



Meet AFIDEP's board of directors and management

Why AFIDEP is the UN 2023 population award laureate

UHC : What evidence says about Kenya

Amplifying Malawi's young voices in ending TB

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Meet AFIDEP’s board of directors and management

At the helm of the AFIDEP governance structure is [Ms Elizabeth Lule](#), the new Chair of the Institute’s Board of Directors. Elizabeth succeeds Professor Francis Dadoo, who retired from the Chair position after nine years of dedicated and transformative service to the Institute.

Elizabeth Lule, a leading expert in global health and international development, has spent her career working on issues to improve the well-being of women, adolescents and young children.

She is the Executive Director of the Early Childhood Development Action Network (ECDAN). She worked at the World Bank for 16 years, growing through the ranks from technical to senior management positions. She also worked at the Bill and Melinda Gates Foundation as Director of Family Planning, at Pathfinder International as Regional Vice President for sub-Saharan Africa, and with the United States Agency for International Development (USAID) in Nigeria.



Ms. Elizabeth Lule
Board Chairperson



I am honoured and excited to lead AFIDEP’s exceptionally committed and diverse Board, and I look forward to playing my part in steering AFIDEP to become the go-to institution on evidence matters across Africa. I extend my gratitude to my predecessor, Professor Francis Dadoo, AFIDEP’s inaugural Chair, for laying a solid foundation for the organisation’s phenomenal growth since its humble beginning in 2010.



Professor Sosten Chiotha is the new Board Deputy Chair. He is a seasoned environment champion and the Regional Director of the Leadership for Environment and Development (LEAD) Southern and Eastern Africa.

Board of directors:



Professor Francis Dadoo,
Professor of sociology and demography. Previously a professor at the University of Ghana



Cheikh Seydil Moctar Mbacke PhD,
Independent consultant and advisor on population and health research. Previously Rockefeller Foundation Vice President, United States



John Mudany, PhD
Financial management expert. Previously Finance and Commercial Director, Kenya Electricity Generating Company Limited



Ms Pamela Onduso,
Sexual and reproductive health expert. Currently Country Director, Pathfinder International, Kenya



Ms Sarai Chisala-Tempelhoff,
Human rights and social justice lawyer. Founder of the Gender and Justice Unit, Malawi



Ms Susan Rich,
Public Health and Philanthropy expert. Currently Principal, Alafiya Consulting Services, and previously Vice President, Global Partnerships at Population Reference Bureau



Yazoumé Yé, PhD
Public health expert. Currently Vice President, Malaria Surveillance and Research, ICF, United States

Professor Francis Dadoo, Dr Yazoumé Yé and Ms Pamela Onduso retired from the board in August 2023.

New board members:



Hon. George Kronnisanyon Werner,
former Minister of Education in Liberia and currently Public Health Advisor for the World Health Organization



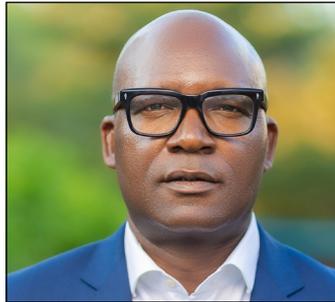
Prof. Andrew Tatem,
Professor of Spatial Demography and Epidemiology and the Founder and Director of WorldPop, University of Southampton



Ms Pamela Onyango,
Public Health Expert

Management

Eliya Msiyaphazi Zulu PhD.
Executive Director and AFIDEP’s representative in Malawi.



Prof. Nyovani Madise
Director of Development Policy and Head of Malawi Office.

Rose Oronje PhD.
Director of Public Policy and Knowledge Translation and Head of Kenya Office.

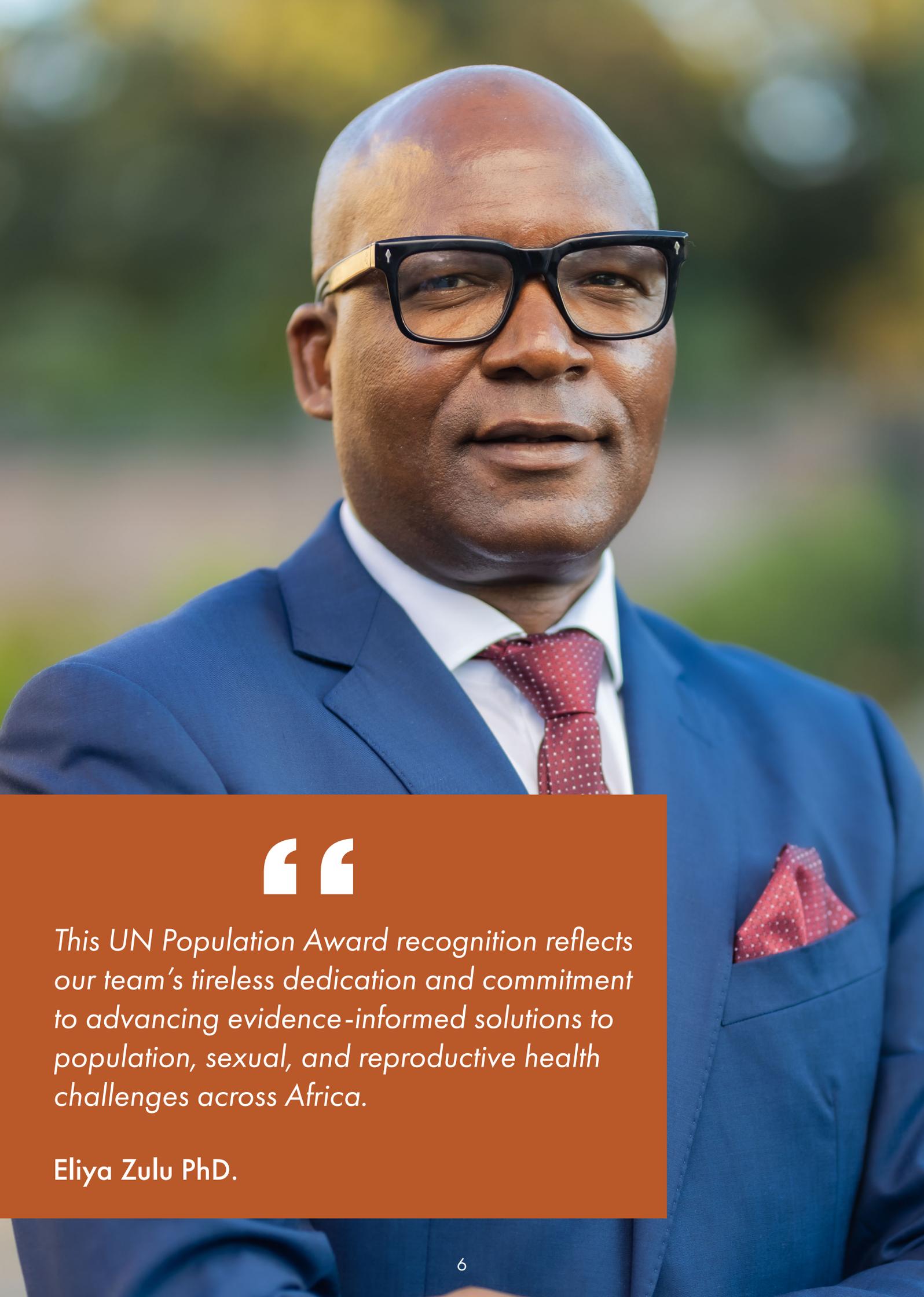


Wickliffe Odhiambo Okinda
Head of Finance and Operations.

“The AFIDEP journey has been challenging and also very fulfilling. I am confident that the governance changes the Board has made will help optimise AFIDEP’s strategic and operational capacity to deliver quality and impactful work consistently,” said Dr Eliya Zulu. “I thank Prof. Dadoo for his sterling contributions, and look forward to working with the new Board and Management to help shape a healthy and prosperous future for Africa.”

The Institute has a footprint across Africa on research, policy formulation and capacity building. One of its notable contributions on the continent was supporting the African Union Commission in designating “Harnessing the Demographic Dividend through Investments in Youth” as the 2017 theme, and subsequently working with nine African countries to integrate demographic dividend strategies and investments in their medium and long-term development plans. For its contributions in advancing Africa’s demographic dividend and other population-related issues, AFIDEP was awarded the 2023 United Nations Population Award.





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This UN Population Award recognition reflects our team's tireless dedication and commitment to advancing evidence-informed solutions to population, sexual, and reproductive health challenges across Africa.

Eliya Zulu PhD.

AFIDEP wins the 2023 United Nations Population Award



Dr. Eliya Zulu receiving the population award at the UN Headquarters. Photo: UNFPA

The United Nations awarded AFIDEP the 2023 UN Population Award.

Dr. Eliya Zulu, the Executive Director of AFIDEP shares his thoughts on what the win means.

Question: What did the UN say was the primary rationale for honouring AFIDEP with this prestigious Award?

Zulu: I should just cite what the UN representatives said at the award ceremony. The proclamation read by the UNFPA Executive Director Dr. Kanem, who also serves as the Secretary to the Select Committee noted that the “UN Population Award, an affirmation of the international community, is presented to AFIDEP in recognition of significant contributions to the Africa Region”. In addition, The Chair of the Select Committee, Ms Rawa Zoghbi, Permanent Representative of Lebanon to the United Nations, noted that “AFIDEP’s evidence-based approach

and collaboration with governments, civil society organisations, and international partners have resulted in impactful programming and positive outcomes in areas such as family planning, maternal health, adolescent sexual and reproductive health, and African population dynamics.”

Question: When was the award set up?

Zulu: The UN Population Award is the highest global recognition that individuals or institutions receive from the UN annually in recognition of outstanding contributions addressing population and sexual reproductive health challenges. The UN General Assembly established the Award in 1981, and was first presented in 1983. The Committee for the United Nations Population Award manages the award and selection process. The committee comprises ten UN Member States, with the United Nations Secretary-General and UNFPA Executive Director serving as ex-officio members. In 2023 the UN

INSTITUTIONAL

honoured AFIDEP with the Institution Award and the First Lady of Burundi, Her Excellency Madam Angeline Ndayubaha-Ndayishimiye, with the Individual Award.

Question: Explain with examples the outstanding work AFIDEP did to be honoured so remarkably?

Zulu: The Award is not due to one specific piece of work or project. It recognises our extensive work on linkages between population change, reproductive health and sustainable development over the past 13 years.

We have implemented over 50 projects, done in-depth research and policy engagement work in 26 African countries. Through our engagements with the African Union and regional economic blocks, we have reached out to all 54 African countries. One of our projects collects governance indicators from all 54 African countries.

We recently extended our work to Asia and do in-depth work in India, Nepal and the Philippines. Our most significant mark, however, has been our work around the demographic dividend (DD). DD is the economic gains countries would harness when their population structures change from one dominated by dependent children to one dominated by working-age adults. The shift occurs when the average number of births per woman declines from 5 or more to around three births or less. We played a crucial role in supporting the African Union Commission (AUC) and various governments between 2013 and 2017 to elevate the DD as a vital paradigm to accelerate African development. Our support to the AUC contributed to the landmark decision to designate the DD as top development theme for Africa in 2017. Twelve of the 23 governments we supported in East and Southern Africa integrated DD into their development strategies. We have been the leading research and policy player on DD agenda in the continent.

Question: What else has AFIDEP done in Malawi that contributed to the UN Population Award coming your way?

Zulu: We have worked with various—government entities in Malawi since 2013, when we set up our offices in the country. Our headquarters moved to Malawi in 2022 from Kenya where we began. We have worked with Parliament, the National Planning Commission and Ministries responsible for development planning, health, education, gender, youth and labour, and environment and climate change.

For example, we supported the Ministry of Health and parliament in strengthening individual and institutional capacity to normalise a culture of evidence-informed decision-making. We have worked with the National Planning Commission to conduct cost-benefit analyses to determine the most promising interventions to maximise returns to investment towards achieving Malawi 2063.

We supported parliamentarians through the Parliamentary Caucus for Population and Sustainable Development and the Health Committee to champion various issues, including



Dr. Eliya Zulu (2nd left) receiving the population award at the UN Headquarters. Photo: UNFPA

population, reproductive health, education, ending teen pregnancies and child marriages, and increasing health budgets.

Another significant milestone is that AFIDEP is the first non-USA Institute to win a USAID globally competed Cooperative Agreement Grant as a prime from the Population and Reproductive Health Department in Washington, DC. The project seeks to ensure decision-makers understand the cross-sectoral benefits of voluntary family planning and population dynamics and, in turn, implement policies and programs to help meet the demand for family planning and other development sector outcomes in Africa and Asia. Malawi is one of the focus countries.

Question: In your acceptance speech, you mentioned that AFIDEP's dream was hatched in a garage in Nairobi 13 years ago. How does it feel to have the organisation you founded grow globally?

Zulu: I have a profound sense of pride and satisfaction. I also profoundly thank God, my family, the AFIDEP Board of Directors, hard working staff, financial and other partners, UNFPA and other UN agencies, universities and government officials we work with. We wouldn't be here without the collective effort of many actors. Special thanks go to the Malawi government for its steadfast support and for hosting our headquarters.

Question: You have the global recognition; the world's eyes are now on you, not only for what you do here in Malawi but for Africa. What should your observers expect from here?

Zulu: We are conscious of the responsibility that comes with this Award. We will honour it by being more resolute and committed to Africa's development agenda.

We recommit to doubling our efforts in enabling policymakers and other development actors to access and use evidence to design, implement, and monitor the performance of policies

and programs. Our vision remains to see Africa where evidence is used consistently to transform lives. We are proud to be a symbol of the “African Renaissance” crusade that believes the continent will only develop if we nurture a critical mass of African Institutions and experts ready and able to define own, and drive the continent’s development agenda.

Question: What advice can you give those seeking to start similar organisations? What does it take to be where you are?

Zulu: My advice is that there is no shortcut to success – at both individual and organisation. It takes a lot of hard work and commitment to go beyond focusing on yourself as the founder to the broader common good. From the founder’s perspective, this involves assembling a solid team of experts with buy-in, ready-to-own, and elevating the vision. You need an uncompromising drive for excellence and accountability and responsible use of resources entrusted to you.

Question: Where does Malawi stand on DD agenda? Is the country on track?

Zulu: Malawi has a youthful population, with 55% below the age of 20. The numbers are growing fast. The UN projects that the population will grow from about 21 million in 2022 to 37 million by 2050.

The good news is that the country can harness a massive DD with smart investments in family planning and other health issues, education, and economic reforms to create quality livelihoods

and jobs. However, if the status quo remains and we don’t act urgently, Malawi’s 2063 development aspirations will remain a pipe dream, with more poverty, hunger, and potentially civil strife. The perpetual catastrophes from climate change will aggravate the situation if there is no urgency in holistically addressing these interrelated issues.

Malawi launched its first DD study in 2016 with United Nations Population Fund (UNFPA) and AFIDEP support. In 2017 Malawi was the chief promoter in designating the demographic dividend as the top development theme at the AUC. Another DD study was completed this year with support from the World Bank. The country needs to walk the talk on the DD, capitalising on the recently launched National Population Policy to mobilise all actors and resources to turn its population into a driving force for socioeconomic transformation and sustainable development.



The Award is not due to one specific piece of work or project. It recognises our extensive work on linkages between population change, reproductive health and sustainable development over the past 13 years. We have implemented over 50 projects, done in-depth research and policy engagement work in 26 African countries.

Dr. Eliya Zulu



AFIDEP has a staff compliment of over 80, drawn from across Africa. Photo: AFIDEP

Congratulatory messages



Elizabeth Lule,
Board Chairperson, AFIDEP



Congratulations to all Board members and staff. Eliya served us well as a leader with a vision. His speech was befitting, that we must look to Africa's homegrown solutions to determine our future and renaissance. It was a fantastic day; we should all be proud of what we did together.



Saulos Klaus Chilima,
Vice President,
Malawi



I take this moment to congratulate AFIDEP and its Founder and Executive Director Dr. Eliya Zulu for winning the 2023 United Nations Population Award.

As someone who has interacted with the leadership of AFIDEP - Dr. Eliya Zulu and Prof. Nyovani Madise, the award has not come as a surprise. AFIDEP has been significant in elevating the DD as an essential development paradigm - working in collaboration with governments and various non-state actors.

I can't agree more with Ms. Rawa Zoghbi, Permanent Mission of Lebanon to the United Nations who also was the Chair of the UN Selection Committee that "AFIDEP's evidence-based approach and collaboration with governments, civil society organisations, and international partners have resulted in impactful programming and positive outcomes in areas such family planning, maternal health, adolescent sexual and reproductive health, and Africa population dynamics." Congratulations AFIDEP.



Dr. Natalia Kanem
Executive Director,
UNFPA



The UN Population Award, an affirmation of the international community, is presented to AFIDEP in recognition of your significant contribution to the Africa region.

Maximize expenditure efficiency for better sexual and reproductive health outcomes

By Derick Ngaira

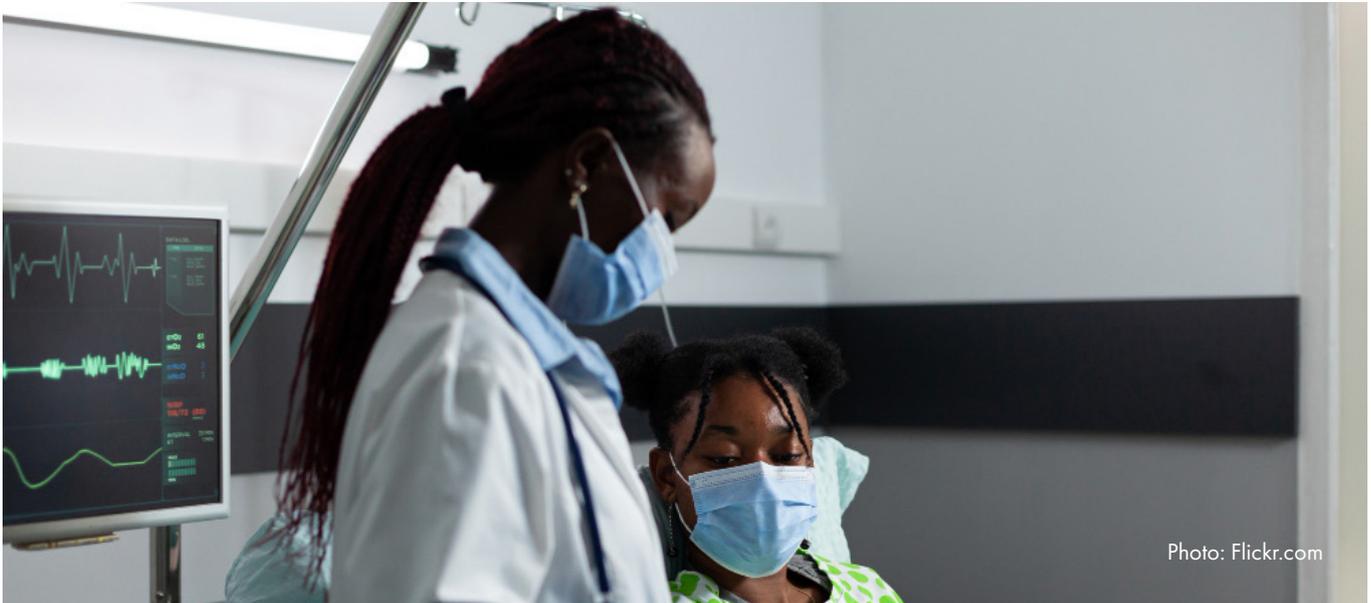


Photo: Flickr.com

Enhancing sexual and reproductive health is vital for personal and societal development. However, despite the benefits countries across Africa are yet to devote the necessary resources for the desired change.

Reducing budgetary allocation means that the Ministry of Health is always under-spending in so called non-priority sectors. Unfortunately, sexual and reproductive health appears to be one such in many national health budgets. African governments committed to allocating at least 15% of their national budget to the health sector. Two decades later, countries seem to have forgotten their Abuja promise, lagging far behind the 15%, others even reducing their health budgets.

In Kenya, for example, during the 2023/ 24 financial year, of the Ksh 141.2 billion allocated to the healthcare sector (which represents 11% of the national budget), the Ministry of Health (MoH) spent a mere Ksh 21 billion for both curative and reproductive health. The allocation reveals a Ksh 5.6 billion a decline from the 2022/23 financial year when the sector received Ksh 146.8 billion. The Ministry of Health also indicates that Kenya spends 13% of the health budget on reproductive health, 12% on maternal health, and 2.1% on family planning.

Impact

Women and girls, especially those living in informal urban settlements and rural areas have always borne the brunt of low healthcare budgets. Many are impacted by their inability to go to school or participate in socioeconomic and political activities due to lack of access to sexual and reproductive health services and products, often from their out-of-pocket spending.

Vulnerable groups have occasionally been forced to use coping mechanisms like a heavy reliance on credit and participation in transactional sexual activities, hence putting their lives at risk.

Solutions

The data and evidence the African institute for Development Policy (AFIDEP) synthesised, reveal glaring gaps in the health sector. Kenya can enable on the right path to efficient health expenditure, and better SRHR services for women and girls if these gaps are filled. The Treasury's delayed money delivery, lengthy and complex procurement and Public Finance Management (PFM) processes can be addressed through systems' streamlining

The World Health Organization (WHO) report, 'Health Systems Financing, the path to Universal Health Coverage', suggests the need to provide subsidies and tax exemptions or reducing the cost of SRHR commodities will enable vulnerable women and girls (like the refugees and those living in urban poor areas) to afford reproductive healthcare services.

The need for the creation of tax-based health financing schemes that ensures that everyone, regardless of social or economic standing, receives high-quality healthcare cannot be overemphasized. Expanding health insurance coverage and implementing innovative public-private partnerships for health funding can go a long way in improving provision of healthcare services for those not able to acquire private insurance.

The full value of investing in sexual and reproductive health services has been underestimated, as its wide range of benefits has been largely unrecognised in Kenya. The country cannot afford to adequately fund and address inefficiencies in budget expenditure in provision of sexual and reproductive health services to achieve relevant sustainable development goals.

Leveraging evidence to realise universal health coverage (UHC) in Kenya

By Derick Ngaira, Mary Mwami and Jackson Otieno PhD.



Kenya's Prime Cabinet Secretary, Hon. Musalia Mudavadi delivering President Dr. William Ruto's remarks at the launch of the "National High-Level Dialogue on Domestic Health Financing" in June 2023, Nairobi. Photo: AFIDEP

Kenya's healthcare system falls into any of these three; public, private, and faith-based or non-governmental. About 48% are government-run, 41% are private, 8% are run by religious institutions, and non-governmental organisations operate the remaining 3%.

Depending on the medical facility one chooses those with national health insurance may be eligible for free-inpatient treatment for some services, including free maternity care, in public hospitals. Private hospitals and non-governmental organisations (NGOs) or faith-based hospitals typically impose a fee.

According to the 2023 Kenya Demographic Health Survey, about one in four persons in Kenya (26%) have some form of health insurance and are mostly living in big cities such as Nairobi, where 46% of the insured live. Only about 3% of people who live in marginalised rural areas like Wajir and West Pokot have health insurance cover.

Kenya endorsed the Africa Leaders Meeting Declaration in 2019. It advocates for increased domestic resource mobilisation for health, addressing current budgetary inefficiencies, improving equity in financing and utilisation of health resources and improving leadership and governance in the health sector. The declaration acknowledged the need to allocate more domestic finances to realise universal health coverage. However, the journey towards UHC still faces challenges. Over the years, health sector financing has remained below Abuja

Declaration's 15%. Although the health sector allocation has been increasing over time Kenya still falls short of the commitment at 11%.

In 2023/24 budget, the government allocated 141.2 billion to the national Ministry of Health, representing a Kshs. 5.6 billion drops when compared to the 2022/23 budget.

Advance Domestic Health Financing project

The inadequate domestic health financing, coupled with inefficiencies in the use of health resources, has resulted in the population relying on out-of-pocket expenditures to meet their healthcare needs. Given the high cost of living and poverty, most low-income households are forced to forgo medical services.

The lack of data-driven, evidence-based decision-making about domestic health financing worsened the health sector under-funding. Political manifestos and populist agenda also outweighed the use of evidence and data in allocating resources. Thus, frustrating the country's prospects of fulfilling its health commitments.

GOVERNANCE AND ACCOUNTABILITY

It's in this regards that AFIDEP through the Advance Domestic Health Financing project is supporting the government of Kenya to realise sustainable and effective domestic financing of healthcare with a focus on primary healthcare (PHC), girls' and women's health in the devolved units (counties).

The Institute provided technical support to the Council of Governors (CoGs) and County Executive Committee members Technical Thematic Committee on Health Financing in developing and endorsing county positions.

In April 2023, AFIDEP supported the County Executive Committee members Technical Thematic Committee on Health Financing on a sub-national level dialogue session. The meeting saw the development of a position paper that was forwarded to the CoGs for adoption.

In June 2023, AFIDEP partnered with the CoGs for a workshop for the CoG's Health Committee. The workshop enabled the committee to fully understand the Africa Leadership Meeting commitments for increased and sustainable domestic investments in health. The Governors also reviewed and adopted the position paper on domestic health financing put forward by the County Executive Committee Members Technical Thematic Committee on Health Financing.

The position informed the country's resolution on domestic health financing presented to the national government during a high level dialogue event presided over by Kenya's Prime Cabinet Secretary, Hon. Musalia Mudavadi in June 2023.



Kenya's Health Cabinet Secretary Ms. Susan Nakhumicha addressing participants during the high level dialogue in June 2023 in Nairobi.



Chairperson of Council of Governors Health Committee and Tharaka Nithi County Governor, Muthomi Njuki addressing participants during the high level dialogue in June 2023 in Nairobi.



Panel discussion moderated by AFIDEP's Dr. Rose Oronje. Photo: AFIDEP

Igniting Malawi's future

By Amanda Chatata



Photo: UNFPA

Malawi introduced free education in 1994, resulting in a rise in enrollment rate. The school enrollment rate (% gross) in Malawi was reported to be at 145%* in 2019, according to the World Bank collection of development indicators, compiled from officially recognized sources. However, the high number affected the quality of education, particularly at the primary school level. Reasons for this vary. One of them is the inadequacy of facilities and overcrowding. The student-to-teacher ratio hovers between 50-160 students per teacher. Because of the shortage of classroom facilities, lower classes learning (standard 1 to 4) happens outdoors, exposing pupils and teachers to weather vagaries like heat and rain. Many learners also have to travel long distances to attend school. Further, most schools lack disability-friendly facilities, thus leaving out learners living with disabilities.

While a free education policy exists, there are other costs associated with maintaining a child in school, which are a burden for some families. The challenge becomes more apparent in high school where parents face larger education costs. But in a country where 71 per cent of the citizens live below the World Bank's internationally comparable poverty

headcount ratio— \$2.15 a day, maintaining a child in school is a struggle and contributes to high school dropout levels.

According to the latest 2022/2023 Education budget allocation brief by UNICEF, government allocated 462 billion to education in 2022/23 increase of 18.7% compared to mwk389 billion that was allocated in 2020/2021.

Despite the high proportion of government budget allocated to this sector, the report highlights unequal access to secondary school education. The education system is bedeviled with a shortage of qualified and trained teachers. Disparities continue to be observed in the deployment of both primary and secondary school teachers. In particular, data from EMIS (2021) show that pupil -qualified-teacher ratio ranges from 1:38 in Zomba urban to 1:70 in Machinga district. For instance, only about 4% of children in the poorest quintile attend secondary school compared to 42% in the richest quintile, and only about 1% of the poorest girls and boys complete secondary school.

This failure to progress to the secondary school level leads to a relatively low intellectual performance in literacy and math skills when compared with other developing countries.

It is clear that the education system in Malawi faces numerous problems.

Malawi Vision 2063, notes that improving the quality of education is key to achieving Malawi's development aspirations. It may be time to ask ourselves hard questions. How will we realise Malawi 2063 when the education system, which is central to development, continues to perform poorly, when children are not graduating to at least the secondary school level?

Survey

The National Planning Commission, with technical assistance from the African Institute for Development Policy (AFIDEP) and the Copenhagen Consensus Center, conducted the Malawi Priorities Project, a cost-benefit analysis to identify cost-effective solutions to some of Malawi's biggest development challenges and in this case, human capital development. The research findings suggest that interventions in the education sector can bring about substantial benefits to the people of Malawi. In particular, interventions

such as school infrastructure, 'in-class teacher training, school feeding and technologically assisted learning (TAL) will have a significant impact. The report noted that return on investment on TAL for example, is almost 5 times greater than teachers training and 30 times greater than school construction and class reduction intervention, making TAL the strongest performing intervention. The intervention will help students engage in high-quality educational software and go through the curriculum at their pace and guarantees an indoor learning environment. The study also revealed that the intervention can be delivered in 8 months what conventional teaching methods take two years to deliver. TAL wins because it addresses three major constraints in the educational system: high pupil-teacher ratios, teacher quality and lack of infrastructure.

Fortunately, the software does not require internet connectivity. However, its implementation requires substantial resources, calling for both government and donor support. Nevertheless, the initial costs pale in comparison to the return on investment in the education sector. The TAL is estimated to increase learning levels by 2 years, boosting earnings by 22%, which in the present net value is approximately Malawian Kwacha 1,200,000 over 30 years of a working career.



The study revealed that the intervention can deliver in eight months what conventional teaching methods takes two years to deliver.

Photo: GPE/Govati Nyirenda

Amplifying Malawi's young voices: Harnessing photovoice to empower youth in ending tuberculosis

By Chikondi Kadongola



Photo by Marcel Crozet

Tuberculosis (TB) continues to afflict millions worldwide and remains a significant problem in Malawi, affecting individuals of different ages. However, young people, particularly those aged 15-24 years, encounter several challenges when it comes to obtaining prompt and effective diagnosis and treatment. Despite this, existing interventions fall short of addressing the specific needs of this vulnerable population. To bridge this gap, a pioneering study is underway, utilising the power of photovoice to empower young individuals and make their voices heard in ending TB in Malawi.

While several studies have shed light on incidence rates and risk factors, there is a glaring lack of studies on young people's unique challenges. Limited resources, competing health priorities, and complex socio-economic circumstances further exacerbate the neglect of this vulnerable population. A photovoice study, led by the Leaving no-one behind: Transforming gendered pathways to health for TB (LIGHT) consortium in partnership with the National TB and Leprosy Programme (NTLEP), aims to rethink current approaches and develop youth-centric strategies encompassing early detection, improved access to healthcare, education and awareness programmes, and comprehensive support systems.

Photovoice encourages participants to capture their realities through photography, providing them with a powerful tool for storytelling and advocacy. Using their photographs, young individuals, healthcare professionals, and caregivers of TB patients can engage in meaningful dialogue, shedding light on the young people's challenges in accessing TB services. Photovoice thus emerges as a transformative methodology that amplifies neglected voices and compels key actors, such as policymakers, to take action.

Implementation of the study

The study will unfold in three pivotal phases. The first phase involves researchers identifying and engaging key stakeholders, fostering understanding and garnering support for the study. The second phase involves equipping young participants with photography skills and encouraging them to capture images reflecting their TB experiences. Midway, it is expected that emerging themes will be identified, enhancing the study's validity. Finally, a participatory workshop will bring together stakeholders and study participants to discuss findings and collaboratively develop strategies for youth-friendly TB services.

Expected Impact

By harnessing the power of photovoice, we provide young people with agency and a medium to express their experiences. The study's findings will contribute to the development of targeted interventions that acknowledges and meets their unique needs for TB prevention and care. The study will also shed light on the benefits and challenges of using photovoice as a methodology, and can be replicated in similar settings.

The impact of the study will extend beyond TB prevention and care, as it has the potential to catalyse a shift in our collective mindset. By amplifying the voices of young people, we acknowledge their resilience and capacity to effect change. It is essential to recognise that young people are not merely passive recipients. Their experiences and perspectives can reshape policies, healthcare systems, and community attitudes. It is, therefore, vital to embrace their vision, empower their voices, and work with them to create a future where the burden of tuberculosis and other societal or health ailments derails no young person's life.

Conclusion

This photovoice study marks the beginning of the journey towards youth-friendly TB services in Malawi. It is time to recognise the unique experiences of the young, address their specific needs, and build a future where efforts to end tuberculosis are truly inclusive. By harnessing the power of photovoice, we can empower young people, giving them agency, and amplifying their voices. Together, let us forge a path towards a TB-free world, driven by the energy, resilience and determination of our youth.

(LIGHT) consortium is a UK Aid-funded programme aiming to support policy and practice in transforming gendered pathways to health for people with TB in urban settings.

Making healthier futures a reality: Assessing progress towards sustainable development goals

By Michael Chipeta PhD. and Charlotte Chisoni



Photo: Irene Angwenyi / USAID Kenya

The Sustainable Development Goals (SDGs) are a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. SDG 3 advocates comprehensive good health and well-being, including reducing maternal and child mortality rates and enhancing access to high-quality healthcare services.

Maternal and child health: The heart of SDG 3

A significant focus for SDG 3 is on maternal and child health outcomes, with the 2030 goal being to decrease the maternal mortality ratio (MMR) to less than 70 deaths per 100,000 live births. Agenda 2030 also aims to improve child health by reducing preventable deaths in newborns (neonates) to below 12 per 1,000 live births and under-five Mortality to below 25 per 1,000 live births. The global agenda committed countries to achieving a minimum of 75% coverage in meeting the demand for family planning, satisfied through modern contraception methods (mDFPS), attaining 95% coverage for antenatal care and skilled delivery, and reaching 90% coverage in essential childhood vaccination.

Assessing progress through the Back-on-Track project

Agenda 2030 lapses in about seven years; therefore, countries and regions need to assess progress towards achieving SDGs and formulate strategies to realign themselves and improve progress. Governments need to base their decisions on evidence for effective intervention with high-impact results.

The African Institute for Development Policy (AFIDEP) project, "Back-on-Track," aimed to help countries identify areas needing attention for SDGs achievement. It leveraged data and evidence to create an action roadmap.

The project evaluated progress in Ethiopia, Kenya, and Nigeria. It investigated challenges countries face in achieving their SDG targets, significantly how COVID-19 could have derailed progress on maternal and child health services. The goal was to identify areas needing improvement and offer recommendations so countries could get back on track.

Key findings and recommendations

- Maternal mortality remains a concern: It is unlikely that Ethiopia, Kenya, and Nigeria will achieve the targeted maternal mortality ratio (MMR) by 2030. Projections indicate that these countries may still have high MMRs 370, 281, and 501 per 100,000 live births, respectively. The impact of COVID-19 contributed to these challenges. It strained healthcare resources and limited access to critical services. Strengthening healthcare at the community level will be an effective intervention. Expanding health extension programs and supporting local health practitioners can also help improve accessibility to quality healthcare services.
- Adolescent and women’s health: The percentage of women using modern contraception methods (mDFPS) varies in the three countries, with Kenya leading at 83%, followed by Ethiopia (71%) and Nigeria (51%). Governments must work with the private sector to make contraceptives more accessible, especially to the youth. Policymakers must also collaborate with researchers to base decisions on solid evidence.
- Comprehensive sex education: Investing in programs that promote comprehensive sex education is vital to delay sexual initiation and improve access to contraceptives among adolescents.
- Progress in child health: While Ethiopia and Kenya may achieve SDGs goals for under-five and neonatal Mortality Nigeria still has a lot of work to do. It’s essential to strengthen primary health facilities. Adequate funding and national insurance schemes can reduce out-of-pocket health expenses.
- Data management for better progress: Improving health data management systems is vital. Regular reviews involving stakeholders can help evaluate progress and identify areas that need attention.

The journey towards achieving SDG 3 is a collective effort. Focusing on maternal and child health, collaborating with various stakeholders, investing in healthcare at the community level, and implementing evidence-based interventions, can move the world towards healthier and more prosperous futures for all. Countries in sub-Saharan Africa can learn from Ethiopia, Kenya, and Nigeria’s experiences to advance their progress towards a brighter and healthier world for everyone by 2030.

Back-on-Track was a two- and half-year project (from October 2020 to April 2023) funded by the Children’s Investment Fund Foundation (CIFF) and led by the African Institute for Development Policy (AFIDEP). The project focused on three Sub-Saharan African countries – Ethiopia, Kenya and Nigeria. However, lessons learnt in the project from the three countries of focus apply to similar countries in low- and middle-income countries (LMICs).



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Engaging the collective discomfort of religiosity and reproductive health decision-making

By Pauline Soy, John A. Mushomi and Julius Rwenyo

Religious beliefs deeply impact decision-making processes regarding family planning and contraceptive use among young people in Kenya, as highlighted in a recent study conducted by the Carolina Population Center, University of North Carolina at Chapel Hill and AFIDEP.

The study delved into the role of religious beliefs in shaping contraceptive decision-making among young women and the influence of religious leaders and communities on access to sexual and reproductive health (SRH) services and family planning programmes. The findings of the study were shared with representatives from the government, development partners, religious leaders, CSOs and community members in dissemination workshops held in Wajir and Mombasa, Kenya.

The intersection of religion and contraceptive decision-making

The study revealed significant insights into the complex relationship between religion and contraceptive decision-making among the youth in Kenya. The key finding is that religious beliefs significantly impact adolescent and youth sexual and reproductive health decision-making. Muslim and Christian women prioritise child spacing and the well-being of their existing children when making family planning choices. Moreover, religious leaders play a crucial role in influencing these decisions.

Addressing collective discomfort: recommendations for change

Kenya has made milestones in providing access to SRH services, including creating safe spaces for the youth, as enshrined in the National Reproductive Health Policy 2022–2032 and the National Guidelines for Provision of Adolescent Youth-Friendly Services (YFS) In Kenya, among other policies. Despite the availability of safe spaces for SRH services, accessing these vital resources remains challenging for many young people.

Several recommendations emerged from the study and the dissemination workshop to address these challenges. Firstly, partnerships and collaboration between religious leaders and healthcare providers are fundamental to bridging the gap between religious leaders and SRH needs. Thus, joint efforts are needed to develop youth-friendly family planning programmes and ensure comprehensive reproductive healthcare services.

There is also a need to develop training programmes and handbooks for religious leaders, to enhance their understanding of SRH and equip them to address these issues. Equipping religious leaders with accurate information and guidance will enable them to address misconceptions and offer informed advice to their communities.

Furthermore, SRH programmes should facilitate platforms for dialogue between religious leaders, healthcare providers, and young people. Creating safe spaces for open discussions about family planning will help address concerns related to contraceptive use. These should employ the use of technology, such as making the SRH services available online, to avoid turning safe spaces into isolation centres.

Tailoring programmes to specific religious contexts will increase uptake and positive impact. Therefore, it is essential to develop family planning programmes that respect cultural and religious norms, ensuring their acceptance and effectiveness among diverse faith communities.

Stakeholder commitments in Mombasa and Wajir

Stakeholders in Mombasa committed to leveraging technological advancements to improve access to SRH services to ensure that young people are comfortable utilising the services. Additionally, participants emphasised collaboration and cooperation beyond the health sector to enhance SRH services reach. Thus, they committed to establishing cross-sector linkages and partnerships including working with cultural and religious leaders and non-health departments like education.

The County's Director for Research demonstrated proactive action about reproductive health issues affecting young people in the county. The director engaged Muslim religious leaders on a way forward in addressing SRH issues among young people. Furthermore, the county sought collaboration with organisations like AFIDEP to support religious leaders and the community on best ways to support girls who get pregnant outside of marriage, which remains a taboo subject.

A way forward

The dissemination workshops were a critical step toward initiating change and fostering dialogue between stakeholders. It highlighted the influence of religious leaders and the need to engage them in uncomfortable conversations surrounding SRH and family planning. These collaborative efforts, training and dialogue can bridge the gap between religious beliefs and facilitate accessible and culturally appropriate SRH services. This will empower young people to make informed choices and secure a healthier and more prosperous future for themselves and their communities.

The study's findings were shared with representatives from the government, development partners, religious leaders, CSOs and community members in dissemination workshops held in Wajir and Mombasa, Kenya.

Communicating research findings with simplicity and impact

By Theresa Chapulapula



Photo: Commonwealth Scholarship Commission

While research findings are critical for expanding knowledge and solving real-world challenges, technical terms researchers use in conveying the message can limit the research’s usefulness.

When research findings are disseminated to the general public or departments in a language non-scientists or non-experts don’t understand, their ability to drive positive change is significantly limited.

Thus, the necessity for simplified language in disseminating research findings has become more apparent, especially when the end user is a policymaker or implementor who is neither non-expert nor non-technical.

Using simple language in research communication makes results more accessible to a broader audience. By using simplified language, research professionals can bridge the gap between their expertise and the general public, thereby contributing to developing a more inclusive and informed society. Policymakers, educators, journalists, and the general public can better understand and interact with information, resulting in more informed decisions and meaningful discussions.

According to Victor Chikoti, a Social Communication Commentator, dissemination is about creating a common understanding, and in terms of research findings, it could mean making the results known.

“The researcher’s primary audience may not always be the general public, but rather the funder or peers in scientific

circles. However, for an institution like the African Institute for Development Policy (AFIDEP), which has scientists on one side and the general public on the other, researchers must reach out to the non-expert community as well.

Chikoti expressed the need for researchers to work with communications experts to ensure that results meant for the public are easily understood. “What is crucial is to ascertain the distinct requirements and preferences of various stakeholders and adapt communication strategies accordingly.”



Image: Flickr

“Where is she? The missing woman from the public eye”

By Oesi Thothe



“All things remaining equal, it will take at least a further 67 years to close the average gender equality gap in traditional news media” (6th Global Media Monitoring Project, 2020).

Without accepting media determinism, the media are a critical member of society. People make sense of their identity and place in the national culture through media representation. Over time, the media acquired the power to shape political, social, and cultural norms and gained authority from the public as information bearers.

I argue from a consciously biased position, theoretically and symbolically. The media have a moral obligation to reflect the diversity of the voices and interests of the communities that host them. Therefore, their reporting on the communities must critically engage ethical questions of justice, equity and public good and not just pursue economic interests.

In the past, people relied on traditional facets of their lives as a signifier of shared understanding of their social worlds and location. But the media have become central to such processes

in our modern world. Therefore, the media’s power should be of interest primarily related to historically marginalized groups, particularly women.

In our modern world, who is seen and heard in the news, who writes and produces the information and from what perspectives are critical indicators because media consumers often consider media stories a reflection of or a mirror for societal realities. Hence how women and men appear in the news is important because people often believe what they see.

Could the low number of women employed or working for and in the media be why fewer issues on women get reported, making media consumers think less of women in their societies?

The 2020 Global Media Monitoring Project (GMMP) report shows that only one in four top editors in any given media house in 116 surveyed countries are women. Unfortunately, this dismal number is also evident in the absence of women’s stories in newspapers, television and radio news.

The survey results should be everyone's concern because top editors make crucial decisions daily. Who they are and their lived personal experiences will, in part, influence stories that make it to the public. They represent their outlets' interests and ideologies and collectively define the news media more broadly, thus influencing dominant narratives and setting the public agenda.

As we edge closer and closer to the global dream enshrined in Sustainable Development Goal 5, which calls for women's participation and equal opportunities at all levels, can we also be edging closer to a differently coloured picture? Our continental framework, Agenda2063, emphasizes that an African narrative and brand that reflects continental realities, aspirations and priorities is a critical enabler for Africa's transformation.

The picture isn't better in Malawi. Joining the World Press Freedom Day commemoration in May, where UNESCO shared Malawi's 2022 Assessment of Media Development. The report faults the local media for not reflecting the demographic character of society. In particular, it reveals that the media neglects the voices of women and minorities and perpetuates stereotypes. Still, the Assessment discloses that only 21% of published content uses women as sources and 22% as news subjects. Women also make up only 26% of employees in the media. The findings bring us back to the issue of inclusion and representation.

Whose voices are influencing the public agenda? Who do we hear, read about and see in the public sphere?

It is true that the media are a business and must ensure business sustainability. Still, they must broaden the space for the historically marginalised, ensuring their concerns receive attention. These groups need media spaces to be agents of the change they want, to register dissent and propose alternative policy perspectives. When their voices are heard and valued, it can lead to positive social, economic, and political outcomes for everyone - and help countries move towards gender equality and hence achieve gender equity on all social indicators.

The media have to help break historical stereotypes. The silencing or absence of women in the media reinforces misperceptions, imbalances, and perceived differences between women and men. The underrepresentation counters governments' stated policies on women's empowerment. But when the media portray women as experts and leaders in the news and feature their stories centrally in ways that push against simplistic stereotypical gender roles, it creates the more accurate, inclusive and empowering representation societies need as we pursue 'leaving no one behind' and aspire for 'The Africa we want'. We must consistently call it out, and we will not get tired of demanding more space for women.

This article first appeared in The Daily Times under title 'The Missing Woman from the Public Sphere'.



Photo: Flickr.com

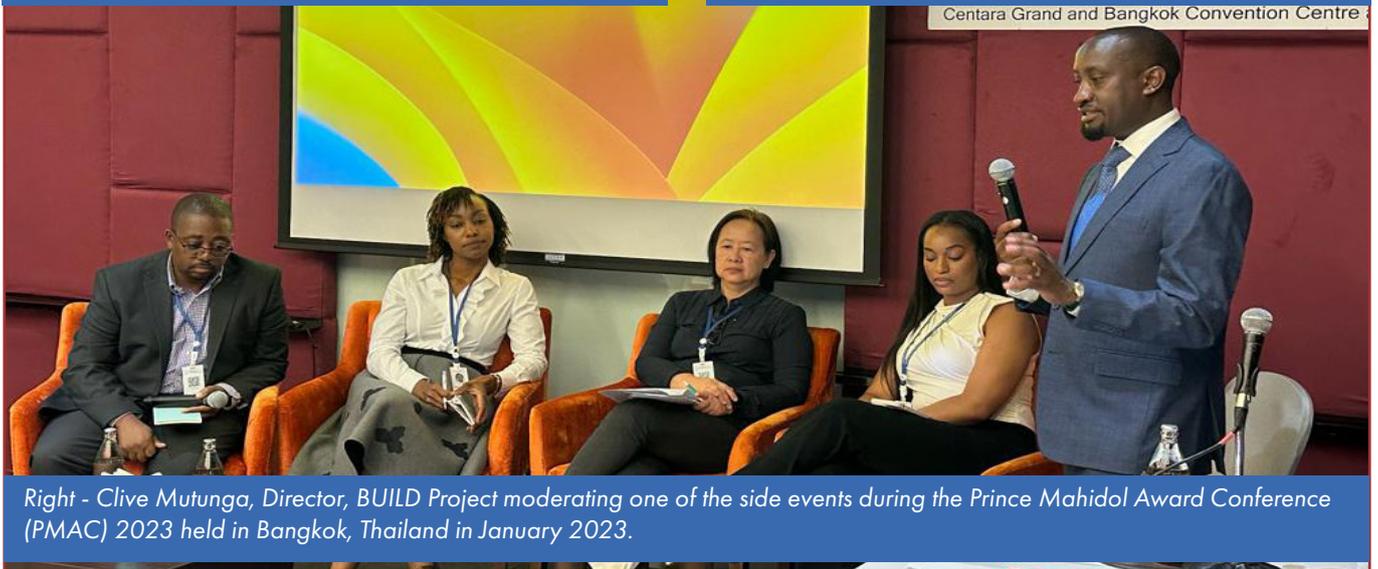
PICTORAL: INFLUENCING DISCOURSE



Prof. Nyovani Madise, AFIDEP's Director of Research for Sustainable Development Policies, and Head of Malawi office at the launch of Malawi's national population policy in Malawi.



Eliya Zulu PhD., AFIDEP's Executive Director, delivering key note remarks at the Africa Evidence Summit in Nairobi on 19 June 2023.



Right - Clive Mutunga, Director, BUILD Project moderating one of the side events during the Prince Mahidol Award Conference (PMAC) 2023 held in Bangkok, Thailand in January 2023.



AFIDEP's Violet Murunga PhD. speaking at the AFIDEP curated panel session at one of the RESPEKT conference side forums. The sessions were held in Kisumu, Eldoret and Nairobi on 13 - 17 March 2023

PICTORAL: INFLUENCING DISCOURSE



AFIDEP providing FemKits to girls and women affected by Cyclone Freddy in Malawi.



AFIDEP providing FemKits to girls and women affected by Cyclone Freddy in Malawi.



Jackson Otieno Ph.D., AFIDEP's Senior Research and Policy Analyst addressing Council of Governors (CoG) in Naivasha - Kenya in June 2023.



Through the Health Tech Platform, AFIDEP hosted a parallel session at the Africa Health Agenda International Conference (AHAIC) on "Accelerating Africa's Progress in the Development, Testing and Deployment of Emerging Health Technologies".

Photo: Salomon_Amref AHAIC

PICTORAL: CONGRATULATIONS ROSE ORONJE PHD., FOR TEN YEARS AT AFIDEP





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