual and reproductive health outcomes of teenagers is hinged on the level to which counties will prioritise and invest in these issues. Counties need capacity strengthening on many fronts for optimum investments to be realised. In addition, county officials need to be sensitised on the importance of investing in teenage SRH programmes. They need to be empowered to use existing county-level data to prioritise, design and allocate resources to teenage SRH and generate evidence to improve policy and programme decisions and service delivery.

Enabling evidence use in adolescent sexual and reproductive health decision-making processes in Kenya

By Violet Murunga

Over the past two years, AFIDEP has been implementing a programme titled 'enSURE Adolescent and Youth SRH'. The programme aims to strengthen the use of research evidence in adolescent sexual and reproductive health (SRH) decision-making processes in Eastern and Southern Africa. Kenya and Malawi are the programme's focus countries. In its third and final year of implementation, there is an indication of increased use of evidence in adolescent SRH decision-making processes in Kenya. Some of this can be attributed to AFIDEP's critical role in generating and promoting use of evidence in adolescent SRH decision-making processes in Kenya.

During the first half of 2016, two instances stand out the most in demonstrating AFIDEP's success. In February 2016, AFIDEP supported Kenya's Ministry of Health to disseminate its new National Adolescent SRH policy (2015) in Kajiado County. AFIDEP presented County-level adolescent SRH data to guide discussions and development of County-specific adolescent SRH

strategies responding to the County needs and challenges.

The issues highlighted in the presentation and the ensuing discussions prompted the County Director of Health, Dr. Ezekiel Kapkoni, to commit to prioritise and push for an increase in the budget allocation to the adolescent SRH programmes including youth-friendly health services and prevention of female genital mutilation. Consequently, the Ministry of Health adopted this format for the dissemination of the national Adolescent Sexual and Reproductive Health (ASRH) policy and requested AFIDEP to develop factsheets for the other 46 Counties to support its dissemination activities.

This achievement had a positive ripple effect. In June 2016, AFIDEP was invited to join the Ministry of Health's Youth thematic sub-group of the Family Planning Technical Working Group (FP TWG). The Youth thematic group had been tasked with developing an evidence-informed strategy for prioritising investments to reduce teenage pregnancy, improve contraceptive use among adolescents and improve their pregnancy

outcomes towards meeting the national FP and FP 2020 goals. The county-level adolescent SRH data that AFIDEP had generated was used to select priority counties and areas of focus. Later this year, the draft strategy, which is being finalised, shall be presented to the FP TWG and county officials for adoption at the national level.

So far, this programme has enabled important learning about what works in order to improve evidence use in decision-making processes. We have found that to be successful, policymakers must first place a high value on the role of evidence in decision-making processes. Secondly, policymakers must be willing to forge partnerships to address the multiplicity of barriers to evidence use that they face including their inadequate skills to access, generate, package and use evidence. Thirdly, knowledge brokers, such as AFIDEP, must demonstrate their expertise and value addition to the work of policymakers. Finally, knowledge brokers must also earn the trust of policymakers and be seen as experts with a shared vision.

In pictures:

AFIDEP Turns Five; AFIDEP hosts Demographic Dividend Experts' Meeting; Kenya Parliament Research Services officials hold workshop after Parliamentary Office of Science and Technology (POST-UK) internship



Dr. Susan Musyoka, MP-Machakos County and Chair, Parliamentary Caucus on Evidence-Informed Decision-Making (PC-EIDM) makes the toast during the "AFIDEP at Five" celebrations.



(L-R): Dr. Eliya Zulu, AFIDEP Exec. Director, Dr. Susan Musyoka and Prof. Francis Dadoo, the AFIDEP Board Chair move to cut the birthday cake together to mark AFIDEP's 5th year anniversary.



Dr. Eliya Zulu, Executive Director-AFIDEP, speaks during the Demographic Dividend Experts' Meeting held in Nairobi between May 29th and 31st, 2016.



Prof. Sabu Padmadas of the University of Southampton makes his remarks during the Demographic Dividend Experts' Meeting in June. The meeting resulted in a roadmap template to guide African countries committed to harnessing the DD.



Parliament Research Service officials discuss sample policy documents during the Parliamentary Office of Science and Technology (POST-UK) post-internship workshop in May 2016.



Dr. Rose N. Oronje (center), Director, Science Communications and Evidence Uptake - AFIDEP, engages with a group during the Parliamentary Office of Science and Technology (POST-UK) post-internship workshop in May 2016.

In pictures:

AFIDEP co-convenes science-policy café on universal health coverage; Malawi Health Minister launches Guidelines for Evidence Use in Policymaking for the Health Ministry; Malawi Ministry of Health officials graduate following Evidence-Informed Policymaking Training (EIPM)



Hon. Dr. Wilfred Machage, the Senator, Migori County and the convenor of the Universal Health Coverage science-policy café makes his opening speech at the June 2016 event.



Hon. Dr. Rachael Kaki Nyamai, Chair of the Parliamentary Committee for Health makes her remarks at the start of the science policy café on Universal Health Coverage in June.



Hon. Dr. Peter Kumpalume holds up the inaugural copy of the Malawi Ministry of Health **Guidelines for Evidence Use in Policy Making** at the launch in July 2016.



Bottom L-R: Dr. Peter Kumpalume, (Minister for Health, Malawi), Dr. Eliya Zulu (Executive Director, AFIDEP) and Mr Andrew McNee, Senior Health Advisor at DFID's office in Malawi after the graduation.



Hon. Dr. Peter Kumpalume (left) hands a certificate to Dr. Collins Mitambo, a graduate of the SECURE Health Evidence-Informed Policy Making training programme.



Malawi Ministry of Health staff members who underwent the SECURE Health training on Evidence-Informed Policy making. **Background second from left:** Dr. Adamson Kathyola, the Director of Research - Ministry of Health, Malawi. **Background third from left:** Dr. Eliya Zulu, AFIDEP Executive Director.

A second Malawi Parliament researcher completes UK POST internship

The internship programme is aimed at enhancing the skills of policymakers in order to improve the use of evidence in health policymaking in both Kenya and Malawi.

By Abiba Longwe-Ngwira, PhD

The training of policymakers has been one of the interventions by AFIDEP aimed at improving the use of evidence in health policymaking in both Kenya and Malawi. Between October and November 2015, the Institute in collaboration with the United Kingdom Parliament Office of Science and Technology (POST), sponsored a second person from the Malawi Parliament for an internship.

Ms Velia Manyonga, the Chief Research Officer at the Malawi Parliament, was a beneficiary of the second round of the fellowship in which a total of four staff from the research sections of parliaments in Kenya and Malawi have now participated. The first cohort interned between 20th October and 19th November 2015 where Mr. Kondwani Chikafa, a Research Officer from the Malawi Parliament participated. The second cohort, of which Velia was part, underwent the internship from 29th February to 29th March 2016. Just like the first cohort, another staff from the Kenya Parliament also benefitted from the fellowship.

The objectives of the internship are three pronged: to enhance skills in accessing, appraising and using evidence as part of parliamentary

scrutiny processes; to develop ability to lead the development and continuation of good practices for accessing, appraising and using evidence; and to assist in the development of future plans to encourage and support better engagement with evidence as part of parliamentary processes.

The internship programme involved attachment and meetings with staff from different sections of the UK POST, Library, Committee and Table Office, culminating in practical exercises and feedback for each exercise. This ensured that learning was rigorous and hands on.

Based on the interactions with Velia and Kondwani after the internships, it is clear that the fellowship's objectives were achieved. The internship strengthened and enhanced their skills in accessing, appraising and using evidence as part of parliamentary scrutiny processes. This was corroborated by their Parliament counterparts at a workshop where the two interns shared with their colleagues the lessons learned and action plans. "It is obvious that this programme is very beneficial, the two members of staff have become sensitive on the use of evidence...

even the way they have delivered their presentations here shows that they are more confident now," remarked a senior Parliament staff. In the medium and long-term, the mentoring needs to continue to make sure that the knowledge and skills learned are sustainable.

Among other things, the interns learned that the House of Commons Library has a database where all the Members of Parliament (MPs) and staff inquiries and requests for information are stored, and there is more visibility of research services in the UK Parliament hence research evidence is easily accessible by MPs who are aware of its existence. They were also exposed to mechanisms that ensure the quality of policy and evidence briefs are clearly laid out, and this includes a peer review process.

The internship programme was funded by the UK's Department of International Development (DfID) through AFIDEP's SECURE Health programme. AFIDEP is thankful to the Office of the Clerk of Parliament of Malawi for granting permission and supporting Velia and Kondwani to undertake this internship programme to enhance the quality of policymaking in Malawi are.



Ms Velia Manyonga, the Chief Research Officer at the Malawi Parliament, is a beneficiary of the second round of the fellowship.

The value addition of evidence-informed policymaking training: Nairobi County Health Commissioner speaks

By Marjory Githure

The County Commissioner in Charge of Health at the Nairobi County Government Dr. Bernard Muia is one of the beneficiaries of the Evidence-Informed Policymaking (EIPM) course facilitated by the SECURE Health programme, which is implemented by a consortium led by AFIDEP. Below are excerpts from his comments about the benefits of the EIPM course.

When did you participate in the EIPM course and what difference did it make?

I had a chance to attend the Evidence-Informed Policymaking (EIPM) course facilitated by experts from AFIDEP in March 2015 in Nakuru. The EIPM course is quite crucial for decision-makers. At that time, I was still working with the national government at the Ministry of Health as the Director of the Health Promotion Unit, after which I joined Nairobi City County as the Executive in charge of health.

What specifically can you say about the course?

The course helped to augment my capacity to contribute to debates in the County Assembly. Hitherto, my contributions were mainly based on my own prior knowledge and expert opinion as opposed to research evidence. Following

the EIPM training, I now base my contributions on facts gleaned from research evidence. I believe research evidence is a crucial tool not only for the executive officials to be more effective in their decision-making roles but also for their daily work.

In your contribution today, you indicated that the course would be helpful for county level policymakers, can you clarify?

I highly recommend the EIPM course for the County health management teams and other officials such as the executive members and Members of County Assemblies. It is necessary to build their capacity in the use of research evidence because this will enable them to value the decisions made from factual evidence and understand the importance of making policies based on real needs of the people that they serve.

What can you say about the distinction between evidence-based policymaking as opposed to policies made based on expert opinion or past experience?

Evidence-based policymaking facilitates avoidance of bias and disputes that arise from basing decisions on political inclinations. The time has come for us in developing countries to move away

from retrogressive decision-making without backing from scientific evidence especially on matters dealing with health. Developed countries are a step ahead since they value and invest in the gathering of research evidence in order to make decisions informed by such evidence. It is up to us as the decision-makers to guide this transition in order to be able to make better, improved and sustainable decisions.

In practical terms, how could the EIPM training be delivered more widely?

Since I got trained in EIPM, I have advocated for more budgetary allocation towards training. In my view, training of our technical staff in EIPM should be a priority. We also intend to include the members of health management boards in Nairobi who come from the four major hospitals within the City as beneficiaries of the EIPM training. We are planning to induct them and one of the major agenda items during the induction is how to use evidence to make decisions. We will therefore consult each other and request AFIDEP to offer technical expertise in building competencies in EIPM among our technical staff.



Dr. Bernard Muia, the Nairobi County Executive Commissioner for Health.

Kenya draws roadmap towards universal health coverage

By Anthony Mugo

In order for the Kenya government to meet its obligation to provide universal health coverage (UHC), Parliament is developing a Bill on Social Health Insurance aimed at streamlining health financing. Health expenditure remains one of the major barriers to achieving UHC, making a focus on health care financing critical in any UHC efforts. According to the Chairman of the Parliamentary Sub-Committee on UHC, Hon. Dr. James Nyikal, the government needs to move further and draw up a clearly defined feasible and time-bound path towards UHC in Kenya.

Hon. Nyikal was a discussant at a policy dialogue convened by the Parliamentary Caucus on Evidence-Informed Decision-Making (PC-EIDM) and the African Institute for Development Policy (AFIDEP) at a Nairobi hotel on 22nd June 2016.

The concept of UHC promotes the realisation of the human right to health, delinking access to services from the ability to pay. The third global sustainable development goal (SDG 3) obliges countries to ensure healthy lives and to promote well-being for all irrespective of the economic status of citizens. At the national level, the Constitution of Kenya (2010), in the Bill of Rights, provides for the right to access to health care for all.

From a health financing perspective, and according to a 2014 World Bank Report on improving health care for Kenya's poor, only one in five Kenyans have some kind of health insurance cover. In effect, 80 percent of Kenyans, most of them poor, access health care through out-of-pocket payments (OOPs). Other modes of health financing are insurance plans particularly the National Health Insurance Fund (NHIF); private health insurance; general tax financing; community-based health financing (CBHF) and funding by international donors.

While making a presentation at the forum, the acting NHIF CEO Mr. Geoffrey Mwangi noted that NHIF's role in enhancing access to health insurance has greatly improved over the years. Recently, the NHIF

has expanded its benefit package to cover medical expenses for chronic and other lifestyle illnesses, such as kidney dialysis and some types of cancer treatments. However, the fact that only people working in the formal sector make mandatory contributions means the Fund's benefits are not equitably accessible to all, particularly those in the informal sector, who only contribute on voluntary basis. This situation also compromises NHIF's ability to pool sufficient capital required to cover a larger proportion of the population.

80 percent of Kenyans, most of them poor, access health care through out-of-pocket payments (OOPs).

Participants were in agreement that Kenya should learn from other countries such as Indonesia, Thailand and Mexico, that have made good strides in enabling UHC. A World Bank health specialist, Dr. Njeri Mwaura, indicated that some of the lessons that Kenya could learn from these countries include focusing health financing and other efforts on the greatest contributors to the country's burden of disease and the most vulnerable sections of the Kenyan population.

Besides financing, the other major barrier to UHC is inefficiency of Kenya's health system. According to Dr. Mwaura, enhancing the efficiency of the health system requires that the system's performance goals be well defined and measured. She observed that "while not overlooking prevention and since providing perfect health to all citizens is not possible, a nation must choose which aspects of ill health, among which population groups, to set as a priority."

Dr. Mwaura identified additional key elements for strengthening health service delivery as being financial protection and citizen satisfaction. Financial protection involves

protecting against both the high cost of serious illness and the lower and more predictable costs of routine care. She noted that while citizen satisfaction is not a UHC goal per se, it is an important consideration by political leaders and a good way to gauge the effectiveness of a health system.

Among the key recommendations for achieving UHC that were made included the need for strengthening the health system particularly improving human resource numbers at county level where health services have been devolved. The government was urged to ensure equal distribution of well-equipped health facilities and a functioning health information system (HIS). Calls were also made for adoption of innovative mechanisms to mobilise adequate financial resources in a sustainable and efficient manner with the goal to ensure access to essential health services without exposing Kenyans to financial hardship.

It was also noted that public-private partnerships (PPPs), which have gained good traction in Kenya, need to be central to the implementation strategy for UHC in the country. Dr. Amit Thakker, Chairman of the Kenya Healthcare Federation and a discussant at the event, reiterated that the greatest burden in PPPs is borne by the private sector. He called on law and policymakers not to leave out the private sector while making the needed health financing policy of risk pooling.

Hon. Nyikal acknowledged that Parliament has a critical role to play towards achievement of UHC and therefore needs to rely on research evidence while making relevant legislation. The need to enhance public buy-in for health insurance was underscored, particularly through advocacy and awareness creation among the masses, a critical element for getting Kenyans to enroll in NHIF.

At a glance: Advocacy on harnessing a demographic dividend in Africa

By *Bernard Onyango*

The demographic dividend programme has continued to work with various governments, specifically the Ministry of Economic Planning and Development, the Ministry of Finance, as well as UNFPA country offices to generate commitment towards national strategies that can help countries harness a demographic dividend.



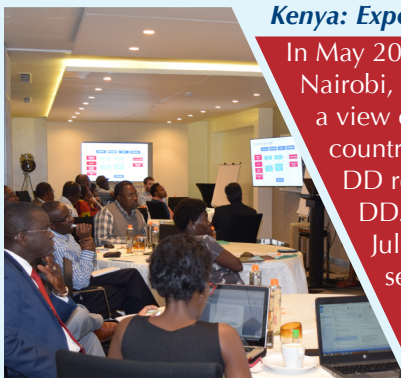
Kenya: Launch of the National Adolescents and Youth Survey (NAYS) preliminary report: 2nd March 2016

AFIDEP took part in the launch of the NAYS preliminary report. The study was conducted by the National Council for Population and Development (NCPD), with support from various partners including AFIDEP and UNFPA Kenya. AFIDEP provided both technical support (taking part in the study design, fieldwork and analyses) and financial support for the study. The study findings identified the various needs of adolescents and youth at county level, which would inform interventions aimed at supporting this group to optimise their socio-economic potential. This study was part of a larger national demographic dividend programme aimed at ensuring that Kenya is able to take advantage of the youth bulge to harness the demographic dividend.



Cameroon: Demographic Dividend Scoping Mission: 4th – 8th April 2016

In April, the AFIDEP team undertook a scoping mission in Cameroon to take stock of what has been done with regard to the demographic dividend in the country, including evidence generated from research, advocacy activities and programmes. The team engaged with various stakeholders from the government of Cameroon, research institutions and UN agencies to define the course of action that the country should take to secure high-level political commitment for a comprehensive DD agenda that can lead to successful policy interventions. The scoping study was commissioned by the Ministry of Economy, Planning and Regional Development (MINEPAT) and supported by UNFPA. AFIDEP has since synthesised the findings of this mission and submitted a report to MINEPAT in which we recommend various actions in the short and in the long-term, which will support the country to prepare to earn sizeable demographic dividends.



Kenya: Experts Meeting on the Demographic Dividend in Africa: 29th – 31st May 2016

In May 2016, AFIDEP convened an experts meeting on the demographic dividend in Nairobi, Kenya. Its main objective was to review existing DD modelling tools with a view of developing a model that takes into account contextual factors of African countries. The experts also developed a template to guide the development of national DD roadmaps that will be crucial in the quest for African countries to harness the DD. This template was used in the development of the Uganda DD roadmap in July 2016. AFIDEP also expects to support a number of other countries in the second half of 2016 to develop their DD roadmap based on the lessons from the Experts Meeting. The meeting was supported by the William and Flora Hewlett Foundation through AFIDEP's Evidence for Development programme (Evi4Dev).

Scientific Conferences and Policy Dialogues

Staff members in the DD programme were active participants at various forums important for addressing not only the demographic dividend in general, but also particular pillars of the DD such as fertility, education, economic transformation and job creation. The team made presentations at conferences and were panel speakers at a number of policy dialogues, significantly the ones highlighted below.



Forum	Date and Location
The International Conference on Family Planning (ICFP)	Nusa Dua Indonesia 25 th -28 th January 2016
UNFPA Regional Leadership Summit on the Demographic Dividend in Africa	Abuja, Nigeria 7 th -9 th March 2016
Inaugural Africa Transformation Forum (ATF)	Kigali, Rwanda 14th-15th March 2016
11th Global Meeting on the National Transfer Accounts (NTA) Network	Dakar and Saly, Senegal 20th-24th June 2016

Kenyan policymakers appreciate value of evidence in development



Dr. Charles Nzioka, Director of the Division of Health Research and Development - Ministry of Health, expressed gratitude for the capacity building that AFIDEP has been offering to health officials on Evidence-Informed Policymaking (EIPM).

By Diana Warira

Through fascinating accounts of struggles and triumphs, AFIDEP's five-year journey was narrated at a colorful dinner held on 7th March 2016 at Serena Hotel, Nairobi. Guests at the dinner included government representatives, development partners, UN agencies, civil society, the media and AFIDEP's Board members and staff.

The story of how AFIDEP was born in 2010 is heart-warming; a noble cause that started off as a humble start-up in Dr. Eliya Zulu's garage, its founder and Executive Director.

Speakers generally expressed palpable surprise and awe at the rapid growth in both stature and achievement that AFIDEP has accomplished over this short period. One of them, Hon. Dr. James Nyikal (a former Director of Medical Services, and now MP and member of the Parliamentary Health Committee), lauded AFIDEP's focus on bridging the gap between research evidence and policy. He also stressed, "What determines the value of research is what you do with it."

Hon Nyikal further challenged Parliamentary Health Committee members to always consider relevant research evidence whenever they deliberate on policy issues. "We need to move away from politicking when debating policy issues and present verifiable evidence to make our contributions," he said.

Speaking on the experience the Ministry of Health has had working with AFIDEP, Dr. Charles Nzioka, the Director of the Division of Health Research and Development, expressed gratitude for the capacity building that AFIDEP has been offering to health officials on Evidence-informed Policymaking (EIPM).

He said that the trainings conducted under AFIDEP's programme on Strengthening Capacity on Evidence Use in Health Policy (SECURE Health) have been invaluable in building much needed capacity in the application of research evidence in decision and policymaking.

"We are taking our partnership [with AFIDEP] on evidence use to the counties because we think capacity to use research must be built at all levels of service delivery." Noted Dr Nzioka. "The partnership between AFIDEP and the Ministry of Health came at the right time. We had realised that there was a big gap in accessibility and use of research to inform health policies," he continued.

Dr. Charles Mbakaya from the Kenya Medical Research Institute (KEMRI) – Centre for Research in Public Health, observed that AFIDEP is doing a good job of involving Parliament and in articulating the value of research. He noted that as a result, MPs are demanding informed answers before making legislation.

Hon. Dr. Bernard Muia, Nairobi City County Executive for Health, told the guests that he was a beneficiary of the training, and now his opinion in the Nairobi County Assembly is highly valued. "Members trust what I say because I always back it up with evidence," he noted.

In pursuit of getting research evidence as close to the policymakers as possible, AFIDEP rolled out a programme on Evidence for Development in 2015, which saw the establishment of a Parliamentary Caucus on Evidence-informed Decision-Making. The Chair of the Caucus, Hon. Dr. Susan Musyoka (MP, Machakos County) also graced the celebratory dinner. In her remarks, she stated that the Caucus is setting a good precedent in Parliament and this will largely improve the quality and output of Parliamentary debates.

Other speakers at the dinner included the Chair of the Board, Prof. Francis Doodoo. He said that AFIDEP has come of age and the achievements witnessed have been largely due to the existence of a dedicated staff committed to institutional building, a visionary Board of Directors, and the generous support of donors and partners. Going into the future, AFIDEP is looking at an even more successful **#5YearsOfChange** and beyond.

AFIDEP

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