KEMRI KARGENO RESEARCH & POLICY HUB

KARGENO MONTHLY

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From the Director's Desk

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There are many things that make a good team, but not all of them are easy to see.

Someone notices a problem and says, “Let me see what I can do.” Someone asks the question that needed to be asked. Someone takes the time to explain something instead of simply saying, “Just do it this way.” Someone steps in when a colleague has too much on their plate.

These things can seem small at the time. They are not.

We spend a lot of time talking about the quality of our research, and rightly so. But good research also depends on the people and relationships behind it, how we communicate, how we handle mistakes, how we give feedback, and whether we make it possible for the person next to us to do their work well.

Of course, we will have difficult days**. Tutakosea, tutarekebisha**. We will disagree, sometimes we will probably have the same conversation three times before everyone is talking about the same thing. That is also part of working together.

What matters is that we don't lose sight of the bigger picture.

As Kargeno continues to grow, I hope we remain a place where people can do good work, ask questions, learn from one another and know that their contribution matters - even when it is not the part that gets noticed.

Maybe that is something worth remembering this month: not everything important has a headline.

STUDY SPOTLIGHT

MK-8527-010 | STUDY SPOTLIGHT

WHEN FOLLOW-UP GETS REAL

The calendar gives the visit window. Real life decides how easy it is to get there.

August finds MSD in a different phase. With participants now moving through successive monthly visits, the story is increasingly about continuity - keeping people engaged, keeping visits on track and making the study experience workable alongside everyday life. The numbers show a strong picture: **147 Month 1 visits and Month 2 visits** had been completed on target. But behind those numbers is a lot of coordination that rarely fits neatly into a percentage.

AT A GLANCE

153 Enrolled	**147** Month 1 visits completed on target	**147** Month 2 visits completed on target	**121** Month 3 visits completed on target	**94** Month 4 visits completed on target	**11** Month 5 visits completed on target	**7** Month 6 visits completed on target
	1 EOT	**1** FU28		**1** HIV Confirmation		

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WHAT DOES IT TAKE TO KEEP SOMEONE COMING BACK?

Sometimes it is a reminder. Sometimes it is reaching someone through another appropriate contact. Sometimes it is understanding that work, travel or childcare has changed the plan. That is where the human side of retention comes in. The team is scheduling ahead, following up on participants who are difficult to reach and working through barriers individually rather than assuming that every missed appointment has the same explanation.

And sometimes, it is about what happens when they get here.

At site level, the team is working to make the environment **welcoming and practical for participants and their families**. There is a baby minder on site, MCH services, Wi-Fi, indoor games, music and handiwork activities. For participants who arrive with children, having somewhere safe and engaging for them to spend time can make the visit that little bit easier. It may sound like a collection of small things, but over months of follow-up, the small things count too.

A child-friendly space where little ones can play while their caregivers are at the site.

BECAUSE, AS WE ALL KNOW, LIFE HAPPENS…

A participant may have every intention of making their visit, then work runs late, travel comes up, childcare falls through or the phone number that worked last week suddenly doesn't. The tracker only shows the appointment; it doesn't show everything happening around it.

THAT'S WHY FOLLOW-UP STARTS EARLIER

The team is giving itself more room to work with those realities. Visits are being scheduled ahead, reminder calls made early, and participants who are harder to reach picked up sooner. It means there is time to work through a challenge before an appointment becomes a missed visit. As the months progress, the team is beginning to see that retention is not one-size-fits-all.

The shift is subtle but important: not only asking who missed a visit, but asking who may need support before one is missed.

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LOOKING AHEAD: A FEW MILESTONES WORTH MARKING

MSD follow-up stretches well beyond the first few clinic visits, so the team has been thinking about the experience along the way too. There are now a few small gifts planned as participants move through the study. They range from simple, everyday things to items that are a little more fun - a bucket hat, a branded T-shirt, a make-up kit and, further along, a mini backpack.

At one of the later milestones, participants will also get to choose what works best for them: a dignity pack, wireless headphones or a power bank. The choices are quite different for a reason. It is not a huge part of the study, but it adds a little something different to the long stretch of follow-up.

MONTH 6 |BUCKET HAT

MONTH 12 |DIGNITY PACK

MONTH 15 | MAKE-UP KIT

MONTH 24 | MONKEY BAG

As follow-up continues, the team is also paying attention to the experience beyond the clinic visit itself. They have thought of simple ways to keep the participants engaged, and the 360 TikTok booth and pool table are among the first to be taking shape. They may seem like small additions, but this give youth something to enjoy while they are at the site and make the experience a little less routine.

"Coming back should feel good too."

It is part of making the study environment work for the people taking part - and there is more to come.

The 360 boothe

Bringing a little fun into the participant experience.

Pool table

A little friendly competition between visits.

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Nothing complicated - **just a small way of saying, "You've made it this far, and that matters."**

TUNAWIRI | STUDY SPOTLIGHT

WHAT DOES IT TAKE TO SCALE CARE?

Every intervention has a cost - in time, people and resources. Beyond whether it works, Tunawiri is asking another important question: what does it actually take to deliver?

Some of the work that keeps care moving is easy to overlook. A participant call here, a referral there, time spent documenting an activity or checking in with a colleague. None of it seems particularly big on its own, but add it all together and you begin to see what delivering an intervention actually takes. That is what the Tunawiri team began unpacking on 7 August at Canada Hall, ACK Shaurimoyo. Led by Dr. Sarah Ngere, the session introduced the team to Cost/Cost-Effectiveness and the Time and Motion Study, looking closely at where time goes, what resources are used and how the everyday work of delivering the intervention adds up.

THE BIG QUESTION

How much work sits behind a Tunawiri visit - We know what the intervention involves. But how much time does it actually take to deliver it?

AIM 3 IN PRACTICE | ***The Tunawiri team working through the Time and Motion tools during the August training.***

WHERE DOES THE TIME GO?

Working through the forms brought up the questions you would expect when a new tool meets the actual work. **Where does this activity fit? When should the timing start? And how do you record tasks that overlap?** The dry run gave the team room to work through those grey areas together, check that the activities were captured correctly and clarify anything that could be interpreted differently. Much better to have the "where do I put this?" conversation during the practice run than halfway through data collection.

ONE IMPORTANT DISTINCTION

Not everything that takes time is part of delivering the intervention. Some activities are part of Tunawiri care itself; others are there because the intervention is being studied. Aim 3 needs to tell the difference.
That distinction is important for costing because it helps show what would actually need to be carried forward if the intervention were delivered beyond the research setting. Time-and-motion methods are commonly used in implementation research for exactly this kind of resource understanding

A quick look at where the study stands as August unfolds.

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565 / 600 Overall participants enrolled	**395** pre-intervention participants enrolled	**170** intervention ppts	**386** deliveries recorded
344 6-weeks follow-up	**250** 6-month follow-up	**191** 12-month follow-up	**151** intervention ppts currently in active PM+ sessions
110 total current ppts completed PM+ sessions		**12** ppts referred for psychiatric review	
27 Total psychiatric review sessions offered			

Some women are still coming through enrolment. Others have already delivered. Some are back for their six-week visit, while others are much further along at six or even twelve months. And for women receiving collaborative care, PM+ sessions, case reviews and mental-health support are happening alongside all of that. The August progress update reflects exactly that spread, with women now moving through multiple stages of follow-up.

Showing that care works is important. Understanding what it takes to keep that care working brings the conversation closer to scale.

VSM | STUDY SPOTLIGHT

A snapshot of VSM

486 caregiver–AGYW dyads enrolled across 12 active sites by 21 Aug	**84** dyads enrolled across Pawteng'e and Urudi	**191 / 185** caregiver / AGYW Month 6 visits completed
62 / 65 caregiver / AGYW Month 12 visits completed	**3 of 6** intervention sites with agricultural training completed; 3 ongoing	**3 in 5 of 6** intervention sites with relationship-strengthening training completed

From training rooms to farms and homes, August shows the intervention in action.

Learning together at Ratta Senior School

Agricultural learning moving into practice

There is a point in Vijana Shamba when the lesson stops being just a lesson. It becomes a bed prepared for planting, a crop checked in the morning, a conversation about water, or a household figuring out what is realistic with the land and resources it has.

That was the rhythm of August. Training continued across the intervention schools, while demonstration plots were being prepared and tended, vegetables were harvested, and the team went into households to see the farms and water sources participants were working with. At the same time, new dyads were joining, others were returning for follow-up, and make-up sessions helped participants who had missed earlier training keep moving.

Pawteng'e: preparing the demonstration plot through tilling, blocking and furrowing

The work after preparation: crops growing and being tended.

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KEEPING THE JOURNEY MOVING

There is a lot happening in VSM at the same time.

At Pawteng'e, relationship-strengthening sessions are happening, with all 12 scheduled dyads attending one session. In Kisumu East, make-up sessions, a participants who had missed earlier modules came back for the sessions. At Urudi, new dyads were joining the study, completed their enrolment activities and were given their next follow-up appointments. The follow-up calendar was also moving alongside all this activities. As of 21st August, 191 caregivers and 185 AGYW had completed their Month 6 visits, while 62 caregivers and 65 AGYW had completed Month 12. But these numbers have people and circumstances behind them. Someone misses a session and finds a way to catch up. Someone else is already several visits further along. A new participant is just beginning while another is already well into the study. VSM has to hold all of these journeys at once. And sometimes, the next step is shaped by something that has nothing to do with the study. For some of the young people, moving from Form Three to Form Four may mean moving away from home to a boarding school. That can affect where they are, when they are available and how the team reaches them for study visits. Rather than losing them from the study, continued participation has been approved, and the team is working out practical ways to keep their follow-up going around the school calendar. That is one of the realities of following young people over time. *It is a small but very real part of the VSM journey - keeping young people connected to the study even as the next chapter of their lives begins.*

"From school to shamba to home - kazi inaendelea

KENSHE | STUDY SPOTLIGHT

A moment from the KENSHE journey.

THE END IS COMING INTO VIEW

KENSHE has reached a milestone that marks a real change in the life of the study. The end-of-study phase is now well underway, with 1448 participants having completed their exits across Kisumu, Thika and Nairobi. The remaining work is focused on bringing the study to a careful close.

After years of following young women, this is the point where the pieces begin to come together. The visits, conversations, samples and data that have accumulated over the course of the study are becoming something bigger than individual study activities; **a body of evidence that can help us understand HPV, STIs and reproductive health in greater depth.**

We are already seeing some of that work take shape. The **KEN SHE STI/PID paper**, published in *The Lancet Regional Health – Africa*, draws on 4.5 years of follow-up to examine STI incidence, reinfection and reproductive morbidity among adolescent girls and young women receiving systematic testing and treatment. It is years of participants showing up, teams following through and data being built carefully, now turned into something that can be read, learned from and carried into the next study. And the story does not stop with what has already been learned. The work is beginning to point towards new questions, including interest in oral HPV research and the possibility of future research work among men and boys. These are still developing ideas, but they are a reminder that research rarely moves in a straight line. One answer can open up another question

And perhaps that is where KEN SHE is now: finishing what it started, while leaving the door open for what comes next.

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SITE & OPERATIONS

MILIMANI: BEFORE THE BIG MOVE

In July, we were still talking about what needed to be done at Milimani. By August, the conversation had started to change: what will we actually do with this space?
The team has not moved in yet, so it is not part of the everyday Kargeno routine. But walk through the Annex now and it is easier to imagine it as more than an unfinished space. Rooms are taking shape, workstations are finding their places, and the conversations are slowly shifting from "what is left to do?" to "what could we do here?"

The furniture may be arriving, but Milimani is not occupied yet. August was about getting the space ready - and thinking carefully about what it may eventually need to support.

A glimpse of where meetings will eventually happen.

Another room, still waiting for its final set-up.

The photographs capture Milimani at an interesting point: far enough along that you can begin to picture a working day here, but not yet at move-in. Some rooms already give a sense of their future use; others still leave room for decisions about layout and function.

Workstations waiting for the team.

Even the doors are beginning to hint at what will go where.

WHAT IF MILIMANI COULD DO MORE?

For a while, the question at Milimani was pretty simple: **when will the space be ready?** Now, there is another question in the mix. As the Annex takes shape, there has been some thought about whether it could eventually be registered as a health facility, that would open up a different kind of use for the space, including the possibility of supporting clinical and laboratory work. It is still an idea being worked through, with the usual questions that come with something like this - **what the space would need, what would be required from a safety and regulatory point of view, and whether it is the right fit?!**

Domiciliary Room 1

Domiciliary Room 2

Pharmacy

The aim is simple: make the space work better for the work.

Nothing is settled yet. It is simply one of the possibilities now on the table. And that feels like a more honest place for the Milimani story to be right now: "**The space is coming together**"

COMMUNITY & ENGAGEMENT

Keeping the conversations going

August had its share of conversations - including the final radio session of the series on Nam Lolwe FM and an August visit from IQVIA.

The radio series gave the team another chance to sit down, talk and listen around the questions that matter to the communities we work with. The IQVIA visit was a different kind of conversation, bringing a research partner into the Hub to see the people and work behind the studies. Two different settings, but both very much part of the same thing: putting people at the centre of the work.

A DIFFERENT KIND OF HELLO

Partnerships are part of how research moves. They bring new ideas, new programmes and sometimes new possibilities to a site.

In August, Kargeno had the opportunity to welcome **Innocent Abayo from IQVIA** and spend some time talking about the Hub, the work already underway, what the site has grown into, and where there may be room to do more together.

There was conversation around the current portfolio, future programmes and what it takes for a site to be ready when the next opportunity comes along. The visit also gave IQVIA a chance to see Kargeno beyond the study documents, the people, the spaces and the work that keep everything moving. There is something different about seeing the work for yourself. What may look like a list of studies on paper starts to make sense when you meet the people behind it and walk through the place where it happens. It was a simple exchange, but a useful one - people meeting, ideas being shared and a few possibilities beginning to take shape.

"Sometimes the best conversations start with simply making time to sit down and see what is already there."

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AND ON RADIO, THAT'S A WRAP

One more time at **Nam Lolwe FM**, and this time, it was the final session of the radio series.

The topic was **future vision and shared responsibility**, which gave the team room to look beyond the usual day-to-day health conversations. The discussion touched on how young people and communities think about their future, the choices they make, and the responsibility that comes with being informed and involved.

It wasn't a conversation about having everything figured out. It was more about asking the questions that matter: **What kind of future are we working towards? What part do we each play? And what happens when we stop leaving everything to someone else?**

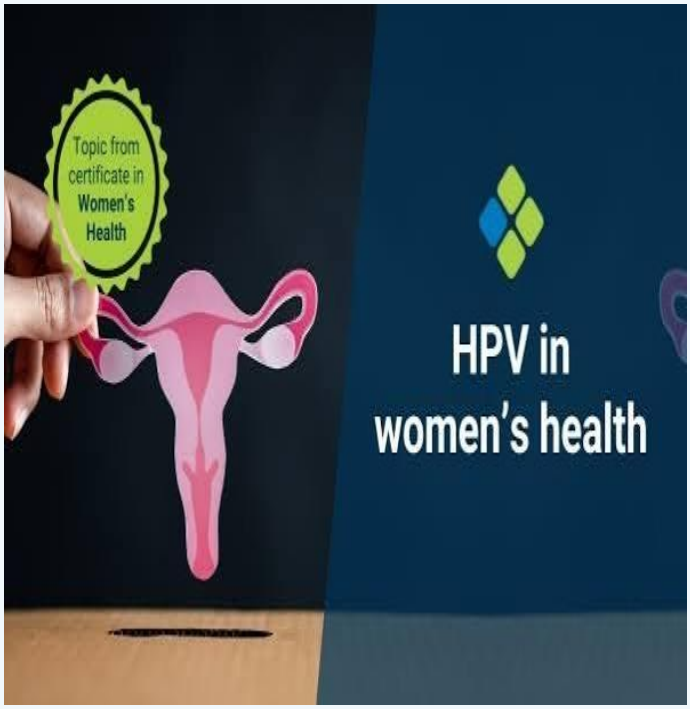
After several sessions, this was the last "tuko hewani."The series may be over, but the conversations don't have to be. Some will continue in the community, some in clinics and schools, and some around tables at Kargeno.

"The microphones went off. The conversation doesn't have to."

SCIENCE & PUBLICATIONS

A COUPLE OF PAPERS MADE IT OUT

Research has a way of making a long journey look deceptively simple once it reaches a journal. A few publications deserve their moment in this month's bulletin. Each one started with a different question, but all three turn years of research into evidence that can travel beyond the study team.



HPV, CONTRACEPTION & CLEARANCE

Published online in The Lancet Regional Health – Africa, this open-access secondary analysis looked at whether HPV acquisition and clearance differed by contraceptive method.

THE STUDY

Women aged 16–35 in Kenya and South Africa were followed quarterly for up to 18 months. The HPV sub-study included 311 women; among the 81 who were HPV-negative at enrolment, 57 acquired HPV during follow-up. The analysis compared DMPA-IM, the copper IUD and the levonorgestrel implant.

WHAT STOOD OUT

The copper-IUD group had a higher risk of acquiring any HPV than both the DMPA-IM and levonorgestrel-implant groups. No difference in HPV clearance was observed between the groups.

The finding adds another layer to contraceptive counselling and points to the value of considering HPV outcomes alongside contraceptive choice.

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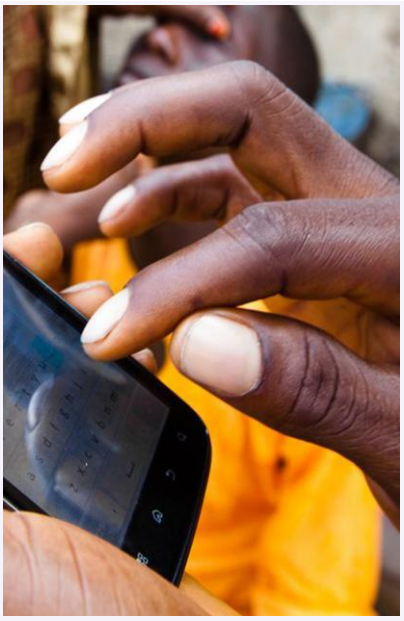

CONCEPTPREP-ON-DEMAND

Published on 28 July 2026 in the East African Health Research Journal, this study explored whether digital, on-demand delivery could make HIV prevention and contraception more accessible to adolescent girls and young women.

THE STUDY

The pilot followed 205 AGYW aged 16–24 in Kisumu County: 104 chose the digital intervention and 101 received standard facility-based care. The digital model combined tele-counselling, online ordering of sexual and reproductive health commodities and discreet delivery.

WHAT STOOD OUT

At six months, PrEP continuation was lower in the digital arm than standard care (34.4% vs 72.0%), and contraceptive continuation was also lower (84.5% vs 94.7%). At the same time, acceptability was high: 85.1% said they would be interested in using the digital service in future.

That tension is what makes the study useful: convenience and acceptability alone are not enough. Digital prevention also needs the right support and accountability to help people stay engaged.

"Women's health is brain health, and brain health is the core of women's health."

KEN SHE STI/PID

The KEN SHE STI/PID analysis gives the study a longer lens, following **2,275 adolescent girls and young women across three Kenyan sites for a median of 54 months.**

THE STUDY

The analysis looked at STI incidence, reinfection and pelvic inflammatory disease among participants receiving regular testing and treatment for gonorrhoea, chlamydia and syphilis.

WHAT STOOD OUT

Nearly seven in ten participants (68.9%) tested positive for at least one STI, yet 71% of those infections had no symptoms. And among those who experienced a bacterial STI, **41% were reinfected.** Even with regular testing and treatment, infections continued to occur and recur. **It is a reminder that treatment is important, but it cannot be the whole prevention strategy.** The findings show that testing and treatment alone cannot break the cycle of infection. They strengthen the case for prevention approaches such as vaccination and prophylaxis alongside treatment.

"An ounce of prevention is worth a pound of cure." - Benjamin Franklin

The recent publications show the breadth of questions being explored across Kargeno. Different studies are asking different questions, but they share a common purpose: to understand what is happening, test what works, identify where current approaches fall short, and build evidence that can shape what comes next. And these are not the only stories in motion. Other manuscripts are moving through review and revision adding to a growing body of work from across the Hub. Each one brings another question, another piece of evidence and another opportunity to learn.

For a research programme, that is the part worth noticing. **The work does not stop when the data are collected. It continues in the questions the findings raise, the conversations they open, and the decisions they can help inform.**

From fieldwork to published evidence, the work is finding its way into the wider audience.

LOOKING AHEAD

THE WORK CONTINUES TO MOVE

There is always something moving at Kargeno. Some studies are deep in implementation, others are reaching important milestones, and new work is finding its way from an idea on paper towards the field.

The months ahead will bring their own set of deadlines, approvals, audits, publications and new study milestones. Each comes with its own demands, but together they are part of the same work: keeping research moving while making sure the foundations remain strong.

There is also a growing body of work to carry forward. Studies are generating evidence, manuscripts are moving towards publication, teams are learning from implementation, and new questions are beginning to emerge. What happens next is shaped not only by what has already been achieved, but by what the work has taught us along the way.

That makes the months ahead less about starting from scratch and more about building on what is already in motion - strengthening ongoing work, closing what needs to be closed, and creating room for the next ideas to take shape.

A LITTLE OF EVERYTHING, ALL IN ONE PLACE

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At Kargeno, no two days quite look the same. It is a mix of research, people, problem-solving and plenty of moving parts often happening at the same time. And perhaps that is what makes Kargeno what it is: different pieces of work, different teams and different studies, all moving in the same direction.

There is always something happening at Kargeno and usually, something new just around the corner.

IMPLEMENTATION • MILESTONES • APPROVALS • PUBLICATIONS • NEW QUESTIONS

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Advancing equitable health outcomes through innovative clinical research, strategic partnerships, and evidence-based solutions