

INTERNEWS

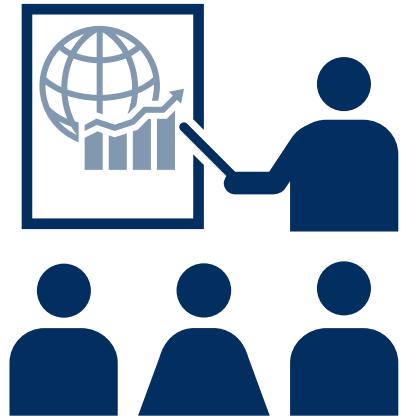


Introduction

Telling it differently



= Media development organizations
train & mentor journalists
to produce compelling, in-depth stories



The first data journalism training in Kenya (2011)

Lessons learnt

- Journalists lacked basic technical skills
- They needed a lot of mentoring
- Editors did not have much experience in big data storytelling

Hello, my name is Nimo, and this is the story of my life

Yes, the story of my life. I'm just 11 months old, so kindly understand the circumstances in which this bubbly picture of me was taken. But I want us to discuss serious issues... you know... things like the fact that I already owe somebody all of Sh32,000. No wonder sometimes I feel depressed

By JOY WANJA MURAYA
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I had to consider whether I need consider myself lucky because only two out of five of my peers were born in a health facility. The rest came to this world under the canopy of a tree or via the trembling hands of a traditional birth attendant. I remain worried though, because only five per cent of health facilities in this country can perform a Cesarean section.

Now that I live in Nairobi, one thing for sure I will speak better Kiswahili and English than my mother-tongue. But I will still have to live longer than my husband is now with the life expectancy of a female Kenyan at 59 years while that of a male stands at 56.

Three out of 10 of my playmates will have achieved the recommended full immunisation by the time they are 15 years old. That is probably one of the few areas where I will still believe that it's my birthday due to childhood immunisation. But I am worried about malnutrition and dehydration caused by diarrhoea are wrong.

If I don't use HCFP, there will be part of the Sh6,000 admitted to national polytechnics.

I will have my first phone conversation at two-and-a-half years... yeah, two-and-a-half years! I will have a mobile phone with my name but I forget mobile phones. Televisions are everywhere, but I will never get to see the world. I hope Mum doesn't read this, so I will spend over three hours per week watching TV.

Sh32,289

Amount of money that Nimo needs to international doctors at the time of birth.

For further details to miss week on average is \$4.8 days a year due to illness. Assuming that I will have a sick leave of 10 days a year, we are about Sh6 million borrowed in the country. Then around Sh8,240,000 in loans are given to Kenyans every year. This is more than in the USA (5.5 days of sick leave per year) or Japan (4.5 days), but less than in Europe (7.2 days).

I have the right to essential care and protection from birth until I turn 18. My father is a Kenyan and my mother Alice is a Kenyan. I am not sure whether they are married to each other or not.

As a girl, I stand higher chances of securing a job than a boy. I am not sure if this is true since I seem to be a boy who scores the same grade in the Kenya Certificate of Secondary Education.

Also, I don't think we can move to another place if we were born in Nairobi. I guess the

My choice of a secondary school will be dictated whether my parents choose to enrol me in either a public or private primary school, given the controversial selection criteria experienced by four years' candidates.

Chances of me having a private email account may be lower than those of my peers in receiving and sending postal letters from a postbox. Those things are so 1999ish!

I believe I just got one of the 40 billion strong, and chances are I will not own my neighbour over a metre of land when I eventually grow up, assuming that I will grow up. My friends and their friends do not soil my good neighbours and can never be invited to their homes. My country is home to the world famous Maasai Mara and Seregeti wildlife reserves, but chances are that I will never get to go there. Tourism remains alien to my people.

I will enjoy free health care, including vaccinations, until I am 10 years old in any of the government health facilities.

I stand higher chance of earning a good salary if I choose to work in the business, insurance, and telecommunications sectors rather than any other sector in Kenya. But I will get into politics, where 9.6 per cent of parliamentary seats are held by women. Women's participation in the labour market is 76.4 per cent compared to 88.3 per cent for men. Kenya has the lowest Human Development Index, but there is still hope for me.

I was born with a public debt of Sh82,289. I don't know what that is, but I hear the government borrowed some money from faraway lands and countries and I don't know what it means on me and my kids.

I am in Nairobi, and that means I am safer from malaria than my peers elsewhere in the country. Actually, there is a high chance of me contracting malaria if my father decides to move to Arusha, Mombasa, Hornimay and Turkana. But I hope he won't because he has been treated badly in the malaria department. I guess we can move there.

But I forget malaria and diarrhea. The risk of suffering from breast, lung, stomach, colorectal and liver cancer is high. I am not sure what the helpless rights of late I hear about 50 Kenyans die daily from one form of cancer. That is why I rarely eat oily fish, but I eat meat. I am not the only one... when I grow up because I expect to be a doctor. I am not sure if I will prevent cancer. I take more than three alcoholic drinks a day compared to a female teetotaller.

There is a high likelihood that my friends in Mbagathi, Ngong Road, Thika, Maragua should have three or more children. They are the ones with the highest incidence of multiple-partner marriages in the country.

By the time I become a teen, 80 per cent of my peers will have begun child bearing.

The Constitution entitles me to gain access to free basic education in a public primary school. I stand the highest chance to achieve literacy in my primary school in Nairobi and the rich districts. Their parents have started withdrawing their children from school because they have no idea what to say about that, but one thing is for sure; I will get to enjoy eight years of free primary education. I will not be able to go to a private primary school. Hell! I would not choose there anyway. I will go to a public primary school and then a public secondary school in the country.

Giving an equal chance of birth and life for each of us in urban Kenya is an oxymoron, or else because we are more sedentary, may be less on average than our rural counterparts. We probably also counts than their rural counterparts.

Nimo's life expectancy going

WEDNESDAY, FEBRUARY 22, 2012

Hello, my name is Nimo, and this is the story of my life

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By the time this child reaches adulthood, she will have paid a national debt, cheated malaria, fought for meagre secondary school places, and probably escaped a tribalist's misguided fury. Growing up in Kenya is going to be one helluva journey for Nimo! Photo/WAGEMA MUNYORI

In Summary

Yes, the story of my life. I'm just 11 months old, so kindly understand the circumstances in which this bubbly picture of me was taken. But I want us to discuss serious issues... you know... things like the fact that I already owe somebody all of Sh32,000. No wonder sometimes I feel depressed

I was born in a hospital, and I should consider myself lucky because only two out of five of my peers were born in a health facility.

The rest came to this world under the canopy of a tree or via the trembling hands of a traditional birth attendant.

I remain worried though, because only five per cent of health facilities in this country can perform a Cesarean section.

Now that I live in Nairobi, one thing's for sure: I will speak better Kiswahili and English than I will my mother-tongue.

Also, the possibility of me living longer than my husband is real, with the life expectancy of a female Kenyan at 59 years while that of a male stands at 56.

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Malaria still the cause of most pre-term births

By HENRY OWINO

Malaria is still a major cause of premature births in Kenya, according to experts, who have also urged pregnant mothers to avoid travelling to malaria-prone areas as much as possible until after delivery.

In the latest Kenya Malaria Indicator Survey (KMIS) by the Ministry of Health, more than 6,000 pregnant women suffer from malaria-related anaemia each year and 4,000 babies are born with low birth weight as a result of maternal anaemia. Economically, the report estimates Sh170 million are lost each year due to malaria illness.

Malaria endemic regions areas such as Nyanza, Western and Coast Regions were identified as areas with many pre-term births. This is because these areas have favourable climatic conditions that may affect the number and survival of mosquitoes. For instance, rainfall patterns, temperatures and humidity favour malaria bacteria.

In other places, transmission is seasonal, with the peak during and just after the rainy season. These areas include Nairobi, Kisii and North Eastern zones. Scientists say the parasites are spread to people by the 'malaria vectors', which bite mainly between dusk and dawn.

The report shows that last year alone, 108,127 pregnant

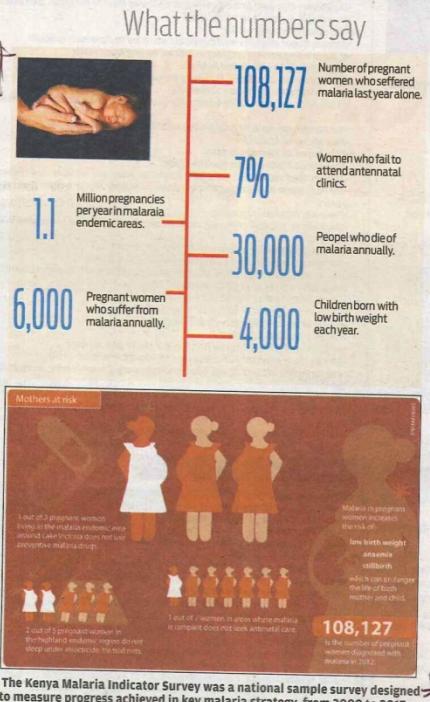
women were diagnosed with malaria, with two out of five cases in the highland endemic regions, mostly those who indicated that they do not sleep under insecticides-treated mosquito nets.

There are approximately 1.1 million pregnancies per year in malaria endemic areas such Nyanza, Coast and parts of Western regions. Unfortunately seven per cent of these women admit not attending antenatal care.

Dr John Ong'ech, who is the Assistant Director of Health and Head of Reproductive Health at Kenyatta National Hospital (KNH), says normal pregnancy last for 38 to 42 weeks and any delivery before it is considered premature birth. He says such babies are normally required to be taken care of in an incubator in well-established health facilities.

"Some of the known complications include severe anaemia, cerebral malaria, spleen rupture, acidosis, kidney damage, and multi-organ failure among others. At least 30,000 people die of malaria annually and 90 per cent are children less than five years of age," said Dr Ong'ech.

Currently KNH, the biggest referral health facility in Sub-Saharan Africa, has only 55 incubators yet premature babies at times exceed the capacity. This may force doctors to put two babies in one machine, which again exposes them to risky infec-



The Kenya Malaria Indicator Survey was a national sample survey designed to measure progress achieved in key malaria strategy from 2009 to 2012.

tious diseases according to the doctor.

For pregnant women, the parasite travels to the liver where they mature and reproduce breaking down the red blood cells. It then cuts the feeding communication through placenta hence weakening her pregnancy to hold until maturity.

Dr Anne Kihara, a gynaecologist obstetrician at KNH, says malaria is more dangerous both to the mother and the foetus during pregnancy.

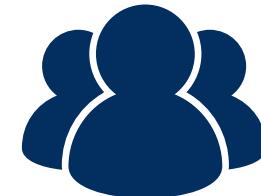
This is because two persons in one are infected and so treatment becomes even complicated.

Dr Kihara advises pregnant mothers to avoid travelling to malaria prone areas as much as possible.

"There is a belief that people born in malaria endemic zones develops partial immunity over years of exposure. It never provides complete protection, yes it does reduce the risk that malaria infection will cause," Dr Kihara cautions.

Data journalism training 2.0

- Train in teams – to promote teamwork



- Fellowship – long term learning

- **Data Dredger**

A tool to promote data journalism
in a low numeracy environment



How the Dredger works

www.internewskenya.org/dataportal

Women winners

Malaria story playback

Exercise:

Download:

An infographic that relates to malaria in children

Find data on ITNs coverage

Newspapers warm up to data visualizations

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NEWS INDEPTH

Hospital is best

When premature babies are born in health facilities their chance of surviving is greater.



Nairobi



North Eastern

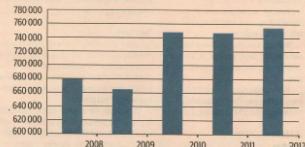


Babies born in Nairobi region are five times more likely to be born in health facilities than babies in North Eastern Region.



Only 2 out of every 5 babies born in Kenya are delivered in a health facility.

Registration of Births in Kenya



Health Institutions by region (2012)

Region	Number of Health Institutions
Nairobi	562
Central	1438
Coast	873
Eastern	1548
North Eastern	291
Nyanza	965
Rift Valley	2166
Western	532

SOURCE: ECONOMIC SURVEY

Free maternity service in public hospitals gives hope to mothers with preterm babies

BY JOHN GACHIRA

In mothers were excited about maternity fee being waved, doctors are ecstatic that finally something is being done to make Kenya a safe place to give birth.

The free maternity healthcare was a pledge by the Jubilee Coalition but politics aside, it is both a development and economic issue that although completed, it will pay off in the long run.

Doctors, nurses, government officials and other healthcare professionals in an August forum agreed that free maternity was a good idea and committed to see it succeed.

Dr John Ongoro, the assistant director at Kenyatta National Hospital and a gynaecologist and obstetrician consultant who sat on the board that advised the government on how to go about its promise to mothers said that they estimated that the free maternity programme would cost Sh1 billion.

However, the government allocated a total of Sh31.6 billion to the Health docket, with Sh3.8 billion going towards financing free maternity services.

Unsurprisingly a politician's dream is a technocrat's nightmare and it will take time to fine-tune the policy which will implement will achieve social and economic goals.

In addition to free maternity being a developmental issue and a campaign pledge it is also a constitutional right.

Under the Bill of Rights the law states that: "Every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive

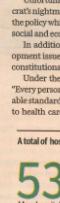
health care". Under Vision 2030 some of the goals in the healthcare sector are to restore hospitals across the country and data from the State agency shows that there has been progress.

"A total of 100 hospitals under rehabilitation, nine of which have been completed, 14 hospitals are above 50 per cent complete, 26 hospitals are below 50 per cent complete, four hospitals are at foundation stage," says the an update from State.

Waiving the fee is also meant to encourage women to deliver in hospitals as opposed to homes and therefore prevent death which researchers have shown has a direct impact on economic growth.

We estimate that a one percentage point increase in adult survival rates increases labour productivity by about 2.8 per cent, with a 60 per cent confidence interval of 1.2 to 4.3 per cent," says a recent *Health and Macroeconomic Growth*. Reducing the *Malaria and Maternal Mortality* by David E. Bloom by David Canning.

A total of 100 hospitals under rehabilitation



2007/2008 2,076,496
2008/2009 2,176,479
2009/2010 2,841,935
2010/2011 2,886,886
2011/2012 3,327,499

SOURCE: ECONOMIC SURVEY

Shortage of incubators

Public hospitals in Kenya have an acute shortage of incubators

93

The number of incubators at national and provincial hospitals

404

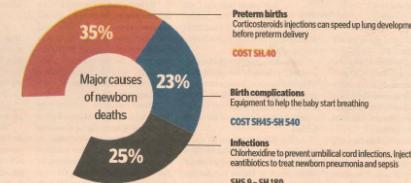
The number of preterm babies born in those facilities in April 2013

KEY



Low-cost and life-saving treatment

Newborn deaths can be reduced significantly with simple low cost solutions



Preterm care and training

Better trained healthcare workers would reduce deaths from preterm birth complications.

Shortage of staff

Midwives
Public hospitals in Kenya need specialised midwives to handle birth complications, one of the major causes of death for newborns.

Nurses
Nurses play a crucial role in the care of preterm babies. Kenya has only 0.001 nurses for every 4,000 residents, fewer than half the number WHO recommends.

Lack of specialisation
Nursing students in Kenya do not have the option to specialise in midwifery or preterm care.

Missing subjects
General nursing schools in Kenya do not train nurses for the special needs of preterm babies.

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Any Questions?