

Malawi President commits to championing youth development and the demographic dividend in Malawi and across Africa



Malawi's President H.E. Peter Mutharika has pledged to tackle unemployment challenges by empowering the youth through education and vocational skills.

By Diana Warira

In his capacity as UN Champion for Youth and Demographic Dividend, President of the Republic of Malawi, H.E. Prof Arthur Peter Mutharika, has pledged to mobilise other African leaders and the African Union to prioritise investments that will help African countries harness the demographic dividend (DD).

The President made the commitment at a meeting held at Sanjika Palace in Malawi on 20th July 2015, with a UNFPA-led delegation, which included AFIDEP's Executive Director, Dr. Eliya Zulu. The meeting was convened to discuss how Malawi can harness the demographic dividend to accelerate socioeconomic transformation and economic development. The meeting also discussed initiatives that the President

seeks to pursue in his capacity as the UN Champion for Youth and the Demographic Dividend. President Mutharika is also the Champion for Higher Education in Africa.

The demographic dividend is the accelerated economic benefit arising from a significant increase in the ratio of working-aged adults relative to young dependents, which results from sustained decline in birth and death rates. In his presentation to the President, Dr. Zulu explained the demographic dividend concept and how various countries had benefitted from it. He noted that in order to open the window of opportunity for harnessing the demographic dividend, the starting point is to accelerate decline in fertility through sustained investments in family planning, child survival and schooling of girls, which will delay early marriages and teenage childbearing.

The decline in fertility will open the window of opportunity for harnessing the demographic dividend; however, in order for the country to earn a maximum demographic dividend, simultaneous investments need to be made in education, skill development, public health, governance, and inclusive economic growth and job creation. Dr. Zulu also briefed the President on the ongoing *Malawi National Study on the Demographic Dividend*, which will be completed in October 2015. AFIDEP is providing technical leadership in conducting the study, which is led by the Ministry of Finance and Development Planning and funded by UNFPA.

During the discussions, President Mutharika said he was looking forward to seeing the final results of the Malawi

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Africa rising: Action for African countries in order to

By *Diana Warira and Bernard Onyango*

The inaugural Knowledge Sharing Symposium on the Demographic Dividend in East and Southern Africa was held from August 24th to 26th 2015 in Nairobi. The Symposium convened development experts from government agencies, research institutions, development agencies and the private sector from the region to share experiences and learning in efforts to harness the demographic dividend in Africa. The Symposium, co-hosted by the National Council for Population and Development (NCPD), United Nations Population Fund (UNFPA) Kenya Country Office and the African Institute for Development Policy (AFIDEP) attracted active participation from delegates from 15 countries.

Demographic dividend not a new concept

“The demographic dividend is not a new concept.” This was the message from speakers at the event. And they are right. Population dynamics and socioeconomic development have been linked conceptually for decades as governments implemented programmes to tackle challenges in health, education, economic reforms, and governance. However, the demographic dividend paradigm has lately gained traction on the continent due to its attraction as a solution for the burgeoning youth population

and its holistic ‘integrated systems approach’ that can lead to transformational socioeconomic growth where the key pillars (health, education, economic reforms, and governance) are viewed as a unit. Simultaneous investments in the ‘pillars’ or ‘wheels’ as population experts prefer to call them, are necessary to achieve a sizeable demographic dividend. In short, governments must make investments to facilitate reduction in fertility and to empower women and concurrently increase investments in health, education, economic reforms, and strengthen governance, so that African countries can experience the socioeconomic transformation they crave.

Country experiences

Based on the various case studies conducted by countries participating at the Symposium, it is clear that African countries have bought into the demographic dividend philosophy and they are anxious to make investments in the various areas highlighted as key for national growth.

In particular, country presentations described the organisation of demographic dividend studies and initiatives, including identifying the initiatives’ leadership and ownership, technical and financial support, and actions to take the demographic dividend agenda

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Mutharika commits to championing youth development

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demographic dividend study as he expects it to guide his government on how it should sustainably tackle youth development and employment challenges. “It is very important and urgent to figure out how to fit the large population of young people in the country’s political and economic structures,” he noted. President Mutharika also indicated that his party’s manifesto highlights youth development as a key component of Malawi’s development. In addition, he noted that for the country to plan for the demographic dividend, there was need for long-term development planning and his government was planning to establish the National Planning Commission to facilitate such long-term and integrated planning processes.

The President was also optimistic that some of the current government policies will assist the country towards achieving a demographic dividend. For instance, he expects massive foreign investments in labour-intensive industries such as construction that will create jobs for young people. There is also planning to inject substantial investments to ignite development of small and medium enterprises. Other interventions that his

government is working on include the community college programme that seeks to develop productive skills of young people, the Malawi Rural Development Fund and the Youth Enterprise Development Fund. President Mutharika also called for strengthening of the country’s family planning programme in order to urgently reduce the country’s high birth rate as he was concerned that the country was sitting on a time bomb as far as high population growth was concerned.

In his capacity as a UN champion on youth and the demographic dividend, President Mutharika mobilised other African leaders to be demographic dividend champions and catalysts in their countries. For example, he hosted a meeting of several African heads of state at a side event of the UN General Assembly meeting on the Sustainable Development Goals in September 2015 in New York. In addition, the President advocated for the African Union theme for 2017 to focus on youth and the demographic dividend. The President will also lead mobilisation of technical and financial resources to help Malawi focus on youth development and the demographic dividend. President Mutharika’s role fits well with his role as the Champion for Higher Education in Africa.

The UNFPA Country Representative for Malawi, Ms. Violet Kakyomya, commended the President for his commitment in championing youth development issues and the demographic dividend. She noted that while Malawi had made some progress in improving contraceptive use among Malawi adults, more should be done to satisfy the high levels of unmet need for family planning for youth. She noted that the results of the Malawi demographic dividend study were timely as they would feed into the development of the next development strategy. She committed continued support of UNFPA and other UN agencies in helping the government’s work towards harnessing the demographic dividend and achievement of other development goals.

The Minister of Youth, Honorable Grace Obama Chiumia, noted that among key plans for mobilising youth’s development potential, her ministry is planning to reactivate the former Malawi Young Pioneer Training Bases into training centres to improve skills of young people in agriculture. Part of this will be to focus on agro-industries and value addition. She commended the President for prioritising youth issues in his government.

harness the demographic dividend for development

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forward. In terms of leadership, three main tracks emerged.

First, in some countries, the leadership of the demographic dividend initiative, including the studies were firmly driven by key government ministries with convening powers and critical roles in driving economic development planning and resource allocation. For instance, in countries such as Zambia, Mozambique, Malawi and Rwanda, the Ministries of Finance, Economic Planning and Development took leadership of the demographic dividend agenda and the studies. It was clear that in these cases there was a strong sense of government ownership of the demographic dividend agenda.

Second, there were cases where state agencies in charge of planning and population took leadership of the process. Countries where these were evident included Burundi (the Institute of Statistics and Economic Studies of Burundi [ISTEEBU]), Ethiopia (the Population & Development Directorate/ National Planning Commission of Ethiopia), Kenya (the National Council for Population and Development, [NCPD]), and Uganda (the National Planning Authority [NPA]). Here too, there was a strong sense of government ownership of the demographic dividend agenda.

Third, there were countries where universities and research institutions played the leading role in the demographic dividend agenda. This was the case in Tanzania (University of Dar es Salaam), Botswana (University of Botswana), and the Democratic Republic of Congo (University of Kinshasa). It was noted that in this category, the demographic dividend agenda did not appear to gain the same level of traction within government as in the prior cases, especially in incorporating findings and recommendations for action.

It is noteworthy that in countries where governments have taken



Dr Eliya Zulu summarises the policy recommendations at the closing of the demographic dividend knowledge sharing symposium for East and Southern Africa in August 2015.

keen ownership of the process, multi-sectoral groups including key government ministries and departments such as health, education, youth, labour, and national statistics offices/agencies were involved in driving the process. Civil Society Organisations (CSOs) and bilateral and multilateral partners were also engaged. These groups were instrumental in validating the demographic dividend study results and contributing to the recommendations and policy actions or interventions that can assist countries harness the demographic dividend.

Major challenges to harnessing the demographic dividend in East and Southern Africa

Drawing from the country experiences, it is clear that most countries in the region still experience high fertility levels with particularly worrying high levels of teenage pregnancies (a leading cause for girls dropping out of school) and a general preference for many children. The levels of early childhood mortality also remain high making it hard for couples to opt for fewer children they would be sure are likely to survive to adulthood.

While most countries have recorded progress in enrolment rates due to free primary education, quality remains low and the progress in enrolment at primary level has not been matched by expansion of access at secondary and tertiary levels contributing to low transition rates to these higher levels of education. Poor quality of education across all levels and limitations in the curricula has also resulted in graduates acquiring skills that are not aligned to the needs of the labour market.

Challenges in public health have seen the rise of the “double burden of disease” in the region. On one hand are persistent infectious diseases including high levels of Malaria and HIV/AIDS, and on the other are the rapidly rising cases of

non-communicable diseases. Childhood malnutrition that has serious negative consequences on cognitive development and general health into adulthood is also prevalent in the region. Limitations in health systems including health financing, infrastructure, trained personnel numbers and retention, and supplies management are major contributing factors to poor health in the region and thus there is a critical need for governments and other relevant stakeholders to focus on health systems strengthening.

Despite fairly robust economic growth rates in a number of countries in the region over the last decade, these economies are not generating enough decent jobs to match the population growth and the needs of the rapidly growing youth population in particular. Most employed people are engaged in the informal sector where incomes are low and jobs unstable and there are limited investments in key sectors such as agriculture and agribusiness to spur job creation. The impact of long periods of high fertility in the past means Africa will have a much bigger job creation challenge than the Asian Tigers faced, and much needs to be done to turn the situation around.

Finally, challenges in governance and accountability continue to compromise quality service delivery and the efficient use of public services at all levels. This has also limited foreign direct investments and local investments, slowing down socioeconomic development.

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Demographic dividend in the post-2015 development agenda

Speaking at the Symposium's opening, Constant-Serge Bounda, Chief, UNFPA Liaison Office to African Union Commission (AUC) and United Nations Economic Commission for Africa (UNECA), said that ongoing evidence-driven advocacy is seeking to ensure that the demographic dividend is recognised in the global intergovernmental processes occurring in 2015.

He noted that the Common African Position (CAP) on the post-2015 development agenda clearly stipulates the need for African countries to prioritise investments and reforms that enable them to harness a sizeable demographic dividend. Specifically, paragraph 48 states that governments need to make investments to ensure that Africa's youth bulge is translated into a demographic dividend.

Moreover, the African Union Agenda 2063, described as "a shared strategic framework for inclusive growth and sustainable development and a global strategy to optimise the use of Africa's resources for the benefits of all Africans" also emphasises the need to tap into the full potential of the youth and women and harness the demographic dividend.

The negotiations that recently concluded in New York on the post-2015 development agenda have also recognised the demographic dividend as a major issue for ensuring sustainable development. Of the 17 sustainable development goals (SDGs), he outlined four key goals directly linked to the demographic dividend:

- ▶ Goal 3: Ensure healthy lives and promote well-being for all at all ages
- ▶ Goal 4: Ensure inclusive and equitable quality education and promote life-long learning opportunities for all
- ▶ Goal 5: Achieve gender equality and empower all women and girls
- ▶ Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Across the board, development experts are therefore now embarking on concerted efforts to speak with one voice on the demographic dividend. UNFPA, in partnership with AFIDEP, is leading in advocacy and political outreach across Africa, and the inclusion of youth elements in the SDGs is already a win, and hopefully this will translate into investments that will transform our youth. In addition, African governments are also pushing for the demographic dividend to be adopted as the theme for the 2017 African Union Summit.

After the Symposium, now what?

Following three days of vibrant discussions on the experiences of the participating countries striving to transform their economies and improve the wellbeing of their population, it was important that the next steps are solid. Consequently, a 10-point recommendation for next steps was adopted:

- 1) National demographic dividend programmes should be embraced at the highest level of leadership and managed by the government institution responsible for coordinating

development programmes to ensure ownership and accountability at all levels of government and among stakeholders and citizens;

- 2) Governments should create an enabling environment to foster growth of and participation of the private sector and other stakeholders, including youth, in furthering the demographic dividend agenda;
- 3) There should be a comprehensive review of current demographic dividend wheels and the associated modelling, costing and planning tools in line with different national socioeconomic and demographic contexts across Africa;
- 4) Develop regional and national roadmaps for implementing demographic dividend activities with robust frameworks and indicators for monitoring progress and enforcing accountability;
- 5) There should be comprehensive mapping and documentation of specific high impact game-changer interventions and innovations for each demographic dividend pillar based on proven positive experiences from East Asia, Latin America and African countries;
- 6) The demographic dividend agenda should be integrated in development plans at regional, national, and sub-national levels and anchored in the Agenda 2063 and SDG frameworks to ensure sustained prioritisation, resource allocation and implementation of demographic dividend interventions;
- 7) Strengthen regional coordination mechanisms and linkages among demographic dividend initiatives at the African Union, regional, national and sub-national levels to ensure consistent responses;
- 8) Operationalise an Africa-wide demographic dividend knowledge sharing forum to facilitate exchange of experiences, best practices, policy-oriented evidence, and capacity development among all stakeholders working on the topic, including policymakers, development partners, funders, researchers, the private sector, and youth groups;
- 9) Develop clear communication and advocacy strategies to ensure common and consistent understanding of the demographic dividend concept and what needs to be done for countries to harness it; and
- 10) Enhance technical capacity of research and academic institutions, policymakers, and other stakeholders in generating, translating and using demographic dividend evidence in priority setting, integrated planning and programme implementation.

With these clear recommendations, it is now time for governments and other stakeholders to get down to work.

And, it is critical to remember that the demographic dividend has a time-limited window of opportunity that can be missed. Therefore, African countries must make the right investments and reforms now so as not to miss the demographic dividend window of opportunity.

The Symposium was a great conversation starter and a forum whose ultimate measure of success will be the extent to which participating and other African governments will walk the talk to incorporate this development paradigm in key development strategies to realise the socioeconomic transformation envisaged in Agenda 2063 and national long-term development visions.

"It is noteworthy that in countries where governments have taken ownership of the process, multi-sectoral groups including key government ministries and departments such as health, education, youth, labour, and national statistics offices/agencies were involved in driving the process"

Using training as one approach for building capacity of health policymakers in evidence-informed policymaking: Experiences from Kenya and Malawi

By Rose N. Oronje and Tricia Petruney

The use of research evidence in decision-making by policymakers in the health sector is critical for enabling the formulation and implementation of the most effective policies and programmes. Despite this reality, scholars such as Simon Innvaer and others in the journal of *Health Services Research and Policy* have documented that policymakers often do not sufficiently use research evidence to inform their decisions because of several common barriers (see Innvaer et al 2002; Oliver et al 2014). One of the well-documented barriers to research use is the lack of knowledge and skills in finding, appraising, interpreting and applying evidence as part of the policymaking process.

The DFID-funded Strengthening Capacity to Use Research Evidence in Health Policy (SECURE Health) programme being implemented in Kenya and Malawi has designed a training programme for policymakers in the health sector to strengthen their knowledge and skills in accessing, appraising, synthesising and applying research evidence in policymaking (i.e. the SECURE Health evidence-informed policymaking [EIPM] training programme).

The SECURE Health programme is implemented by a consortium of five institutions led by AFIDEP in partnership with the Ministries of Health (MoH) and Parliaments in Kenya and Malawi. The training is one of several interventions designed to sustainably build real-world capacity for evidence-informed policymaking. Related activities include cultivating champions, ongoing mentoring, and facilitating increased interactions between research producers and end-users.

The SECURE Health EIPM training programme comprises two components, namely, a 5-day training workshop followed by a one-year follow-up support programme. In March and April 2015, the SECURE

Health programme conducted four sets of training workshops in Kenya and Malawi.

Through these workshops, 76 policymakers comprising Ministry of Health (MoH) and Parliament staff from the two countries were trained. From the MoH, the staff trained included technical staff responsible for conceptualising and drafting policy and programme documents or advice; these were mainly technical staff heading divisions and units as well as the programme managers and officers who work in these divisions and units. For Parliament, the staff included Parliamentary researchers, committee clerks, and library staff.

In this article, we share some of the lessons, experiences and reflections from the delivery of the training workshops.

Competitive selection of policymakers to be trained did not work

In order to attract policymakers who are genuinely interested in the training programme we attempted to conduct a competitive application and selection process. There were some levels of resistance to or doubt about this approach in both countries, some of which turned out to be accurate.

In both countries, very few applications were received, and so we had to request senior officials in the MoH and Parliament to nominate more staff for training. We therefore blended the application and nomination approaches for the selection process. The fact that we had a clear eligibility criterion ensured that we got the right staff for training even through the nomination process.

The training workshops effectively increased the knowledge and skills of policymakers in finding, assessing, synthesising and applying research evidence in their work.

A pre- and post-training survey in both Kenya and Malawi was used to assess (immediate/short-term) effectiveness at improving participants' knowledge, skills, and attitudes for accessing, appraising, synthesising and applying evidence. On a scale from 1 to 5, participants' self-reported ratings of their skills in accessing, appraising, synthesising and applying evidence improved by an average of 1.32 in Kenya and 0.43 in Malawi between the pre- and post- training tests.

Differentiating a policy question from a research question

Differences between a policy versus a research question are critical yet are often blurred and confusing to decision-makers. Interestingly but not surprisingly, policymakers seem more familiar with defining conventional research questions (e.g. did this HIV prevention intervention work?) and less familiar with defining policy questions (e.g. what actions in my country will be the most effective for successfully preventing HIV at policy, programme, and service levels?)

In other words, the answers to multiple research questions will help you answer a policy question. Providing clear guidance to help policymakers in refining their

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Adequate training on use of evidence in decision-making enables policymakers make more informed policy decisions.

Experiences from building capacity for evidence use

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initial questions into specific policy questions generated a lot of passionate discussion and debate during all four workshops.

How and where to find evidence

Where to find quality evidence for health sector decision-making on the Internet and tips in refining online/web-based searches to find only useful content attracted the most interest for our participants. Many policymakers did not know where to find useful and quality evidence on the Internet, including those available free of charge (open access).

They therefore reported finding the sub-sessions on identifying and searching these databases most useful, and here is where the largest improvement was demonstrated during the post-training test. Commenting on this, a Parliament staff from Malawi said: "Because of this training, I am now able to use other search engines apart from Google such as POPLINE, Google Scholar, and Research for Life".

Assessing the quality of evidence

The session on appraising the quality of the evidence was also reported as very useful. Many policymakers lacked a good understanding of basic study designs and methods and their subsequent implications for the strength and quality of research findings, and therefore found this session most informative.

Indeed, during each workshop we spent more time than anticipated in the curriculum agenda for this session. Pre- and post-training test results reveal this as the second session where participants gained most skills.

Synthesising evidence for informing policy decisions

The session on synthesising evidence is essentially the core of the training programme as it involves reviewing appraised evidence, interpreting it to understand its implications for specific policy issues, and preparing coherent syntheses and policy briefs with recommendations.

The synthesis session took the most time (40 percent of the five-days). Policymakers indicated that although their day-to-day work already involves preparing policy or issue briefs, the training helped them to become more systematic and critical in this process. The development of policy briefs will make up an important part of our ongoing follow-up process, as we will continue supporting participants in completing and disseminating the policy briefs whose drafting started at the workshops.

What worked well

The whole training programme was grounded on adult-learning principles to ensure a participatory and more enriching and

effective learning process. A focus on drawing from participants' knowledge and experience in the delivery of the training was especially enriching and made it easy for participants to relate to the training. On the other hand, this often produced lengthy discussions and contributed to challenges in time management. Well-trained and flexible trainers are critical to handle this format.

In general the interest and commitment of the policymakers involved in the training was outstanding. In a way, this proved that the selection of training participants through senior officials is still an effective way of selecting appropriate and engaged government staff for future trainings.

Some challenges

Even though the training was spread over five days, the main complaint from all four cohorts of policymakers trained was that the time allocated was not adequate to sufficiently cover the scope of the training.

Another challenge was the content of the training being more closely aligned with the needs of the MoH staff versus those of Parliament, as the latter often deal with multiple matters not only health topics (which were often used as illustrative examples).

Given that the research use principles in the training are applicable to any sector, we plan to adapt the training curriculum to the general development sector so that it can benefit people working beyond health. With this recognition we also plan to offer separate sessions for the MoH and Parliament staff so that the training adequately speaks to the particular needs of each group.

Moving forward

As we embark on a series of follow-up training programmes for the four cohorts, we are taking into considerations the lessons we learned through this first round of training. We are also preparing to finalise the revised curricula package and make it fully and freely available online for others who may be interested in delivering similar trainings in future.

Other organisations in the SECURE Health consortium include FHI 360, the East and Southern Africa Health Community (ECSA-HC), the Consortium for National Health Research (CNHR-Kenya), and the College of Medicine (CoM) at the University of Malawi. The UK Parliamentary Office for Science and Technology (POST) is a collaborating institution involved only in the intervention on internships for Parliamentary staff from Kenya and Malawi. FHI 360 and AFIDEP led the development of the curriculum that is being used in the SECURE Health EIPM training programme with inputs from all consortium partners.

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"One of the well-documented barriers to research use is the lack of knowledge and skills in finding, appraising, interpreting and applying evidence as part of the policymaking process"

Addressing the vulnerability of cross-border communities to HIV/AIDS critical for development in the East African Region



Truck drivers are among key populations who are at increased risk of acquiring or transmitting HIV/AIDS.

By Solomon Omariba and Emmanuel Toili

Close to 4.7 million people in the East African region (EAC) are living with HIV as at 2014. Kenya, Uganda and Tanzania each contributes nearly a third of the burden of People Living with HIV (PLHIV) in the East African region. According to UNAIDS, cross-border communities that have been found to be the most vulnerable to acquiring or transmitting HIV infection include female sex workers and their clients, men who have sex with men (MSM), fisher folk communities, people who use and inject drugs, and truck drivers along the transport corridor. These are known as *key populations*.

A consortium led by FHI 360, AFIDEP and ABT Associates is implementing the Cross Border Health Integrated Partnership Programme (CB-HIPP) that seeks to identify the gaps in healthcare service provision to these cross-border communities in order to prescribe appropriate policy recommendations that will reduce the cases of HIV infections.

The policy gap

In a legal and policy gaps analysis conducted recently by AFIDEP, it emerged that most partner states in the East African bloc had adapted

their HIV laws and policies in line with the provisions of the EAC HIV Bill of 2012, which provides for strong commitment to respond to HIV/AIDS through enactments of laws, policies, strategies and the development of institutional responses.

However, the study found that the EAC HIV/AIDS Unit identifies criminalisation of HIV transmission and failure to protect key populations in the context of HIV, particularly by criminalising sex work, men who have sex with men, transgender people and drug users, as contentious and unaligned to the EAC HIV Bill of 2012 in most of the member states.

Vulnerability of key populations

Some of the factors attributed to the low access to health care services among key populations include risky sexual behaviours, low risk perception, high mobility, nature and condition of work, repetitive work

“The study found that the EAC HIV and AIDS Unit identifies criminalisation of HIV transmission and failure to protect key populations in the context of HIV, particularly by criminalizing sex work, men who have sex with men, transgender people and drug users, as contentious and unaligned to the EAC HIV Bill of 2012 in most of the member states.”

activities, unsanitary accommodation, separation and isolation, and inadequate access to health and social services.

Increased vulnerability among key populations is also linked to stigma and discrimination, violence and punitive legal and social environment that limit the availability, access and uptake of HIV prevention, care, treatment and support for these groups.

The study concluded that key populations in the EAC region have limited access to appropriate health care. The study recommended the urgent need to address the barriers to access to care identified above in order to enable these sub-populations to attain their development potential and to concurrently contribute to regional integration efforts and sustainable development. Increasing their access to health care will also contribute to lower HIV infection rates in the region.

AFIDEP's role

AFIDEP's role on the CB-HIPP programme is to strengthen leadership and governance of various institutions charged with the responsibility of delivering quality integrated health services for cross-border communities in East, Central and Southern Africa (ECSA) region.

As part of its mandate in the consortium, AFIDEP will conduct a stakeholder mapping and analysis exercise in selected border points. The formative assessment which will target the key populations, healthcare service providers, government officials and donors, is aimed at assessing policy and programme gaps and overlaps at the border points. Data from the formative assessment will be synthesised into formats that can promote evidence uptake into policy such as policy briefs and targeted technical reports for policymakers. The information will also be shared with the wider public and scientific community through various knowledge management platforms such as the East African Community knowledge hub.

The overall objective of the programme is to support the improvement of healthcare service provision and the allocation of more resources for HIV/AIDS prevention, care, treatment, and support among cross-border communities, including key populations.

Malawi launches health strategy for the youth

By Nissily Mushani

In Malawi, young people suffer higher disease burden than other population groups, leading to high maternal, infant and child deaths. Currently, 66 percent of the population is under 25 years with Malawi registering a high number of adolescent pregnancies and sexually transmitted infections (STIs) or HIV cases among young people. The Ministry of Health (MoH), through the Reproductive Health Directorate, launched its first ever Youth Friendly Health Services Strategy (YFHS) 2015-2020 at a ceremony held at Bingu International Conference Centre, Lilongwe on August 26th 2015. The occasion was graced by the Minister of Health, Dr Peter Kampalume.

The YFHS seeks to increase knowledge, improve awareness, access and utilisation of reproductive health services for all young people aged 10 – 24 years in the country. In 2014, the MoH carried out a comprehensive evaluation of the YFHS programme to assess coverage, quality and achievements. The evidence from the 2014 assessment shows that health services were unfriendly

to young people and prevented the youth from accessing Sexual Reproductive Health (SRH) services. The assessment highlighted major issues for youth accessing health services and noted that the health system was not conducive to promoting health-seeking behaviours among young people.

The strategy was developed through an extensive stakeholders consultative process guided by the most up-to-date evidence available, including findings from the YFHS evaluation mentioned above. The strategy is expected to contribute to the country's response to providing high-quality, integrated services that are relevant, accessible, attractive, affordable, appropriate and acceptable to young people in order to achieve universal access to Sexual and Reproductive Health and Rights (SRHR) for young people.

AFIDEP participated in all the stages of the development process of the strategy by virtue of being part of the strategy development steering committee.

Malawi's youth identify education as critical for transition into adulthood

By Nissily Mushani

Youth in Malawi have asked the government to put in place policies and investments that will ensure increased school enrolments, improved access to higher education and technical colleges, and increased employment opportunities.

These were the main demands by youth revealed by recent consultations conducted by AFIDEP, Maestral International and the Ministry of Health (MoH) from July 20th to 24th 2015. The consultations involved 90 youths aged between 15 and 19 years selected from three districts, with an equal number of young men and women from both rural and urban areas. The consultations sought to gather views on their priorities, needs and aspirations necessary to enable their safe transition into adulthood.

The youth further asked the government to enhance rural electrification and access to the internet countrywide. They also appealed for more support from parents, family and the community.

In regard to access to healthcare services, youth viewed the government as the main service provider and also the first line of support. Schools and health facilities were often mentioned, though not many youths had access to youth-friendly services. Youth further mentioned the Social Welfare and Victim Support Units as important government services. NGOs were said to sometimes help



Education increases opportunities for the skilled employment of youth.

adolescents, but no specific organisation was mentioned. Even then, youth preferred support services from community-based organisations and youth groups. On the other hand, youth generally viewed the role of the church and the media as negative in relation to supporting and enabling their safe transition to adulthood.

The consultations revealed that young people remain at the margins of decision-making; at lower levels of Roger Hart's Ladder of Participation i.e. manipulation, decoration, tokenised,

assigned or informed. This is demonstrated in institutional structures such as the village leadership, church, government departments, and to social, economic and political institutions.

The consultations provided a platform for adolescents to share their views about their aspirations, their current access to services, support received and the challenges in realising their goals. The views from the consultations will be documented in the forthcoming *Malawi Youth Situation Analysis Report*.

Hewlett Foundation funds AFIDEP's new programme to increase evidence use in integrated development planning and parliamentary processes in Africa



The Parliament of Kenya buildings.

By Rose Oronje

We would like to announce an exciting new programme of work that has been funded by the Hewlett Foundation to increase the use of evidence in integrated development planning and parliamentary processes in Africa. The programme, whose implementation started in October 2015, is building on lessons from our past work to improve uptake of research evidence in decision-making processes in government ministries and parliaments in Africa.

Enabling increased evidence use in integrated development planning

This new programme has two main components. The first component aims to enable increased evidence use in integrated development planning in Africa. This component builds on our ongoing ground-breaking work that is conducting rigorous modeling and forecasting to provide African governments with advise on the investment options they need to make in order to harness sizeable demographic dividends. Part of this programme involves a partnership with the UNFPA East and Southern Africa Regional Office (ESARO) to provide technical support on the demographic

dividend to the 23 African governments in the region. In this new programme, we are building on this work to implement innovative interventions that will increase African governments' uptake of evidence on the demographic dividend in decision-making processes, with particular focus on enabling countries to develop and own national roadmaps for harnessing the demographic dividend and incorporating evidence on demographic dividend in their integrated development planning processes.

Assessing effectiveness of interventions that seek to enable increased evidence use in African parliaments

The second component of the programme aims to assess the effectiveness of parliamentary networks in enabling increased evidence use in debating and other decision-making processes in parliaments in Africa. The assessment will draw important lessons on whether or not national and regional parliamentary networks present an opportunity for increasing evidence use in parliament decision-making process in Africa. Under this component, we are working with a recently formed Parliamentary Caucus on Evidence-Informed Oversight and

Decision-Making (PC-IEDM) in Kenya to champion increased evidence use by tackling some of the institutional barriers to evidence use in parliament as well as sensitising parliamentarians on the need for them to deliberately focus on using research evidence or challenging their peers to use research evidence. Currently, the Caucus has about 20 member MPs who are championing its activities in the Kenyan parliament.

In addition, we are also working with a regional parliamentary network, the Network of African Parliamentary Committees on Health (NEAPACOH), first, to assess its effectiveness in enabling increased evidence use in member committees, and second, to use the lessons from this assessment to improve the network's strategies in enabling increased evidence use by member committees across Africa. NEAPACOH has a membership from 21 African countries.

Two-year programme

This is a two-year programme, running from October 2015 to September 2017. The programme had a 3-months inception phase between July-October 2015, during which we focused on setting up internal structures and initiating some partnerships for its implementation.

Welcome to our New Team Members!

Collins Ouma, Ph.D. **Director, Research and Knowledge Translation**

Until his appointment as Director, Research and Knowledge Translation, was the Program Leader, Health Challenges and Systems within the African Population and Health Research Center (APHRC), where he led amongst other things translation of research evidence to policy. His research focuses on public health, genetic, and environmental factors that predisposes the human populations to both infectious and non-infectious diseases in sub-Saharan Africa. In addition, he has also focused on child nutrition specifically looking at effectiveness of Out-Patients Therapeutic Programme on Nutrition among Under Fives in Kenya. Within the last 5 years, Prof. Ouma's focus has been on predisposing factors to malaria, non-infectious diseases (cervical cancer), endemic Burkitt's lymphoma, Dengue virus and HIV-1 infections in African populations. These activities have entailed collection of surveys across



populations and creating an interface between biomedical research and public health issues. Prof. Ouma has extensive experience of supervising to completion over 35 postgraduate students (both Masters and PhD) and thesis examination for postgraduate students across several Kenyan and other international universities.

Before joining APHRC, Prof. Ouma was based at the Department of Biomedical Sciences and Technology of Maseno University, Maseno, Kenya. He was the Head of the Department of Biomedical Science and Technology before being appointed the Dean, School of Public Health and Community Development at Maseno University. In addition, he also served as the Director of Research, Publications and Innovations at the same institution. He gathered a lot of research experience partly at Maseno University and at the Kenya Medical Research Institute (KEMRI), Kenya, where he carried out his research during his PhD and post-doctoral training. To date, Prof. Ouma is a Principal Investigator or Co-Investigator in over 10 internationally-funded projects. He is well-published and has over 60 publications in peer-reviewed journals. In addition, he is a reviewer in over 10 international journals across the globe. Prof. Ouma holds a Doctor of Philosophy, PhD (Human Genetics), MSc (Genetics), and BSc (Immunology, Molecular Biology), all from Kenyatta University, Nairobi, Kenya.

Sam W. Wafula, Ph.D. **Knowledge Translation Scientist**

Sam's work entails providing technical assistance to various countries in the area of knowledge translation with the ultimate goal of fostering evidence-informed policy programming.

Sam has a Bachelor of Arts degree in Sociology and Geography, a Master of Arts degree in Population Studies and a PhD in Population Studies from the University of Nairobi. He has over 12 years working experience in various national and international non-governmental organisations. Sam has worked under various capacities with Family Health options Kenya, AMREF Health Africa, Population Council, ICF MACRO International and SNV Netherlands Development organisation.



He has research interests in understanding the social aspects of maternal and child health, family planning, unmet need for family planning, adolescent and sexual

reproductive health. In addition, he has research interests in demographic analysis of mortality and fertility, as well as the use of statistical techniques in understanding population change. Sam is also keen on using his monitoring and evaluation skills to evaluate the impact of population health programmes.

Sam is a past recipient of the Fred H. Bixby postdoctoral fellowship which is administered by Population Council. He also received the University of Nairobi's merit award scholarship for his postgraduate studies; the Hewlett Packard and Andrew Mellon Foundation scholarship and was also the joint recipient of the Tokyo Foundation academic award. He is also one of the alumni of the Population Reference Bureau's policy communication fellowship.

List of Publications

Atela, M., Bakibinga, P., Ettarh, R., Kyobutungi, C., & Cohn, S. (2015). Strengthening health system governance using health facility service charters: a mixed methods assessment of community experiences and perceptions in a district in Kenya. *BMC Health Services Research*. 15:539. DOI: 10.1186/s12913-015-1204-6

Smith, E., Musila, R., **Murunga, V.**, & Godbole, R., (2015). An assessment of family planning decision makers' and advocates' needs and strategies in three East African countries. *International Perspectives on Sexual and Reproductive Health*, 41(3):136–144, DOI: 10.1363/4113615

Wafula, S. (2015). Regional differences in unmet need for contraception in Kenya: Insights from survey data. *BMC Women's Health*. 15:86. DOI 10.1186/s12905-015-0240-z

Kenya needs to invest in the health of adolescents

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children. However children raised in poor backgrounds such as urban slums are often at risk of dropping out of school.

“Pervasive poverty continues to be a critical barrier to school completion. In other words, there are significant inequalities in education that must be bridged,” she indicated.

The vulnerability of adolescents was further emphasized by several experts during an AFIDEP-led panel discussion on adolescents and the demographic dividend on day two of the Symposium on October 28th 2015.

Dr. Khama Rogo, a distinguished global reproductive health expert, poignantly pointed out that there exist major inequities in Kenya as a result of a systems failure.

“Our economy is growing but large inequities persist, [and] we have systems in our country that promote these [inequities]. For example, every rich suburb in Nairobi has a neighbouring slum,” he noted.

He cautioned that this situation is a recipe for national crises such as the Arab Spring, and the radicalisation of youth to join terror groups such as Al-Shabaab and Boko Haram becomes highly likely. In fact, he pointed out that Al-Shabaab and Boko Haram are the ‘demographic dividends’ that Africa is reaping out of its failure to invest meaningfully in the health and development of young people.

Hon. Kenneth Okoth, Member of Parliament for Kibra Constituency indicated that for there to be significant change in the education system, which has a massive impact on the future of adolescents, the government has to take leadership and make the right investments now.

Further, Siddhart Chartejee, the UNFPA Country Representative, emphasized that Kenya would go nowhere without investments in the empowerment of girls and women.

Speaking on the need to address the sexual and reproductive needs of adolescents, Dr Josephine Kibaru-Mbae, the Director General, National Council for Population and Development (NCPD), stressed that we have to cease burying our heads in the sand.

“We cannot continue working as though adolescents are not having sex because they are...family planning commodities are not available to those who need them most,” she said.

The lack of government investments in family planning programmes and service provision for young people has left this population with limited options and hence we are faced with increased cases of teenage pregnancies, unsafe abortions and sexually transmitted infections (STIs). Hopefully, the new Adolescent Sexual and Reproductive Health Policy 2015 will

“About 1 out of every 4 Kenyans is an adolescent. There is little doubt that a large population of healthy, well-educated and fully empowered adolescents is a valuable national asset and, indeed, one of the key ingredients for the achievement of the demographic dividend”

address most of these gaps seeing that the 2003 Adolescent and Reproductive Health and Development Policy was barely implemented.

As Dr. Kibaru puts it, there’s some hope in the future since the government is also working to have a national family planning programme implemented at the county level.

There’s a cocktail of health issues affecting adolescents

Despite the national focus on the sexual and reproductive health of adolescents, the discussions at the Symposium underscored the need to discuss the health of adolescents in a broader scope. Mental health, non-communicable diseases, HIV/AIDS were key topics of discussion in addition to drug and alcohol abuse, and sexual and reproductive health.

“If we really want to develop adolescents, and young people in general, into citizens who will drive the country forward, we cannot be looking at one aspect of adolescence,” said Dr. Zulu during an interview on the sidelines of the Symposium.

Throughout the Symposium, the speakers underscored the need to prioritise adolescent health more so with the recent adoption of the sustainable development goals (SDGs). The SDGs give us a fresh start to make things right where we failed with the millennium development goals (MDGs).

The most pressing need of all is more data on adolescents. As Dr. Kabiru clearly put it, “we cannot assess progress in adolescent health if we have no metrics to assess change.”

The lack of monitoring, learning and evaluation mechanisms for programmes aimed at benefiting youth (including adolescents) has made it difficult for implementers to be effective in the interventions. This was further emphasised by Dr. Rachael Nyamai, the head of the Ministry of Health Neonatal Child & Adolescent Health Unit who said that there is urgent need for a national adolescent health survey to address the existing gaps in research evidence.

Adolescents need to be part of their change-conversation

It was encouraging to see several adolescents at the Symposium, some of who were active participants in the discussions. As many speakers emphasized, adolescents need to be part of their change-conversation.

Following the illuminating discussions from the Symposium, all the relevant stakeholders need to roll up their sleeves in order to move the conversation forward, and walk the talk. At the close of the meeting, Dr. Rachael Nyamai announced some specific actions that the Ministry of Health plans to take in a bid to address the challenges raised and leverage on the opportunities highlighted. Top on the list is the formation a multi-sectoral forum to look at how to move the national adolescent health programme. The Ministry also plans to lobby for funds to conduct a national adolescent health survey to understand the prevalence of major health issues affecting adolescents and the level of access to services needed.

Hopefully, when the Symposium re-convenes in 2017, we shall be celebrating major milestones because indeed #EveryAdolescentCounts.

Prioritising adolescent health critical for Kenya's development



Adolescents are a vulnerable population as adolescence is a period of self-discovery requiring special attention and guidance.

By Diana Warira

If the increased media reports on the sexual escapades and drug and alcohol abuse by Kenyan teenagers are anything to go by, then it is evident that young people are grappling with major challenges that need to be addressed urgently. Failure to tackle these challenges could cost Kenya an entire generation.

On October 27th and 28th 2015, the Kenyan Ministry of Health convened the first National Adolescent Health Symposium in partnership with the African Institute for Development Policy (AFIDEP), the African Population and Health Research Center (APHRC), Center for the Study of Adolescence (CSA), UNICEF Kenya and other partners. The Symposium whose theme was *Evolving Challenges in Adolescent Health: Reflecting on Post 2015 Sustainable Development Agenda* sought to deliberate on the health challenges of adolescents and how to address them effectively.

According to the World Health Organization (WHO), adolescents are young people aged between 10 and 19 years. As it was underscored in most of the Symposium discussions, many at times, this population is forgotten in development discussions where more emphasis may be placed on children and youth in general.

"The Symposium has really come at the right time [as] we are seeing a lot of issues to do with adolescents. In the recent past we have seen adolescents indulging in reckless behavior; going to pubs, underage drinking and drug abuse, sex and so on," said Dr Eliya Zulu, the Executive Director at the African Institute for Development Policy (AFIDEP).

What started as a seemingly isolated case where 45 high school students were caught in a bus having sex and abusing alcohol and marijuana on August 6th 2015 has now become a national issue. On October 5th 2015, another 550 students, some of them minors, were caught in a club in Eldoret town drinking alcohol, abusing drugs, and possibly having sex. The youngsters had lied to their parents that they had gone for choir practice, shopping and other innocent errands. Barely two weeks later, over 200 minors were arrested in a Nairobi bar drinking alcohol and dancing, some of them as young as 9 years old.

Adolescents are a vulnerable population

These reports underscore the vulnerability of adolescents with regard to their sexual and reproductive health. According to the 2014 Kenya Demographic and Health Survey, about 1 in every 5 adolescent girls

aged 15-19 years is already a mother or is pregnant with her first child. It is great that the Kenya Ministry of Health recently launched the National Adolescent Sexual and Reproductive Health Policy. However, it is the implementation of this policy that is going to turn the tide by providing comprehensive age-appropriate information and services on sexual and reproductive health to young people all over the country.

Adolescence is a period of self-discovery and adolescents therefore require special attention and guidance. At the same time, these are times of rapid modernisation, globalisation and technological advancements where adolescents are exposed to more information than ever before in the context of a changing family structure.

"Parents are too busy chasing career and/or business success to pay enough attention to their teenagers." This is one statement that was echoed in most of the discussions before and during the Adolescent Health Symposium. Those of you who are parents may go up in arms in protest justifying their absence or absolving themselves from blame, but the reality is that society is not playing its role and parents/guardians are top on the list, seeing that they are the primary caregivers.

In her keynote speech, Dr Caroline Kabiru, a research scientist at the African Population and Health Research Center (APHRC) underscored the need to shift our attention to this population.

"About 1 out of every 4 Kenyans is an adolescent. There is little doubt that a large population of healthy, well-educated and fully empowered adolescents is a valuable national asset and, indeed, one of the key ingredients for the achievement of the demographic dividend. However, if we reflect upon the situation in Kenya today, adolescents are one of the most vulnerable sub-populations in the country," pointed Dr Kabiru.

According to Dr Kabiru, education is critical for the health and development of

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