



**African Population and
Health Research Center**



**EVIDENCE TO ACTION
2015 ANNUAL REPORT**

APHRC AT A GLANCE

RESEARCH



Aging & Development



Population Dynamics & Reproductive Health



Health Challenges & Systems



Education



Urbanization & Wellbeing



Statistics & Surveys

RESEARCH CAPACITY STRENGTHENING



Fellowship Programs



Training Programs



Partnerships with Universities

OPERATIONS



Operations
Information & Communications Technology
Finance & Administration
Human Resources

POLICY ENGAGEMENT & COMMUNICATIONS



Policy Engagement



Communications



Knowledge Management



TABLE OF CONTENTS

■ Message from the Chair of the Board	4
■ Message from the Executive Director	5
■ 2015 Achievements	6
■ Knowledge Generation	7
■ Aging and Development	9
■ Education	10
■ Health Challenges and Systems	13
■ Population Dynamics and Reproductive Health	14
■ Urbanization and Wellbeing	16
■ Statistics and Surveys Unit	19
■ Influencing Change	20
■ Preparing Research Leaders	22
■ Social Impact	25
■ Capital Campaign	27
■ Financial Report 2015	29
■ Board of Directors	33
■ Funders & Partners	38
■ Publications	40
■ Acronyms	42

MESSAGE FROM THE CHAIR OF THE BOARD



PHILIP KINISU
CHAIR OF THE BOARD

Today we are at a critical juncture in Africa's development trajectory: Over the next decade, the number of working-age people on the continent should outnumber the number of dependents. With smart, targeted investments in infrastructure, relevant education and appropriate healthcare, the continent has the potential to achieve unprecedented economic growth. Such investments must be guided by rigorous data and evidence-informed decision-making.

At APHRC, as leaders in development-oriented research, we distinguish ourselves not only by the data we generate but the way we are able to apply our results to thoughtful, big-picture decision-making.

Whether through our technical working group models drawing in global thought leaders, or through our sustained partnerships with ministries of health and education or as members of global research consortia working in planetary health, data for development or solid waste management, we are part of the chorus of voices effecting change on this continent.

It is for this and many other reasons that the organization was honored in 2015 with the UN Population Award for our continued commitments and contributions to advances in population and health the world over.

But we need to do more than carry the tune; we must also set the tone.

Building confidence in African-led and Africa-based research institutions such as our own requires us to strengthen relationships in and out of government, and to seize on leadership opportunities. In 2015, I am pleased to say that we have traveled far in our efforts to demonstrate that leadership, to reinforce those partnerships, and always in a transparent and accountable way.

As we look toward our next strategic plan period, I am humbled and excited to be part of the governance structure

At APHRC, as leaders in development-oriented research, we distinguish ourselves not only by the data we generate but the way we are able to apply our results to thoughtful, big-picture decision-making.



of this esteemed pan-African institution. I am confident that we will continue to lead by example in all of our partnerships, cultivating stronger and deeper relationships with governments, academic institutions, and across the breadth of civil society. We will continue to interrogate the questions whose answers should yield solutions to the thorniest problems of development on our continent.

Our research is only the beginning of our engagement across the continent. We acknowledge with gratitude the enduring support and faith in our work from our network of partners and donors and look forward with great enthusiasm to what is on the horizon.

On behalf of the entire Board, I want to express my pride in our achievements over the last year and I am pleased to help steer us into our next strategic period and soar to even greater heights.

MESSAGE FROM THE EXECUTIVE DIRECTOR

With the end in 2015 of the Millennium Development Goal period and the shift to a broader and more inclusive development agenda, the priorities for Africa, too, have shifted.

No longer can we talk about human health and environmental health in isolation; no longer can we divorce the urban from the rural in identifying areas of concern in health and education; and no longer can we ignore our shared destiny within sub-regions and across the continent.

The continent can, and must, continue to prioritize its own areas of concern to shape its development agenda. As an African-led, Africa-focused think tank and research institution, APHRC strives to demonstrate leadership on the continent, modeling best practice for achievement of those goals, predicated on a robust body of evidence.

Whether in conversations in conference halls and plenary sessions at the global level or in single-room schoolhouses in poor communities around the continent, APHRC has used the evidence we generate to help make smarter, more strategic and more robust decisions at all levels of policymaking across the continent.

It is for this dedication that we were bestowed with the UN Population Award in 2015: global recognition of our outstanding contributions to population and reproductive health questions and their solutions.

But far from resting on our laurels, we drove ourselves further, and harder, to achieve greater heights, not just in the scope of our work but in its impact on the lives of all Africans.

In 2015, our work in girls' education has helped girls from some of the most vulnerable communities in Kenya achieve entry to secondary school. We are shaping national response strategies with our work in non-communicable disease, figuring out how to contextualize the WHO 'Best Buys' to the problems confronting urban poor populations. We are providing a platform for inter-generational dialogue to not only understand the perception deficits that prevent real intergenerational exchange but also to take the conversation forward as we investigate long-term care options for an expanding population of older Africans.

We are also making major gains in our efforts to champion a new generation of research leaders for Africa. Through our two doctoral fellowship programs we are providing support, mentorship and training to young academics working to apply their skills for the betterment of the continent.

“

How can we shape the agenda, influence the discussions, drive the change needed to lift future generations out of poverty into healthy, educated, informed citizens contributing to the social development, wellbeing, and economic growth of Africa?

Leading against the global goals is one thing; figuring out where we as an institution want to go next is another. Matching our rigor in research projects with innovative approaches, we are working to nurture and support sustainable capacity development among policymakers, academics and civil society groups across our five programmatic areas of research.



ALEX EZEH
EXECUTIVE DIRECTOR

As we look ahead to our next strategic plan period, we are beginning to formulate answers to the questions of where APHRC can, and must, guide discussions about the future of Africa, while addressing challenges that transcend continental boundaries.

How can we shape the agenda, influence the discussions, drive the change needed to lift future generations out of poverty into healthy, educated, informed citizens contributing to the social development, wellbeing, and economic growth of Africa?

I am proud of the critical role we play in generating information and analysis that will lead to meaningful action and policymaking across the African continent. As we celebrate our 15-year anniversary in 2016, may we continue to build on this legacy of achievement and remain invigorated by the pursuit of the best possible evidence to transform the lives of all Africans.



 **2015 ACHIEVEMENTS**



AGING AND DEVELOPMENT

Africa as a youthful continent is undergoing a dramatic demographic shift as lifespans for both men and women, urban and rural, are increasing due to improved access to health, sanitation and clean water among others. Estimates in sub-Saharan Africa suggest that by 2050, the number of people aged 60 and older is set to triple. How to encourage their contributions to decision-making while recognizing their influence at household level in both positive and negative ways, and developing a foundation for intergenerational dialogue to drive positive change that benefits both old and young are central to the strategy of our Aging and Development Program.

The Program team aims to deliver and broker sound evidence for policy and action, as well as advance scientific debates on old age, health and/or development in the region. Exploring the connection between aging and livelihoods is central to the program's research process in order to deepen the understanding of social and economic roles of older people across sub-Saharan Africa.

We are also probing how and where older people can be integrated into discussions around the demographic dividend, which has thus far focused mainly on youth. Understanding the facilitating and inhibiting influences of older populations on the young will go a long way toward establishing the right conditions to catalyze an economic boom that has the potential to affect all people across all generations.

The Program delivered a technical report to the WHO Centre for Health Development in Kobe, Japan based on a pilot test of a proposed set of WHO core indicators for Age Friendly Cities (AFC). Nairobi was one of a handful of cities globally involved in the pilot, and the results are helping to finalize these indicators. The findings provide a conceptual and empirical basis for adapting the WHO Age Friendly City approach in order to find areas of integration into urban sub-Saharan African slum settings. Eventually this could provide grounding for the genesis of an age-friendly slums initiative.

Further exploration of the experiences of older people related to health and aging in the sub-Saharan context include the submission of a synthesis paper to the WHO Department of Ageing and Lifecourse. Derived from findings from three cities -- Bamenda (Cameroon), Conakry (Guinea), Kampala (Uganda) -- the paper will help to refine approaches to better application of the age-friendly city initiative in low-income settings. It is anticipated that this work will continue well into 2016 as part of deliberations on the formulation of the WHO Global Strategy on Ageing and Health.



Hilda Akinyi
Research Officer
Aging and
Development
Research Program

In October 2015, we hosted a first-ever Intergenerational Dialogue in Nairobi, bringing together young people aged 21 to 31 as well as older people over age 60. We did this because there feels like there is this great divide between the youth and older people, particularly in Nairobi because of the misconceptions each has about the other. There is this sense that older people think youth are reckless, lack direction and mentors and turn to crime and other vices because they are lazy or unmotivated. Equally the young feel like they are being deprived of their turn, that opportunities are being kept from them, because of older people.

But when we brought them together over two days, giving them the space to interact and exchange, we saw that they were not as divided as we had thought. By supporting individuals to share their own feelings and perspectives, rather than just buying in to stereotypes, we helped steer the two age cohorts toward finding common ground and to keep building the bridges between them.

This is one of the great things about being a researcher, and especially being a researcher at APHRC. Research helps us understand situations and contexts so that we can explore how to bring out the best in people. In this situation in particular, it was about how to bring out the best in young people so that they set themselves on the right course for the future, by drawing on the experiences and wisdom of their elders.



EDUCATION

The decision by successive African governments to commit to offering free primary education to all children has had the desired impact of increasing school enrollment across the continent. Despite the gains made in boosting the number of children accessing basic education, there is increasing evidence that the quality of teaching is deteriorating. This means that an ever-greater number of children are missing out on some of the benefits of attending school, which will hinder their achievements in the future and compromise their opportunities.

Our Education Research Program (ERP) generates evidence in two main thematic areas:

- i) assessing access to basic education among vulnerable groups and uptake of universal basic education programs;
- ii) increasing opportunities for improved learning and critical thinking among students.

The Program continues to carry out observational studies, and has initiated research in developing and testing interventions to enhance girls' education. Our research team has also contributed its expertise to the evaluation of large-scale initiatives to improve access to education and learning outcomes among children.

The Program is involved in the evaluation of a major DFID-funded initiative known as SUCSEED that focuses on the critical issues of access, equity, and accountability in the Kenyan education sector. This is a three-year project to improve access to quality primary education by helping out-of-school children in low-income areas return to the classroom.

Our evaluation is looking at how grants to schools in these areas are helping to promote school attendance and retention of both students and teachers, to develop recommendations that would extend beyond the life of the project to improve access to and uptake of basic primary education. A midline survey completed in 2015 brings the Program one step closer to illustrating the impact of this potentially transformative initiative.

The Program also produced a report on Examining Learning Barriers in sub-Saharan Africa, based on a comparative study in Nairobi and the Iganga and Mayuge districts of Uganda. The comparative study has provided fruit for education policy discussions in both Kenya and Uganda, and led to a request by the Ugandan Department of Basic Education for the Program to develop an Information Paper to share with the Minister in 2016.

Discussions are ongoing within the Ministry and are expected to produce a White Paper to drive cabinet discussions on the most effective ways to improve access, quality and uptake of basic education in Uganda.





Dr. Benta Abuya
Research Scientist
Education Research
Program

I spent three years observing the impact of after-school mentoring on vulnerable girls in Nairobi's Viwandani and Korogocho slums. I wondered if the program would help them to improve their grades and more importantly, would it enable them to overcome risk factors – like unplanned pregnancies and poverty – and go on to secondary school?

In February 2015, I had my answer as I watched 139 girls in these slums graduate from Grade 8, on their way to secondary school. Their parents – who took part in a community forum throughout the work – beamed as they watched their daughters defy the limits of entrenched poverty. In the broader scope of our research, we saw improvement in the girls' grades and attendance in classes and heard from parents about how they have improved their relationships with their daughters and have developed a new commitment to education.

The research demonstrates that with support and investment, even people in urban slums have a chance at education. On to the next phase, where we will include pre-teen boys and their families!



The Program continues to carry out observational studies, and has initiated research in developing and testing interventions to enhance girls' education



HEALTH CHALLENGES AND SYSTEMS



As the curtain fell on the era of Millennium Development Goals (MDGs) and the world embraced a more holistic and inclusive development agenda, many countries in sub-Saharan Africa continued to make significant strides toward improving the health of their people. The protracted Ebola epidemic in West Africa, however, illustrated the fragility of health systems in many countries and the real danger that gains in tackling infectious disease epidemics and improving maternal, newborn and child health could be reversed.

New threats to shaky systems emerge regularly, yet none are likely to have as great an impact as the emerging risks of non-communicable disease to African populations. With the advent of the era of Sustainable Development Goals (SDGs), a more holistic approach to building stronger and more resilient systems for health is needed.

The Health Challenges and Systems (HCS) Research Program generates evidence on the i) epidemiology of infectious and non-communicable diseases (NCDs) and their inter-linkages; ii) critical health systems needs and challenges, and iii) global environmental change and its potential impacts on health. One of the signature achievements in this field was a series of papers assessing the magnitude of air pollution in urban slums and its impact on health and mortality outcomes.

Work within the NCD project theme has expanded on APHRC's technical working group model to codify and explore how well policies seeking to mitigate or respond to non-communicable disease are being implemented in five countries around the continent as well as Kenya. A first meeting of the NCD working group pinpointed a series of areas for further inquiry, aligned with the WHO's own approach of developing so-called 'Best Buys' for prevention and treatment.

In 2015, the Program moved to consolidate its work on using biomedical approaches to research, developing and testing models of service delivery for slum settings and adding value to current research through new ways of measuring impact. A flagship project on developing service delivery models to mitigate risks of cardiovascular disease (CVD) along the continuum of care concluded with a series of publications that are informing discourse on the importance of making healthcare more affordable without compromising quality.

Also within the Program, the nutrition team maintained strong ties with Kenya's Ministry of Health to drive policy change through research on maternal, infant and young child nutrition.



Peterrock Muriuki
Research Assistant
Health Challenges and
Systems Research
Program

Our work in Baringo County in western Kenya aims to help reduce infant and maternal mortality rates by providing counseling and education about best practices in nutrition to pregnant women and new mothers, as well as training for health workers so that facilities are more welcoming of women to come in for routine antenatal and post-natal visits.

One of our field workers had a particularly difficult time convincing a mother to come in. A mother of nine, she had been ostracized from her village and was living in the bush with her younger children, heavily pregnant and refusing any counsel. But he kept going back, sometimes bringing a community health volunteer with him. He kept talking to her, sharing with her the value of healthcare, and trying to persuade her to deliver the baby in hospital.

She eventually chose to deliver the baby on her own in the bush. But rather than giving up, he went back to visit her again after the baby was born, and convinced her to go in for a post-natal visit. When she got to the clinic, and was greeted by a nurse who had been trained through our Baby Friendly Community Initiative, she could not believe it. She was treated with respect and dignity, and consented to have the new baby vaccinated - a baby that she decided to name after the field worker! Since then she has even brought her other children for vaccination.

This story was so meaningful for me, because it shows that the research we do as part of the Health Challenges and Systems program is really helping to save lives. I am proud that the work I do is helping to put children on the path to the best and healthiest possible start.



POPULATION DYNAMICS AND REPRODUCTIVE HEALTH



On one of my first visits to the study sites in Siaya and Busia, I came across two interesting cases, one of a 27-year old woman who had eight children in Bondo sub-county and another, a 31-year old who had 11 children in Busia. While the former took up 5-year implants, the latter accepted a Bilateral Tubal Ligation following encouragement from her husband, who worked with the project as a community health volunteer.

Later, I wondered about how different these women's lives would have been if they had access to family planning information and effective contraceptive methods.

This is one of the reasons why the rural family planning intervention research was implemented, to identify the determinants of, and to address the stall in fertility decline in Western Kenya. This intervention aimed at increasing acceptance and use of modern contraceptive methods among women of reproductive age. The purpose of this project was to empower the community with family planning and reproductive health information and services.

In the six years the intervention has been carried out, we observed a reduction in unintended pregnancies, which would lead to reduction of unsafe abortions. We also noted a decline in both infant and maternal mortality rates. This outlines why our work is so important, by providing the services where the demand occurs and generating new demand for these services, we bring about positive societal transformations.



Mike Mutua
Data Analyst
Population Dynamics
and Reproductive Health
Research Program

A rural family planning intervention we conducted in two counties in Western Kenya gave me the honor of meeting the Bungoma County director of medical services.

He was eager to put the program in place in his own county after he heard about the reduction in unsafe abortions and infant and maternal mortality rates we observed in the four rural counties where the project was implemented.

He reminded me how important the work we do is: even if the research is small-scale, it can have an impact on a much larger scale.



URBANIZATION AND WELLBEING



Current estimates show that 2.2 billion of the 2.3 billion people projected to be added to global population between 2010 and 2050 will live in urban areas of the developing world. Sub-Saharan Africa, currently the least urbanized region of the world, will experience an exceptionally fast pace of urban growth, with the number of people living in urban areas almost quadrupling to 1.2 billion by 2050. The African urbanization experience has been characterized by rapid slum growth: itself the result of investments in infrastructure and better economic opportunities not being able to keep pace with the rapidity of urban growth.

The UWB Research Program emphasizes investigations in the processes and causes of urbanization and linkages between urban health and the physical environment. This is especially critical to understanding urban vulnerabilities and the consequences of the vulnerabilities for a household's ability to access education, employment or health care of urban poverty.

The Program produced a synthesis report: Understanding Urban Informal Workers and their Health Challenges: Evidence from Local and National Data. The report was part of a scoping process to develop new strategies, to improve the health of urban informal workers. This was accompanied by a communications brief, Insights into Informal Workers and their Health, which highlighted the unique circumstances of informal workers in general, and urban ones in particular, as they juggle daily realities of casual work, underemployment and health systems that fail to respond to their specific needs.

The end of 2015 also saw the inauguration of a multi-year, multi-country project called Urban Africa: Risk Knowledge (UrbanARK) in collaboration with King's College aiming to build resilience among urban Africans to cope with sudden onset disasters and manage the risks they encounter in their daily lives. APHRC is leading on evidence generation in both Kenya and Senegal for this exciting project, which will also explore the impact of large scale planned urbanization projects and how these reshape the social and environmental geographies of cities and consequent risk profiles.



Kanyiva Muindi
Research Officer
Urbanization and
Wellbeing Research
Program

I am passionate about environmental issues, particularly air pollution. This interest was born from an experience I had with an older woman who lived on her own in the Nairobi slum of Korogocho. She was preparing her breakfast on an open fire, but instead of wood she was burning plastic bags, because that was what was most convenient and least expensive.

Numerous households in slums rely on some of the most polluting fuels to cook, light and heat their homes. The location of slums near dumpsites, industries or major highways leads to poor outdoor air quality. Poor air quality is a key environmental challenge that residents face every day, both inside and outside their homes. Understanding the impact of poor air quality on health is the focus of my doctoral research, which I aim to complete in 2016.

In the UWB program, and across APHRC, our research plays a vital role in illuminating the realities of urban poverty, to ensure that evidence-based decisions are driving the development of policies to help the people of Africa.





STATISTICS AND SURVEYS UNIT

INFLUENCING CHANGE

Turning evidence into action; translating knowledge into policy; driving research-informed discussions about the development agenda: all of these ideas are at the core of the APHRC mandate and executed under the stewardship of the Policy Engagement and Communications division.

By embedding a policy specialist along with a communications officer into each of the five research programs, and including a module on strategic communications and evidence uptake into the technical support being offered to our doctoral fellows, APHRC is demonstrating, again, its vision for the continent: where research can be transformative by shaping policies to improve the lives of all Africans.

Longer-term rapport-building and information-sharing with key influencers, decision-makers and policy leaders was part of the strategic PEC approach in 2015, as we worked to move away from project-specific engagement to more nuanced relationship-building both in Kenya and beyond.

The five-year Innovating for Maternal and Child Health in Africa (IMCHA) program is one illustration of this approach. Working in five countries, we are embedding strategic communications and advocacy skills into 13 research teams in order to guide reform or expansion of policies at the national level to ensure that no woman dies while giving life.

Another pan-African engagement led by PEC includes our work with the Global Fund to Fight AIDS, TB and Malaria: the multilateral financing mechanism that invests some \$4 billion annually to win the fight against these disease epidemics. Supporting the two Africa constituencies to the Global Fund Board, APHRC is helping to shape discussions about where that money should go and the right kind of investments for Africa, which cumulatively receives some 70 cents on every dollar spent by the Fund.

PEC also developed innovative ways to display and disseminate research findings for a variety of international forums in 2015, producing a series of graphics, short films and policy briefs to share with decision-makers around cross-cutting issues such as women's health, girls' education and the data revolution in sub-Saharan Africa.



Agenda-setting meetings with the African Union, United Nations, World Bank and World Health Organization demonstrated that APHRC is rightfully claiming its seat at the table in steering discussions around the appropriate response to development challenges.

In a first-of-its-kind effort to increase dialogue between education researchers and policymakers, APHRC co-hosted the Education Evidence for Action Conference together with RTI, Twaweza, Innovations for Poverty Action, and Women Researchers of Kenya. The permanent secretary for education keynoted the event, pledging his support to evidence-based investments and decision-making. Experts jointly proposed and crafted policy actions for follow up with governmental and non-governmental partners. A joint working group meets regularly to pursue and sustain dialogue for policy action. The Girls Educational Challenge report was released in conjunction with the conference.

Teams from the Education Research Program also joined forces with researchers in the Population Dynamics and Reproductive Health program to highlight achievements under our Learning Outcomes project. This was a signature event in terms of policy engagement at the highest levels, drawing decision-makers, academics and service providers into a discussion about the best possible solutions to overcoming barriers preventing girls from moving from primary to secondary school.

Through its Strengthening Evidence for Programming in Unintended Pregnancy project (STEP-UP), the Program contributed to the development of two key policy documents: the National Adolescent Sexual and Reproductive Health Policy, launched in September 2015, and the Nairobi City County Plan of Action to Strengthen School Health Programming.

The two policy documents are the first step towards strengthened and comprehensive sexual and reproductive health services for young people, and seek to reduce the number of early and unintended pregnancy among primary school students. Our research has repeatedly indicated that investing in girls early on and preventing adolescents from having unwanted children can break the cycle of early pregnancy, early marriage, and the resulting spiral of intergenerational poverty.

PEC is also contributing extensively to internal discussions around how we intend to shape our engagement in the Next Big Things on the global development agenda: from the Demographic Dividend to thoughts on how to develop economic models to determine how much it will cost individual countries to implement each of the 17 Sustainable Development Goals, PEC was and continues to be an integral piece in the APHRC platform to use research to guide change.



Carol Gatura
Communications
Officer
Policy Engagement and
Communications Division

The STEP-UP project under the Population Dynamics and Reproductive Health program, demonstrates the importance of improved access to family planning and age-appropriate sexuality education for adolescents to preventing unintended pregnancy. The project's research has been widely cited and recently informed the Kenya National Adolescent Health Policy.

Working as the communications representative for the program, I get to attend various stakeholder meetings with policymakers interested in evidence on adolescent sexual and reproductive health. I once attended a meeting with Kenya parliamentarians organized by Partners in Population and Development (PPD) Africa regional office.

Findings from one of the STEP-UP reports was presented at the meeting. Afterwards, I walked over to the chair of Kenya's Parliamentary Health Committee, Hon. Rachael Nyamai, to give her a copy of the report since she seemed interested in our findings.

I was so proud when she told me she plans to use our reports to argue for different priorities in the budget allocation for the health sector. To me, it really shows how hungry policymakers are for evidence to make solid decisions that affect our nation. It also inspires me as a member of the Policy Engagement and Communications team, to continuously look for opportunities to share our evidence with policymakers.



PREPARING RESEARCH LEADERS

One of APHRC's defining goals is to nurture and support the next generation of research leaders for the continent, who will be able to propose and implement evidence-driven solutions to the development challenges impeding economic growth and improved health and learning outcomes for all Africans. Through our Research Capacity Strengthening division, via two doctoral fellowship programs and a series of short courses for mid-career professionals, we are working to grow both institutional and professional capacity to achieve this goal.

Our signature Consortium for Advanced Research Training in Africa (CARTA) doctoral fellowship program welcomed 25 fellows in 2015, as part of cohort five. This new cohort completed their first of the four month-long Joint Advanced Seminars (JAS) that are fundamental elements of the CARTA program. The goal of the JAS is to provide intensive skill-building during each session, tailored to where fellows are in their PhD journey. This includes modules on writing skills, exploring ways research can influence policy, good mentorship and supervisory techniques for supervising students and more.

Of the past four cohorts, 10 CARTA fellows completed their PhDs in 2015.

CARTA fellows are also making huge gains in competing for, and winning, prestigious grants including an award in 2015 from the US National Institutes for Health for a Cohort 4 fellow, Dr Flavia Kiweewa Matovu. This award of \$625,000 brought to more than \$2.2 million the cumulative amount of grant money won by CARTA fellows for research where they are the principal investigators.



August 2015 also saw the first award of post-doctoral fellowships to four scholars who have been invited to spend another 12 months to enhance their skills both in research and in bringing research to bear on community and public engagement.

CARTA also welcomed a new northern partner into the network, opening a strategic relationship with Brown University.

Our African Doctoral Dissertation Research Fellowship Program (ADDRF) has also made major strides in helping African academics in that final sprint across the dissertation line, approving funding for 23 new fellows from a pool of 197 applicants. An additional seven fellows from West Africa received fellowships to support PhD research on HIV prevention and clinical trials as part of a broader Africa-wide initiative to strengthen capacity building in HIV prevention and intervention research.

The ADDRf program focuses primarily on doctoral students working on governance, equity, health or population-related issues in Africa. Launched in 2008, the program has welcomed more than 200 fellows from around the continent, the majority of whom hold academic or research positions at a number of universities and research institutions across sub-Saharan Africa.

But RCS does not just focus on fellowships; the program is expanding its core business to offer an ever-increasing series of short courses to mid-career professionals who are looking to burnish their existing skillsets to become more competitive in research, advocacy or policy fields.

Seven short courses were held in 2015, in topics including research methodology and scientific writing. A full slate of competitively priced courses was designed and launched in time for the 2016 calendar.



Rose Okoyo Opiyo
CARTA Cohort 1 PhD
Fellow
Research Capacity
Strengthening Division

When I started my PhD journey in 2010, the plan was to complete it within three years. I have taken five years! I don't regret it at all, though, because the special skills and knowledge in research, reading, writing, critical thinking, analysis and communication that I have acquired during this five-year period are more than worth the efforts.

The networking with international public health experts from all corners of the world and my CARTA PhD Cohort-1 fellows also made the five-year period appear shorter and fun than I thought. I now have my PhD thanks to CARTA.



SOCIAL IMPACT



Combating marginalization of older populations, addressing their unique quality-of-life and social protection needs, and bridging the gap between old and young with dynamic, responsive and culturally appropriate interventions were some of the highlights of 2015.

The year also featured an historic intergenerational event to encourage conversations between old and young around issues of concern to both: health, employment, urbanization and tradition. These vibrant discussions yielded concrete new ideas for fostering cooperative efforts to empower under-served urban youth.

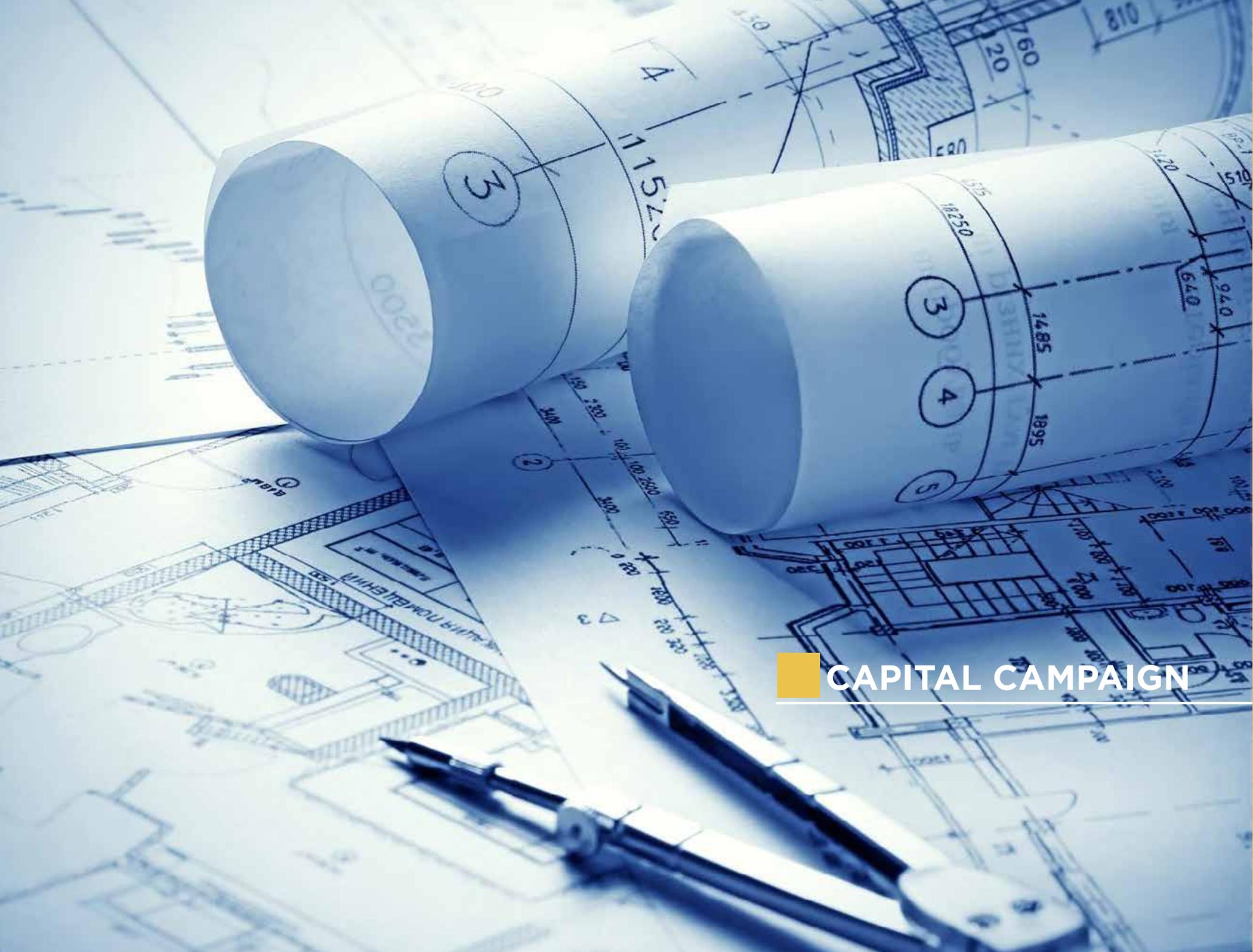
Among the achievements we are most proud of is the culmination of a three-year intervention designed to improve the passing rates of urban slum girls so that they might proceed to secondary school. The interventions included after-school coaching and support for families as a way to bolster not only their daughters' self-esteem but also their grades. A total of 139 girls from two slum communities earned more than the minimum 250 marks on the Kenya Certificate of Primary Education, the cut-off point set by the project for awards of a modest financial stipend to help with the costs associated with secondary school.

The impact of this intervention reverberated far beyond the girls and their families themselves; chiefs from both slum communities noted that the entire community was bolstered by this success, which demonstrated the profound impact that research can have on improving people's lives. A second phase of the intervention is beginning in 2016, to include both girls and boys.

Our extensive collaboration with the Nairobi City County across all sectors and research programs bore significant fruit in 2015. Our reporting on the results of the Nairobi Cross-sectional Slum Survey has yielded new commitments from government officials including the county governor to address the challenges confronting the urban poor. The county has also engaged widely with APHRC in efforts to improve adolescent sexual and reproductive health outcomes and education through school-based programs. A school health policy was adopted for implementation, alongside a plan of action that is being led by the county government.

Widening access to quality health services in Nairobi County was also a demonstrated achievement in 2015, under the Partnership for Enhanced Maternal, Newborn and Child Health. In providing emergency transport services to community members, we helped ensure that more women delivered with skilled birth attendants -- reducing the number of preventable maternal and child deaths. Supportive interventions such as information about best practice in breastfeeding and immunization also contributed to improved health outcomes in the county.

Commitment to improved local government engagement in promoting uptake of family planning extends far beyond Nairobi's borders and into Western Kenya. Our work in Busia and Siaya counties was so well-received by neighboring county governments that some are asking for similar interventions to be carried out in their communities in order to prevent unplanned pregnancies.



CAPITAL CAMPAIGN

Coming Soon: APHRC Training Center

The desire to improve the state of African academia and expand the opportunities for African scholars to pursue post-graduate research were among the compelling drivers for the establishment of APHRC as an independent research institution and think tank.

Research capacity strengthening at all levels has been part of our core mandate for the last 15 years. Our initial approach was to strengthen our internal capacity for rigorous, scalable and replicable implementation research, integrating research trainees, post-doctoral fellows and visiting scholars to our existing research programs, while making occasional forays into providing technical support to external institutions in areas including proposal development.

In 2008, we decided to think bigger, to act more boldly, and to make our mark as a premier research training and leadership institution. We expanded our capacity strengthening program to include doctoral training, collaborating with universities across the continent to provide both institutional and individual support in research and research leadership.

Now we have two highly competitive and highly successful doctoral training programs: the Consortium for Advanced Research Training in Africa (CARTA) and the African Doctoral Dissertation Research Fellowship (ADDRF) have cumulatively supported more than 360 doctoral students from across the continent. We have graduated 113 ADDRf fellows and 24 from the CARTA program, some of whom are already winning significant internationally competitive research grants.

This demonstrates an exceptional track record: our graduates are publishing in respected journals, winning grants and engaging policy-makers. But more than that, they are becoming research leaders for the continent, part of the next generation of influential African scholars. But as we grow, both in size and stature, we find ourselves outgrowing our current facilities and are continuing to

think big, in anticipation of the expanded complement of trainings, courses and fellowships we aim to provide going forward.

Enter the APHRC research leadership academy: a state-of-the-art campus to meet the expanding needs of our capacity strengthening division.

In 2015 we acquired an additional three acres of property, bringing the size of our existing campus to five leafy and green acres in the quiet and secure Nairobi suburb of Kitisuru. The aim of this acquisition is to build a research leadership campus to house visiting scholars, offer extensive on-site trainings and expand our offerings to mid-career professionals through a vast catalogue of short courses.

Our current design incorporates eight training and conference rooms, including one that can host as many as 200 people. A total of 69 residential units plus a library will help create the kind of campus atmosphere we envisioned as part of our strategy to grow our capacity strengthening program.

We have budgeted \$11 million for this exciting project, predicated on a feasibility study conducted in 2014 by KPMG that estimated that half of the usage would be for internal APHRC programs. This will be significant in helping us contain costs for trainings and programs we currently conduct in hotel conference rooms around the continent.

The first phase of our capital campaign is under way, including opportunities for naming of various elements of the facility and other innovative ways to acknowledge our generous contributors.

We are optimistic that we will break ground in 2017, achieving another milestone in our pursuit of research leadership and excellence in Africa.





1977

1980

1985

1990

1995

2000

30,00

20,00

10,00

106,0

104,0

102,0

7,61%

15,75%

14,73%

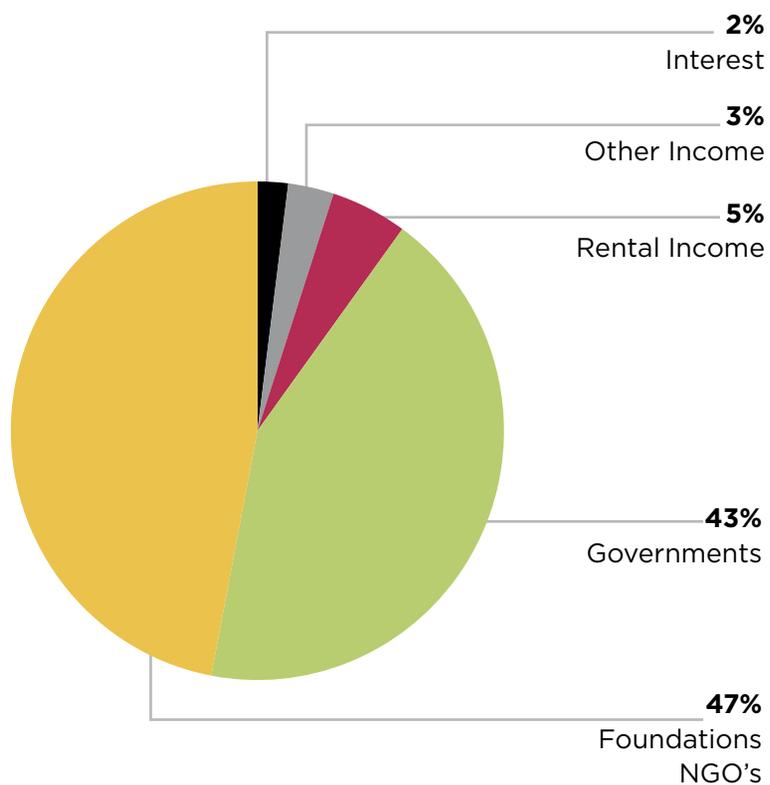
FINANCIAL REPORT

FINANCIAL ANALYSIS AS AT DECEMBER 31ST 2015

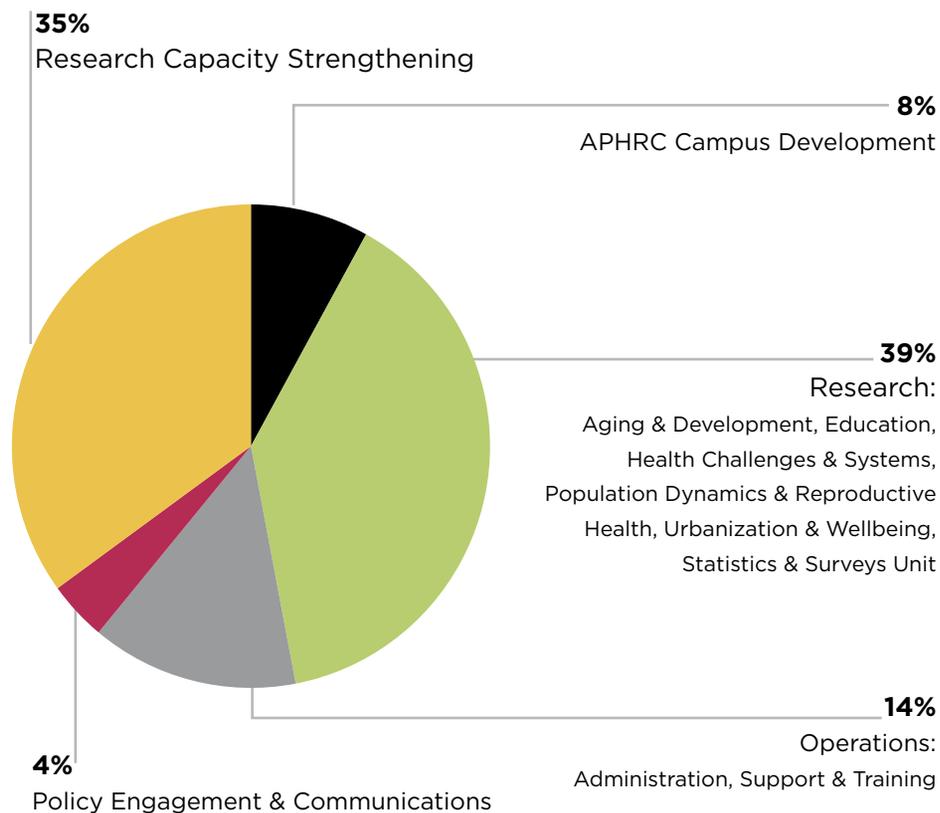
Income for 2015 remained at the same level as 2014 with only a drop of 1.1%. Expenditure, however, increased by 2.3%, largely due to the \$1 million purchase of 3.1 acres of land next to our campus as part of our planned expansion. The relatively lower operations costs are largely attributed to Kenya shilling denominated expenses, whose dollar equivalent was lower due to the depreciation of the Kenya shilling by an average of 13% during the year. This depreciation of the Kenya shilling also affected the rental income and partly explains the slight drop in income.

The charts on this page detail our income sources and the breakdown of expenditure into the main programs of the Center.

SOURCES OF SUPPORT



USE OF FUNDS



STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED DECEMBER 31ST 2015

	RESTRICTED INCOME (US\$)	UNRESTRICTED INCOME (US\$)	2015 TOTAL (US\$)	2014 TOTAL (US\$)
INCOME				
Grant income	9,248,919	2,281,514	11,530,433	11,578,540
Other income		489,799	489,799	474,147
Kitisuru building rental income		660,235	660,235	723,867
Service charge income		81,339	81,339	123,802
Total Income	9,248,919	3,512,887	12,761,806	12,900,356
EXPENDITURE				
Direct program expenses	9,248,919	1,193,866	10,442,785	10,591,874
Administration & support costs		1,449,922	1,449,922	1,893,817
APHRC campus development		1,112,956	1,112,956	181,264
APHRC campus administration expenses		189,738	189,738	237,799
Total Expenditure	9,248,919	3,946,482	13,195,401	12,904,754
DEFICIT FOR THE YEAR		(433,595)	(433,595)	(4,398)
OTHER COMPREHENSIVE INCOME				
Fair value loss on available for sale financial assets		(34,056)	(34,056)	(5,557)
Total comprehensive loss for the year		(467,651)	(467,651)	(9,955)

STATEMENT OF FINANCIAL POSITION AS AT DECEMBER 31ST 2015

ASSETS

NON CURRENT ASSETS

Property and equipment

Prepaid operating lease

Intangible assets

CURRENT ASSETS

Grants receivable

Investments

Debtors and prepayments

Cash and cash equivalents

Total current assets

TOTAL ASSETS

FUNDS AND LIABILITIES

Fund balance

NON-CURRENT LIABILITIES

Program related investment loan

CURRENT LIABILITIES

Creditors and accruals

Deferred grants

Program related investment loan

Total current liabilities

Total funds and liabilities

2015 (US\$)

6,652,640

2,529,697

1,204

9,183,541

10,039,961

346,645

178,942

10,429,435

20,994,983

30,178,524

9,740,089

7,258,117

13,180,318

20,438,435

30,178,524

2014 (US\$)

6,855,315

1,562,045

6,784

8,424,144

11,647,512

380,701

362,442

11,817,751

24,208,406

32,632,550

9,413,724

444,448

6,317,607

16,012,327

444,444

22,774,378

32,632,550

“

Our Vision

That the people of Africa enjoy
the highest possible quality
of life through policies and
practices informed by robust
scientific evidence

”



 **BOARD OF DIRECTORS**



Philip Kinisu
Board Chair

Kenya
Chairman:
Ethics and Anti-Corruption
Commission



Tamara Fox
Deputy Board Chair

United States of America
Principal, Renarde LLC



Alex Ezeh
Executive Director

Nigeria
African Population and Health
Research Center



Tade Aina
Board Member

Nigeria
Executive Director:
Partnership for African
Social & Governance
Research



Trudy Harpham
Board Member

United Kingdom
Emeritus Professor:
London South Bank
University
Honorary Professor:
London School
of Hygiene and
Tropical Medicine



Akpan Ekpo
Board Member

Nigeria
Director General:
West African Institute For Financial
And Economic Management



Patricia Vaughan
Board Member

United States of America
General Counsel and Secretary:
Population Council



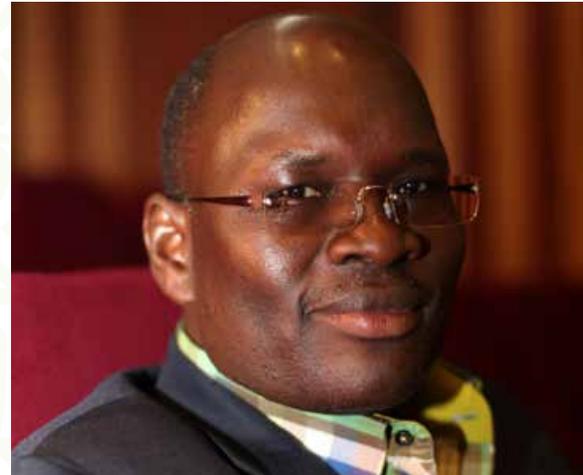
Göran Bondjers
Board Member

Sweden
Emeritus Professor:
University of Gothenburg



Timothy Stiles
Board Member

United States of
America
Global Chair:
International
Development
Assistance Services
KPMG



James Ole Kiyapi
Board Member

Kenya
Former Permanent
Secretary, Ministry of
Education

“

Our Mission

**To be a global center of
excellence, consistently
generating and delivering
relevant scientific evidence
for policy and action on
population, health and
education in Africa**

”



 **FUNDERS & PARTNERS**

Organization

Anonymous donors

Carnegie Corporation

Children Investment Fund Foundation (CIFF)

Comic Relief

Department for International Development (DFID)

Economic and Social Research Council (ESRC)

German Academic Exchange Service (DAAD)

International Development Research Center (IDRC)

MacArthur Foundation

Medical Research Council (MRC)

National Institute of Health

New Venture Fund

Rockefeller Foundation

Swedish International Development Agency (Sida)

The David and Lucile Packard Foundation

The William and Flora Hewlett Foundation

The United Nations Children's Emergency Fund (UNICEF)

United States Agency for International Development (USAID)

Wellcome Trust UK

World Bank, Kenya

Children Prize Foundation

Netherlands Organisation for Scientific Research (NWO)

LIST OF PARTNERS

Organization

Adam Smith International
Aga Khan University Hospital
Amsterdam Health & Technology Institute (AHTI)
Amsterdam Institute of Global Health and Development (AIGHD)
Aspen Institute
Columbia University
ESEI International Business School
Futures Institute
Guttmacher Institute
Helpage International
ICF International
Institute of Development Studies (IDS)
International Center for Research on Women (ICRW)
International Food Policy Research Institute (IFPRI)
International Planned Parenthood Federation (IPPF)
International Rescue Committee (IRC)
Ipas
London School of Hygiene and Tropical Medicine
Netherlands Interdisciplinary Demographic Institute (NIDI)
PATH
Population Council
Transform Nutrition
United Nations University (UNU)
World Health Organization (WHO)
INDEPTH Network
United Nations Population Fund (UNFPA)
University of Southampton
Aga Khan Foundation, East Africa
Brown University
Center for the Study of Adolescents (CSA)
Christian Health Association of Kenya (CHAK)
Family Health Options Kenya (FHOK)
Forum for African Women Educationalists, Kenya (FAWE Kenya)
Great Lakes University of Kisumu (GLUK)
Health Research for Action (HERA)
Ifakara Health Institute
KEMRI-Wellcome Trust Research Programme
Loughborough University

Organization

Makerere University
Marie Stopes of Kenya (MSK)
McGill University
Miss Koch
Moi University
Population Services International (PSI)
Swiss Tropical and Public Health Institute (Swiss TPH)
The Conversation
The University of Witwatersrand
Umeå University
University of Gothenburg
University of Liverpool
University of Malawi
University of Maryland
University of the Witwatersrand
University of Toronto
University of Warwick
U-tena Youth Group
Uwezo
Center for Global Development (CGD)
Departmental Committee on Education, Research & Technology
International Organization of Migration (IOM)
Kenya Private Sector Alliance (KEPSA)
King's College London
Management Sciences for Health (MSH)
Nairobi Metropolitan Hospital
Obafemi Awolowo University
Pathfinder International
RTI international
Twaweza
Ruaraka Uhai Neema Hospital (RUNH)
UN Women
Univeristy of Columbia
University of Colorado
University of Dar es Salaam
University of Ibadan
University of Nairobi
University of Rwanda



PUBLICATIONS

61 Peer Reviewed Journal
Articles by APHRC
Researchers



25 Peer Reviewed Journal
Articles by ADDR
Fellows



111 Peer Reviewed Journal
Articles by CARTA
Fellows

