



## Lessons learnt at AFIDEP: understanding policy makers' needs and priorities is key

AFIDEP's Knowledge Translation Scientist, Dr. Ruth Musila, presented "Capacity building - case studies and lessons learnt at AFIDEP" in the penultimate session of the conference. Dr. Musila noted that targeting and funding participation of individual policy makers at workshops, conferences, symposia, and meetings was a useful means of facilitating researcher-policy maker linkage and exchange. Further, she highlighted that the understanding of policy makers' needs and priorities including their political agenda, individual passions/goals, time constraints and 'natural' preoccupation with re-election was key to successful EIPM. Importantly, she noted that policy makers' actual capacity to use research evidence was inadequate, highlighting the need to identify effective strategies to build this capacity.

Overall, conference participants equivocally agreed on the importance of application of relevant/appropriate research in decision-making, and expressed their hope that the ICEPM conference had stimulated the necessary debate required to catapult EIPM to the next level.

A more detailed report of the ICEPM conference is available from INASP Website with title 'What is the evidence on evidence-informed policy making? A Report on the lessons from the International Conference on Evidence-Informed Policy Making. Newman K, Capillo A, Famurewa A, Nath C, and Siyanbola W.'

## The key findings of the ICEPM debate

In summary, the main points which emerged most from the ICEPM debate were:

- There is a need for clarification and definition of terms used in this field.
- Those who seek to support EIPM need to fully understand policy making processes.
- Despite the anticipated challenges, there is a need to stimulate the demand for research evidence from policy makers. EIPM is only likely to be successful if there is full 'buy-in' from senior decision makers in policy making institutions. Interventions to support EIPM need to be evaluated in order to document what works.
- There is an urgent need for more research which evaluates policy makers' capacity to access, understand and use research evidence.
- When investigating use of research in policy making it is important to understand the local context, and the political and economic drivers of decisions making.
- There is a poor understanding of the link between research and other evidence. Therefore, just because a policy maker cites research evidence, does not mean the debate is truly evidence-informed.
- Programmes which aim to support EIPM can either 'go with the grain' (i.e. accept a degree of corruption) or can take a more active anti-corruption stance. However in both cases it is necessary to acknowledge and decide how to deal with corruption from the outset of a project rather than pretending it does not exist. An example presented was requests of sitting fees by policy makers in order to attend training or seminars which could inform them about research issues should be addressed with a clear strategy.

# Strengthening African Women Leaders' Participation in Defining Country Priorities for FP & RH

Dr. Ruth Musila and Ms. Violet Murunga (AFIDEP staff), were inducted into the growing pool of CEDPA-trained Women Leaders for FP/RH Alumni through participation in a three-week workshop in Nairobi, Kenya, facilitated by Center for Development and Population Activities (CEDPA). The workshop was designed to strengthen women's roles and voices in defining country FP/RH priorities and promoting host-country support for FP/RH.

Dr. Musila and Ms. Murunga were among 24 other participants at the workshop representing 5 sub-Saharan African countries (Ethiopia, Kenya, Uganda, Ghana and Malawi). The multi-year capacity building initiative implemented by the Health Policy Project (HPP) through CEDPA is intended to expand opportunities for women to participate in discourse on FP/RH; promote collaboration among women FP/RH champions from public, political and civil society organizations; and equip



*Dr. Ruth Musila is one of 24 participants in a workshop to strengthen African women leaders' participation in defining country priorities for family planning and reproductive health. Photo by CEDPA*

women with the right skills and messages for influencing decision makers on FP/RH issues.

One highlight of the workshop was the organization of a briefing with Member of Parliament and chairperson National Women's

Council, Parliament of Uganda, Honorable Rosemary Najjemba, the Regional Director for IPPF Africa Region, Mr. Lucien Kouakou, and two FP/RH experts from Kenya and Uganda, who were participants in the workshop. The briefing aimed to highlight the progress made in implementing FP programs in the region including lessons and future plans of the programs. The event was attended by various stakeholders working in the RH field in Kenya.

"Africans are aware of what the problems are, and we should be contributing to the solutions," Dr. Musila, a Knowledge Translation Scientist at AFIDEP explains. "I want people to appreciate the link between family planning and the larger goals: improving health and national economies," she says. "We need to move from making commitments to implementing policies."

"I think the key thing [about the workshop] is the networks we create here, having ad-



# Kenya launches a National Family Planning campaign 'Tujipange' as it rolls out its reproductive health policy

In the 1980s' Kenya was lauded for its successful family planning programme which resulted in a rise in the contraceptive prevalence rate (CPR) from 7% to 39% between 1970s and 1990s. In addition, there was a subsequent 42% decline in the Total Fertility Rate (TFR) (from a high of 8.1 children per woman in the 1970s to 4.7 by the late 1990s), over the same period. Although the projections indicated that fertility rate would continue to decline further, the 2003 Kenya Demographic Health Survey (DHS) results revealed that CPR had stalled at 39%, whilst about 20% of pregnancies were unintended and 2% mistimed. The 2009 DHS report indicated that TFR stood at 4.7 while unmet needs for family planning had increased marginally (from 24% in 2003 to 26% in 2009). The results of the two DHS survey clearly highlight a significant gap in addressing family planning needs in Kenya.

To promote sustainable development, the Ministry of State for Planning National Development and Vision 2030 through the National Council for Population and Development (NCPD) in collaboration with key related government ministries re-launched a family planning campaign dubbed "Tujipange" at the Kenyatta International Conference Center (KICC) in Nairobi on 14th February 2012. The re-launch was spearheaded by the Minister of State for Planning National Development and Vision 2030 Mr. Wycliffe Oparanya. The campaign is geared towards promoting efforts to increase the use of contraceptives among women from the current 46% to 56% by the year 2015. The campaign also intends to lower the population growth rate that has remained at 2.9% for the past two decades down to 2.1%. During the event, a five-year (2011-2015) family planning strategic plan expected to cost about Kshs. 1.6 billion to implement was launched. The programme will be

*The government will promote measures that will increase the contraceptive intake from the current 46% to 56% by 2015.*

implemented through the media, various advocacy groups and trained community family planning mentors. As part of this initiative, the Division of Reproductive Health (DRH) at the Ministry of Public Health has already initiated plans to revamp its service provision by replenishing stocks and increasing access to various family planning methods.

In his keynote speech, the Minister regretted the stagnation of the inter-censal population growth rate, which has stalled at about 3% since the 1999 census. "This has been despite of substantial gains recorded in childhood mortality reduction between 2003 and 2010", said Mr. Oparanya. The Minister passionately challenged the government and the public to revert to the uptake of contraceptives especially among women aged between 15 and 49, saying this would help in reducing birth rates, family sizes and childhood mortality. "Kenya was able to attain the largest ever recorded drop in the census population growth rate from a high of 3.4 per cent between 1979-1989 to 2.9 per cent between 1989-1999."

On government commitment to promote family planning, the Minister said the government will promote measures that will increase the contraceptive intake from the current 46% to 56% by 2015. He pointed out that the re-introduction of the family planning campaign plan comes in the wake of the census results released in 2012 which showed that Kenya's population now stands at 38.6 million, up from 28.7 million in 1999. He said that the high rate of population growth has not only left the country with a large burden of employed youth, but also a high dependency ratio for the lucky few that have secured jobs. In his concluding remarks, Mr. Oparanya said, "No effort will be spared in our national efforts towards management of population for prosperity, as a critical strategy for freeing the available limited resources needed for development".

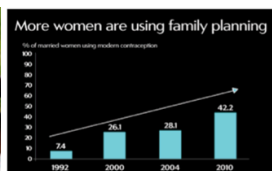
## AFIDEP helps plan the Malawi National Leaders' Conference on Family Planning, Population and Development

The Malawi Ministry of Economic Planning and Development with support from various partners held a National Leaders' Conference on Family Planning, Population and Development in Lilongwe, Malawi May, 8 - 10, 2012. AFIDEP participated in the Conference Steering Committee alongside the Ministry of Economic Planning and Development, Ministry of Health and Social Work, USAID and UNFPA partners. The committee assisted with planning the event which hosted about 200 national, regional and global FP/RH and Population stakeholders.

The opening and closing remarks were made by the Minister of Health, the Assistant Minister of Health and the Assistant Minister of Finance as well as representatives from USAID and UNFPA. At the conclusion of the conference, stakeholders including officials from the Ministry of Economic Planning and Development and Ministry of Health deliberated and committed to advocate for a dedicated budget line for FP; strengthen the Population Unit in the Ministry of Economic Planning and Development and the Reproductive Health Unit in the Ministry of Health and Social Work; as well as increase access to, and utilization of FP/RH services by youth.

### Highlights from the conference

A key feature at the conference was the launch of ENGAGE Malawi, a multimedia presentation created by Population Reference Bureau (PRB) in collaboration with the Malawi ENGAGE task force chaired by the Ministry of Economic and Development Planning and the Ministry of Health with support from USAID. The presentation highlights Malawi's progress towards a middle income country and the challenges it still faces. The presentation explores the impact of rapid population growth at the national and the family level, illustrating the links between



rapid population growth, family planning and development. It emphasizes the importance of addressing rapid population growth and meeting unmet need for family planning in order to reduce poverty and achieve national development goals.

The evidence presented at the conference by researchers from across the globe served as an impetus for deliberation on the status of FP and Population in Malawi and on how to move forward to sustain current progress as well as improve population related outcomes. The evidence presented focused on population in relation to various factors including: the social sector (such as education); environment and climate change; population sub-groups (gender, equity, vulnerable groups and youth); policy and financing; and the MDGs.

## AFIDEP's contribution to the evidence on FP/RH and Population

AFIDEP added to the wealth of evidence on FP/RH and Population by making a presen-

tation that focused on providing lessons in four key areas: 1) political will and commitment for FP as the main driver in increasing FP uptake in Ethiopia, Malawi and Rwanda; 2) the anomalous relationship between contraceptive prevalence rate (CPR) and total fertility rate (TFR) observed in Malawi where the country continues to record high birth rates despite recording increasing use of contraceptives; 3) the determinants and drivers of child deprivation in child wellbeing and; the relationship between population, climate change and environment.

AFIDEP's evidence, drawn from ongoing research projects being implemented at the center, highlighted some key lessons which fed into the discourse and commitments made at the conference:

- 1 Political will and commitment at various levels of national leadership is a key factor propagating progress in increasing FP uptake in various countries in the region; and
- 2 Promotion of primary and secondary school completion will help address to a large extent the persistently high birth

rate observed in Malawi despite increasing contraceptive use.

- 3 IEC campaigns focusing on delaying sexual debut will help reduce the teenage pregnancy rate which is a major contributor to high birth rates.
- 4 Malawi is one of 15 Climate Change hotspots in sub-Saharan Africa. The high TFR is contributing to rapid population growth, land degradation, depleted resources (low agriculture productivity, rapid deforestation and increased water stress and scarcity) and rising poverty which is in turn compounded by Climate Change effects.

The evidence seeking to explore the anomaly of the TFR in relation to CPR spurred interest among stakeholders and contributed to some of the commitments made at the conference including consensus to focus on promoting secondary school completion and on increasing access and use of youth RH services. At the conclusion of the conference, these other key commitments were endorsed by the Ministry of Health.

## AFIDEP and its partners organize 2 population projection training workshops at the 6th African Population Conference in Burkina Faso

**A** FIDEP together with its partners (HPP/ Futures Group, Population Reference Bureau and USAID) organized two pre-conference training workshops on population health during the 6th African Population Conference (APC) held in Burkina Faso in December 2011. The aim of the workshops was to introduce English and French speaking African participants engaged in various aspects of population and health research (including academia and policy) to important aspects of population health policy particularly the use of SPECTRUM software in population projection and the effective communication of policy.

### Training in Population Projections & Policy Communications

AFIDEP staff Dr James Ciera, participated as a co-trainer in the population modeling workshops. The policy communication program, facilitated by Jay Gribble of Population Reference Bureau (PRB)(Washington DC), introduced participants to the common theories of policy making and engaged them in group work to enhance their skills in data interpretation, knowledge translation, identification of relevant audiences and generation of action oriented recommendations for policy makers.

The population projection training program, facilitated by Scott Moreland of Futures Group introduced participants to concepts of population dynamics and population projection. The training stimulated debates on the role of population dynamics in national development and introduced participants to the use of the SPECTRUM software suite, particularly the Demography (DemProj) and Resources for the Awareness of Population Impacts on Development or (RAPID) modules for advocacy.

Importantly, the interactive and hands-on approach of the work-

shop training programs engaged participants and imparted them with practical skills that they could apply in their own settings. For instance, in population modeling, participants were allowed to use data of their own choice to make population projections, and discussed recommendations based on their individual experiences. In the communication workshop, different working groups were tasked with generating concise policy-relevant findings from recent DHS data from their respective countries on contraceptive use (segregated according to background characteristics, and need and demand for contraceptives), and with identifying the key implications of their findings for policy and programs.

At the end of the two training workshops, participants made the following recommendations:

- A national workshop on integrating population and effective communication among policymakers and researchers should be organized in collaboration with UNFPA.
- A network to link government and non-governmental institutions dealing with population and communication issues should be established.
- Collaboration in the generation and dissemination of policy-relevant research should be promoted.
- Future research should focus on integrating population health, and sustainable development.
- Discuss with university lecturers/professors/VC on the need to include relevant population and communication training programs that should be incorporated into university training curriculum.
- Donor initiatives aimed at promoting the understanding of population dynamics and effective communication in research dissemination should be supported.

# African governments lessons shared with US Policy Makers

**A**FIDEIP was among 10 policy and research institutions from five sub-Saharan African Countries - Ethiopia, Ghana, Kenya, Senegal and South Africa - invited by the Woodrow Wilson International Center for Scholars to participate in its inaugural Africa Program initiative 'the Project on Leadership and Building State Capacity' over the period June 2011 to June 2012. This initiative is focused on the integration of developing country (Southern) voices into the predominantly industrialized nations (Western) policy debate. The Woodrow Wilson Center is renowned for its convening power of high-level dialogue among policymakers, academic specialists, field practitioners and other experts involved in US as well as African policy issues.

At the initiative's first consultative conference in June 2011 in Dakar, Senegal, 17 representatives from the 10 participating institutions identified pressing issues on the African sub-continent. They highlighted the need for increased understanding of the sub-Saharan African perspective of issues by Northern policy makers, particularly those from the US. Emerging issues were categorized into several thematic areas and developed into research papers for presentation to US policy makers. The papers focused on the contextual policy drivers, such as public opinion, economic stakes, regional relationships, and perceived domestic and international threats or consequences.

Notably, although 'population and family planning' was one of 6 thematic topics identified, it did not emerge on the initial list of thematic topics to be tackled, owing to the general lack of understanding of the linkage between access and utilization of family planning and progress towards development and attaining the MDGs. However, follow-up consultations to clarify this linkage initiated by AFIDEIP led to the inclusion of population and family planning on the final list of thematic topics. AFIDEIP took the lead on the paper addressing the evolution of the sub-Saharan African perspective on population and family planning with a focus on political will, informed by a regional study the Institute had conducted.

On 5th June 2012, AFIDEIP presented the paper to a group of 30 or so policy/decision makers with interests in population, reproductive health and family planning. The paper entitled "Africa on the Move!: The role of political will and commitment in improving access to family planning in Africa," demonstrates change in political attitudes towards family planning as the main catalyst to increasing uptake in family planning in some sub-Sahara African countries. This finding is informed by case studies of three relative poor countries - Ethiopia, Malawi and Rwanda.

The Q&A session revealed the high level of interest in the topic, with Rwanda emerging as an interesting success story. Questions addressed how the Rwanda success story could be replicated, citing several innovative approaches the country has employed such as mobilizing support from religious leaders, building outlets next to catholic facilities, and targeting family planning through HIV programs. US congressman Gregory B. Simpson, Member of the House Subcommittee on Africa Global Health and Human Rights attended the presentation and voiced his support for promotion of family planning in Africa, but cautioned against liberalization of abortion on the continent. The AFIDEIP presentation also received media coverage by Voice of America on the same day.

## An Overview of The 'Africa on The Move!' Paper

Despite commitments to the program of action for the 1994 International Conference on Population and Development (ICPD) and MDG 5 (focused on maternal and reproductive health), little progress has been made in improving access to family planning and slowing rapid population growth in Africa. Lack of political will has been highlighted among the key factors behind the lackluster performance in addressing these 'sensitive' development issues. However, the situation is changing with some African governments embracing family planning as a key tool for improving child and maternal health, slowing population growth, preserving the environment, and enhancing broader efforts to alleviate poverty. This study conducted in Ethiopia, Malawi, and Rwanda - three countries that have made phenomenal progress in increasing contraceptive use in the recent past - examines factors that have propelled the change in attitudes of some political leaders to champion family planning. The study also assesses how such political will has manifested in different contexts, and explores how political will affects the policy and program environment.

## The driver of family planning progress in sub-Sahara Africa

The recognition of Ethiopia, Malawi and Rwanda through the Resolve Awards in 2011 (sponsored by the Aspen Institute) and numerous other acclamations was not by chance. The Resolve Award celebrates the progress countries have made towards making family planning and reproductive health services accessible to all of their citizens with particular focus on innovations in funding, policies and services. The remarkable feature of these countries is that the progress in family planning uptake has occurred very rapidly over the past decade.

## Historical and contextual factors affect prioritization of family planning

During the 1970s and 1980s, post-independence African leaders held suspicions regarding the intentions of western development partners in promoting family planning for slowing population growth. They also believed they were protecting the reproductive aspirations of their constituents, who desired to have many children. However, these reservations towards family planning are dissipating as policy makers strive to meet national and international development goals (MDGs) and as more Africans are preferring to have fewer children and demanding family planning because of increasing economic hardship. The evidence from the case studies demonstrates this change in political attitude and how it has led to a rapid increase in family planning uptake in the three countries. The evidence also demonstrates the different manifestations of political will and commitment for family planning in the three countries which is largely influenced by country contextual and historical factors.

Historical factors have presented major obstacles in the prioritization of family planning in sub-Saharan Africa. In Malawi, skepticism towards family planning and its promoters (Westerners) resulted in its eventual ban in the late 1960s through the early 1980s. In Rwanda, a genocide which claimed nearly 1 million of its population presented a challenge of framing the benefits of family planning in the aftermath. In Ethiopia, decades of ethnic wars, famines and droughts consumed political support and resources away from health priorities, including family planning. Furthermore, these challenges are complicated by cultural and religious barriers in favor of early marriage and large families, which continue to exist in the 3 countries, as in most sub-Saharan countries.

## Political will influenced family planning prioritization in Rwanda, Ethiopia and Malawi

In Rwanda, the top level leadership embraced development approaches to rebuild the nation after the genocide of 1994. Rapid population growth and high population density was visible then and remains the case in the small country. President Paul Kagame in particular was open to ideas that would help Rwanda to achieve its development goals. The evidence showing the linkage of family planning to the broader development agenda convinced him to prioritize family planning.

In Malawi, family planning advocates had to overcome more than a decade-long ban of family planning. Evidence that modern family planning could reinforce traditional child spacing practices was received positively by President Banda, prompting the lifting of the ban on family planning. The Malawian government is currently repositioning family planning within its broader development agenda in response to the government's concern over rapid population growth and environmental degradation. This repositioning culminated in the country hosting its first international Family Planning and Population Conference in May 2012.

Similarly, In Ethiopia, the top level leadership understands the potential of family planning to accelerate the achievement of the country's development goals and the MDGs. Ethiopia has the challenge of being the 2nd largest population in Africa growing at a rapid rate relative to its economy.

### How political will manifests

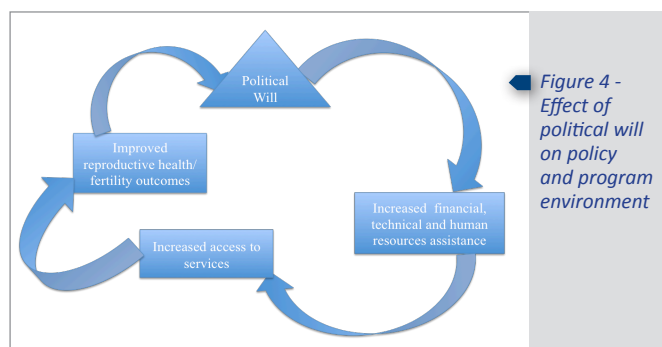
Rwanda has the most striking manifestation of political will, with President Paul Kagame being said to publicly speak out about the benefits of family planning at public rallies (Figure 3).



Beyond this, at the 2009 Kivu retreat, he declared family planning a development priority. Further, Rwanda's robust governance and accountability structure has safeguarded the place of family planning at the center of the development agenda. All 30 district Rwandan Mayors sign performance contracts with the president to achieve key development targets including increasing access to and utilization of modern contraceptives by women and men who want to use them. While concerns have been raised about the potential of coercion of community members to use contraceptives, the Rwanda Minister of Health states that checks and balances have been put in place to prevent this occurrence. In Malawi and Ethiopia on the other hand, while top level leadership does not publicly speak out about the benefits of family planning, it has provided an enabling environment for the Ministry of Health to exercise its mandate to develop and implement the necessary policies and programs to ensure universal access to family planning services (Figure 3).

### How political will affects the policy and program environment

Political will for family planning has resulted in increased financial, technical and human resources to support implementation of family planning policies and programs in Ethiopia, Rwanda and Malawi (Figure 4).



In particular, political will has led to increased investments in the family planning programs by governments albeit still small in comparison to external support. Political will in Rwanda led to increased public promotion of family planning by top level leadership. Further, Rwanda and Ethiopia have budget lines for commodities. At its National Leaders Conference on Family Planning, Population and Development in May 2012, Malawi committed to work towards putting in place a budget line for commodities. Additionally, all three countries have increased access to and demand for family planning through health worker training, shifting of tasks from physicians to nurses and clinical officers, and provision of injectables through community health workers. The success of these initiatives is reflected in improved reproductive health indicators in the 3 countries.

### Still more work to be done!

Ethiopia, Rwanda and Malawi, like many other sub-Saharan countries, have many competing priorities, resulting in relatively little government investment towards family planning and the overreliance of funds from external sources to support family planning programs. Despite their celebrated gains in family planning uptake, Ethiopia, Rwanda and Malawi still have high levels of unmet need for family planning as is the case in neighboring countries. Many countries in West Africa are lagging behind on family planning while experiencing some of the most rapid population growth on the continent. Further, the case of Malawi is peculiar; it has demonstrated a 2 percentage point increase in contraceptive prevalence rate per year over the last decade leveling off at 42.2% in 2010, while continuing to maintain significantly high levels of fertility (5.7 children per woman), just one child less than in 1992 when contraceptive prevalence rate was at 7.4!

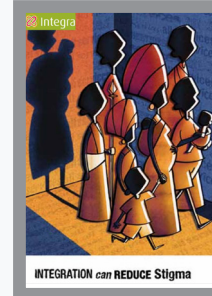
## Lessons for sub-Saharan African countries

- Political will for family planning is essential to address unmet need for family planning and rapid population growth.
- Increasing political support for family planning is a way to reduce rapid population growth in order to achieve the MDGs and country development blueprints.
- The manifestation of political will is largely influenced by country contextual factors and as such differs from one country to another. Top level leadership may show overt support for family planning, however, they are more likely to create an enabling environment for family planning services.
- While, financial and technical support from international family planning advocates and donors is essential in supporting domestic family planning efforts, African governments should consider contributing a larger share of the national budget to family planning.
- Sustained domestic advocacy with participation of key national actors is important.

All 3 countries illustrate that political leaders, Ministry of Health officials and other policy actors who are passionate and understand the benefits of family planning can successfully lead advocacy efforts aimed at influencing other policy makers and the public.

- Formation of commodity security committees or technical working groups is a particularly crucial component for family planning advocacy with regards to mobilizing funding to ensure commodity security.
- It is possible for countries to overcome contextual barriers in prioritizing family planning. For example, to overcome the cultural and religious barriers with regards to fertility, the focus can be on the benefits of family planning to maternal and child health; for development focused policy makers, making the link between family planning and broader development is important.

# The Integra initiative: Demonstrating the Benefits of Integrated HIV and Reproductive Health Services in Kenya, and Swaziland



**T**he Integra initiative, a five year project funded by the Bill and Melinda Gates Foundation, is aimed at gathering evidence to determine the costs and benefits of models used to deliver integrated HIV and sexual and reproductive health (SRH) services in high- and medium-high-HIV-prevalence settings to reduce HIV (and associated stigma) and unintended pregnancies. The project is being implemented through a collaboration of Population Council, London School of Hygiene & Tropical Medicine and International Planned Parenthood Federation (IPPF) in three countries; Kenya, Malawi and Swaziland. The specific objectives of the project are:

- to determine the benefits of different integrated models in increasing the reach, uptake, and quality of SRH and HIV services.
- to determine the impact of services on changes in HIV risk behaviors, related stigma, and unintended pregnancies.
- to establish the efficiency of using different operational models to deliver integrated services.
- to increase utilization of research findings by policy and program decision makers through involvement of and dissemination of research results to key stakeholders.

The different integration models conducted in the different countries are;

- i). Integrating HIV counseling and testing and antiretroviral therapy (ART) into family planning services (Kenya only).
- ii). Strengthening HIV counseling and testing and ART services (including family planning) in postnatal consultations (Kenya and Swaziland).
- iii). Integrating HIV counseling and testing and ART into family planning services for youth (Swaziland and Malawi).
- iv). Stand alone HIV services (Swaziland)

The study uses a combination of routine service statistics and process analysis including clinic-and cohort-based quantitative and qualitative behavioral research and community surveys and economic analysis.

## Benefits and challenges in integrating HIV and RH services

A baseline survey done in Kenya and Swaziland on health providers' perception and experiences showed increased job satisfaction as providers felt satisfied by being able to provide multiple services at one contact with client. The initiative offered the health providers with new challenges thus reducing work monotony, enhanced skills, improved working relationships due to increased communication between staff, increased client satisfaction and confidentiality, and improved relationship between clients and providers among others.

Several challenges in the implementation of the Integra initiative were identified:

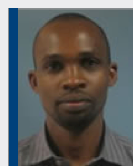
- Inadequate compensation for staff over time which significantly affected the quality of services
- Occupational stress amongst staff due to their inability to deal with clients' distress.
- Unmet expectations e.g. failure to increase investment in health facilities.
- Increased workload due to staff shortage,
- Increased client waiting time due to perceived increase in client numbers per provider, increase in contact time with each client and a fragmented Monitoring & Evaluation M&E system where providers are required to fill a separate register for each service.

## Recommendations

Recommendations to enhance the Integra programme include; implementing debriefing sessions in the workplace to reduce staff occupational stress and improvement of clinical information system needs to reduce staff workload, and facilitate M&E activities.

## AFIDEP Staff News

In the last few months, AFIDEP has internally further reinforced its accounting and communications department by hiring an Account Officer and a full time Science Communication expert.



← Edward Njenga

Edward Njenga joined AFIDEP as Finance and Administration officer. Prior to joining AFIDEP, Mr. Njenga worked at RSM Ashvir, a firm of accountants which is based in Westlands, Nairobi. He has over four years experience in accountancy and audit fields. Mr Edward Njenga holds a Bachelor of Commerce degree (Accounting option) from Catholic University of Eastern Africa, Nairobi. He is also a Certified Public Accountant having graduated from Vision Institute of Professionals, Nairobi campus. He will oversee the finance and administration department at AFIDEP.

Juliette J. Mutheu →



Juliette is a Science Communications and policy Specialist at AFIDEP. She has a wealth of experience and expertise in Science Communication. She worked at the KEMRI-Wellcome Trust before joining AFIDEP where she was a Training Fellow in Science Communications. Between the completion of her MSc training at Imperial College London and rejoining KEMRI-Wellcome Trust, Juliette took a short-term position as Science Writer at the Okinawa Institute of Science and Technology, Okinawa, Japan. Among her numerous achievements, Juliette has published a few papers in journals and various web-based outlets, she is the co-founder of the Kenya Science Cafes, and has given presentations in a number of international conferences. Juliette earned her first degrees in Biomedical Science and Epidemiology and Population Health at Monash University in Melbourne, Australia and an MSc in Science Communication at Imperial College London, UK. Juliette's passion in Science Communication comes from a satisfaction of engaging the media, policymakers and the public in scientific evidence and its role in development.

# AFIDEP

### Contact Information

African Institute for Development Policy (AFIDEP)  
Suite #29, Royal Offices, Mogotio Road off Chiromo Lane,  
P.O. Box 14688-00800, Westlands, Nairobi, Kenya  
Tel: +254-20-203-9510, +254-716-002-059, +254-735-249499  
Email: [info@afidep.org](mailto:info@afidep.org), Website: [www.afidep.org](http://www.afidep.org)