

### Quarterly Data on SMASSE

Activity	1st Quarter (Jan-Mar)	2nd Quarter (Apr-Jun)	3rd Quarter (Jul-Sep)	4th Quarter (Oct-Dec)	TOTAL
National INSET	596	352	162	0	1,110
District INSET (Phase 2)	0	7,720	6,640	0	14,360
District INSET (In-country & Pilot)	0	3,130	920	0	4,050
District Education Officer Workshop	0	0	70	0	70
Principals Workshop	0	0	300	0	300
Quality Assurances Officers	0	0	300	0	300
3rd Country Training	0	0	0	250	250
<b>TOTAL</b>	<b>596</b>	<b>11,202</b>	<b>8,392</b>	<b>250</b>	<b>20,440</b>

After successful piloting in the 9 districts and in another six districts under the JICA In-Country Training Programme and due to its impact and demand the technical cooperation was extended for another five years and expanded to cover all the Kenya districts with effect from July 2003.

Since other African countries have had poor performance in mathematics and science, Japan committed itself at the World Summit on Sustainable Development in 2002 to support strengthening of mathematics and science education in Africa. Kenya MOE also undertook to collaborate with JICA in helping other African countries in training their trainer of trainers. Since then 32 countries in Western, Eastern, Central and Southern Africa (WECSA) have indicated strong desire to initiate SMASSE type of INSET. Some of these countries have had their mathematics and science educators trained by SMASSE Kenya with support of JICA. In addition, under auspices of JICA, SMASSE-Kenya national trainers are sent as third country experts to help WECSA countries wishing to set up SMASSE type of INSET. Uganda, Malawi and Nigeria have benefited from this arrangement made in collaboration with MOE. To facilitate training of needed personnel from Kenyan and WECSA countries, former Karen Centre for Research and Technology was renamed as Centre for Mathematics, Science and Technology Education in Africa (CEMASTEA), and renovated in 2004/5 for training of 90 residential participants per course throughout the year rather than training only during the KSTC vacation as it was the case during the pilot phase.

### 2. AICAD

The idea of a Base for African Human Capacity Building was addressed at the second Tokyo International Conference on African Development (TICAD II) in October 1998 in Tokyo, Japan. Following the TICAD II, the government of Japan together with the governments of Kenya, Tanzania, and Uganda agreed to establish African Institute for Capacity Development (AICAD) in the year 2000. The main goal of AICAD is poverty reduction in the African region through human capacity development. AICAD's vision is "to be the leading African institution in building human capacity for poverty reduction" and its mission is "to link knowledge to application within communities in order to reduce poverty in Africa". Phase 1 (2000-2002) and Phase 2 (2002-2007) of AICAD/JICA Project have been implemented in line with the Record of Discussions (RID) signed in Nairobi in June 2000 which stipulates Japanese Government's long-term commitment towards AICAD. A final evaluation of the Project Phase 2 was successfully conducted in October/November 2006 by a joint evaluation team composed of representatives from JICA and the three regional governments, and universities. In the course of the evaluation, Project's performance and achievements were confirmed, and lessons learnt and recommendations were prepared. As a whole, the project was judged to be achieving its purpose. During the presentation of the evaluation findings to the 13th Joint Coordinating Council (JCC),



Mr. Michio Kanda, Counselor to the JICA President, delivered the official statement of JICA to express JICA's prospects for the Project Phase 3.



Participants of AICAD Third Country Seminar who visited Mwea Irrigation Scheme.

### 3. Strengthening Capacity of Grassroot Women for Socio-economic Development

There is need for recognition and promotion of women as important elements in the fight against poverty. In order to achieve poverty reduction, active participation of women in national development is of paramount importance. In this connection, JKUAT and JICA started a training project in 1994, which has developed to the In-Country Training Project for Strengthening Capacity of Grassroot Women for Socio-economic Development. This project aims at empowering rural women to meet challenges that they face in agriculture, land management and environment as producers of food, family welfare, income generation and value addition as well as leadership in communities.



Issuance of certificates to rural women after completion of an In-Country Training.

### 4. JOCV

Many Japan Overseas Cooperation Volunteers (JOCVs) in various fields such as vocational training and promotion of sports activities are dispatched under this programme. Please see page 26 for details.

### Newly Intiated Programmes

#### 1. Capacity Development of the Department of Children's Services

JICA Expert, Ms. Asako Sato, arrived in Kenya in September 2006 and has since been assisting Department of Children's Services (DCS), in the Ministry of Home Affairs. She is expected to make proposals on feasible and sustainable education and skills development programmes, and also to strengthen the Department of Children's Services to identify job opportunities available in the labour market for the trained youth as well as the relevant skills advancement opportunities.

In relation to the above outputs, the JICA Expert is also expected to support DCS to establish close relationships with Non-Governmental Organisations as well as other government ministries and agencies, and also to recommend ways and means through which the Department could identify sources of funding for the sustainable implementation of activities. A two-month Pilot Project on Skills Development for Children and Youth in Rehabilitation Schools in collaboration with National Association for Technology Transfer and Entrepreneurial Training (NATTET) is expected to start in January 2007. Fifty children in Kabete and Getathuru rehabilitation schools are expected to receive demand-driven skills such as bakery and soap-making through the training.

#### 2. Crime Prevention, Rehabilitation and Protection of Vulnerable Children in Kenya

This project, which started in August 2006, is a joint cooperation between the Government of Kenya and that of Japan. The project targets 250,000 vulnerable children country-wide through community support of vulnerable children and



rehabilitation of child offenders. It will also invest in human resource development through training of children officers, volunteer children officers (VCOs) and officers from Probation, Judiciary, Prisons and Police.

In November 2006, 16 officers drawn from Department of Children's Services, Judiciary, Police, Probation and Prisons Department were trained for one month in Japan. To date, over 500 VCOs have attended various JICA-supported trainings, 76 Government officers have been trained in Japan and an estimated 800 Government officers from the department of Children's Services at the headquarters, districts, rehabilitation institutions etc. have benefited from various in-country training through the project.

Since 1999, JICA Kenya and the Department of Children Services have had an on-going joint collaboration with the technical support of United Nations, Asia and Far East Institute for the Prevention and Treatment of Crime, (UNAFEI Tokyo) on crime prevention and treatment of juvenile offenders. Since the year 2001, the Department receives UNAFEI experts to support in-training of officers on various aspects of Juvenile justice system. Through the Project, the plight of children in conflict with the law, has been highlighted and this has led to their recognition as vulnerable children, a fact reflected in the National Plan of Action for Orphans and Vulnerable Children (NPA). In addition, the National Standards, as well as Voluntary Children's Officers (VCO's) Manual, which were developed by the Project, are also mentioned in the NPA.



*Most children in Africa are vulnerable to various risks and so they need all the protection, and JICA has offered its support through Department of Children's Services (DCS) in the Ministry of Home Affairs.*



*Teacher Anne Kamidi.*

## What a Teacher Says About SMASSE

Mrs. Anne Kamidi, a biology teacher at Kenya High School, who is also one of the SMASSE district trainers, says there is absolutely no doubt that SMASSE has had a positive impact on both secondary school teachers and students. She praises SMASSE and is certain that she is echoing the sentiments of many other 'SMASSEd' teachers, a term they jokingly use to refer to teachers who have undergone the SMASSE training.

Mrs. Kamidi has been a biology teacher for over 20 years and she confesses that she thought she knew everything there was about teaching until she went for the SMASSE training. Through the ASEI (Activity, Students, Experiments, Improvement) and PDSI (Plan, Do, See, Improve) models, the SMASSE programme trains teachers to first and foremost change their attitude towards science and mathematics and the teachers in turn help students to gain a positive attitude towards the subjects.

It also changes the teaching focus from a teacher-centered learning situation to a student-participatory and experimental learning process. There has been a spill-over effect such that non-science subject teachers are now beginning to ape the SMASSE model in their teaching.

Thanks to the SMASSE programme, student enrolment in physics in Kenya High School has doubled, and there has also been remarkable improvement in the maths too. Mrs. Kamidi recommends that SMASSE training be a must for every science teacher in the country.



## For a Healthier Nation

The Health Sector is one of the five key priority areas of development receiving Japan's ODA in Kenya. It is recognized as a sector that is directly related to social and economic development, poverty reduction and the achievement of the health related Millennium Development Goals.

### Past Support to Health

Until recently, JICA cooperation in the health sector in Kenya has been synonymous with the projects at the Kenya Medical Research Institute (KEMRI) (1991-2006) and the Kenya Medical Training College (KMTTC) (1998-2003). Coupled with Japan's grant aid for facilities construction and equipment supply, JICA has extended technical cooperation to these institutions through various assistance schemes.

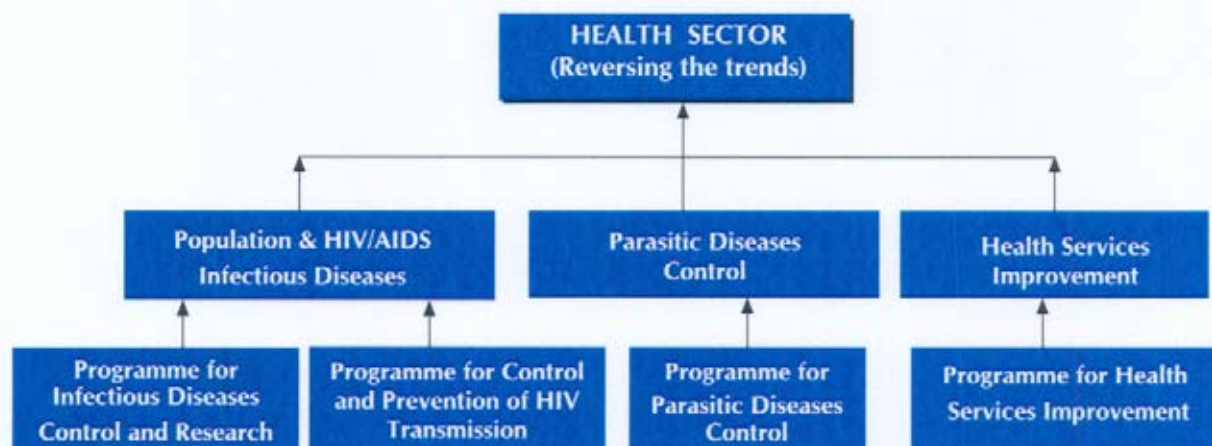
KEMRI in collaboration with JICA, has through many years of research, developed two test kits for screening blood for HIV and hepatitis B viruses and thus helped to prevent transmission of these viruses through blood transfusion. These kits, known as the KEMRI HIV-1 P.A. and KEMRI HEPCELL II respectively, are cost-effective, simple and therefore more appropriate especially to African countries with poor resource settings. The last phase of cooperation under the Infectious Diseases Project (IDP) and the International Parasite Control Project (IPCP) ended in April 2006.

On the other hand, KMTTC started as a college in 1927 with a class of four students in a single training programme and has over the last eight decades grown to the present strength of six thousand (6,000) students, attending over fifty courses in sixteen academic faculties. KMTTC offers certificate, diploma and higher diploma courses in various disciplines.

Following its rapid institutional growth, KMTTC was affected by the chronic lack of adequate facilities and equipment to undertake training. The Government of Japan provided grant aid of approximately Kshs. 894.5 million between 1995 and 1998 for the rehabilitation of physical facilities at selected constituent colleges, provision of training equipment and support to transportation at nine constituent colleges.

In addition, the KMTTC technical cooperation project was implemented between 1st March 1998 and 28th February 2003 whose purpose was to improve the educational capacity of the college. The project realised the training of academic staff on teaching methods and text book organization. There was also a survey conducted for the improvement of the educational curriculum and development and upgrading of text books which was fed back into strengthening staff capabilities to offer quality training.

### Support to the Health Sector





In the year 2006, JICA accepted about 25 Kenyan trainees in Japan from various health sector fields such as research in tropical medicine, nursing management, school health, medical equipment maintenance etc. There were 11 technical experts dispatched to Kenya covering fields such as medical engineering, community health, maternal care, drug management, HIV/AIDS control, blood safety etc. These experts worked closely with their Kenyan counterparts to implement various activities geared towards improvement of public health. In the field of HIV/AIDS control, JICA sent under group dispatch several Japanese volunteers (JOCV) to work in the Ministry of Health and the National AIDS/STI Control Programme (NAS COP). An assortment of equipment and facilities were also provided to support the technical transfer and project implementation in the different program areas.

JICA's core health program areas in Kenya include:

- i. Infectious Diseases Control and Research;
- ii. Control & Prevention of HIV Transmission;
- iii. Parasitic Diseases Control; and
- iv. Health Services Improvement.

## On-going Projects

### 1. The Project on Improvement of Health Service with a focus on Safe Motherhood in Kisii and Kericho Districts

This project also popularly known as "Safe Motherhood in Kisii and Kericho", (SAMOKIKE) is on-going in Kisii and Kericho districts in the Western part of Kenya. The project started in March 2005 and is set to end in March 2008. The purpose is to improve maternal care through activities centred on the health centres and the target communities. The project aims to benefit the people in these two districts and particularly women of reproductive age. Reduction of maternal mortality in the project area is one of the key indicators for the overall goal.

In the year 2006, the project was due for the midterm evaluation to assess the progress made towards achievement of the project purpose. Observations from the project site indicated several areas of achievement by the project, among them the following:-

- i. Residents in the project area recognised safe

motherhood as a priority health issue. Awareness of the general public in Kisii district about safe motherhood rose to 85% up from 40% at the start of the project.

- ii. The training provided by the project enabled health workers to be able to timely detect signs of danger in both pregnancy and delivery for cases that required referral to the district hospital. Subsequently, the use of the referral system from the health centres to the district hospitals was gradually improving.

Further work is required in improving the referral system especially facilitating communication between the community, health centres and the referral hospitals.

### 2. KEMRI/JICA Third Country Training Programme on Blood Safety

This training programme implemented at KEMRI has been on-going since year 2000 with participants drawn from several countries in the African region. The 9th course was held in August 2006 and drew 32 participants from 11 countries bringing the total number of those trained to 212. The last training course is scheduled for February 2007.

## Newly Initiated Projects

### 1. The Project on Strengthening People Empowerment Against HIV/AIDS in Kenya

This project, also popularly known as "SPEAK Project" was initiated on 30th June 2006 when JICA and the Ministry of Health signed the Record of Discussions on the technical cooperation for the project. The project is implemented by NAS COP and aims at annually increasing the number of Kenyans tested for HIV, especially the youth aged between 14 – 24 years in South Rift Valley and Nyanza province. It will support NAS COP in the planning of HIV testing promotion, provision of quality testing services, dissemination of appropriate information on HIV/AIDS to enable people avoid infection and strengthening of the monitoring and evaluation system.

In Kenya, NAS COP has made tremendous progress in the establishment of a Quality Assurance system for Voluntary Counselling and Testing services



A VCT Centre in Naivasha.

(VCT). In August/September 2006, JICA through its HIV/AIDS control projects in Tanzania and Zambia facilitated a visit to NASCOP by the JICA Experts and their counterparts from the two countries. The purpose of the visit was to learn from Kenya's experience in establishing such quality assurance system for VCT services. Through the technical discussions, site visits and sharing of country experiences, the visit provided an apt opportunity for NASCOP and the SPEAK project to share information, identify further areas that require strengthening and promoted networking for regional collaboration with other partners. A long-term expert as Chief Advisor was assigned to the project and is based at NASCOP headquarters.

## 2. The Blood Safety ("MOTTAINAI") Project

On 2nd October 2006, the Ministry of Health and JICA signed the Record of Discussions (R/D) on Technical Cooperation on the Blood Safety (MOTTAINAI) Project. *Mottainai* is a Japanese word that embraces the spirit of not wasting resources but using them with respect and gratitude. It was introduced to the international arena by Prof. Wangari Maathai, Winner of the 2004 Nobel Peace Prize and former Assistant Minister for Environment in the Government of Kenya. In the context of this project, blood is precious and therefore "mottainai" to avoid wastage.

This three-year project is being implemented by the Ministry of Health through the National Blood Transfusion Service (NBTS). The project aims to support the Government of Kenya in developing, demonstrating and applying as national standard,

approaches for safe, appropriate and efficient use of blood products. These standards would be applied to other blood transfusion service institutions to promote blood safety in Kenya. JICA assigned a long term expert as Project Co-ordinator and provided equipment to support implementation of the project activities.

## 3. In-Country Training on Medical Engineering

Upon request from the Government of Kenya, the Government of Japan approved support to building capacity of the Ministry of Health's medical engineering staff. The three-year in-country training programme on medical engineering was thus initiated in February 2006 to benefit staff from the ministry.

Three training sessions were conducted between August and October 2006. A total of 60 staff comprising medical engineers from various public health institutions across the country attended the training each lasting a period of three weeks. The first year's training focused on workshop management, computer utilization and maintenance of X-ray and Ultra-Sound machines. Practical sessions to enrich the training programme were conducted at Kiambu District Hospital and Machakos General Hospital.

## Events

JICA participated in several major events in the health sector notably the:

- Joint Sector Appraisal Mission, May 2006;
- Health Planning Summit, June 2006;
- Health SWAp Design Meetings, September 2006;
- HIV/AIDS Annual Joint;
- Joint Sector Review Mission, October 2006; and
- Health Review Summit, November 2006