Research Evidence For Decision-Making
Annual Report 2012
APHRC in brief

What We Do

Research
Generation and Synthesis of Scientific Knowledge

- Aging & Development
- Education
- Health Challenges & Systems
- Population Dynamics & Reproductive Health
- Urbanization & Wellbeing

Statistics and Surveys

Policy Engagement and Communications
Policy Outreach
Communications
Knowledge Management

Research Capacity Strengthening
Fellowships
Training Workshops
Partnerships with Universities
A Message from the Chair of the Board of Directors

The rapid population increase on the African continent – reflected in the quickly climbing numbers on the African Population and Health Research Center (APHRC) website’s real-time population counter - instills a sense of urgency for Africa. Yet this population explosion also presents an opportunity for APHRC to make a significant contribution to address this situation on a continent of dualities, where unprecedented economic growth is juxtaposed with other serious challenges.

The need for countries to harness the potential of their burgeoning youth populations, while tackling the challenges associated with the so-called youth bulge, is just one priority for urgent attention. Others are embedded in research and other reports, which continue to provide some stark reminders of the many challenges on the continent - many people go without a single meal each day; the majority of adults with diabetes or hypertension go undiagnosed and untreated each year; and in many schools, children are every day taught mathematics by teachers who can barely count.

Africa has a unique set of circumstances to address and more needs to be done to catalyze innovation, to generate solutions for local problems and to improve the wellbeing of the continent’s people.

To accomplish this, there is a critical need for strengthening the potential of more Africans to take their place at the forefront of knowledge generation, and for greater investment in research.

APHRC - a world-class independent research institution, based in Africa, and led by Africans - is the vanguard in driving this vision. APHRC’s research, research capacity strengthening and policy engagement and communications teams continue to produce high quality and relevant scientific evidence; build the capacity of other Africans to produce more evidence; and reach out to African policy and decision makers to ensure that research evidence informs the decisions and choices that will shape the continent’s future.

As Chair of the APHRC Board, it is an incredible privilege for me, along with my fellow Board members, to be part of this great African institution which is making its mark – not only on the continent, but also on the development of the whole world.

We are profoundly grateful for the support which APHRC continues to enjoy as we drive Africa’s progress through research. We are also deeply appreciative of the quality, excellence and commitment of the Center’s leadership and staff who remain the real instruments for making a difference.

- Marian Jacobs
A Word from the Executive Director

2012 has been a year of new frontiers for APHRC! Following the path laid out in our 2012-2016 strategic plan, we set out with renewed vigour, pursuing our new mission with a new vision in sight. We opened up to new areas of research, new methods of doing research, new approaches to policy engagement and formed new strategic partnerships in 2012. We invested in strengthening our governance, management and operations systems, thus positioning the Center for a much larger and broader engagement in its core areas of work.

We also developed a new research program on Aging and Development and launched the Statistics and Surveys Unit that will serve APHRC’s internal data systems needs as well as respond to growing opportunities to support other institutions with high level expertise in survey design and management. The Center’s portfolio on implementation research has continued to grow and we are on the verge of starting a new project utilizing genetics to answer pertinent public health problems. As part of our re-envisioned policy outreach efforts, we have launched the working group model of expert convening to address some of the intractable development challenges facing Africa. The Center’s very first working group aims to answer the hard questions on data use, data quality and data availability in the region. Our policy engagement function has been revamped with emphasis on issue-based policy outreach. This has seen the Center have more focused engagement with policy makers, the media and development partners at national, regional and global levels.

2012 also saw the re-engineering of APHRC’s support systems and management structures. Guided by our new strategic plan, we established three program divisions and an operations division. The Center welcomed on board the Director of Research, Dr. Moses Oketch, to lead the Center’s ever-growing research division and foster greater synergy and collaboration amongst its various programs. The remaining divisions continued to be led by their previous heads, now division directors.

APHRC remains uniquely driven by the desire to improve the volume, relevance, and quality of research in Africa by Africans that ultimately improves the wellbeing of Africans.

The Center formed new partnerships in 2012 with funders and other institutions in the region and beyond. These partnerships have enriched the Center’s work by providing resources and complementary expertise to venture into new areas of work and to try new ways of working. No doubt, the Center’s achievements in 2012 have been impressive and have set us on the right path to achieve the objectives laid out in the 2012-2016 Strategic Plan.

Despite these impressive achievements, many challenges remain on the continent even in the face of reported impressive economic growth in most countries. For instance, it has become evident that progress towards the achievement of the Millennium Development Goals is painstakingly slow, and where headway has been made — such as increasing access to basic education — new evidence shows that more needs to be done to improve quality and transition to secondary school. More broadly, as Africa seeks to harness new political, economic and social realities, and as it engages in shaping new global and regional development frameworks post-2015, the role of local evidence in guiding these endeavors is more critical than ever.

As we go into the second year of our new strategic plan period, APHRC remains uniquely driven by the desire to improve the volume, relevance, and quality of research in Africa by Africans that ultimately improves the wellbeing of Africans. We remain committed to our vision — that the people of Africa enjoy the highest possible quality of life through policies and practices informed by robust scientific evidence.

We appreciate the continued support and goodwill from our study communities, partners and funders.

- Alex Ezeh
The Year in Review
What Did APHRC Do in 2012?

1. Launched Four Innovative Initiatives

a. The Statistics and Surveys Unit was established to handle all the Center’s data needs as well as respond to the ever-increasing demand for data processing expertise from external clients. The unit will also model, forecast and simulate key development and social processes in the region to further contribute to ongoing global discourse on issues affecting sub-Saharan Africa.

b. The Aging and Development Research Program was launched. Headed by Dr. Isabella Aboderin, this program aims to (i) enhance the capacity of sub-Saharan African countries to respond effectively to population aging and, (ii) support the growth of a vibrant academic discourse on aging in Africa that advances gerontological, public health and development debates in the region and globally.

c. The Policy Engagement and Communications Division launched its working group program and the first working group, the Data for African Development Working Group - a collaborative effort between APHRC and the Center for Global Development - held its first meeting in September 2012. The first of several APHRC working groups to roll out over the next few years, this model aims to bring together the brightest minds to tackle specific policy problems with the aim of developing actionable recommendations for real-world policy solutions. A critical part of this working group model is a concerted policy communication process which ensures that all key players are involved from the start of each working group and that realistic useable recommendations are developed and actually reach their intended audiences at strategic policy moments.

d. The Health Challenges and Systems Research Program was part of a consortium led by the University of Witwatersrand and the INDEPTH Network that was funded by the NIH through the newly established Human Heredity and Health in Africa (H3Africa) initiative. The project aims to build capacity in sub-Saharan Africa for research that leads to an understanding of, and response to, the interplay between genetic, genomic, epigenetic and environmental risk factors for obesity and associated cardio-metabolic diseases. Through this project, the Center will venture into a whole new area of using genetics to understand and prevent critical public health problems.
2. Trained the Next Generation of African Researchers

Through its Research Capacity Strengthening Division, the Center continued to build the capacity of the next generation of African researchers.

<table>
<thead>
<tr>
<th>PhD Fellowships</th>
<th>ADDRF</th>
<th>CARTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newly Enrolled</td>
<td>23</td>
<td>25</td>
</tr>
<tr>
<td>Graduated</td>
<td>8</td>
<td>-</td>
</tr>
<tr>
<td>Total Supported</td>
<td>108</td>
<td>65</td>
</tr>
</tbody>
</table>

The division continued to develop the skills of staff at APHRC by arranging several training workshops in conjunction with the Human Resources Department that covered:

- research methods
- news and policy brief writing
- leadership
- public speaking
- networking

4. Strengthened our Policy Outreach

The Center strengthened its policy engagement and communications function by developing a strategy for issue-based engagement with various constituencies. Each program identified two key issues on which policy outreach efforts would be focused. Researchers at the Center continued to participate in various policy-making forums including technical working groups and expert committees.

5. Formed New Strategic Partnerships

In 2012, the Center developed new partnerships with institutions and funders. These new partnerships brought in resources to consolidate the Center’s work in its research and research capacity strengthening initiatives and to venture into new areas of research. They include Swedish International Development Agency (SIDA) – for the CARTA program; Comic Relief, UK; Absolute Return for Kids (ARK); and Medical Research Council, SA, for projects in the various research programs. The generous support of new and existing funders resulted in a rise in the Center’s program-related income, from 11.3 million USD in 2011 to 11.7 million USD in 2012. The rise was significant given that the 2011 income included a one-off grant of 2 million USD for office property development.
The Journey So Far: 2000 - 2012

Active Projects

Research Publications

Income Trends

Trends in Staffing*

*Excludes field workers, data-entry clerks and other support staff
The Research Division

In 2012, the Center’s research program was elevated to a division with work in four programmatic areas: Education (ERP), Health Challenges and Systems (HCS), Population Dynamics and Reproductive Health (PDRH), and Urbanization and Wellbeing (UWB). A new program on Aging and Development (ADP) is under development and in addition, the division hosts the newly established Statistics and Surveys Unit (SSU).

In line with the new management structure, Program leaders have started to independently manage research activities within their program remit with oversight from the Director of Research. There is also a growing effort to foster cross-program collaboration and synergy and to strengthen internal systems that support the research division such as the setting up of an ethics review committee and strengthening existing scientific review processes. In this section, we highlight the achievements in each of the programmatic areas.

Aging and Development

Education

Health Challenges and Systems

Population Dynamics and Reproductive Health

Urbanization and Wellbeing

Statistics and Surveys
Aging and Development

The Center’s new program on ‘Aging and Development in sub-Saharan Africa’ aims to deliver sound evidence for policy and action on old age and older persons in the region. Africa is still predominantly a young continent with a huge proportion of its population under the age of 18. However, the numbers of older people are rising fast - faster than in any other part of the world.

The program specifically seeks to illuminate the nexus between issues of aging and core development needs in sub-Saharan Africa including: i) The projected massive 15-fold rise in the absolute number of older people in SSA between now and the end of the century; ii) The extensive economic activity and productivity of older Africans, especially in small-holder agriculture; iii) The existence of age-based inequities in wellbeing and access to essential services; iv) Older people’s intergenerational functions and their impacts on the capabilities of the young and v) The life-course of children, youth and younger-aged adults and links with healthy aging.

While some robust research on issues of older persons has accumulated over the last decade, the nature, scope and determinants of these connections remain poorly understood – as do their implications for societal progress and transformation. The gaps in understanding impede the ability of African countries to address the challenges, and harness the opportunities of aging as an integral part of overarching or sector-specific development strategies over the coming decades.

By systematically addressing the knowledge gaps the program’s dual goals are to (i) enhance the capacity of sub-Saharan African countries to respond effectively to population aging and (ii) support the growth of a vibrant academic discourse on aging in Africa that advances gerontological, public health and development debates in the region and globally.
Achievements
In 2012, the program contributed to advancing policy debates on the relevance of aging to core development agendas in Africa, fostered the development of an African Union ‘African Common Position on Human Rights of Older People in Africa’, advanced the field of African gerontology and geriatrics, and laid a foundation for the development of a strong portfolio of scientific research in coming years.

Completed Projects
Development of Strategic Research Concepts and Partnerships
As a basis for the building of a strong portfolio of research in coming years, the program developed and submitted to potential funders a spectrum of research concepts, and forged collaborative partnerships with key regional policy and civil society bodies in the fields of aging and social development. These include the African Union (AU), United Nations Department for Economic and Social Affairs (UNDESA), the United Nations Economic Commission for Africa (UNECA) Centre for Gender and Social Development, and HelpAge International.

Evaluation of UNDESA Capacity Building Project
A comprehensive evaluation was successfully undertaken of a 5-country United Nations Department for Economic and Social Affairs (UNDESA) development account project on Capacity building to integrate older persons in development goals and frameworks through the implementation of the Madrid International Plan of Action on Aging.

First Africa Regional Conference on Aging
The Aging program leader convened Africa’s 1st Regional Conference of the International Association of Gerontology and Geriatrics (IAGG) in Cape Town, South Africa from October 17-20, 2012. The landmark meeting brought together close to 400 scholars, civil society representatives, policy makers and practitioners to jointly assess progress made in African countries in implementing international and regional policy frameworks on aging; consolidate knowledge on the realities of old age in the continent; set directions for research, policy and practice in coming years. A pre-conference expert meeting on human rights of older persons, also convened through the program, connected African and global endeavors in this area and led directly to the drafting and subsequent adoption of an ‘African common position on aging’ by the AU conference of ministers of social development in November 2012.

Policy Engagement Initiatives
The program engaged in a series of high-level policy engagement forums and consultations with a view to raising awareness of, and refining current thinking on, the relevance of issues of aging for development in Africa, in particular post-2015. These included:

- Special session on the post-2015 agenda at the World Economic Forum Summit on the Global Agenda, Dubai, November 2012
- Special Session on Aging and Development in Africa at the World Demographic and Aging Forum, August 2012, St. Gallen, Switzerland
- UNFPA’s High-level expert group meeting on population dynamics and post-2015 consultation.

In addition, the program provided substantive input into the African Union State of the African Population Report 2012 and UNECA’s draft UN post-2015 report on ‘Realizing the Future we Want for All’.

New Initiatives
Relevance of Aging to Post 2015 Development in Sub-Saharan Africa: Establishing Basic Parameters
The program initiated a pilot project to conduct comprehensive systematic secondary analysis of national household survey datasets from four SSA countries (Kenya, Nigeria, Namibia, Zambia) to establish the first robust evidence base on the nature, scope and patterns of older people’s economic activity, role in smallholder agriculture and intergenerational impacts.
The Education Research Program (ERP) leads world-class research to inform policy and improve educational outcomes in sub-Saharan Africa. ERP is pursuing several strategic partnerships with the goal of taking its research work to more SSA countries.

Findings from ERP’s research over the past five years have raised serious concerns about the quality of primary education accessible to children in SSA. These concerns range from poor performance of pupils in early grades in standardized literacy and numeracy tests to teachers’ limited content knowledge and pedagogical skills.

In Nairobi’s informal settlements, APHRC’s research shows that 60% of children attend fee-charging non-government schools. In addition, transition to secondary school in some of these communities is as low as 26% compared to 63% for non-slum areas. Still a number of policy-relevant questions regarding non-fee related barriers to access and quality of education remain.

ERP carried out a baseline survey in the PPEP model schools in Uganda and shall continue to examine the impact of the program on access, equity, quality, and students’ learning achievements in English and math over the coming 5 years.
Achievements
In 2012, the program attracted funding from two new partners, including Absolute Return for Kids (ARK), for projects that will be launched in 2013.

In addition, the program established collaboration with the FHI360 that is expected to provide more opportunities for research across Africa. ERP successfully completed one project, implemented an ongoing one and embarked on one new initiative.

Completed Project
Improving Literacy and Numeracy in Early Education
ERP finalized the impact evaluation report of the reading to learn (RtL) intervention aimed at improving literacy and numeracy in early grades 1, 2 and 3. Results showed that RtL improved written and oral literacy by almost 20 percent among early graders in the low-resource environment of Uganda. In Kenya, the intervention had a lesser effect of about 8 percent among early graders. RtL had no significant effect on numeracy achievement in the two countries.

The results of this evaluation have been used by the implementing agency, the Aga Khan Foundation, to continuously improve the RtL model making it more effective and responsive to local contexts.

Ongoing Project
Free Primary Education - Access, Transition and Quality of Education in Urban Areas
Recognizing the impact household socio-economic conditions have on access to basic education, ERP expanded its assessment of free primary education in poor urban households. This involved conducting a cross-sectional survey in six towns in Kenya - Nairobi, Kisumu, Eldoret, Mombasa, Nakuru and Nyeri – with data collected from 5,854 households, 230 schools and 15,030 grade 3 and 6 students. A research report from the study was completed and presented to Kenya’s Ministry of Education. With the support of the Hewlett Foundation, a strategy to communicate the findings with key policy makers and education actors has been prepared, including a joint launch with the Ministry of Education and presentations at key national and international conferences.

New Initiative
Partnerships for Public Education Program in Uganda
Constrained by limited public resources, the government of Uganda adopted Public Private Partnerships (PPP) as a strategy to increase access to affordable and quality secondary education. The Partnership for Public Education Program (PPEP) was thus initiated and implemented by Absolute Return for Kids (ARK) in collaboration with Promoting Equality in African Schools (PEAS) and the Government of Uganda. ERP is the independent evaluator. Under the PPEP program, ten “model” secondary schools will be built and managed by the ARK-PEAS partnership over 5 years in districts where there is low access to public secondary education. ERP carried out a baseline survey in the PPEP model schools and shall continue to examine the impact of the program on access, equity, quality, and students’ learning achievements in English and Math over the coming 5 years.

While the challenges highlighted have impacts across the board, this book underscores the unique challenges brought about by rapid urbanization. The rapid pace of urbanization in the region has resulted in the proliferation of urban slums or informal settlements. The informal nature of these settlements means that they are often not fully recognized by governments and are often excluded from government plans and policies – including the free Universal Primary Education policy. Consequently, the provision of education and other services left to non-governmental organizations working in the slums. Even when government schools exist, the rapid growth of urban centers means that enrollment in government schools has exploded, reversing gains. Kenya is a classic example of this scenario – allowing the implementation of free Primary Education in 2003, scores of children were enrolled in schools leading to overcrowding that made the class virtually unmanageable.

Other challenges experienced in poor urban settlements include low transition rate from primary to secondary school, poor teacher training, poor infrastructure, and incomes associated with ‘wage’ primary school pupils and child labor. Taken together, these factors constitute the deteriorating education standards in East Africa. The authors also underscore the fact that urban poor children have different needs and levels of exposure; they are exposed to crime, drugs and commercial sex that other children do not experience. They are also prone to child labor. This means that their curriculum needs to be tailored to their unique situation.

The conclusion is blunt: The problem of rapid urbanization if not addressed and its effects mitigated will continue to deny East Africa the fruits that are expected from its investment in education. Children will grow into adults who cannot fully participate in the socio-economic nation building activities. Instead, they will remain foot soldiers to be misused by politicians or to engage in crime between election cycles.

In less than 300 pages, the authors have captured the triumphs and tribulations of the education sector in East Africa. The publication is intense, extremely useful for policy makers in the education sector and real food for thought (and action) by all.

Publication is free and will be available for download at www.aphrc.org. Hard copies available on request.

November 2012, the title shall be available for free download at www.aphrc.org. Hard copies available on request.
Health Challenges and Systems

The Health Challenges and Systems (HCS) research program is at the forefront of regional research to understand health challenges that people in the region face.

At the same time, the program contributes to the generation of knowledge on best practices that improve performance of health systems in sub-Saharan Africans.

Achievements

In 2012, the program attracted funding from two new partners - Comic Relief, UK and IDRC - and forged new partnerships - Wits University, INDEPTH, WHO - that have positively enriched the program’s portfolio and opened up new areas of work.

In addition, the HCS program successfully completed three projects, implemented four ongoing ones and embarked on six new initiatives. Of the six new initiatives, two are in implementation research and three are using biomedical techniques to respond to important social and public health questions.

Completed Projects

The program successfully concluded a World Diabetes Foundation-funded project to improve the lives of diabetics living in two Nairobi slum settlements. Through this project, the Center established outreach clinics that served up to 400 patients with diabetes and high blood pressure in the two slums. The major achievement of this project was the successful integration of the two project clinics into the government-run health centers. The establishment of two patient groups and a drug revolving fund has ensured that the patients identified through the project are still able to obtain treatment at the government-run health facility with support from the local district health authorities.

The program also started and concluded a project to support the Rwanda Ministry of Health in developing the terms of reference for conducting a private sector assessment and a capacity building plan for health economics and health policy analysis. In addition, the program participated in the finalization of the report on the performance of the Mozambique health sector in the preceding ten years in preparation for a new health policy framework, in collaboration with the WHO.

A young boy quenches his thirst from a puddle in Korogocho, Nairobi
Ongoing Projects

The HCS program continued with the implementation of the following projects:

A Verbal Autopsy project generating cause of death data from the NUHDSS

In the course of the year, more work has been done in collaboration with the ALPHA network to improve the HIV-related mortality estimates in the NUHDSS.

A project on Indicator Development for Surveillance of Urban Emergencies (IDSUE)

This is being implemented in conjunction with Concern Worldwide. Three rounds of data collection were done in 2012 and in the coming years, the data will be used to develop a short list of feasible and relevant indicators for the detection of crises in poor urban settlements that would trigger a humanitarian response.

An INDEPTH Vaccination Project to understand the non-specific effects of vaccines on child health

The project has maintained a cohort of more than 3000 mother-child pairs with data on vaccination, nutrition, morbidity and household care seeking practices. The project manager will use the data for his PhD in Public Health at the Jomo Kenyatta University of Agriculture and Technology.

A CVD Prevention and Management Intervention-SCALE-UP

SCALE-UP aims to develop and test a model of cardiovascular disease (CVD) risk reduction that is scalable and sustainable in highly resource constrained settings such as slum settlements. Implemented in collaboration with the Amsterdam Institute of Global Health and Development, a baseline survey was conducted combined with mass door-to-door screening of adults aged 35 years and older in the NUHDSS. A clinic was set up in Korogocho to which those found to have moderate and high CVD risk were referred for further management. The intervention phase of the project was launched with the establishment of the clinic, referral structures involving Community Health Workers and setting up patient support groups.
New Initiatives
The program initiated six new projects.

Maternal, Infant and Young Child Nutrition Project (MIYCN)
The project builds on the Center's previous work that showed poor feeding practices for under-five children and a resultant high level of malnutrition. The project aims to determine the effectiveness of personalized home-based nutritional counseling on maternal, infant and young child feeding practices and consequently morbidity and nutritional outcomes in two Nairobi slums. Pregnant women will be recruited from the NUHDSS during their 1st or 2nd trimester and counseled throughout the pregnancy and after birth until the child is one year old. This three-year project is funded through a Wellcome Trust Research Training Fellowship.

Prevalence of Triple Negative Breast Cancer in Kenya
This project is being implemented in collaboration with Aga Khan University Hospital Nairobi and its main aims are to determine the proportion of breast cancer cases in Kenya that are of the aggressive Triple Negative type and whether there are ethnic (proxy for genetic) differences in Kenyan populations. This type of cancer has been found to be more prevalent in populations of African descent in developed countries but not much is known about the prevalence in African populations themselves. Understanding the prevalence and the genetic factors (if any) associated with this disease variant is a first step in improving treatment options. Data is being collected from all Aga Khan hospitals, and national and regional referral hospitals, in Kenya.

Study on Emerging and Reemerging Zoonoses in Urban Areas: Case of E. Coli
The project aims to understand the mechanisms that may lead to the introduction of pathogens into urban environments, and the emergence of those pathogens in the human population. We will investigate how social interactions of humans with livestock value chains may facilitate the transmission of pathogens from animals to humans. This is an interdisciplinary project run in collaboration with the University of Edinburgh, ILRI and KEMRI among other institutions. It involves epidemiologists, sociologists, microbiologists, geneticists, veterinarians, and economists. Data will be collected from under-five children in the NUHDSS as well as selected households in the whole of Nairobi representing different poverty zones.

Partnership for Maternal, Newborn and Child Health (PAMANECH)
With funding from Comic Relief-UK, the program is implementing a project to improve access to quality maternal, newborn and child health (MNCH) services in the two slums covered by the NUHDSS. The project intends to harness the tremendous potential of community resources and private health providers and to link them to support mechanisms provided by the public sector to set up a high quality, affordable and accessible health service system for mothers and children in the slums. The project is in its startup phase and will set up six one-stop centers for MNCH services in Korogocho and Viwandani, train health workers in key service guidelines, and set up community referral networks using Community Health Workers.

Technical Assistance for Accountability for Women’s and Children’s Health Framework
In collaboration with WHO, the program is supporting several African countries to strengthen their data systems, collect and analyze data and conduct assessments of their health systems as part of the UN Secretary General's Accountability for Women’s and Children’s Health Framework. Work is ongoing to support countries in tracking both the resources flows into the health sector, through the analysis of national health accounts and population health outcomes (involving the collection and secondary analysis of data from national surveys).

Genetic, Genomic and Environmental Risk Factors for Cardiometabolic Disease in Africans
This is a project being implemented in six INDEPTH sites including the Nairobi Urban HDSS, and is led by Wits University and the INDEPTH secretariat. It seeks to understand the associations between genetic, genomic and environmental risk factors with body composition in African populations and how these associations affect cardiometabolic risk. Much of the work on this project will be done in 2013, including establishing a simple laboratory to process samples for the genetic analysis.
A child undergoes a medical examination during an APHRC medical camp in Korogocho, Nairobi.
Population Dynamics and Reproductive Health

The Population Dynamics and Reproductive Health (PDRH) Program provides scientific evidence and articulates policy and program priorities for sustainable population growth and improved sexual and reproductive health in the region.

PDRH seeks to understand Sexual and Reproductive Health and Rights, Fertility and Population Growth, Maternal and Child Health, and Population Programs among the poorest and most vulnerable, in sub-Saharan Africa.

With 2015 – the deadline for the MDGs – right around the corner, it is argued that meeting the unmet need for family planning can reduce population growth and make achieving the Millennium Development Goals (MDGs) more feasible and affordable in developing countries.

Learning from evidence-based research and highlighting poverty, gender, age, and other disparities will help governments and other stakeholders to assess the gap between need and available resources and help strengthen policy debates towards improving sexual and reproductive health.

The program has continued to foster uptake of evidence on Population/Reproductive Health by stakeholders and decision-makers to ultimately improve Population/Reproductive Health policies, practices and outcomes in sub-Saharan Africa.

Achievements

In 2012, the program received additional funding from the Packard Foundation for the “Reversing the stall of fertility decline in Western Kenya” project, and from UNFPA for the “Financial resource flows for Population Activities” project, after successful implementation of the first phases of these two projects.

Mothers in a maternity ward at a health center in Viwandani, Nairobi
In addition, the PDRH program successfully completed three projects, and continued the implementation of four others. The program has continued to foster uptake of evidence on Population/Reproductive Health by stakeholders and decision-makers to ultimately improve Population/Reproductive Health policies, practices and outcomes in sub-Saharan Africa. In this regard, the team disseminated generated evidence to key stakeholders including the Division of Reproductive Health (DRH) at the Ministry of Health in Kenya, in addition to Senegal and Nigeria under the MLE/URHI collaboration, and with the Partners in Population and Development (PPD) at the Inter-Ministerial Conference on Evidence for Action: South–South Collaboration for ICPD beyond 2014, in Dhaka, Bangladesh.

Completed Projects

Masculinities, Wellbeing, and Civic Engagement: A Study of Slum Men in Nairobi

This project’s main aim was to contribute to the understanding of practices of manliness among poor slum men in Kenya, the interaction of these practices with livelihood conditions, as well as the implications for poor men’s relationships, health, and civic engagement, of their gendered practices. In the course of 2012, we produced a report that provides a basis for thinking critically and creatively about programmatic action to address the negative implications of dangerous masculinities among men living in slums.

Ongoing Projects

Measurement, Learning and Evaluation (MLE) of the Urban Reproductive Health Initiative (URHI)

The program launched baseline survey reports for Kenya, Nigeria and Senegal to measure, learn from and evaluate the Urban Reproductive Health Initiative (URHI) providing reproductive health services in the three countries. Data demand and utilization workshops at country level were organized to encourage use of evidence from MLE and other relevant population and reproductive health data for programing and policy formulations. In addition, the technical working papers examining the levels of urban contraceptive use utilizing data from national Demographic and Health Survey and Service Provision Assessments were completed for Kenya, Nigeria and Senegal. In Kenya and Nigeria, midline survey activities were launched, data collection completed and data cleaning and exploratory analysis commenced in 2012. Kenya successfully hosted the annual MLE/URHI partners meeting. In Nigeria, we successfully held the data use and report writing workshop in November.

Epidemiology of Unsafe Abortions

This project aimed to determine the magnitude of unsafe abortions in Kenya. Data collection, data entry and cleaning were completed and data analysis is ongoing. A data analysis workshop was held in New York and attended by APHRC staff members working on the project. A mini dissemination meeting was held with key stakeholders in the Division of Reproductive Health of the Ministry of Health, Kenya during which preliminary results of the study were presented.

Reversing the Stall of Fertility Decline in Western Kenya

The project received additional funding of 2 million USD to scale up community-based family planning services in rural Kenya. The project has improved supply of community-based family planning services in the western region, reaching about 116,400 new and ongoing clients by July 2012. Likewise, more and more women have been positively influenced to choose longer-term contraceptive methods.

During the year, we embarked on a communications drive that resulted in over five articles on the achievements of the project being carried in various newsletters and blogs. The research documented in several articles, showed an increase in the proportion of women receiving modern family planning services and methods.

Strengthening Evidence for Programming on Unintended Pregnancy (STEP-UP)

The STEP-UP project aims to generate policy-relevant research on the unmet need for family planning and improving access to safe abortion services in Kenya, Ghana, Senegal, Bangladesh and India. The STEP-UP team finalized the Kenya Country Profile report on unintended pregnancy and the Technical Working Paper on adolescent sexual and reproductive health. The protocol for a study on adolescent sexual and reproductive health received ethical approval from both Population Council and KEMRI IRBs. Two PhD students working on dissertations relevant to the project received funding through the ADDRF fellowship program.

Financial Resource Flows for Population Activities

This project aims to develop, implement and document a system of quality control on resource flows for population and health in sub-Saharan Africa. The domestic surveys on financial flows for population activities in 2010 in sub-Saharan Africa, which ran from 1st April 2011 to 31st March 2012, were successfully implemented with more countries participating in the survey compared to the previous years. A report on Changing patterns in reproductive health and family planning funding is in preparation.
**Evidence to Action for Strengthened FP and RH Services for Women and Girls (E2A)**

E2A seeks to generate evidence on, and foster global support for, a scaling-up of best practice service delivery to improve family planning and reproductive health (FP/RH) service access and quality while integrating FP/RH with other health and non-health services, mitigating gender barriers, and enhancing informed decision-making for women and girls.

In the past year, consultative meetings were held with NOPE (National Organization for Peer Educators), GBC (Global Business Coalition for health) and Kenyatta University (KU) on E2A activities in Kenya. The team also developed concept notes on a Business for Social Responsibility (BSR) study, rapid assessment of the reproductive health situation at KU, and health worker extension studies in Kenya and Nigeria. A research protocol on the health workers extension study in Kenya was developed.

In April 2012, the E2A team provided technical assistance to the USAID-Burundi mission, to build capacity for training to expand the method mix and increase the availability of Jadelle Implants. The project has also developed an approved protocol and draft tools for an exploratory study in Ethiopia, entitled “Assessing the use of HMIS/M&E data to improve FP/RH service delivery at the community level in Ethiopia”.

**African Strategies for Health (ASH)**

This project, also USAID-funded, aims to assist the USAID Africa Bureau (AFR/B) to work with African institutions, other development partners and partners within the US government to provide a strategic vision for guiding investments to improve the health of Africans, particularly children, pregnant and lactating women, and those affected by HIV/AIDS, malaria and tuberculosis. The project conducts reviews, assessments and a dialogue with partners working in the field to improve the understanding of constraints impeding the realization of the MDGs and the goals of the Global Health Initiative (GHI).

A communications and advocacy strategy was developed to brand and repurpose WHO AFRO’s Integrated Disease Surveillance and Response (IDSR) strategy for disease surveillance in Africa. We also produced the first edition of the mHealth compendium, which includes an overview of mHealth and 34 case studies of various projects and programs.

---

**Vasectomy Demystified**

Compared to other methods of family planning, permanent male fertility control methods are generally less popular around the world. Only three percent of couples worldwide use vasectomy as their primary contraceptive method, even though it is permanent, safe, and cost-effective and the only long-acting contraception available for men. The rate is even lower in sub-Saharan Africa where less than 0.1 percent of married women rely on a partner’s vasectomy as a contraceptive method.

Despite current low levels of vasectomy in Africa, certain characteristics make it a potentially attractive option for couples seeking long-term contraception methods. It is effective (on the individual and population level); a simple procedure with few complications, and is one of the few available modern methods that directly empower men to determine fertility controls.

Recently, APHRC together with one of their collaborating partners Marie Stopes Kenya (MSK) partnered with No-Scalpel Vasectomy International (NSVI) to conduct a three day vasectomy camp at Tanaka Hospital in Busia County in Western Kenya with the leadership of MSK resident doctor, Charles Ochieng’. The staff at the camp educated clients about the benefits of vasectomy to dispel any fears and concerns they had about the procedure. Clients were informed that vasectomy is a non-complicated permanent family planning method that has fewer complications compared to female sterilization, is safe and very effective.

**POPULATION DYNAMICS**

32 Men Served

The three-day camp served 52 clients from Busia County. One of the clients had 13 children, with his youngest child being only two years of age. Another man who was 54 years old already had 20 children, while a third 50-year-old man had 18 children. In both cases, their youngest child was less than 5 years old. Only three men in their 20s (26, 28, and 29) opted for vasectomy, two of whom already had 3 children, while the third already had 6 children.

Patients interviewed at the vasectomy camp praised the doctors for bringing the free services to them and indicated that they opted to undergo the procedure as they had enough children.

Simon Okwero a father of six from Butula District told the Standard newspaper that his family was traumatized last year when his wife suffered severe complications during delivery of their lastborn. She lost a lot of blood after delivery and survived by the grace of God. “I have come for vasectomy because it is a safe method of family planning” Mr. Okwero explained.

It is undeniable that population growth is a major challenge in developing countries and vasectomy is a good birth-control option. Despite current low levels of vasectomy in Africa, certain characteristics make it a potentially attractive option for couples seeking long-term contraception methods. It is effective on the individual and population level; a simple procedure with few complications, and is one of the few available modern methods that directly empower men to determine fertility controls.

Evidence to Action for Strengthened FP and RH Services for Women and Girls (E2A)

E2A seeks to generate evidence on, and foster global support for, a scaling-up of best practice service delivery to improve family planning and reproductive health (FP/RH) service access and quality while integrating FP/RH with other health and non-health services, mitigating gender barriers, and enhancing informed decision-making for women and girls.

In the past year, consultative meetings were held with NOPE (National Organization for Peer Educators), GBC (Global Business Coalition for health) and Kenyatta University (KU) on E2A activities in Kenya. The team also developed concept notes on a Business for Social Responsibility (BSR) study, rapid assessment of the reproductive health situation at KU, and health worker extension studies in Kenya and Nigeria. A research protocol on the health workers extension study in Kenya was developed.

In April 2012, the E2A team provided technical assistance to the USAID-Burundi mission, to build capacity for training to expand the method mix and increase the availability of Jadelle Implants. The project has also developed an approved protocol and draft tools for an exploratory study in Ethiopia, entitled “Assessing the use of HMIS/M&E data to improve FP/RH service delivery at the community level in Ethiopia”.

**African Strategies for Health (ASH)**

This project, also USAID-funded, aims to assist the USAID Africa Bureau (AFR/B) to work with African institutions, other development partners and partners within the US government to provide a strategic vision for guiding investments to improve the health of Africans, particularly children, pregnant and lactating women, and those affected by HIV/AIDS, malaria and tuberculosis. The project conducts reviews, assessments and a dialogue with partners working in the field to improve the understanding of constraints impeding the realization of the MDGs and the goals of the Global Health Initiative (GHI).

A communications and advocacy strategy was developed to brand and repurpose WHO AFRO’s Integrated Disease Surveillance and Response (IDSR) strategy for disease surveillance in Africa. We also produced the first edition of the mHealth compendium, which includes an overview of mHealth and 34 case studies of various projects and programs.
Children playing at a Medical Camp in Korogocho, Nairobi
Urbanization and Wellbeing

The Urbanization and Wellbeing (UWB) Research Program strives to be a pacesetter in defining research priorities and producing credible evidence on challenges associated with urbanization in Africa. The Program’s research activities currently seek to: 1) investigate the processes, causes and consequences of urbanization in Africa; 2) examine the inter-linkages between urban health and the physical environment; and 3) assess urban vulnerabilities and livelihoods, with a particular focus on urban vulnerabilities metrics; and the dimensions, dynamics, determinants and consequences of urban poverty.

Achievements

In 2012, the UWB Program successfully completed data collection for the second Nairobi Cross-sectional Slum Survey (NCSS 2) under the Urban Health Project. Survey results are expected to enable the Center and other stakeholders to take stock of changes in health outcomes, livelihood conditions and demographic behavior among slum dwellers in Nairobi in the ten years since APHRC conducted the first survey (NCSS 1). In line with ongoing efforts to enhance the uptake of research evidence, the Program convened a meeting that attracted close to 20 policymakers and experts to identify key recommendations and actions needed to bring sexual and reproductive health in urban contexts to the forefront of the development agenda. The Program also successfully completed two projects and continued the implementation of one project as well as the Nairobi Urban Health and Demographic Surveillance System (NUHDSS).

Completed Projects

Fertility, Family Planning, Child Health and Economic Outcomes

The project investigated, through a longitudinal framework, the inter-linkages between fertility, family planning, child health and survival, and household economic welfare in an urban, resource-poor setting. The project was implemented in collaboration with the INDEPTH Network. It ended in the first quarter of 2012 and six manuscripts, two of which have been published in peer-reviewed journals, were successfully completed.
Evaluation of the Affordable Medicine Facility-Malaria Initiative in Kenya

The UWB program successfully conducted the end line survey for the evaluation of the Affordable Medicine Facility – malaria (AMFm) initiative in Kenya. The AMFm initiative was a multi-country exercise also being implemented in seven other malaria-prone countries (Nigeria, Tanzania, Uganda, Cambodia, Niger and Madagascar). Apart from the end line survey, we also conducted, a survey to determine the initiative’s impact on access, affordability and market share of Artemisinin Combination Therapy (ACTs) drugs in remote areas of Kenya. The survey reports were completed and submitted to Population Services International (PSI) and ICF International, respectively.

Ongoing Projects

Urban Health Project

The Urban Health Project, funded by the Bill and Melinda Gates Foundation, aims to promote the reproductive health and wellbeing of the urban poor in sub-Saharan African countries through evidence gathering, policy engagement with local players, building sustainable South-South research partnerships, and strengthening the research capacity of young and promising African researchers on urban health issues.

In line with efforts to engage with policymakers and other reproductive health stakeholders, three policy makers from Senegal and Nigeria received travel grants to attend the Partners in Population and Development’s Inter-Ministerial Conference on Evidence for Action: South-South Collaboration for ICPD beyond 2014, in Dhaka, Bangladesh. During the Inter-Ministerial Conference, the UWB and PDRH research programs in collaboration with PPD, co-hosted a policy working dinner titled, “Bringing sexual and reproductive health in urban areas to the forefront of the development agenda.” The Program and PEC also worked with PPD to include the challenges that come with urbanization into the Dhaka Declaration, adopted at the Conference. The Declaration calls on 27 PPD member-countries to develop policies, programs and research that target vulnerable urban populations that are disadvantaged in accessing sexual and reproductive health services.

NUHDSS

The program completed three rounds of data collections (Rounds 28-30) under the NUHDSS. We also implemented a module on fertility preferences and contraceptive use for the first time in Round 30.

To enhance community engagement in the study area, a Community Advisory Committee (CAC) was inaugurated. The CAC comprises representatives from APHRC, Korogocho and Viwandani communities and the Nairobi County administration.

The program also participated in the WHO consultation meeting on local urban health observatories held in Amsterdam, Netherlands, September 10-11, 2012. The NUHDSS was one of seven health observatories invited for this global consultation and the only one from Africa.

From 2013, management of the NUHDSS will shift to the Statistics and Surveys Unit.
The Statistics and Survey Unit (SSU) is a newly established unit at the Center that will maintain a strong data management and processing system as well as develop a rigorous system of measuring program inputs, outputs, outcomes and impacts in sub-Saharan Africa.

The SSU will support research programs, both within and outside the Center, to design and implement qualitative and quantitative surveys. In addition, the Unit will undertake statistical modeling, forecasting, and simulations, using Center-generated and other data sets to stimulate policy discourse around development issues in the region.

The Unit will thus have internal and external functions. Internal functions include:

1. Overseeing of the operations and management of the Nairobi Urban Health Demographic Surveillance System (NUHDSS) including community mobilization activities.
2. Managing internal data systems i.e. collection, entry, cleaning and preparing clean data sets for analyses as well as data documentation and archiving.
3. Study design with emphasis on sampling and tool design.
4. Providing advice and training on data analysis.
5. Data sharing and dissemination.
6. Collating and compiling data on development indicators.
7. Developing of measurement tools for health and development indicators.

External functions include:

1. Supporting survey implementation and offering technical assistance (e.g. data analysis) to external clients
2. Providing census implementation and monitoring support
3. Training in survey methodology, data processing and analysis.

An APHRC Fieldworker interviews a Viwandani resident
The year 2012 was devoted to setting up the Unit and a concept note for operationalizing the Unit was drafted and fully developed. The Unit also implemented one project for an external client.

Study on Effect of Post-Harvest Techniques for Reducing Aflatoxins in Maize on Child Health Outcomes

The unit, in partnership with the International Food Policy Research Institute (IFPRI), began to implement a baseline survey that is part of a randomized controlled trial whose main objective is to (i) determine the effectiveness of a package of postharvest techniques for reducing the presence of Aflatoxin in maize, and (ii) determine the effect of Aflatoxin consumption on health outcomes, specifically child stunting, in Meru and Tharaka districts, Kenya. The survey covers 152 villages in the two districts. Community mobilization, preliminary meetings with District Commissioners, District Officers and Chiefs and the testing and piloting of the questionnaires were finalized in 2012 for actual fieldwork to begin in early 2013.

Aflatoxin in maize, and (ii) determine the effect of Aflatoxin consumption on health outcomes, specifically child stunting, in Meru and Tharaka districts, Kenya. The survey covers 152 villages in the two districts. Community mobilization, preliminary meetings with District Commissioners, District Officers and Chiefs and the testing and piloting of the questionnaires were finalized in 2012 for actual fieldwork to begin in early 2013.

Missed Count

In spite of a decade of historic levels of international and national spending on health, a 2009 study (Global and Regional Causes of Death) found that only 3 out of 46 countries in the WHO/AFRO region had population-level data on cause of death. Even seemingly comprehensive and definitive statistical compilations, such as the recently released Atlas of African Health Statistics, readily concede that their data is entirely reliant on weak country-level data collection and variable tabulation. Similarly, the development of national administrative information systems, in health as well as other sectors, has been intermittent and slow to improve despite national and international efforts over the years.

APHRC-CGD Efforts

The African Statistics Day is particularly of interest to APHRC as it is closely tied to the new Data for African Development Working Group formed in collaboration with the Center for Global Development (CGD). The working group seeks to analyze the political economy challenges that underpin many countries’ notoriously low statistical coverage, quality and frequency.

Statistical system weaknesses stem, in part, from limitations in capacity, technical know-how and qualified human resources. Limited financial resources also have something to do with weak systems, but the explosion of data collection efforts in the region suggests this is not the main obstacle (see: Case Study Kenya). This working group has identified a third, relatively unaddressed, obstacle to statistics development: misaligned political and institutional incentives within governments, created by donor assistance policies and practices.

Examples of misaligned incentives abound. National statistics offices may collect and analyze data for a consumer price index, for example, but be barred from reporting accurate results for political reasons. Budget formulas or results-based funding systems can unintentionally create incentives to “bump up” numbers, as in systems where schools are paid per pupil enrolled and administrative information systems grossly overreport the number of students. Even when data has been collected by national statistics offices, often with donor money, data sets are inaccessible to policymakers, researchers and civil society. Working Group member Gabriel Demombynes notes in a recent blog that in spite of technical and financial support from DfID, USAID, EU, DANIDA, the World Bank and UNDP for the Integrated Household Budget Survey in Kenya, only a handful of researchers have access to the raw data. Further down the line, but equally important, are challenges related to ensuring that...
Research Capacity Strengthening Division

Partnerships with Universities
Training Workshops
Fellowships
The Research Capacity Strengthening (RCS) Division spearheads APHRC’s efforts to strengthen individual and institutional research capacity in sub-Saharan Africa. Its overarching goal is to cultivate scholars who can generate policy-relevant evidence on key development issues facing the region and support the capacity of policymakers to evaluate and utilize research evidence.

The Division adopts a three-pronged approach to its work:

a) Building formal partnerships with universities to improve graduate training in general, and doctoral training in particular, in the broader areas of APHRC’s work;

b) Fostering opportunities to support African and non-African researchers working on African issues through fellowships as well as technical and methodological training; and

c) Conducting training workshops to enhance the capacity of African policymakers, program implementers, and the media to utilize relevant scientific evidence.

Achievements

In 2012, the RCS Division successfully held two Joint Advanced Seminars for the second cohort of CARTA fellows, two faculty and staff training programs, and two workshops for ADDRF fellows.

RCS received additional funding to support ongoing capacity building activities including a grant from Swedish International Development Cooperation Agency (Sida) to support CARTA activities.

Partnerships with Universities

Consortium for Advanced Research Training in Africa (CARTA)

APHRC co-leads the Consortium for Advanced Research Training in Africa (CARTA), a broad network of universities and research institutions committed to research capacity building in Africa. It is a South-South partnership with southern-northern collaboration, consisting of nine African universities, four African research institutes and seven northern academic institutions. CARTA is building a vibrant African academy to lead world-class multidisciplinary research that makes a positive impact on public and population health. It seeks to create networks of locally-trained internationally-recognized scholars, and enhance the capacity of African universities to lead globally-competitive research and training programs.

In 2012, 25 junior faculty and researchers from participating African institutions were selected into the 3rd cohort of CARTA fellows, bringing the total number of fellows to 65. The first and second Joint Advanced Seminars for the 2nd Cohort of fellows were held in March and November, respectively. CARTA fellows published 28 peer-reviewed articles during the year.

In addition, key program activities ran smoothly including curriculum review meetings, Joint Advanced Seminars, Partners Forum and Board of Management meetings as well as the first CARTA Vice Chancellors’ meeting – which was successfully held at the University of the Witwatersrand in November 2012. Vice Chancellors re-committed to the ideals and values of the CARTA model ensuring high-level support and buy-in at partner institutions.

Finally, Maurice Mutisya, an APHRC CARTA fellow, won the African Union Developing Countries Academy of Sciences (AU-TWAS) award for young scientists in Basic Sciences and Technology Innovations 2012. The award was presented to him on December 11th, by the Kenyan Minister for Higher Education, Science and Technology, Prof. Margaret Kamar.
African Doctoral Dissertation Research Fellowship (ADDRF)

Apart from the CARTA Program, the division also manages the African Doctoral Dissertation Research Fellowship (ADDRF) Program, which supports doctoral students studying in the region. The ADDRF Program enhances engagement of doctoral students in research, strengthens the quality of their dissertations and shortens the period it takes to complete their doctoral dissertation.

In 2012, 23 candidates from 14 African countries received ADDRF fellowships. Nineteen of these fellowships were funded by the International Development Research Center (IDRC) while four fellowships were funded through project grants to APHRC by the Bill and Melinda Gates Foundation (2 fellowships) and the UK Department for International Development (DFID) (2 fellowships).

The Program also hosted a three-day post-doctoral leadership-training workshop for 21 ADDRF Fellows with PhD certification in May 2012; and a week-long scientific writing workshop for the 2011 Fellows in July 2012. Six fellows also participated in a two-day training session on mixed methods research in August 2012. ADDRF fellows published 18 peer-reviewed papers in the course of the year.

Technical Workshops

The Division organized workshops to enhance the technical ability of staff and partners to carry out research in population, health and education on the continent. In addition to 25 internal brownbags and open lectures, the RCS team organized two training workshops for staff on:

- Writing of mixed methods research papers on August 15 – 16
- Policy analysis and writing for policy-makers on December 3 – 5.

Fellowships

The RCS division also runs fellowships including internships, visiting scholarships, post-doctoral fellowships and sabbaticals for persons seeking to develop their thesis topics and strengthen their research skills.

Post-Doctoral Fellowships – Scholars with PhD in the arts, humanities, social and health sciences, and with demonstrated promise of intellectual leadership in a field relevant to the Center’s mission can apply for post-doctoral fellowships. In 2012, the Center hosted six fellows. Two of the fellows from the previous year were offered core positions at the Center after demonstrating great potential for a successful research career.

Research Internships – Advanced graduate students seeking to explore their thesis projects or gain field experience in Africa can take up these short-term practical training opportunities. In 2012, the Center hosted nine interns from various disciplines and universities across the globe including the Africa Economic Research Consortium.

Visiting Scholarships – The Center invites researchers from a variety of institutions to spend time at the center to facilitate research collaborations. In 2012, the Center hosted scholars from John Hopkins School of Public Health, London School of Hygiene and Tropical Medicine, Ebonyi State University – Nigeria, University of Liverpool and the University of Montreal.

Sabbaticals – These target senior university lecturers and scholars in other institutions with a proven track record of conducting research. Scholars and researchers benefitting from the program take time off teaching at university to conduct research or support one of the Center’s programs for a defined period. Solene Lardoux a Professor of Demography at the University of Montreal and Emmanuel Ekuri, from University of Calabar were hosted in 2012.

Finally, in 2012, the division developed guidelines to streamline the procedures for pursuing sandwich graduate training, which is increasingly becoming a popular option for staff who want to pursue further studies. In the course of the year, seven APHRC staff members were enrolled in PhD and two in Masters programs. The PhD candidates include: Thaddeus Egondi, Kanyiva Muindi both enrolled at Umea University, Sweden; Samuel Oti and Steven van de Vijver enrolled at the University of Amsterdam, Netherlands; Martin Kavao and Nicholas Ngomi enrolled at JKUAT, Kenya, and Maurice Mutisya enrolled at the University of the Witwatersrand through the CARTA program.

Dr. Emmanuel Fabiano (center seated), the Vice Chancellor, University of Malawi with cohort 2 fellows of University of Malawi during CARTA Joint Advanced Seminar 2, Johannesburg, South Africa, November 2012
Policy Engagement & Communications Division

Policy Outreach

Communications

Knowledge Management
The Policy Engagement and Communications (PEC) Division works hand in hand with the Center’s programs to promote the use of APHRC’s research evidence by local, national and international audiences, using innovative communication, knowledge management and policy engagement strategies.

In 2012, a new PEC was re-envisioned, with a new strategy and service charter to improve the Division’s systems and functions. The PEC strategy contains research-driven strategic, actionable goals and an implementation plan, to guide the design and execution of policy engagement and communication activities.

Achievements

Policy Outreach

As envisioned in the 2012-2016 strategic plan, PEC launched its working group program and the first working group, the Data for African Development Working Group - a collaborative effort between APHRC and the Center for Global Development -- held its first meeting in September 2012. The first of several APHRC working groups to roll out over the next few years, this model aims to bring together the brightest minds to tackle specific policy problems with the aim of developing actionable recommendations for real-world policy solutions. A critical part of this working group model is a concerted policy communication process which ensures that all key players are involved from the start of each working group and that realistic usable recommendations are developed and actually reach their intended audiences at strategic policy moments. The team is working on the second Working Group focusing on Aging and Development in Africa and has developed the concept note and assembled regional and global experts on the issue in preparation for the first meeting in early 2013.

PEC, in collaboration with the PDRH and UWB research programs, hosted a working policy dinner during the PPD International Inter-Ministerial Conference in Dhaka, Bangladesh. The working dinner convened a select high-level group of conference participants including Members of Parliament, researchers, development partners, NGOs and other government officials for an intense debate on improving sexual and reproductive health research, policies and programs targeted at urban poor communities, and to share experiences between countries and regions across the global south.

This new model of policy outreach has already opened up new opportunities for the Center including invitations to participate in key regional and global expert panels across Africa such as invitations to partner with UNICEF-ESARO, UNECA, AU, ADB, ADEA, the WHO EVIPNET network and an invitation to participate in two ECSA-HC expert advisory committees. We have also seen an increasing demand to collaborate locally – ILRI, AKUH, government ministries, media houses and invitations to participate in various technical committees in Kenya including Kenya National Examination Council (KNEC), Health Promotion and Communications Advisory Board, National AIDS Control Council (NACC) and a Non-Communicable Diseases stakeholders forum.

Enos O. Oyaya, the Education Secretary at the Ministry of Education, discusses education study findings with Ruthpearl Ng’ang’a, APHRC’s Communications Manager
Communications

In 2012, PEC made online communications a central part of its new outreach strategy. The team introduced blogging to researchers and other staff as a way of increasing their online presence. Over 50 blogs were published on our website by researchers, PEC and other APHRC staff and several of these were quoted or directly published by media houses. A total of 51 print, online and electronic media appearances were recorded and several Kenyan journalists were trained on science and health reporting. As a result of these efforts, there was sustained growth of our online audience, tripling the number of Twitter and Facebook followers as well as a significant growth in our website visitors.

In terms of internal communications, PEC also began to provide more options for APHRC staff to stay plugged into what is happening around the Center with the production of a weekly APHRC Monday Update e-newsletter. PEC also spearheaded APHRC’s branding facelift that saw the introduction of a sharp new style in the business cards, email signatures, letterheads and PowerPoint slide master. PEC coordinated the updating of the website with new content. The team also organized the taking of professional photographs of staff and board members and of the Center’s facilities such as the meeting and boardrooms.

Knowledge Management

PEC has also completed the cataloguing, classification and organization of over 6,000 materials in the Center’s library. All the Center’s library resources are now organized in a newly installed online library system (KOHA). Staff can now access the library catalogue and request for additional resources through the KOHA system. In addition to organizing the on-campus library, PEC has set up an online resource center that will serve as a long-term archive for all of APHRC’s publications while making them easily accessible to a wider audience through a direct link to the APHRC website.

Dr. Benta Abuya briefing the press at Korogocho Chief’s Camp
Operations Division

Administration
Finance and Risk Management
Grant Management
Human Resource Management
Monitoring and Evaluation
APHRC has maintained strong financial and administrative management systems that ensure integrity and prudent management of resources. The Operations Division manages the Center's financial, grant and contract, human resource, administration and monitoring and evaluation functions.

In 2012, the Center's operating income increased to US$11.7 million. It also expanded its funding base with 22 new grants and six new funders. For the first-time ever, the online fundraising platform generated US$12,567. This impressive growth demonstrates APHRC's competitiveness in seeking resources that support its research, capacity building and policy-influencing mission. For the first time, an internal audit of the entire Center was carried out by one of the big four audit firms. This is in addition to an audit of its largest program, CARTA. None of the audits reported any substantive issue.

The Division also effectively managed the APHRC Campus, which is now fully-let to UNHCR & Junior Achievement, Africa. In addition, the Manga close access road that leads to the campus was paved and all APHRC offices and training rooms have been fully furnished. Installation of audio-visual equipment in the Sara Seims board room and auditorium began and will be completed in the first quarter of 2013.

The human resources unit supported the recruitment, selection and orientation of 19 regular staff and hundreds of temporary staff. Several team building events including an all-staff sports day also took place.

In addition, the Center carried out a staff satisfaction survey that provided an opportunity for staff to speak out and contribute to the shaping of a conducive and fulfilling work environment. The survey, whose feedback was largely positive, provided pointers to areas that need further attention and will build long-term employee engagement and support. The Center commissioned two salary surveys and also participated in the NGO salary survey for Kenya, which covered 50 NGOs. These surveys will help review our salary and benefits structure.

A gender equality policy and a Business Continuity and Disaster Recovery Plan were developed and approved by the Board.
### Financial Report

#### Statement of Income and Expenditure for the Year Ended 31 December 2012

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant income</td>
<td>7,873,656</td>
<td>2,087,024</td>
<td>9,960,680</td>
<td>10,817,174</td>
</tr>
<tr>
<td>Other income</td>
<td>1,575,918</td>
<td>1,575,918</td>
<td>3,151,836</td>
<td>340,078</td>
</tr>
<tr>
<td>Interest income</td>
<td>179,547</td>
<td>179,547</td>
<td>359,094</td>
<td>171,682</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>7,873,656</strong></td>
<td><strong>3,842,489</strong></td>
<td><strong>11,716,145</strong></td>
<td><strong>11,328,934</strong></td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme costs</td>
<td>7,873,656</td>
<td>595,112</td>
<td>8,468,768</td>
<td>7,898,424</td>
</tr>
<tr>
<td>Administration and support costs</td>
<td>1,590,457</td>
<td>1,590,457</td>
<td>3,180,912</td>
<td>1,570,751</td>
</tr>
<tr>
<td>APHRC Campus development</td>
<td>573,942</td>
<td>573,942</td>
<td>1,147,884</td>
<td>2,045,960</td>
</tr>
<tr>
<td>APHRC Campus administration expenses</td>
<td>206,941</td>
<td>206,941</td>
<td>413,882</td>
<td>98,801</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>7,873,656</strong></td>
<td><strong>2,966,452</strong></td>
<td><strong>10,840,108</strong></td>
<td><strong>11,613,936</strong></td>
</tr>
<tr>
<td><strong>Surplus/(deficit)</strong></td>
<td></td>
<td></td>
<td><strong>876,037</strong></td>
<td><strong>(285,002)</strong></td>
</tr>
</tbody>
</table>
## Statement of Financial Position on 31 December 2012

<table>
<thead>
<tr>
<th></th>
<th>2012 (US$)</th>
<th>2011 (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncurrent assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating lease rentals</td>
<td>282,552</td>
<td>217,992</td>
</tr>
<tr>
<td>Building</td>
<td>5,239,637</td>
<td>5,205,889</td>
</tr>
<tr>
<td>Equipment and motor vehicles</td>
<td>208,421</td>
<td>162,273</td>
</tr>
<tr>
<td></td>
<td><strong>5,730,610</strong></td>
<td><strong>5,586,154</strong></td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>7,142,297</td>
<td>6,134,594</td>
</tr>
<tr>
<td>Investments</td>
<td>411,133</td>
<td>378,769</td>
</tr>
<tr>
<td>Grant receivables</td>
<td>21,888,086</td>
<td>28,363,047</td>
</tr>
<tr>
<td>Debtors and deposits</td>
<td>340,377</td>
<td>286,482</td>
</tr>
<tr>
<td></td>
<td>29,781,893</td>
<td>35,162,892</td>
</tr>
<tr>
<td>Total assets</td>
<td><strong>35,512,503</strong></td>
<td><strong>40,749,046</strong></td>
</tr>
<tr>
<td><strong>FUND BALANCE AND LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted fund balances</td>
<td>2,320,574</td>
<td>2,333,425</td>
</tr>
<tr>
<td>Capital fund</td>
<td>3,563,943</td>
<td>2,475,042</td>
</tr>
<tr>
<td>Fund balances</td>
<td><strong>5,884,517</strong></td>
<td><strong>4,808,467</strong></td>
</tr>
<tr>
<td>Noncurrent liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loan</td>
<td>1,333,336</td>
<td>2,222,224</td>
</tr>
<tr>
<td></td>
<td><strong>1,333,336</strong></td>
<td><strong>2,222,224</strong></td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loan</td>
<td>888,888</td>
<td>888,888</td>
</tr>
<tr>
<td>Deferred income</td>
<td>24,459,221</td>
<td>30,209,057</td>
</tr>
<tr>
<td>Creditors and accruals</td>
<td>2,946,541</td>
<td>2,620,410</td>
</tr>
<tr>
<td></td>
<td>28,294,650</td>
<td>33,718,355</td>
</tr>
<tr>
<td>Total fund balance and liabilities</td>
<td><strong>35,512,503</strong></td>
<td><strong>40,749,046</strong></td>
</tr>
</tbody>
</table>
The Finance and Risk Management, Human Resources, Nominations and Governance Committees of the APHRC Board met on November 5 – 7 2012 at the APHRC Campus in Nairobi. During the three-day meeting, the board hosted several donors, partners and staff to an evening dinner event and a separate full-day open forum where recent program innovations were discussed. The board meeting ended with a cocktail reception with staff.

In 2012, APHRC welcomed the following new board members whose term begins in 2013: Akpan Ekpo, Amina J. Mohammed, Göran Bondjers, Patricia C. Vaughan and Tade Aina. Agyeman Akosa was retained as deputy chair.

We wish to thank the following board members who rotated off the board in 2012: Osita Ogbu, Florence Manguyu and Jeffrey Tolin.

APHRC is most grateful for the leadership, guidance and oversight that board members bring to the Center.

Continuing Board Members

Marian Jacobs, APHRC's Board Chair and Dean of the Faculty of Health Sciences at the University of Cape Town, South Africa.

Alex Ezeh, APHRC's Executive Director, Director of the Consortium for Advanced Research Training in Africa (CARTA) and Honorary Professor of Public Health at the University of the Witwatersrand, South Africa.

Jennifer Riria, Group CEO of Kenya Women Finance Trust and also the current Chair of Microfinance Institutions in Kenya.

Francis Dodoo, Professor of Sociology and Demography at the Pennsylvania State University and Professor at the Regional Institute for Population Studies, University of Ghana.

Agyeman Akosa, APHRC’s Deputy Board Chair, Professor of Pathology at the University of Ghana Medical School and Executive Director of Healthy Ghana.

Cheikh Seydil Moctar Mbacké, is an independent consultant. Previously, he was the chairman of the Council on Health Research for Development (COHRED).

Trudy Harpham, Emeritus Professor at London South Bank University, UK and Honorary Professor at the London School of Hygiene and Tropical Medicine, UK.

Tamara C. Fox, Director of Research, Monitoring and Evaluation, The Helmsley Charitable Trust.
New Board Members in 2013

Akpan Ekpo, Director General and Chief Executive of the West African Institute for Financial and Economic Management (WAIFEM).

Amina J. Mohammed, Special Adviser to the UN Secretary General on post-2015 Development Planning and ex-officio member of the Panel of Eminent Persons on the UN post-2015 development agenda.

Göran Bondjers, Emeritus Professor of Cardiovascular Research at the University of Gothenburg, Chairman of the European Vascular Biology Association and Program leader at University of Gothenburg as a Northern partner in CARTA.

Patricia C. Vaughan, General Counsel and Corporate Secretary of the Population Council.

Tade Aina, Program Director, Higher Education and Libraries in Africa at the Carnegie Corporation of New York, founding member and member Board of Trustees of the Nigerian Environmental Study Team (NEST) and founder of the Lagos Group for the Study of Human Settlements.

Osita Ogbu, Former Chief Economic Advisor to the Former President of Nigeria.

Jeffrey Tolin, Partner at the Hogan & Hartson LLP, New York.

Florence Manguyu, Pediatrician and HIV vaccine researcher in Kenya.
Donors and Partners

APHRC acknowledges the following institutions for their generous support in 2012.

DONORS
Bill & Melinda Gates Foundation
Carnegie Corporation of New York
Comic Relief, UK
David and Lucile Packard Foundation
Development Partnership in Higher Education (DelPHE)
Department for International Development (DfID)
Ford Foundation
Google Ireland Limited
Hindu Religious and Service Centre, Kenya

PARTNERS
Absolute Returns for Kids (ARK)
Aga Khan University, Kenya
Amsterdam Institute for Global Health and Development (AIGHD)
Centre de Recherche pour le Développement Humain (CRDH), Senegal
Center for Global Development
Canadian Coalition for Global Health Research
City Council of Nairobi
Concern Worldwide
Division of Reproductive Health, Senegal
Family Health Options, Kenya
Great Lakes University of Kisumu
Government of Kenya
Guttman Institute
Harvard University, USA
ICF International
International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B)
International Development Research Centre (IDRC)
Ifakara Health Institute
INDEPTH Network
International Food Policy Research Institute (IFPRI)
Institut Superieur des Sciences de la Population (ISSP), Ouagadougou, Burkina Faso
Ipas
International Centre of Insect Physiology and Ecology (Icipe)
Johns Hopkins University Bloomberg School of Public Health (JSPH)
Kenya Diabetes Management and Information Center
Kenya Medical Research Institute
Kenya National Bureau of Statistics

International Development Research Centre (IDRC)
MacArthur Foundation
Rockefeller Foundation
Swedish International Development Cooperation (SIDA)
United States Agency for International Development (USAID)
Wellcome Trust
William and Flora Hewlett Foundation
World Diabetes Foundation (WDF)
World Health Organization (WHO)

DONORS
Bill & Melinda Gates Foundation
Carnegie Corporation of New York
Comic Relief, UK
David and Lucile Packard Foundation
Development Partnership in Higher Education (DelPHE)
Department for International Development (DfID)
Ford Foundation
Google Ireland Limited
Hindu Religious and Service Centre, Kenya

PARTNERS
Absolute Returns for Kids (ARK)
Aga Khan University, Kenya
Amsterdam Institute for Global Health and Development (AIGHD)
Centre de Recherche pour le Développement Humain (CRDH), Senegal
Center for Global Development
Canadian Coalition for Global Health Research
City Council of Nairobi
Concern Worldwide
Division of Reproductive Health, Senegal
Family Health Options, Kenya
Great Lakes University of Kisumu
Government of Kenya
Guttman Institute
Harvard University, USA
ICF International
International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B)
International Development Research Centre (IDRC)
Ifakara Health Institute
INDEPTH Network
International Food Policy Research Institute (IFPRI)
Institut Superieur des Sciences de la Population (ISSP), Ouagadougou, Burkina Faso
Ipas
International Centre of Insect Physiology and Ecology (Icipe)
Johns Hopkins University Bloomberg School of Public Health (JSPH)
Kenya Diabetes Management and Information Center
Kenya Medical Research Institute
Kenya National Bureau of Statistics

International Development Research Centre (IDRC)
MacArthur Foundation
Rockefeller Foundation
Swedish International Development Cooperation (SIDA)
United States Agency for International Development (USAID)
Wellcome Trust
William and Flora Hewlett Foundation
World Diabetes Foundation (WDF)
World Health Organization (WHO)
From left: Kofi Assouan, Director of Operations, Junior Achievement Africa, Thomas Abbrecht, Head, UNHCR Regional Support Hub in Nairobi, Dr. Catherine Kyobutungi, Senior Research Scientist, APHRC and Dr Alex Ezeh, APHRC’s Executive Director, lead the Center’s staff and tenant organizations in celebrating the first anniversary at the new APHRC Campus in Kitisuru. Looking on is Dr. Samuel Oti, Senior Research Officer, APHRC.


APHRC Annual Report 2012


CARTA Publications


ADDARF Publications


APHRC Research Reports


Books


Book Chapters


Policy Brief


Fact Sheet

2012 Staff Highlights

An APHRC staff meeting in the state of art auditorium, APHRC Campus

APHRC staff enjoy a buffet lunch during the first anniversary at the APHRC Campus

APHRC staff working together on a team building exercise

Working hard to win at the Sports event
Acronyms

ACTs - Artemisinin Combination Therapy
ADDRF - African Doctoral Dissertation Research Fellows
ADP - Aging and Development Program
AKF - Aga Khan Foundation
AKU - Aga Khan University
AMFm - Affordable Medicine Facility-Malaria
AU - African Union
AU-TWAS - African Union Young Scientists Awards
APHRC - African Population and Health Research Center
ASH - African Strategies for Health
CAC - Community Advisory Committee
CARTA - Consortium for Advanced Research Training in Africa
CDIA - Chronic Diseases Initiative for Africa
CVDs - Cardiovascular Diseases
DAAD - German Academic Exchange Service
DIAD - Data for African Development
E2A - Evidence to Action for Strengthened FP and RH Services for Women and Girls
EAQEL - East Africa Quality in Early Learning
ECASA-HEC - East, Central and Southern African Health Community
ERP - Education Research Program
FPE - Free Primary Education
GBC - Global Business Coalition for Health
H3Africa - Human Heredity and Health in Africa initiative
HCS - Health Challenges and Systems
IAGG - International Association of Gerontology and Geriatrics
IDSR - Integrated Disease Surveillance and Response
IDSUE - Indicator Development for Surveillance of Urban Emergencies
IFPRI - International Food Policy Research Institute
ILRI - International Livestock Research Institute
JA - Junior Achievement
KEMRI - Kenya Medical Research Institute
KU - Kenyatta University
MDG - Millennium Development Goals
MIYCN - Maternal Infant and Young Child Nutrition
MLE - Measurement, Learning and Evaluation
NCs - Non Communicable Diseases
NCSS 2 - The second Nairobi Cross-sectional Slum Survey
NOPE - National Organization for Peer Educators
NUHDSS - Nairobi Urban Health and Demographic Surveillance System
PAMANECH - Partnerships to improve Maternal, Newborn, and Child Health
PDRH - Population Dynamics and Reproductive Health
PEC - Policy Engagement and Communications
PPD - Partners for Population and Development
PPEP - Partnership for Public Education Program
RCS - Research Capacity Strengthening
RIL - Reading to Learn
SCALE UP - Sustainable model for Cardiovascular Health by Adjusting Lifestyle and Treatment with Economic Perspective in Settings of Urban Poverty
SP - Strategic Plan
SRHS - Sexual and Reproductive Health Services
SSA - Sub-Saharan Africa
SSU - Statistics and Surveys Unit
STEP UP - Strengthening Evidence for Programming on Unintended Pregnancy
UCT - University of Cape Town
UNDESA - United Nations Department of Economic and Social Affairs
UNECA - United Nations Economic Commission for Africa
UNFPA - United Nations Population Fund
UNHCR - United Nations High Commissioner for Refugees
UNICEF-ESARO - United Nations Children’s Fund Eastern and Southern Africa Regional Office
URHI - Urban Reproductive Health Initiative
UWB - Urbanization and Wellbeing
VA - Verbal Autopsy
Get Involved!

Volunteer
info@aphrc.org

Donate
www.aphrc.org/donate

Join The Conversation
@aphrc
African Population and Health Research Center

Get Involved!
Catherine Kyobutungi | Deborah Mupusi | Diana Warira | Jessica Brinton | Ruthpearl Ng’ang’a

Credits
Editorial Team
Design & Production
Photography
RealONE Concepts Ltd | info@realoneconcepts.com | www.realoneconcepts.com
Allan Gichigi and the PEC team

Copies and further information are available at www.aphrc.org
Our Vision

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

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.

What good are research numbers? We need schools and books!

Yes, of course!! But how many?