

**ANNUAL  
REPORT**

**2017**



**African Population and  
Health Research Center**

**COLLABORATING  
IN AFRICA'S  
TRANSFORMATION**



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## **Mission**

Generating evidence, strengthening research capacity, and engaging policy to inform action on population health and wellbeing.

## **Vision**

Transforming lives in Africa through research.



## INTRODUCING THE APHRC STRATEGIC PLAN, 2017-2021

### **APHRC is looking to be a key player in accelerating Africa's transformation.**

With a bold and ambitious agenda articulated in its 2017-2021 Strategic Plan, the Center has charted a five-year course to be more deliberate in using evidence to inform decision-making and extend its impact globally as an influential African voice in discussions of development agendas from the Demographic Dividend to the Sustainable Development Goals.

The new plan builds on the previous one, which ran from 2012-2016. During that time, APHRC ran more than 96 projects in 30 countries across sub-Saharan Africa with annual operating expenses exceeding \$10 million.

This ambition to achieve transformative impacts is reflected in our new vision and mission, which continue to embody our values as a truly African organization committed to

the highest possible standard in all the work we do. Our new mission clearly articulates the roles of each of our programmatic divisions in generating and sharing evidence to advance Africa's transformation.

The Strategic Plan also lays out the necessary changes within the Center to achieve our goals, beginning with the reorientation of our research toward a more deliberate focus on signature issues. These signature issues were chosen to demonstrate where we can and should be playing a more influential role in the continent's conversations about the key challenges impeding African development.

In carving out a new research Unit, expanding the footprint of our Data, Measurement and Evaluation Unit and expanding our Research Capacity Strengthening beyond our PhD

fellowship programs, we aim to emphasize how APHRC can play a transformative role across sub-Saharan Africa.

And by enjoining our Policy Engagement and Communications Division to guide the operationalization of these signature issues and developing the strategy for how we engage at multiple levels, we are ensuring that the Center will be not only contributing to, but shaping, global discourse on Africa's transformation.

We have made the first steps on our journey toward playing a more substantive role on the continent. We may have miles to go but we are confident that in living our values of excellence, integrity and fairness, we will arrive at our destination with pride in our accomplishment and in our influence.

# Message from the Executive Director

In mid-2016, we initiated a consultative process with all staff to answer what on the surface seemed like a simple question: where do we want to go and how do we want to get there? What emerged from the numerous meetings and consultations and countless iterations of ideas was our new Strategic Plan: a bold roadmap that will cement our place as a credible player in Africa's transformation.

Together we articulated our vision: to be more than just a research institution. To become a knowledge generator that consistently demonstrates the power and potential of evidence to drive tangible change in people's lives.

In 2017, we started laying the foundation for realization of this bold vision, by elaborating further the concept of signature issues: the areas where we as an institution can deepen our focus, provide thought leadership, and focus our policy outreach efforts as we position ourselves for greater impact.

From early childhood development to adaptable systems of long-term care, we see our signature issues as accompanying the milestones along the life course, providing a beacon of what is possible with smart, targeted and evidence-informed decisions.

The year 2017 also marked the first ever transition in the Center's top leadership. After 17 years at the helm, we bid APHRC's founding Executive Director a fond farewell. It was with a deep sense of honor and gratitude that I assumed the mantle of the Executive Director. I took on this role, aware that there were considerable expectations of myself and the Center, to continue our journey and quest for impact while maintaining our core values of integrity and excellence. I am humbled and inspired to be leading a wonderful team to fully roll out our new strategic plan into a new, ambitious era.

I am immensely proud of how far we have come in 2017, not just in terms of our achievements or bottom line, but also in the shaping of our daily interactions with each other and our institutional culture – one that celebrates and champions collaboration in our quest to be truly transformative for Africa.

Thank you for joining us on the latest phase of the APHRC journey. Just watch what we do next.

*Dr. Catherine Kyobutungi*



# Message from the Board Chair

**In November 2016, APHRC's emeritus executive director, Dr. Alex Ezeh, announced his decision to step down. For 17 years, Dr. Ezeh shepherded APHRC's evolution into one of Africa's most prominent think tanks, with global reach and considerable influence in generating evidence to inform meaningful policy and decision-making. His legacy is demonstrated in the hundreds of African research leaders now enriching the African academy and society.**



The Center and the Board of Directors express our deepest gratitude for the tireless, visionary efforts that inspired everyone around Dr. Ezeh to help build APHRC's strong programs and organization. His decision to step down was timed to match the inauguration of the Center's ambitious Strategic Plan for the five years from 2017-2022.

Our global search for APHRC's next visionary leader brought us home, fittingly, to the chief architect of that Strategic Plan: a plan that will strengthen APHRC's position as a global leader and influencer of the development agenda that is headquartered in Africa. Welcoming Dr. Catherine Kyobutungi as our new Executive Director in October 2017 was a moment of great pride.

Under the dynamic and able direction of Dr. Kyobutungi, APHRC continues to be transformative with its policy-oriented research agenda and to nurture the next generation of African-trained research leaders both within the Center and beyond, each of whom is equipped with the strongest skills and the best possible training to contribute to the African-generated body of research evidence in population health and wellbeing.

This transformation has been incubated within the context of the Center itself, with the expansion of the Research Division to seven fully fledged units each guided by a signature issue, with these signature issues identifying areas of APHRC's particular priority and comparative advantage.

It has resulted in a reorientation of the Policy Engagement and Communications Division to ensure that APHRC-generated evidence is informing decision-making at all levels – including introducing a new approach to African-led advocacy that demands collaboration between government and civil society.

And it has helped carve new pathways for our research capacity strengthening model to be exported beyond fellowship programs to a more institutionalized approach to research within government and academic institutions across sub-Saharan Africa.

It is a true testimony to our organizational commitment to professional advancement and achievement that two of our newest post-doctoral fellows got their start as field-based data collectors in the Nairobi slums of Viwandani and Korogocho. It is a tribute to the strength of APHRC that Dr. Kyobutungi arrived here over a decade ago as a post-doctoral fellow – rising to its top leadership position as a perfect illustration of the potential housed within the walls of the Center.

Our organizational pursuit of equity and excellence has driven us to achieve gender parity at all levels of the organizational structure – all the way from the executive leadership team to our field staff.

And our organizational commitment to transparency and accountability continue our unbroken string of unqualified audits, even as we are implementing our largest-ever and most diverse portfolio of projects, many of

which are multi-country, multi-year initiatives that weave together activities from each of our programmatic divisions.

I am pleased to welcome into our Board family two exceptional and passionate new members, Dr. Nancy Birdsall, the director emeritus of the Center for Global Development; and Dr. Naline Sangrujee of the US Centers for Disease Control and Prevention. Their firm commitments to African-led development and their passion for using evidence to drive change can only help the Board strengthen its counsel and support to APHRC as the Center continues its own transformation – and contributes to the transformation of Africa.

It is with great anticipation of the Center's evolving strategic direction and hearty congratulations for its continued success that I extend, once again, the Board's thanks to Dr. Ezeh for his dedication and assure Dr. Kyobutungi of our unwavering support of her leadership.

*Dr. Tamara Fox*



# Research Division

The Research Division added a new Unit in 2017 to optimize the strength and breadth of the work being conducted in maternal and child wellbeing. This new Unit brings to seven the number of technical areas where APHRC researchers are conducting policy-relevant research both in collaboration with other global institutions and independently. On research topics that range from the cost implications for the public health system of treating complications from unsafe abortion; to the extent to which fecal sludge is uncontained in Nairobi County; to what metrics should be assessed to improve teacher performance, APHRC research is playing a vital role in helping to find transformative and innovative solutions to perennial problems.

But it's not just APHRC research that is transformative; the institution itself continued to overturn stereotypes about women in science. In 2017, for the first time ever, we more than surpassed gender parity among our professional staff; among our programmatic divisions, we now have more women than men working at the highest levels of the Center. In a world where fewer than one in three scientists are women, we continue to demonstrate that gender parity in science can be achieved -- and that science itself is better for it.



**66** Journal articles



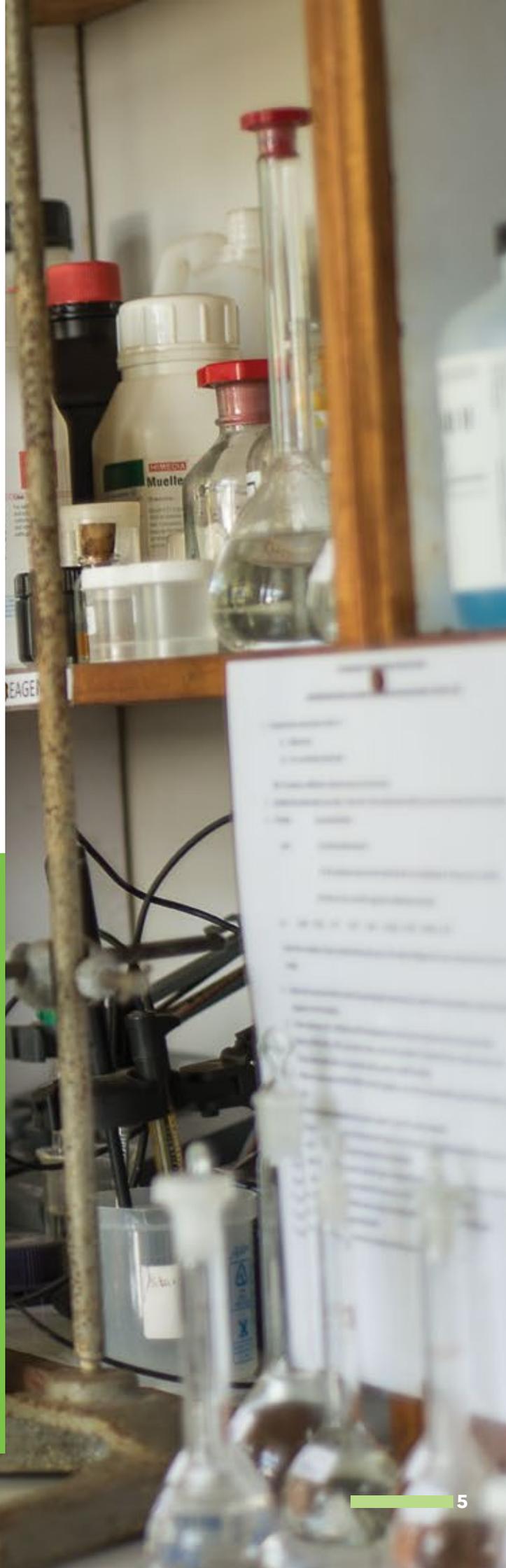
**30** Opinion pieces and blogs



**26** Technical reports and book chapters



**15** Briefing papers and fact sheets





## AGING AND DEVELOPMENT



**UNIT SIGNATURE ISSUE:** Emerging models and approaches to long-term care

**The Aging and Development Unit (ADU) made substantial progress in influencing agendas at the national, regional and global levels in 2017, working to change perceptions of older people in Africa as well as advocating for their consideration as countries develop their own national strategies to harness the potential of the Demographic Dividend.**

In July 2017, an ADU-led evidence informed argument on the need for differentiated models of long-term care for Africa's aging population was adopted and made the centerpiece of a Common African Position of African Union Member States on the establishment of quality care systems. Similarly, the argument also formed the core of a World Health Organization report on developing long-term care systems in sub-Saharan Africa.

This step forward is a timely one, as the population of older Africans is among the fastest growing in the world: some 46 million people in sub-Saharan Africa are older than age 60 and that number is projected to grow to 165 million by 2050.

Informing how Africa thinks of its older populations is critical to ensuring that their roles and influences are as positive as they can be, particularly within the context of child- and youth-focused development agendas that neglect Africa's current older populations.

ADU developed analyses and technical propositions on the importance of considering older populations in the articulation of strategies to enhance young people's education, employment, health and wellbeing and governance to help countries achieve a potential Demographic Dividend -- a period of accelerated economic growth that can arise from broad-based and sustained declines in the number of children born to each woman of reproductive age, and policies to ensure young people are equipped with the right skills to contribute to economic development.

To harness Africa's older population for a demographic dividend, ADU's propositions highlight the need for investments to adapt health and education systems in order to advance lifelong functioning and learning, to establish long-term care systems and to forge societal mechanisms for intergenerational exchange.

The Unit's collaboration with the African Union, the United Nations Economic Commission for Africa (UNECA) and the UN Population Fund (UNFPA) provided a strong basis for championing these positions. In December they were validated in a day-long salon: a wide-ranging conversation on ADU's propositions by a high-level group of regional and national government, technical and development partners.

Going forward, the Unit is seizing the momentum from the salon to develop a full research and policy agenda to support the development of national strategies to harness the potential of current older populations for the achievement of a Demographic Dividend. In an era where youth and innovation are dominating the agenda and headlines, infusing the values and wisdom earned through age and experience into policy decisions might be the transformative push the youth development agenda needs.



## DATA MEASUREMENT AND EVALUATION



**UNIT SIGNATURE ISSUES:** Enhancing utility of the Nairobi Urban Health and Demographic Surveillance System and establishing robust data systems

**For Africa to achieve its full transformative potential, it needs robust systems to keep track of the who's, the what's and the where's: data that are comprehensive, clean and contextual. APHRC's Data, Measurement and Evaluation (DME) Unit, formerly known as the Surveys & Statistics Unit, has embarked on a new agenda to ensure that the level of rigor and detail that the Center applies to its own evidence-generation radiates outward, to national data systems that help countries achieve their development targets.**

This includes promoting data use in government decision-making, as demonstrated in our engagement in the global Countdown to 2030 initiative that seeks to track the progress of interventions that have been proven to improve maternal, newborn and child health. As part of its work in Countdown to 2030, DME is leading a regional initiative to build the capacity of teams in 19 countries from Eastern and Southern Africa to support them in generating needed tracking indicators, while promoting the use of evidence for initiatives that advance universal coverage of proven interventions.

DME continued its work in operating the twice-annual National Urban Health and

Demographic Surveillance System surveys across more than 39,000 households, with over 83,000 people, in two Nairobi slum communities. The NUHDSS remains a signature element of APHRC's interrogation of the inequities in urban population health and wellbeing. In 2017, DME incorporated new questions on household composition, access to sanitation and other pressing issues to have a more comprehensive understanding of the drivers of observed intra-urban inequities.

For Kenya's 47 counties, understanding the needs and gaps in their data systems are critical, especially as devolution of governance and responsibility for service delivery continues apace. In a report to the Kenyan

Council of Governors, APHRC highlighted the steps needed at county level to strengthen their ability to collect, analyze and use data to track the impact of investments in youth and children across sectors.

Going forward, DME has identified a number of opportunities to expand beyond its operations in East Africa, looking to develop a broad base of partners and collaborators in West Africa to deepen engagement in the Countdown to 2030 initiative and exploring further work on data for the Demographic Dividend, in Kenya and across sub-Saharan Africa.



## EDUCATION AND YOUTH EMPOWERMENT



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**UNIT SIGNATURE ISSUE:** Understanding how to make Africa's education systems more inclusive and equitable

**The Education and Youth Empowerment (EYE) Unit is generating evidence to promote stronger and more inclusive education systems across Africa. They approach education as a continuum that begins at infancy with the full engagement of the household unit and the community, as an educated child is seen as a benefit not just to her parent but to her entire society.**

The Unit's flagship program is a 600-school evaluation across Kenya of an early childhood development and education intervention that seeks to better understand how best to prepare preschool children to attend primary school. A key finding was the need for innovation and transformation in teaching practice and pedagogy, to institutionalize classroom-based teacher support and feedback in order to improve individualized attention and create more opportunities for active learning.

The evaluation results have been shared with the Kenyan government: a key partner of the EYE Unit as part of our involvement in helping to shape the new national education curriculum as part of the curriculum reform process that culminated at the end of 2017.

Other engagements with the Kenyan government included convenings with legislators and representatives from the Ministry of Education to confront the problems presented by unregistered low-cost private schools that are meeting education needs in urban slums around the country.

Beyond Kenya's borders, the team's work took them to both Uganda and Tanzania as part of a wider consultation with civil society and their respective education ministries to articulate the specific needs of school-age children in rural areas and urban slums, and the importance of a differentiated approach to education to meet those needs. In Uganda, for instance, evidence that showed teachers were present in class for an average of 6.5 hours per week made the Ministry intensify school supervision.

One of the most innovative approaches being spearheaded by the EYE team is a deliberate effort to take learning about best practices in education to a larger audience.

As part of its leadership of a regional education initiative that brings educators and civil society activists together from Democratic Republic of Congo, Kenya, Tanzania and Uganda, APHRC is consolidating lessons learned from research and education programs so as to address challenges that go beyond the classroom.

By providing a forum for candid assessment of what might be improved and how to make it work smarter and better, APHRC is ensuring that children across the East African region can access quality and affordable education.



## HEALTH AND SYSTEMS FOR HEALTH



**UNIT SIGNATURE ISSUE:** Examining the magnitude, burden and impacts of NCDs and chronic conditions

**Improving health outcomes is not just the responsibility of the health sector: it requires a coordinated, multi-sectoral approach that has support at both the highest levels of government and at the grassroots where real change occurs.**

Policy change is nothing without behavior change, and behavior change cannot be sustained without best practice. For APHRC, being involved in a number of regional initiatives about how to respond to the growing epidemic of non-communicable disease (NCD) across Africa has been truly transformative because it has shown how policy, practice and behavior go hand-in-hand.

One of the most successful components of our engagement in the African NCD space was our convening in January 2017 of a regional conference in partnership with the East African NCD Alliance (EANCDA). The conference brought together more than 100 stakeholders from the East African Community countries -- Burundi, Kenya, Rwanda, Tanzania and

Uganda -- to examine how policies have been developed, costed and implemented to prevent and manage NCDs.

This event was one in a series of regional engagements that APHRC used to push for greater research into NCDs in sub-Saharan Africa; by leveraging this partnership with EANCDA, the Center has a strong foundation to drive the development and implementation of robust tobacco, alcohol and other multi-sectoral policies and programs for NCD prevention.

Management of chronic illness has become a key public health issue as the epidemiological transition in sub-Saharan Africa moves towards a proportionately higher burden of non-communicable disease amidst persistent

infectious disease such as HIV/AIDS and tuberculosis, which also require long-term care.

The Unit has embarked on several initiatives that place the patient at the center of their own care, including harnessing the immense potential of mobile phone technology to reduce the cost of care, improving efficiency in health facilities; and ultimately increasing adherence to treatment regimens.

Going forward, the Unit will expand its work into understanding how health systems can be more responsive in challenging contexts such as slum settings, and expand its work on the role of technology in patient-centered, chronic disease management.



## MATERNAL AND CHILD WELLBEING



**UNIT SIGNATURE ISSUE:** Maternal, infant and young child nutrition with focus on breastfeeding optimization

**As part of our deliberate effort to deepen our expertise in niche areas, the Maternal and Child Wellbeing Unit was formed in 2017, to advance knowledge about optimal health for mothers and their children.**

From promoting breastfeeding at home and in the workplace to understanding the causes of maternal mortality in different community contexts, this new Unit is teaming up with global and regional partners to give every child the healthiest possible start and prevent more mothers from dying while giving life.

Recognizing the value of breastmilk, APHRC is working in partnership with PATH-Kenya to explore the possibility of human milk banking in Kenya, that if successful will make it become the second sub-Saharan African country to do so. The collaboration has yielded a series of

guidelines shared with the Kenyan government. The next step will be to pilot establishment of a human milk bank in Kenya to determine the feasibility and potential effectiveness of a milk bank for improving access to human milk for vulnerable neonates, thereby contributing to improved neonatal health and a reduction in neonatal mortality.

The new Unit is also exploring the possibilities inherent in using new technologies to respond to an old problem: improving maternal and newborn health.

Using an app that can be installed on even the most basic of mobile phones, community health volunteers are able to identify newborn babies and expectant and post-partum mothers who need urgent referrals to health facilities. Strengthening community systems in resource-deprived areas to keep women and newborns alive to achieve their full potential: that is truly transformative.

## MY TRANSFORMATIONAL EXPERIENCE WITH APHRC



### **Dr. Martin Kavao Mutua** Post-doctoral Research Scientist

*In 2017, I graduated with a PhD in Epidemiology from the Jomo Kenyatta University of Agriculture and Technology (JKUAT), Kenya. This was the culmination of a transformational journey that started in 2008 when I joined the Center as a research officer.*

*APHRC has provided me with a platform to practice and build more knowledge in the field of statistics. I have built my profile as a researcher by authoring several articles and participating in training workshops. One of the benefits of being at the Center is the opportunity to interact with knowledgeable colleagues from across Africa, and I have learned immensely from them.*

*Being at APHRC has provided me with numerous opportunities for collaboration and growth. I have been able to build networks and collaborate with other researchers globally, such as the INDEPTH Network's vaccination working group. This collaboration led to my interest in research on childhood immunization, which I pursued to PhD level with support from APHRC, INDEPTH Network and the Danish Development Agency.*

*I am currently working on a four-year project at the Center that aims to encourage governments in sub-Saharan Africa to transform the immunization landscape by increasing domestic funding directed towards it. APHRC has made me a better researcher and has helped in building my career as an expert in child health.*





## POPULATION DYNAMICS, SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



**UNIT SIGNATURE ISSUE:** Young people's sexual and reproductive health and rights

**This year marked a shift in the way APHRC approaches our research into adolescent sexual reproductive health: by engaging with young people over the course of the year as partners in research uptake, instead of as sources of information alone.**

A first opportunity came with the April release of a study on teachers, principals, and students, looking at how well the national comprehensive sexuality education curriculum is being implemented in secondary schools, as directed by the Government of Kenya's health and education policies. We brought representatives from six schools around the country for a youth summit to share their views on what they were -- and were not -- learning about sexual and reproductive health and rights. More than 100 young people aged 15-19 came together for a live question-and-answer session with some of Kenya's biggest radio personalities, health professionals, and trained youth counselors, in a conversation that sparked vigorous national debate about how to ensure young people are learning what they need to in order to make better-informed decisions about their sexual and reproductive health.

The youth summit was the first in a series of high-profile events where APHRC brought its evidence to bear on decision-making around adolescent SRHR. In November, APHRC joined the Kenyan Ministry of Health in hosting more than 400 young people at an adolescent health symposium looking at the

challenges they face as they transition to adulthood. At this event, APHRC led parallel tracks: one focused on early adolescents, aged 10-14, whose voices are rarely heard as part of these kinds of discussions. These young people were able to describe in their own words both the turbulence and milestones of adolescence, and how to guard against the risks they may encounter as they go through puberty. A second track for older adolescents reached young people from across Kenya for discussions on whether or not APHRC's research on comprehensive sexuality education reflects their own experiences, and what else they need to ensure their health and wellbeing.

It was not just adolescents whose voices were heard by the PDRH team in 2017; we also took a new approach to conversations with historical opponents to family planning, including religious and traditional leaders, in western Kenya about high fertility rates in several counties. By seeking to engage them with evidence and turn them into champions, it supported efforts by our research team to extract a commitment from the leadership of three counties to include a specific allocation for family planning in their annual health

budgets. These commitments build on the same successful model in a neighboring county that APHRC achieved in 2016. That these low-resource counties saw the value of investment in family planning as an economic benefit is a positive development and sets the bar for the rest of the country.

Also in 2017, APHRC committed to tackle the way Africa approaches sexual orientation and gender identity issues, embarking on new research that examines the extent to which national policy frameworks respond to the Sustainable Development Goals call to leave no one behind. This groundbreaking and sensitive work is only the beginning for APHRC. It is a true demonstration of our commitment to fairness, equality, and inclusivity that extends to the rights and wellbeing of sexual minorities in Africa.

Going forward, APHRC will expand its work on adolescent sexual reproductive health and rights as well as the rights of sexual minorities to drive the generation of an African-owned body of evidence on these issues, and further the use of that evidence by key actors in driving change.



## URBANIZATION AND WELLBEING IN AFRICA



**UNIT SIGNATURE ISSUE:** Clarifying the role of slum systems for health and well-being in Africa's urban spaces

**African urbanization has never been linear, neat, or easy to categorize. Where there was once a sense that moving from rural to urban areas afforded individuals greater opportunity to access education, health services and the chance to earn a living, the proliferation of informal settlements, or slums, has begun to erode that perceived advantage.**

The extent to which that advantage is eroding, and the growing influence of the so-called 'neighborhood effect' of slum living on health, education and wellbeing, remains the primary focus of the UWB Unit. A better understanding of the systems that do and do not exist within the slum context, and the influence of those systems on migration trends, health, schooling and security is driving the way we advocate for a differentiated approach to slum populations in order to provide critical social services.

One aspect of that differentiation comes in how countries count their populations; too often, slum-dwellers are seen as hard to count -- which means even greater deprivation in terms of access to social services. In November 2017, APHRC together with UN Habitat, convened a meeting of global experts in

Bellagio, Italy, for a conversation about how to address this neglect, so as to expand the techniques used for national surveys and censuses to make sure that slum residents are captured as such and not hidden among other urban residents. APHRC's long-standing work in slum areas will contribute to the refinement of more advanced methodologies that can be applied on a national scale to delineate slum from non-slum areas in censuses and surveys.

The team also worked to gain better understanding of the interplay of multiple factors in a complex urban system to achieve positive health outcomes while at the same time protecting the environment. Using a participatory approach, the team worked with players from different sectors in Nairobi as well as Kisumu in western Kenya, to

elaborate pathways in which the cities could be transformed to work better for their residents, and which policies would yield the greatest returns for population health and a clean environment.

The UWB team also drove a new initiative that seeks to develop an advocacy tool drawn from a body of evidence that includes policy reviews, understanding of innovations in non-sewered sanitation and opportunities for further implementation of policy for safely managed sanitation in Kenya, Tanzania and Uganda.

While fecal waste management is a difficult topic to broach at the best of times, UWB is looking at innovative approaches to answering the question, 'Where does it go when you go?'



## RESEARCH CAPACITY STRENGTHENING DIVISION



**African universities and scholars contribute very little to the global knowledge economy. Yet higher education has been touted as a critical area to support the continent's social and economic development.**

The Research Capacity Strengthening (RCS) Division is working to increase the number of research leaders in the region and improve institutional capacity for research writ large across academia through flagship doctoral training programs: the Consortium for Advanced Research Training in Africa (CARTA), and the African Doctoral Dissertation Research Fellowship (ADDRF).

CARTA is a multi-country and multi-university initiative in partnership with 12 African institutions (eight universities and four research institutes) that strengthens the training and retention of academics conducting research on public and population health. It provides financial support and training for promising African scholars within the partner institutions to obtain their doctoral degrees.

In 2017, 16 CARTA fellows graduated with doctoral degrees, bringing the total number of graduates to 53 out of 190 fellows supported so far.

The fellows published 148 papers in peer-reviewed journals, helping to ensure that African research reaches a global audience. CARTA also expanded its partnerships in 2017, bringing the University of Bergen (Norway) and Uppsala Monitoring Center (Sweden) into the consortium to provide more opportunities for the training of doctoral candidates and placement of post-doctoral researchers.

ADDRF supports PhD students to undertake the research component of their degree, which is often an obstacle to completion of doctoral studies in Africa. Fellows in the ADDRF program also played their part in advancing Africa's capacity to contribute to the global research agenda. Fifteen ADDRF fellows graduated in 2017, bringing this program's total impact to 149 new African PhDs, across reproductive health, population and public health fields. In 2017, the fellows published 35 papers in peer-reviewed journals.

RCS also conducted a series of short-course training workshops for a broader audience of academic, advocacy and other research-interested institutions.

Going forward, the Division will push ahead with its CARTA institutionalization agenda to ensure that the innovations from this program are mainstreamed in PhD training in partner institutions and beyond, as well as scaling up the post-doctoral training programs that support CARTA graduates to sharpen their research and leadership skills.

The Division will also embark on a new area of work to generate evidence on how higher education should be constituted and improved to strengthen research capacity in Africa.

## MY TRANSFORMATIONAL EXPERIENCE WITH APHRC



### **Folusho Balogun**

*CARTA Fellow,*

*University of Ibadan, Nigeria*

*In November 2017, I was one of five women recognized as leading African female researchers. I received the Merck Foundation Award at the annual UNESCO-Merck Africa Research Summit held in Port Louis, Mauritius in November, 2017. The other winners were from Mauritius, Cameroon, and Rwanda.*

*From the more than 500 submissions, I was delighted to learn that mine was selected for this prestigious award. The abstract I submitted was entitled: "She must have been sleeping around": Contextual interpretations of Cervical Cancer and views regarding HPV Vaccination for adolescents in selected communities in Ibadan, Nigeria. It is based on my PhD work, which focuses on the state of adolescent immunization in Ibadan, Nigeria.*

*The research summit was officially inaugurated by the president of Mauritius, who is also a woman! She was gracious enough to organize a dinner for all the award recipients during the research summit. I am very grateful to the CARTA program for all the support I have received in my PhD journey, which has made me the successful academic that I am today.*





## POLICY ENGAGEMENT AND COMMUNICATIONS DIVISION



**The Policy Engagement and Communications (PEC) Division's role has been to optimize how the Center's evidence is used to inform discussions that lead to policy and resource allocation decision-making at the national level.**

As part of the Center's evolving strategic direction, we are beginning to invest in wider efforts to export our own evidence-to-policy model, as well as to shape how global development agendas are domesticated to the African context.

This yielded a number of exciting opportunities for the team in 2017, including two new multi-year, multi-country advocacy-oriented projects that aim to drive change and achieve longer-term impact on how countries resource key development challenges: that of providing safely managed sanitation services to everyone, and ensuring equitable and universal coverage of routine immunization for all children under age five.

In September 2017, APHRC was proud to host the launch of the Lancet Commission report, *The path to longer and healthier lives for all Africans by 2030*, in partnership with The Lancet, London School of Hygiene and Tropical Medicine, and Unilever.

In both its participation on the Commission and its collaboration in launching the report, APHRC demonstrated the power of partnership and the value of drawing in multiple perspectives to develop actionable recommendations that African governments can take up to transform the health outcomes of their people.

Nurturing a culture of evidence in decision-making takes time, energy and innovation. In developing an array of tools including films and APHRC's first-ever animation, the Division worked hard to reach multiple audiences with evidence that could prove transformative. But tools alone are not enough to achieve change. More important were PEC-led efforts to foster the vital relationships that enable the Center to contribute to meaningful action towards improving the lives of all Africans.

## MY TRANSFORMATIONAL EXPERIENCE WITH APHRC



**Dr. Tony Mukasa-Lusambu**  
*Assistant Commissioner for Primary  
Education, Ministry of Education,  
Uganda*

*Working with APHRC has been a transformative experience for me in many ways. I first encountered the Center's work in 2015, when a team of researchers led by Moses Ngware (head of the Education and Youth Empowerment Unit) conducted a study on the quality of education in the districts of Mayuge and Iganga in Eastern Uganda. They shared the findings with the Ministry of Education and Sports where I work.*

*The study found that teacher absenteeism rates in government schools in the region were as high as 34%: the highest recorded in Uganda. This is a region that had repeatedly posted poor performance in the primary level examinations for many years. As assistant commissioner for primary education, I was especially motivated to help turn this situation around.*

*We at the ministry are determined to take concerted efforts to reduce teacher absenteeism in all government schools nationally. In 2017, the ministry introduced a countrywide program, Teacher Presence and Time on Task, which has seen teacher absenteeism decline from 30% to 10%.*

*I commend APHRC for bringing to light, through evidence, the challenges faced in education by many children in Uganda. The Center's research has helped the government make informed decisions about service delivery within the education ministry. I now strongly believe that good evidence is critical in helping us decision-makers to overcome obstacles to quality education in Uganda.*





## OPERATIONS DIVISION



**The Operations Division is at the core of the Center's efforts to remain among the most widely respected African institutions, due to our scrupulous accountability and transparency in everything we do.**

From business development to information technology, the Operations team ensures that we are efficient, effective and high-achieving. In 2017, streamlining the systems that help keep the trains running on time contributed to the highest-ever proposal success rate, increasing our annual operating budget by 11%. Greater efficiency in fundraising will help reduce the workload on senior staff and improve overall work-life balance, while improving the Center's long-term financial health.

In the quest for even greater efficiencies, the human resources team led the first job evaluation to ever be conducted by the Center. The exercise was undertaken in partnership with a team of external consultants and guided by input from selected APHRC staff members. The evaluation will result in a streamlined job classification system that will be implemented in 2018 and go a long way toward improving staff satisfaction.

APHRC also embarked on a truly transformative initiative under the stewardship of the Operations team, expanding our footprint into francophone West Africa. This will help the Center become truly African both in terms of the work that we carry out as well as our regional presence. We undertook the initial step of opening an office in Dakar by registering with Senegalese authorities in 2017, with approval expected in 2018. As they say in Wolof, *Ma ngui ci yone bi* (We are on our way!)



# Financial Report

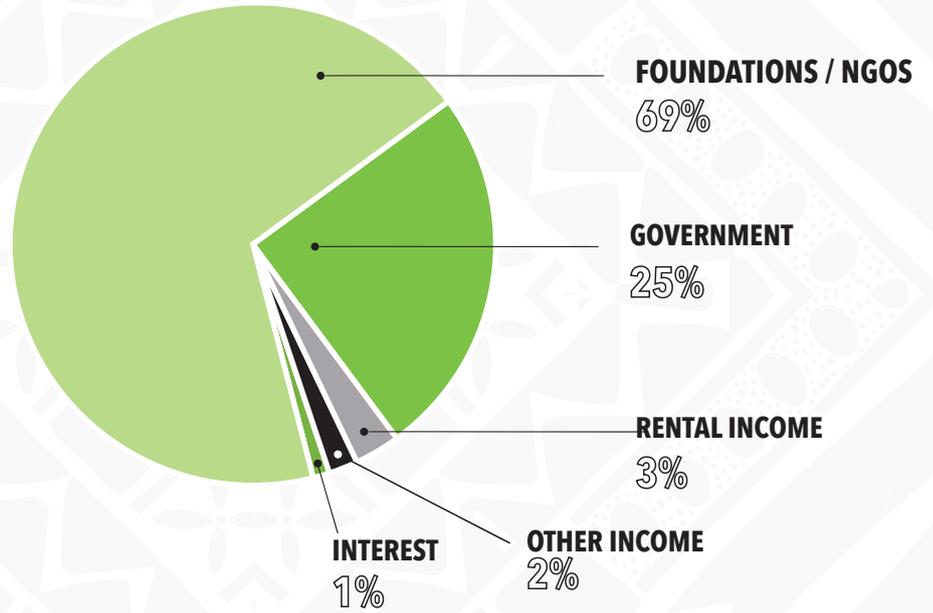
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The year 2017 marked the second year of APHRC's use of International Financial Reporting Standards (IFRS). Our accounting and audit processes were conducted smoothly as all the adjustments for the transition to IFRS, including the restatement of comparative figures, had been done in the previous financial year.

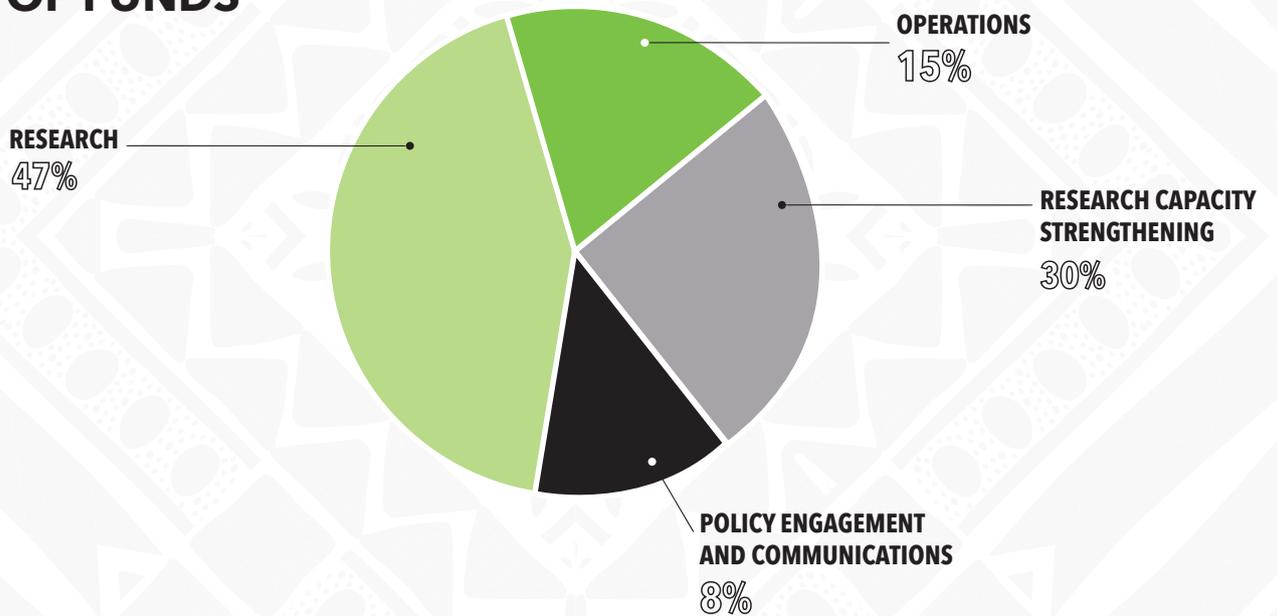
Our income for 2017 grew by 11% to US\$ 13.6 million. Program expenditure grew by 9% but general administration expenses declined by 12% on account of nominal exchange losses and no revaluation losses. Total expenditure grew at 5% to US\$ 13.1 million, resulting in a surplus of US\$ 0.5 million. The most notable component of expenditure growth was in seminars and workshops due to an increase in the number of programs convening large meetings, including the Consortium for Advanced Research Training in Africa (CARTA), the Countdown 2030 Regional Initiative and several national-level seminars under the Regional Education Learning Initiative (RELI).



## SOURCES OF INCOME



## USE OF FUNDS



## STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

### FOR THE YEAR ENDED 31 DECEMBER 2017

	2017 Restricted Income US\$	2017 Unrestricted Income US\$	2017 Total US\$	2016 Total US\$
<b>INCOME</b>				
Grant income	10,644,503	2,058,007	12,702,510	11,230,890
Other income		367,633	367,633	502,415
Kitisuru building rental income		423,288	423,288	390,147
Service charge income		85,565	85,565	62,018
	<hr/>	<hr/>	<hr/>	<hr/>
Total income	10,644,503	2,934,493	13,578,996	12,185,470
	<hr/>	<hr/>	<hr/>	<hr/>
<b>EXPENDITURE</b>				
Direct program expenses	10,644,503	562,539	11,207,042	10,199,526
Administration and support costs		1,687,648	1,687,648	1,742,081
APHRC campus development		-	-	8,310
APHRC campus administration expenses		193,099	193,099	180,301
Exchange loss		-	-	141,491
Loss on disposal of investment		4,052	4,052	76,755
	<hr/>	<hr/>	<hr/>	<hr/>
Total expenditure	10,644,503	2,447,338	13,091,841	12,348,464
	<hr/>	<hr/>	<hr/>	<hr/>
<b>SURPLUS / (DEFICIT) FOR THE YEAR</b>				
	-	487,155	487,155	(162,994)
	<hr/>	<hr/>	<hr/>	<hr/>
Total comprehensive income for the year	-	487,155	487,155	(162,994)
	=====	=====	=====	=====

# STATEMENT OF FINANCIAL POSITION

## AS AT 31 DECEMBER 2017

	2017 US\$	2016 US\$
<b>ASSETS</b>		
Non-current assets		
Property and equipment	8,584,947	8,850,824
Intangible assets	3,233	-
	<hr/>	<hr/>
	8,588,180	8,850,824
	<hr/>	<hr/>
Current assets		
Grant receivable	1,173,881	1,274,309
Investments	-	28,245
Debtors and prepayments	580,602	303,888
Cash and cash equivalents	9,241,252	10,528,628
	<hr/>	<hr/>
Total current assets	10,995,735	12,135,070
	<hr/>	<hr/>
<b>TOTAL ASSETS</b>	19,583,915	20,985,894
	<hr/> <hr/>	<hr/> <hr/>
<b>FUNDS AND LIABILITIES</b>		
Fund balance	10,335,688	9,848,533
Current liabilities		
Creditors and accruals	1,054,232	1,109,993
Deferred grants	8,193,995	10,027,368
	<hr/>	<hr/>
Total current liabilities	9,248,227	11,137,361
	<hr/>	<hr/>
<b>TOTAL FUNDS AND LIABILITIES</b>	19,583,915	20,985,894
	<hr/> <hr/>	<hr/> <hr/>

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# APHRC FUNDERS AND COLLABORATORS IN 2017

## FUNDERS

Big Win Philanthropy

Bill & Melinda Gates Foundation

Carnegie Corporation of New York

Children's Investment Fund Foundation

Children's Prize Foundation

Comic Relief

David and Lucile Packard Foundation

Duke Kunshan Foundation

Economic and Social Research Council

Elma Foundation

Ford Foundation

German Academic Exchange Service

International Development Research Center

MacArthur Foundation

Medical Research Council

National Academy of Sciences

National Institutes of Health

Segal Family Foundation

Spencer Foundation

Swedish International Development Cooperative Agency

The William and Flora Hewlett Foundation

UK Department for International Development

United States Agency for International Development

Wellcome Trust

# COLLABORATING PARTNERS

Adam Smith International

African Academy of Sciences

Aga Khan Foundation, East Africa

Agincourt Health and Population Unit

Amsterdam Health and Technology Institute

Amsterdam Institute for International Development

Amsterdam Institute for Global Health and Development

Brown University

Canadian Coalition for Global Health

Causal Links

Center for the Study of Adolescents

Christian Health Association of Kenya

Columbia University

East, Central and Southern African Health Community

ESE: O - Escritura Para Liderar

Ethiopian Public Health Association

Family Health Options Kenya

Forum for African Women Educationalists, Kenya

Great Lakes University of Kisumu

Gutmacher Institute

Ifakara Health Institute

INDEPTH Network

International Alert

International Association of Gerontology and Geriatrics

International Center for Research on Women

International Food Policy Research Institute

International Organization for Migration

International Rescue Committee

Ipas Africa Alliance

KEMRI-Wellcome Trust Research Programme

Kenya Council of Governors

Kenyatta University

King's College London

London School of Hygiene and Tropical Medicine

Loughborough University

Makerere University

Management Sciences for Health

Marie Stopes - Kenya

McGill University

Metropolitan Hospital

Miss Koch Kenya

Moi University

National Academy of Sciences

NIYEL

Obafemi Awolowo University

Palladium Group

Partners in Population and Development

PATH

Pathfinder International

Population Council

Save the Children Fund

The Conversation Africa

The Swiss Tropical and Public Health Institute

UHAI-Neema Hospital - Ruaraka

UN-Habitat

United Nations Children's Fund

United Nations Population Fund

United Nations Department for Economic and Social Affairs

University College London

University of Cape Town

University of Gothenburg

University of Ibadan

University of Liverpool

University of Malawi

University of Nairobi

University of Rwanda

University of Southampton

University of Warwick

University of Witwatersrand

U-Tena Youth Group

World Health Organization

## MY TRANSFORMATIONAL EXPERIENCE WITH APHRC



### **Emmie Erondanga**

*Miss Koch Kenya,  
A community based organization in  
Korogocho, Nairobi*

*Miss Koch Kenya is transforming individual lives and the wider community by providing educational support to students in Korogocho: one of Nairobi's biggest slums. Our primary aim is to get more of our community's young people enrolled in secondary school. We started with a focus on girls but came to realize that boys face similar pressures and risks that could derail their schooling.*

*Since 2016, Miss Koch Kenya has been the implementing partner in a project led by APHRC: Advancing Learning Outcomes and Leadership Skills among Children in Nairobi's Informal Settlements through Community Participation (A LOT-Change). We are at the midpoint of this project, which provides community mentors to help keep students focused on their schoolwork and make it more possible for them to attain the grades they need in order to go on to secondary school.*

*We also provide them with life skills to empower them to make smarter choices for their own growth and development. This can be anything from how to manage their time more effectively when there are competing chores and homework, to how to empower themselves to say no to engaging in sex before they are ready.*

*One great outcome from the project has been the greater attention parents are paying to their children's educational needs -- making sure that there is time and a quiet place to get homework done even within cramped slum dwellings. The after-school support has also helped improve overall grades, which means we are giving more young people the chance to go to secondary school -- which gives them a better chance to avoid the behaviors that prevent them from achieving their full potential. At Miss Koch we believe the power of community can be transformative, and appreciate that APHRC is one of our partners in helping us leverage the immense potential in our community.*



# APHRC BOARD



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Principal, Renarde LLC,  
USA



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Catherine Kyobutungi  
Executive Director,  
APHRC, Uganda



**Board Member:**  
Akpan Ekpo  
Director General,  
West African Institute for  
Financial and Economic  
Management, Nigeria



**Board Member:**  
Goran Bondjers  
Emeritus Professor,  
University of Gothenburg  
Sweden



**Board Member:**  
Tade Aina  
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Governance Research,  
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Education, Kenya



**Board Member:**  
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Global Chair, International  
Development Assistance  
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# APHRC AROUND THE WORLD IN 2017



**@harphat - London, UK**

"As I rotate off Board of @APHRC after 7 years I wish all the excellent staff there continued international success and impact. And a happy new year!"



**@mcarthur - Ottawa, Canada**

"@APHRC is one of many inspiring @IDRC\_CRDI partners we visited in Nairobi. Canadians can be proud to support their crucial work."



**@nancymbirdsall - Washington DC, USA**

"Proud and pleased to join board of impressive @APHRC."



**@spsaki - New York, USA**

"@JMumah of @APHRC explains relationship between cultural norms and variations in transitions to adulthood in Cameroon #IPC2017"



**@oasankoh - Freetown, Sierra Leone**

"@INDEPTHNetwork and I thank Prof Alex Ezeh @aezeh who steps down as ED of @APHRC. God bless."



**@PASA\_Africa - Cape Town, South Africa**

"@mngware from @APHRC speaks on the link between education policies and national development plans in Africa #AfricaDay"



**@Svijver77 - Amsterdam,  
Netherlands**

"Tonight again on Belgian television - obesity and hypertension in the slums of Nairobi @APHRC @AHTI-AMS"



**@susana\_org - Eschborn,  
Germany**

"We would like to welcome African Population and Health Research Center (APHRC) as a new #SuSanApartner!"



**@shuaishao - Kunshan,  
China**

"Thank you African Population and Health Research Center! It has been a true privilege and honor to collaborate."



**@graceymuriuki - Brisbane,  
Australia**

"Congratulations @CKyobutungi. Researchers down under are ready to collaborate with @APHRC."



**@DrShannonMay - Nairobi,  
Kenya**

"Great to see leaders coming together for evidence in education! Education is a science, and should be treated as one."



**@NextEinsteinFor - Kigali,  
Rwanda**

"Next Einstein Forum Fellow @EvelynGitau appointed as @APHRC Director of Research Capacity Strengthening! Congratulations!"

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AFRICAN POPULATION AND HEALTH RESEARCH CENTER