African Population and Health Research Center

Transforming lives in Africa through research

APHRC

February 2022 Edition

TRACING THE JOURNEY

The pursuit towards sustainable research

By Evelyn Gitau, Director, Research Capacity Strengthening

200

fellows received funding towards "last-mile" fellowships to finish their doctoral and masters' programs

Research capacity strengthening is an integral process through which individuals, institutions, and communities – both individually and collectively – acquire the ability to conduct high-quality research efficiently, effectively, and sustainably. Several approaches to strengthening research capacity include enhancing individual researchers' capabilities through training programs, collaborative partnerships, and improving leadership skills.

APHRC, through its pre-doctoral, doctoral and postdoctoral fellowship programs, has funded and mentored hundreds of young African academics. The African Doctoral Dissertation Research Fellowship (ADDRF) program, which began in 2008, has been a success in response to the rising demand in enhancing the quality and effectiveness of research training in African universities. ADDRF has focused on providing "last-mile" fellowships to students about to finish their doctoral and masters' programs – more than 200 fellows have received funding towards this. Some of the over 100 postdoctoral fellows supervised under the program have spearheaded multi-country research programs and institutions.

Our cornerstone initiative in boosting doctoral training in Africa has been the Consortium for Advanced Research Training in Africa (CARTA). The initiative has assisted 228 junior faculty members and staff at African institutions in their Ph.D. training, enhancing their transferrable research abilities in collaboration with leading universities and research organizations. We firmly believe that by selecting fellows amongst the university faculty members, they, in turn, will support change in the research culture in their institutions while enhancing the impact of research findings and outcomes generated. Ultimately, we hope the fellows will be champions for the adoption of CARTA innovations in doctoral training at partner universities and beyond.

To fulfill the rising need for improved research capability, we have established a training program focused on supporting research leaders and non-research actors in sub-Saharan Africa through short courses.

We also assist African institutions' senior leadership in leading and driving change. With these programs, we aim to bridge current research and policy gaps and ease the translation and application of evidence in policy development by focusing on scholars, policymakers, and the media. The recently launched Research Leadership and Training Center (Ulwazi) has also enhanced our ability to meet the increasing demand for training facilities and our short courses. Beyond this, our training capitalizes on tools and methods generated from our outstanding research to support others with theirs.

Effective and sustainable research partnerships are the guiding principle in research capacity strengthening initiatives. We have attained confidence and favorable support from our expansive partnerships, including 15 funding partners, 23 implementing partners within Africa, 25 northern-based institutions, and bilateral and multilateral organizations such as the WHO, UN Women, UNFPA, to name a few.

Partnerships with policy actors on various projects such as Countdown to 2030 have presented the opportunity to examine how to improve the utilization of research and influence policy change. Strengthening the capacities of policy actors will ensure equal partnerships in research and enhance alliances and efforts in co-creating initiatives.

Moving forward, we hope to diversify, increase and expand the reach of our short course offerings outside East Africa by customizing courses adapted to the needs of private universities and research organizations. Through CARTA, we expect at least 100 more CARTA Ph.D. graduates in the next five years, in addition to the current 116.

Research capacity strengthening is a long-term effort to improve Africa's ability to generate, debate, and use research knowledge and products pertinent to their needs. The continuing success and sustainability of strengthened research capacity in African institutions are determined by the extent to which successful interventions are integrated into the routine operations of those institutions and their research systems. Substantial improvements in collaborations between research capacity strengthening funders and implementing partners are necessary to complement each other and generate systemic change. With these, we can hope to increase the ability to develop world-class institutions and researchers to contribute to global research.

228

junior faculty members and staff at African institutions in their Ph.D. training assisted in boosting doctoral training in Africa by the Consortium for Advanced Research Training in Africa (CARTA)

15

CARTA funding partners
23 implementing partners within Africa, 25 northern-based institutions, and bilateral and multilateral organizations such as the WHO, UN Women, UNFPA

100

postdoctoral fellows supervised under the "last-mile" fellowships program who have spearheaded multi-country research programs and institutions.

Tracing the journey: 20 years of grit and growth

By Clement Oduor, Research Officer

2002

APHRC moved to Shelter Afrique Center in Nairobi's Upper Hill area

2003

APHRC's structures and systems began to take shape with the recruitment for administrative roles

In 2002, APHRC moved to Shelter Afrique Center in Nairobi's Upper Hill area, leaving the longtime shared space of its parent organization Population Council. The leap came with mixed feelings, prospects for growth, and fear of things going south to those of us who served as temporary support staff.

At the time of becoming autonomous, the only known organizational structures were the offices of the executive director, then held by Prof. Alex Ezeh, that of the deputy director and director of research and the office of the Nairobi Urban Health and Demographic Surveillance System (NUHDSS) project coordinator. The three offices represented the Center's management.

APHRC's structures and systems began to take shape in 2003 with the recruitment for administrative roles. The research team was a lean one, with only a handful of research scientists. Further development would result in the creation of the Finance and Administration and the Policy Engagement and Communication Divisions.

The Center's earliest research programs were the Urbanization and Wellbeing (UWB) and the Education Research Program (ERP). The latter was born out of the Free Primary Education project in 2005. Much later, other programs, including Population Dynamics and Reproductive Health (PDRH), Health and Aging and Development, would come up. At this point, more researchers were joining the Center, from across disciplines and nationalities, mostly at the postdoctoral level. Amongst them, our current executive director, Dr. Catherine Kyobutungi, who joined in 2008.

As APHRC expanded its work in research, it also pursued networks for capacity strengthening for junior research staff, including research assistants and data collectors, with a host of them proceeding for master's and Ph.D. programs. Through the research trainee program, master's graduates were mentored into research leadership. Amongst the first cohort were Elizabeth Kimani and Abdhalah Ziraba. The duo proceeded for their PhDs and later rejoined the Center to grow to become the current heads of the Maternal and Child Wellbeing (MCW) and Health and Systems for Health (HSH) units, respectively.

To expand its mandate in building research capacity in Africa, the Center pursued strategic partnerships and collaborations that resulted in the establishment of the Consortium for Advanced Research Training in Africa (CARTA) and the African Doctorate Dissertation Research Fellowship Program (ADDRF). With them, the Research Capacity Strengthening Division was established.

With the growing portfolio of funded projects came the need for robust and efficient data systems. The Data Unit embarked on exploring electronic data capture. The migration from paper to electronic protocol started gradually in 2011. By this time, the Center's management had been working to acquire and develop property that would sustainably accommodate the growth trajectory and future development. In the same year, the Center moved its operations to what we now know as the APHRC Campus. While most people only know of the present-day APHRC, it has been a 20-year journey full of grit and growth for those who saw it all unfold.

2005

The Education Research Program (ERP) was born out of the Free Primary Education project

2008

Dr. Catherine Kyobutungi, our current executive director joined the Center, amongst other researchers from across disciplines and nationalities, mostly at the postdoctoral level.

2011

The Center moved its operations to what we now know as the APHRC Campus in Kitisuru.

Advancing immunization financing in Africa:

Reflections from the Immunization Advocacy Initiative

By Jane Mangwana, Senior advocacy officer

Immunization remains one of the most successful and cost-effective public health interventions. Investing in immunization keeps children and the community healthy and reduces the burden of disease morbidity and mortality. It is estimated that every $1 spent on childhood immunizations in Africa returns $54 in economic benefits.

In Africa, countries and partners are making efforts to sustain immunization programs. Still, with most countries relying on donor support to fund these programs, more needs to be done on immunization financing at the national level.

Gavi, the Vaccine Alliance, remains the major contributor to the national purchase of vaccines and vaccine delivery commodities in low-resource countries. Côte d'Ivoire, Ghana, and Kenya are among nine countries on the path to ineligibility for financial support by the Vaccine Alliance by 2030 due to their transition into middle-income country status.

The Immunization Advocacy Initiative was conceptualized with the idea that there is a need for a more robust civil society with skills in using evidence to drive advocacy priorities as a lever of influence on government decisions to fund a more resilient health system.

Led by APHRC, the project worked with eight local civil society organizations in Cote d'Ivoire, Ghana, and Kenya to strengthen their capacity as immunization financing advocates. We draw several lessons from the implementation over the three years.

There was enhanced engagement with immunization stakeholders out of these efforts. APHRC played a critical role in linking partners with regional institutions in the immunization sector in their respective countries, including Gavi, UNICEF, PATH, and the Expanded Programme on Immunization. This has enabled the partners to synchronize their work in line with key stakeholders and has created an avenue for partners to participate in other immunization-related activities.

Local authorities were willing to participate in national and sub-national health budgeting discussions while reaching out to partner organizations whenever there was a call for public participation. This presented an opportunity for the Initiative to build the authorities' capacity to understand budget financing for immunization.

The involvement of all influential structures of governance following a stakeholder mapping process yielded fruit. In Kenya, through the Ministry of Health, the Initiative was called upon to provide technical input on the revised national policy guidelines on immunization. In Côte d'Ivoire, the lead civil society partner, FENOS-CI, is part of a technical working group working closely with the Ministry of Health, while the partners in Ghana are collaborators on the WHO-led, Expanded Programme on Immunization.

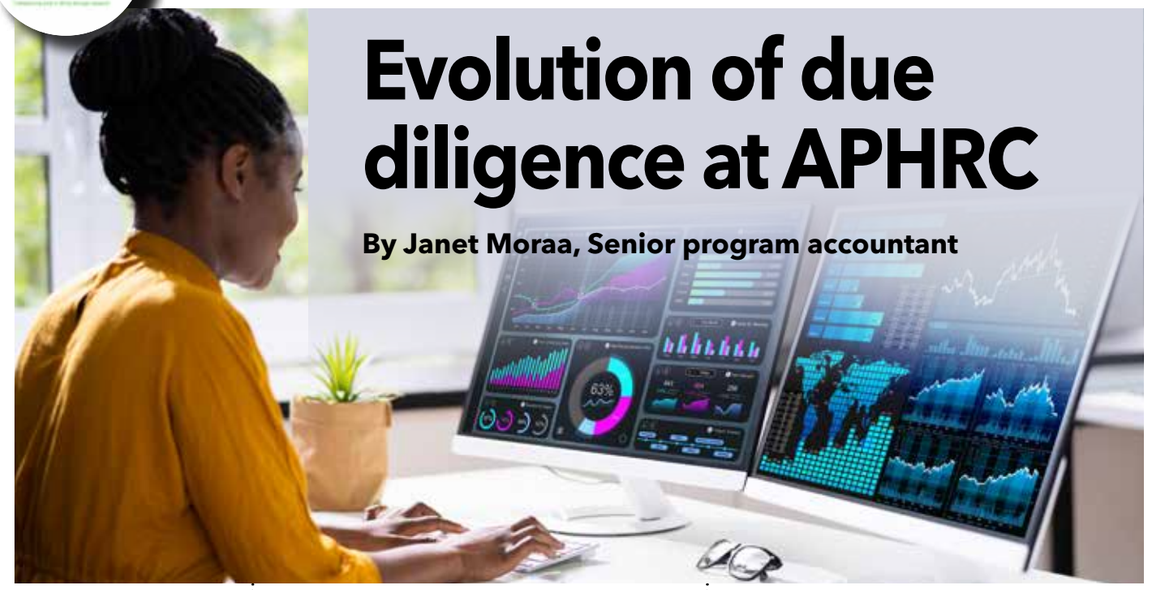
Though governments have made commendable strides to increase funding for immunization programs over the last decade, further commitment is needed to achieve full financing and national ownership of these programs. To achieve this, first, governments must prioritize immunization in planning and budget operations and allocate more funding to health interventions. The ministries of health should work together with other government representatives to develop mechanisms to ensure that resources disbursed for immunization are fully utilized. Finally, governments should explore innovative financing mechanisms such as joint ventures and public-private partnerships as part of sustainability efforts ahead of the transition from Gavi.

APHRC played a critical role in linking partners with regional institutions in the immunization sector in their respective countries, including Gavi, UNICEF, PATH, and the Expanded Programme on Immunization.

$1

It is estimated that every $1 spent on childhood immunizations in Africa returns $54 in economic benefits.

It is estimated that every $1 spent on childhood immunizations in Africa returns $54 in economic benefits.



Evolution of due diligence at APHRC

By Janet Moraa, Senior program accountant

2018
the Global Grant Community launched the Good Finance Grant Practice (GFGP) tool to promote transparency and strengthen the governance of grant funding and management worldwide

2019
APHRC adopted the GFGP tool and carried out a self-assessment at the highest tier, Platinum, and is awaiting certification.

In 2018, the Global Grant Community launched the Good Finance Grant Practice (GFGP) tool to promote transparency and strengthen the governance of grant funding and management worldwide. While GFGP has the usual components of a due diligence tool – governance structure, policies and codes of conduct and financial management standards – what separates it from other tools is its ability to identify institutional gaps for capacity building.

Due diligence is a core part of the fundraising process. Over the years, APHRC has been carrying out rigorous assessments required by each potential donor. This is an expensive venture as it demands investing resources in the different aspects of the process to enhance compliance. In addition, where a grant won has an aspect of implementation through partners, we similarly have to carry out due diligence on them.

Among the challenges we have faced over time was enhancing uniformity in the process for partners. The Center developed a standardized questionnaire to gauge a partner's suitability in implementing a project based on the proposal. While this was a significant step, it still had limitations. It required the project team to travel to the partner institution to carry out the assessment. Also, it only served to determine an institution's appropriateness with no indication of capacity gaps that could be mitigated through tailored capacity strengthening programs.

In 2019, APHRC adopted the GFGP tool and carried out a self-assessment at the highest tier, Platinum, and is awaiting certification. The Center has also adopted the tool for the assessment of its partners. One of the main objectives of GFGP is to standardize the grantee assessments and to eliminate duplications, which are expensive in terms of the time and resources spent on them. Once partners carry out a self-assessment, APHRC engages certified auditors to conduct a desktop review to identify gaps and develop tailored capacity strengthening programs. This has drastically reduced the time spent by the Center on the process. Currently, three of the Center's biggest programs – Consortium for Advanced Research Training in Africa (CARTA), the Immunization and advocacy initiative (IAI) and Joint Programming Initiative on Antimicrobial Resistance (JPIAMR) – are using GFGP to assess its partners.

We hope that GFGP will be widely accepted as a standard and more funders will embrace this tool for due diligence. As the world experiences disruptions such as COVID-19, limiting certain operational processes, GFGP becomes the most viable solution for organizations.

In 2019, APHRC adopted the GFGP tool and carried out a self-assessment at the highest tier, Platinum, and is awaiting certification.

Beyond inclusion as a buzzword

By Elisheba Kiru, Postdoctoral research scientist

Does our research and practice live up to the inclusion mantra? Do our work environments communicate inclusiveness? At APHRC, what is our role in truly making inclusion a reality both individually and collectively?

Buzzwords are terms and phrases that are ubiquitous in society. It does not mean that a buzzword is new; often, the word has existed for years, but it is in high circulation in society at a certain time. Some buzzwords like fashion trends, ebb, and flow. Others persist and challenge our *modus operandi*. Inclusion or inclusivity is a buzzword that has infiltrated research literature, policy documents, political speeches, media, websites, education settings, boardrooms and personal conversations. Institutions have adopted mission statements and signature issues that foster inclusivity. Whether this has come as a mandate to receive funding, remain competitive, or stay relevant, the term has found new homes. Often, we find the term adjacent to common cousins of equity and equality. The word has a positive connotation and naturally feels like the morally right thing to do.

The term inclusion, as an example, appears simple, obvious, and achievable at face value. However, its implementation and actualization is a complicated process.

Globally, inclusion movements have existed for years, especially in the education space, with its usage seen as synonymous or related to special needs in different countries, or advocating for women's rights, and so forth. On the surface, one can be excused for attributing its current generous usage as a mark of progress.

Scholars have drawn attention to how language shapes our thought processes, facilitates mobilization of ideas, shapes culture, and hence influences behavior, decision, and policymaking. Language helps us develop shared meaning and enhances communication across diverse geographical and ethnic contexts. The term inclusion, as an example, appears simple, obvious, and achievable at face value. However, its implementation and actualization is a complicated process. Herein lies the great challenge and opportunity for all of us.

What does inclusion really call us to do? First, there is a need for a shared understanding of the word to develop a shared vision. Yet this might be an impossible challenge given the varying levels of understanding and interactions with the term. At the very least, let us take the term at face value; it comes from the Latin meaning, "*act of making a part of*". Innocuous as it appears, the act of making a part of is often met with entrenched structures, systems, policies, and practices in our society made by and for "abled" people, by design leaving out "disabled" people. Inclusion then calls us to be intentional when making anyone a part of. It takes challenging assumptions or ways of being and doing that exclude people or ideas, defined by society as differently-abled and disabled. At the Center and beyond, challenges and opportunities abound.

In conclusion, inclusion is a journey rather than a destination. The next levels in actualizing inclusion include going deeper than understanding and using the term. It requires intentional focus on delivering inclusion through evaluating existing structures, facilities legislation and special need policies; addressing assumptions; challenging stereotypes; embracing diversity; asking difficult questions (e.g., how can we include students with physical impairments in regular schools?), and ensuring our research and practice initiatives are building inclusive worlds. Further, we can consider increasing the participation of individuals with special needs at APHRC through creating opportunities and providing necessary accommodations. These steps can break cycles that perpetuate inaction and take us further along on the inclusion journey.

APHRC through the years

Zero Hunger Initiative launch: In 2021, we launched the Zero Hunger Initiative to promote freedom from hunger and access to quality food through a regenerative and human-centered food system.

CARTA@10: In 2020, our flagship doctoral fellowship program – the Consortium for Advanced Research Training in Africa (CARTA) turned 10.

Ulwazi launch: In 2019, we officially opened the doors to our training facility, Ulwazi Place. Ulwazi Place is a testament to APHRC's continued commitment to strengthening the capacity to train the next generation of African researchers.

APHRC in West Africa: In 2018, we expanded our footprint by establishing a regional office in Dakar, Senegal.

Pumwani Human Milk Bank: In 2016, APHRC, PATH and the Ministry of Health in Kenya began efforts to establish the country's first human milk bank. The facility was launched three years later at Pumwani Hospital in Nairobi.

Training unit: Since 2013, our Training Unit has facilitated over 60 short courses for early career researchers.

Dare to dream: A quest to eradicate hunger in Nairobi and other African cities by 2030

By David Osogo, Antonina Mutoro, Faith Kathoka, Maureen Gitagia, Everlyn Kasina, Michelle Mbuthia, Florence Sipalla and Elizabeth Kimani-Murage

68.5%
of Kenyans are food insecure according to the State of Food Security and Nutrition in the World report.

In 2020, the Rockefeller Foundation announced a call for The 2050 Food Systems Vision Prize. Dr. Kimani and her team developed the vision 'Restoring Nairobi to a place of Cool Waters by 2050' that emerged among the top ten best visions globally, out of over 1,300 applications.

SDG 2 is aimed at ending hunger and all forms of malnutrition for all by 2030. The State of Food Security and Nutrition in the World report indicates that over half of the population in Africa is food insecure. According to the report, more than two-thirds (68.5%) of Kenyans are food insecure. The situation is worse in informal urban settlements where about 80% of households are food insecure, while about half of the children under the age of five are malnourished.

Inspired by this worrying phenomenon, Dr. Elizabeth Kimani-Murage and her team at APHRC resolved to take a front seat among global leaders working towards eradicating hunger by 2030. They set out to generate evidence and influence change towards the transformation of Kenya's food system. Their recent public engagement work indicated that the poor urban resort to varied coping strategies due to hunger, including scavenging in dumpsites, sex-for-food, skipping meals among other undignified means. Meanwhile, article 43 (1) (c) of the Kenyan constitution states that *'every person has a right to be free from hunger, and to have adequate food of acceptable quality'*.

In 2020, the Rockefeller Foundation announced a call for The 2050 Food Systems Vision Prize. Dr. Kimani and her team developed the vision 'Restoring Nairobi to a place of Cool Waters by 2050' that *emerged* among the top ten best visions globally, out of over 1,300 applications.

Top visionaries were awarded a cash prize of $ 200,000.

The APHRC vision primarily aims to restore Nairobi to what it was once known to be: a place of cool waters where people are well-nourished and healthy, living in peace and harmony in the spirit of *Ubuntu* through a regenerative, transformative and human-centered food system. Key components of the vision include promoting regenerative urban farming, establishing a food rescue system to reduce food wastage and redistribute to those in need, establishing a social movement to mobilize change towards universal food access, and promoting youth and women empowerment in the food system through agribusiness.

The team has set out to actualize this vision. This collaborative journey, bringing together everyone – community members and leadership, policy and legislative stakeholders, academia, civil society, private sector, government, donors, the media, among other stakeholders – is steered by the Zero Hunger Initiative. The Initiative housed within APHRC's Maternal and Child Wellbeing Unit has kicked off with several projects. These include the Healthy Food Africa Project that seeks to study the feasibility and effectiveness of urban farming and food safety interventions in promoting household food security and nutrition among vulnerable populations in the informal settlements of Nairobi. The Public Engagement on the Right to Food Project that seeks to use participatory approaches to explore the lived experiences of the urban poor with food security and the right to food. And a recent study that examined the lived experiences of the urban poor in Kenya in relation to government-imposed COVID-19 measures.

The team is on a path of strategic partnerships and resource mobilization to support the implementation of the core ideas of the vision. As vision bearers, we remain committed to achieving the zero hunger target by 2030 and the vision for Nairobi, and indeed the sub-Saharan Africa region by 2050.

1/2
of the children under the age of five in informal urban settlements are malnourished.

80%
of households in informal urban settlements are food insecure according to the State of Food Security and Nutrition in the World report.

My on-and-off relationship with APHRC

By Peterrock Muriuki, Program Officer

I have been with APHRC for more than half of the years it has been in existence! My more than 13-year relationship with APHRC started in December of 2006 when APHRC was based in Shelter Afrique, Upperhill. I had seen an advert that field workers were required to work temporarily for an 'Orphans and Vulnerable Children' project funded by the World Bank in Korogocho and Viwandani. Luckily, I was shortlisted and invited for an aptitude test – by then, I didn't even know what an aptitude test was – but thank God for Google, I googled and found out what it was. I also didn't have the faintest idea where APHRC was based, so I reported to another Shelter Afrique building only to be told that there was another Shelter Afrique building! Had creative names for buildings all been taken? I wondered. Why would you name two different buildings the same name even if they belong to you? Anyhow, I reported for the aptitude test among many other applicants – almost 60! Luckily, I passed and was invited for an oral panel interview which you guessed right – I passed!

Shortly after, all successful applicants were invited to participate in a program in readiness for the project; my upward journey began. Whereas I had applied for a field interviewer position, I had been promoted twice by the time we were completing the training program, from a field interviewer to a Team Leader to a Field Supervisor! Who is God? Anyway, we worked on the project and when everyone else had gone home, I was retained to handle the loose ends of the project till May 2008. Then I left APHRC for FHI 360. Unknowingly, I left an impression at APHRC while APHRC had left an impression in my heart, so the relationship blossomed. While at FHI 360, I received a call from – you guessed right, APHRC saying they needed me to supervise another project in Korogocho and Viwandani as a consultant. I agreed I would go back, but only after completing my contract with FHI 360, which I did and went back to find a ready contract for me to sign. From then on, I grew from a field supervisor to a field quality office to a research assistant, becoming a full-time staff member in 2012.

In 2018, I left APHRC to study an MSc in Global Health full-time outside the country, and it was a bitter-sweet moment as we separated once more. But you guessed right, there was a reunion in the near future, but none of us knew for sure at that point. The reunion came one and a half years later when I re-joined APHRC as a Program Officer. If there is any major lesson I have learned in my career journey, it is that patience is a virtue. My growth from a field supervisor to a Program Officer has been slow, arduous, and long…but sure. Sometimes feelings of frustration and stagnation can cloud your mind and lead you to make hasty decisions…as has happened to some of my former colleagues. I can highlight that APHRC possesses the sheer leaning towards growing itself and growing its people. I was once threatened that if I chose not to develop myself, I would be overtaken by events, and I would find that I am not providing any value to APHRC! The audacity! That was when I took the plunge and left to improve myself…not knowing I would be back. As Abraham Maslow put it, "***One can choose to go back toward safety or forward toward growth. Growth must be chosen again and again; fear must be overcome again and again***".

I am now excited to commence the next part of my growth curve. I am choosing growth again and again as I start my journey towards my Ph.D. in 2022. Walt Disney once said, "it's kind of fun to do the impossible," and this journey I am starting though I am dotted with feelings of anxiety, excitement, it is also fun to pursue knowledge to the highest possible pinnacle. I leave you with two of my all-time inspiration Kikuyu and Chinese proverbs - "***The only hard thing is that which has not been started***" and an ancient Chinese philosopher's quote "***a journey of a 1,000 miles begins with a single step***" by Lao Tzu.

If there is any major lesson I have learned in my career journey, it is that patience is a virtue. My growth from a field supervisor to a program officer has been slow, arduous, and long…but sure.

Reflections from staff

Frederick Wekesa

I proudly celebrate APHRC's 20th anniversary as I also mark 15 years of being part of this great milestone. As the Center grew to a course-altering powerhouse of repute and disruptor of the status quo, my journey transformed me from a fresh university graduate to finally earning a Ph.D.! As I look back, I am reminded that *I am because WE ARE* - a diverse community of individuals and experts whose separate and joint contributions have brought us to where we are today.

Salma Musa

I am happy to have witnessed the growth of APHRC through the 20 years. Through the years, the Center has supported many students through school in Korogocho, Githongoro and Viwandani. APHRC has not left out its staff either, as many have received financial aid to further their studies. I have benefited from this for my undergraduate studies and I am now enrolled in a postgraduate program. APHRC is family to me and will continue to be for many in the future.

Marylene Wamukoya

APHRC has come a long way for itself and its people. For itself, it continues to receive even greater accolades as a premier research institution in the region. For its people, what can I say? Twelve years ago, I was interviewed to work with the Health and Demographic Surveillance Systems (HDSS) team by someone who became my mentor. I first ventured into scientific writing with them. This year, I interviewed this same person to work with the HDSS team to re-design the platform!

Samba Sambou

My beginnings at APHRC were driven by need for personal growth. But during my stay, I discovered that by dint of our collective work, we achieve more.

It is because of this spirit that we are all moving forward with strength for a better Africa.

Ndèye Awa Fall

APHRC is a second family to me. I really like the teamwork and respect we all have for one another. I enjoy my time here because I always have the opportunity to do better.

Ivy Nandongwa

It has taken a lot of hard work, resilience and teamwork to get here and I am proud of APHRC. Looking forward to more fulfilling years. Congratulations to us!

Developing and testing mental health toolkits and programs for pregnant and postpartum women

By Estelle M. Sidze, Research Scientist

APHRC's years of research on maternal and child health and wellbeing in the informal settlements of Nairobi and other rural areas in Kenya highlighted multiple barriers to access and utilization of maternal and child health services, including limited health infrastructure, poor quality of services, and reduced agency and empowerment among women. Since 2018, our researchers have ventured into investigating barriers related to psychosocial wellbeing, especially among pregnant and post-partum adolescent mothers. The new venture into maternal mental health was informed by evidence since 2012 on the poor mental health status of adolescent mothers.

We started a ground-breaking study (The Sasa Mama Teen Project) in 2018 with funds from the Grand Challenges Explorations, intending to develop a toolkit of information, skills, and coping mechanisms, to protect their mental health during pregnancy and early motherhood. Many girls in Nairobi slums become pregnant but have limited knowledge about how to care for a baby, and are often excluded from their homes. We interviewed adolescent mothers to find out what harms their mental health during pregnancy, what effect this has on their behaviour, and how they try to cope. We also worked with them and with health workers and community members to build the toolkit to protect them from these stressors.

Since

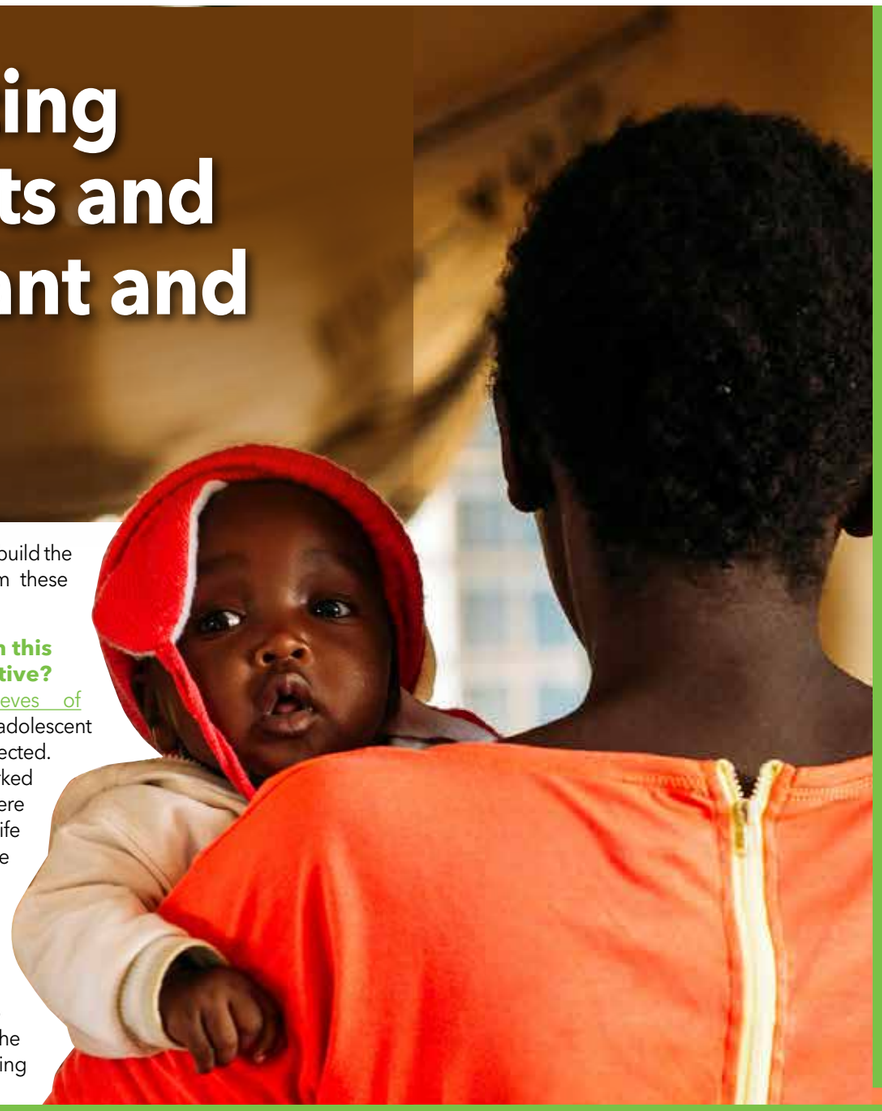
2018

APHRC researchers have ventured into investigating barriers related to psychosocial wellbeing, especially among pregnant and post-partum adolescent mothers.

What did we learn from this grand challenges initiative?

We learned that the eves of psychosocial distress among adolescent girls are even worse than expected. 1 in 4 adolescents we worked with had symptoms of severe depression. The river of life method indicated unstable emotions among the young mothers, some based on the level of exposure and experience in life events while others are based on extreme poverty. We also observed a diverse gap in the expression of emotion, ranging from guarded emotional needs to expressions of anger and resentfulness.

Another key lesson was that the toolkit development process provided a critical opportunity for adolescent girls to engage on maternal mental health issues and reflect on their own lived experiences, thus improving on their mental health awareness.



I was very stressed when i got pregnant. I wanted to abort so that I could go on with my life. My sister convinced me not to.

When the baby came, I thought I should go and give up the baby, or throw the baby away. Then, one of my friends came and told me that a project had come.

They started teaching us how we are not supposed to lose hope just because we are pregnant, and if we have a baby, our lives do not end. It continues. And we know that there are many women who have children and many are also pregnant, so there was no need to look down upon myself.

(Adolescent mother)

I even had suicidal thoughts by the way and I used to sit like this and think that I need to kill myself. But when we came to the group, we were told not to think about such things because who will stay with the baby when you are gone.

(Pregnant adolescent)

What are the next steps?

We have engaged multiple collaborators and donors to validate and scale up the Sasa Mama Teen model. Large-scale implementation of maternal mental health interventions is needed to improve the health and wellbeing of adolescent mothers living in poor environments across the sub-Saharan African region. Our toolkit provides a youth-friendly starting point for such interventions.

We are looking for expanding our focus even deeper within the next strategic plan, and aim to:

- Generate evidence that will inform how best to integrate mental health services in essential UHC packages and the development or validation of mental assessment tools that are specific to low resource settings; and
- Interrogate the interlinkages between mental health and SRHR outcomes for mothers and adolescents

THE TEAM

Contact us

African Population and Health Research Center
P.O. Box 10787-00100
APHRC Campus, Kitisuru, Nairobi, Kenya
Email: info@aphrc.org
www@aphrc.org