



African Population and Health Research Center



Annual Report 2006

Promoting the well-being of Africans through policy-relevant research on population and health

The African Population and Health Research Center (APHRC) is a non-profit, non-governmental, international organization that is committed to conducting policy-relevant research on population and health issues in sub-Saharan Africa. The Center also promotes the use of research evidence in policy and practice in the region, in addition to strengthening the research capacity of African scholars and institutions to enhance skills in generating credible scientific evidence.

Mission

Promoting the well-being of Africans through policy-relevant research on population and health.

Objectives

- Contribution to Science through high impact research projects and publications
- Inform Policy Decisions with research evidence
- Strengthen Research Capacity in sub-Saharan Africa

Institutional Strengths

The key strengths of APHRC stem from its strong commitment to excellence in research, centered around the design and implementation of innovative projects that are relevant and responsive to local and regional policy needs. Also important is the fact that APHRC implements these projects through an interdisciplinary approach, which is made possible by the Center's multidisciplinary research team that brings together a combination of skills and scholarly expertise, including demography, economics, sociology, anthropology, public health, biostatistics and epidemiology. Another key strength of the Center is its ability to effectively define and address research and policy priorities across sub-Saharan Africa. This regional outlook is reflected in the Center's staffing, with researchers drawn from different African countries, the number of countries where the Center undertakes primary research programs, and the international composition of its Board of Directors.

Building Partnerships

APHRC values partnerships. It builds these through strong collaborative linkages with African as well as non-African academic/research and policy institutions to achieve common goals and objectives, and to extend the reach and impact of its work. Currently, the Center has established partnerships with government/public policy institutions, NGOs and research institutions with common goals and interests, and universities, both regionally and outside sub-Saharan Africa. APHRC is also a member of international research networks such as the INDEPTH Network (an International Network of field sites conducting continuous Demographic Evaluation of Populations and Their Health in developing countries), the WHO's Health Metrics Network, the Committee for International Cooperation in National Research in Demography (CICRED), the Global Equity Gauge Alliance (GEGA), and the International Society for Urban Health (ISUH). The Center continues to expand and strengthen these linkages with local and international institutions.

APHRC Governance

APHRC is governed by an independent Board of Directors, consisting of up to 13 internationally distinguished professionals and leaders in health, social sciences, management and development (see page 13). The Center is headed by an Executive Director, a non-voting member and secretary to the board, who oversees its daily operations and programs. The Board of Directors meets at least once a year to discuss and give guidance and direction to the Center's overall research, policy dialogue and research capacity strengthening programs.



Demissie Habte, M.D.

Dear friends,

I am pleased to present to you the 2006 Annual Report of the African Population and Health Research Center (APHRC). The year 2006 marked the end of the Center's 2002-2006 Strategic Plan. Throughout this period, APHRC has played an important role in helping to clarify the complex relationships between population, health and poverty in Africa, with the purpose of enabling policy makers to formulate and implement effective policies and programs that address population and health challenges in the region.

Focusing mainly in the areas of urbanization, specifically on fertility, sexual and reproductive health, education and transition to adulthood, child health, adult health and aging, the five-year period has witnessed outstanding increase in research programs, publications, policy dialogue activities, and research capacity strengthening programs at the Center.

During the new Strategic Plan period, 2007-2011, APHRC will strive to increase its partnership and networking activities to boost the reach of its work in the sub-Saharan African region. Many governments in the region are becoming increasingly keen on the need for evidence-based policy and program decisions, and this creates a unique opportunity for the Center to provide the evidence needed in the areas of population, health and education.

I wish to thank our donors and partners for their continued support. I also thank the APHRC staff, management and Board for their commitment, which has seen the Center grow tremendously in the past five years. Let us continue working together in addressing population, health and education problems in Africa.

Sincerely,

Demissie Habte, M.D.
Chair, APHRC Board of Directors

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Alex Ezeh, PhD.

For the past five years, APHRC has focused on clarifying linkages between population, health and poverty in sub-Saharan Africa, with the aim of generating evidence to inform policies and programs targeted at improving health and alleviating poverty among Africans. As outlined in our 2002-2006 Strategic Plan, which has now come to a close, the Center's research has mainly focused on understanding the consequences of rapid urbanization taking place in the region on the health of urban dwellers, especially those living in poor urban settings. This understanding has brought to focus the health and livelihood challenges of many poor urban dwellers in the region. Today, the issue of urban poverty is fast becoming a major concern for many governments and development agencies on the continent. The Center's research has revealed stunning inequities in child and maternal health outcomes between people living in urban poor settings and those living elsewhere. For example, one of the major findings is that children living in poor urban settings in Nairobi, Kenya, have a 35% higher chance of dying before reaching age five than their counterparts living elsewhere in the country.

Having initially focused on health as the main study area, and social science research as the type of research we undertake, the Center has grown over the years, to initiate studies in education and migration, as well as in biomedical research. The education program is ongoing and seeks to understand factors other than school fees that influence school participation among children living in poor urban settings and those living in slightly well-off but low-income urban areas. The program is also assessing the protective and risk factors that influence young people's transition to adulthood. Findings already emerging from this program indicate that children living in Nairobi's slums are getting poorer quality primary education and they hardly make the transition to secondary school.

Our migration studies, initiated in 2005, are focusing on understanding the effect of migration (to urban slums) and poverty on the health of the migrants. The studies are looking at these effects at all stages of life course (childhood, adolescence, adulthood, and older ages). This understanding is critical because many Africans are increasingly moving to urban centers in search of employment, and this trend is set to continue. The understanding will guide the formulation and implementation of policies and programs to address the challenges such migrants face once in the urban centers.

On biomedical research, APHRC is conducting a community-based HIV-testing to understand the social, health and economic contexts of HIV and AIDS in poor urban settings. The findings from this study will inform policies and programs for reducing the impact of HIV and AIDS on the urban poor as well as halting the spread of the virus in these communities.

Besides generating evidence and using it to inform policy and practice, APHRC continues to work to strengthen professional and institutional capacity for high quality research in sub-Saharan Africa. The Center runs several capacity strengthening programs targeted mainly at junior and middle-level scholars in Africa. More broadly, APHRC participates in efforts to strengthen university programs, especially at doctoral level. In 2006, the Center brought together academic representatives, policy makers and donor representatives from Africa and beyond to deliberate on ways of strengthening doctoral training in Africa. The meeting resulted in commitment by one of the participating donors to make strengthening of PhD level training in Africa its major program area.

Even as we move into a new Strategic Plan, the Center realizes that its work has only 'scratched the surface' as far as understanding the effects of rapid urbanization on the well-being of poor urban dwellers in Africa is concerned. As such, APHRC will continue to play this critical role of providing the evidence base required by African governments and other development agencies to address the challenges of the growing population of slum dwellers in the region. APHRC will also provide evidence in other areas of interest in the region including fertility and reproductive health, among others. The Center's commitment to strengthening research capacity in the region will also continue.

Finally, I would like to take this opportunity to thank our board members, management and staff, collaborators and other partners for their invaluable contributions that have enabled APHRC to draw attention to some of the critical population and health challenges facing sub-Saharan Africa. We are counting on your continued support as we embark on implementing the Center's 2007-2011 Strategic Plan. We commit to continue providing evidence base for improved policies and programs addressing population and health challenges in the region.

Alex Ezeh, Ph.D.
Executive Director, APHRC

APHRC's research focuses on improving the understanding of population and health issues in Africa through the development and implementation of innovative, policy-oriented research programs. The Center's research is guided by two themes: (a) clarifying changing linkages between urban health and poverty; and (b) investigating critical and emerging population and health issues in sub-Saharan Africa. Under these themes, the Center has conducted research in the broad areas of Urbanization and health (including child health, adolescent health, maternal health, and the health of the elderly); HIV and AIDS; Fertility, sexual and reproductive health; and Education.

Urbanization and Health

The goal of APHRC's work in the area of urbanization is to provide evidence that can guide policies and programs that will improve the well-being of Africans living in poor urban settings or slums. With levels of urbanization ever increasing, governments within the region are unable to plan and provide (jobs and basic amenities and social services) for the large numbers of migrants, attracted by the possibility of employment. Abject poverty in the slums, combined with the lack of basic social amenities like proper housing, running water, toilets, sewerage systems, garbage disposal systems, electricity, roads and schools negatively impact on the health of residents.

Enhancing Understanding of Health and Poverty Challenges facing Slum Dwellers in Africa

Since 2002, APHRC has been operating the Nairobi Urban Health and Demographic Surveillance System (NUHDSS) in two slum settlements in Nairobi, Korogocho and Viwandani, where households are visited every four months. The longitudinal data generated by the NUHDSS provide a unique source for investigating



APHRC conducts household interviews every four months in Nairobi's Korogocho and Viwandani slums under the Nairobi Urban Health and Demographic Surveillance System. Information gathered provides an understanding of health and poverty challenges facing slum dwellers.

changing linkages between urbanization, poverty and health. The NUHDSS also serves as the Center's primary research tool for monitoring and evaluating the impact of interventions designed to improve health outcomes

in the slum settlements. In 2006, APHRC held a major dissemination exercise to demonstrate the role of demographic surveillance systems in monitoring the Millennium Development Goals (MDGs) and other objectives, as well as to share research findings emerging from the NUHDSS with policy makers, program implementers and civil society organizations. Some of the key findings disseminated during the meeting include:

- More than 90% of conditions that cause death in Nairobi's slums can be treated or prevented. These conditions include pneumonia, diarrhea, HIV/AIDS and tuberculosis, malnutrition and intentional injuries.
- Children in the slums bear excessively high burdens of ill-health and death, with close to one in 10 children dying before age one.
- Despite the fact that children living in the slums fall sick more often than children living in any other parts of Kenya, they are less likely to receive medical care when sick. For those who seek medical care, the majority receive poor quality care derived from ill-equipped and inadequately-staffed private clinics located in the slums.
- Access to skilled maternal health care among residents of Nairobi's slums is problematic due to lack of well-equipped and adequately-staffed healthcare facilities in the communities; unaffordable cost of maternal health care services; and distance to well-equipped and staffed maternal healthcare facilities.
- There is a need to investigate whether malaria exists in Nairobi since community data from the slums suggest that many people may be suffering from malaria.
- Even though young girls living in slum communities express fear of HIV, they still engage in risky sexual behaviors.
- School enrollment in slums is high - almost the same as for non-slum children - but the quality of education in the non-public schools attended by over 40% of the children in the slums is very poor.
- Children in slums have trouble remaining in school and hardly make the transition to secondary school.
- School fees and other school-related expenses still remain the main reason why children are not in school despite the free primary education policy in Kenya; but lack of interest in schooling is also very high and perplexing.
- Water doesn't come cheap for people living in Nairobi's slums. Over 90% of slum residents buy domestic water from vendors, most of whom operate without regulatory mechanisms. While the water board charges Ksh.120 for 10,000 liters for piped water to houses, slum residents pay about ten times as much for water bought from vendors (Ksh.2-3 per 20 liters).
- Overall, the rapid population growth of Nairobi City will continue with an increasing proportion of the city's population living in poverty in slum areas.



Eliya Zulu (PhD)
Deputy Director,
leads the
Urbanization &
Poverty and Sexual
& Reproductive
Health research
themes.



Kennedy Otsola
(MA) coordinates
the Nairobi
Urban Health
and Demographic
Surveillance
System.



Jean-Christophe Fotso (PhD) leads the Maternal and Child Health project.

Without determined and decisive commitment to improve conditions in which slum dwellers live, their poor health status will continue to frustrate Kenya's efforts to achieve the MDGs, as well as other national development targets.

Efforts to expand its urban health and poverty work to other sub-Saharan African cities saw APHRC carry out exploratory studies in Accra (Ghana) and Blantyre (Malawi) in 2005 on similar themes of featuring the response of the urban poor to key child health problems, current conditions of hygiene and environmental sanitation, mothers' health care seeking behavior and access to public health facilities. The findings, disseminated to policy makers and other stakeholders in both cities in 2006, revealed that slum residents in the two cities experience a myriad of health problems, particularly childhood illnesses. The residents generally lack access to safe drinking water, toilets and proper drainage systems, and their garbage disposal mechanisms are poor.

Steps towards Improving Child Health in Urban Slums

To reduce the high burden of ill-health borne by children living in urban slums (as evidenced by APHRC's research), the Center set up the Nairobi Urban Health and Poverty Partnership (NUHPP) to define and evaluate an intervention package, including a health service upgrade, environmental sanitation and behavior change strategies. The interventions tackle the major determinants of childhood illnesses and death by improving:

- (i) the capacity of healthcare workers in managing childhood illnesses using the Integrated Management of Childhood Illnesses (IMCI) strategy;
- (ii) water supply and environmental sanitation; and
- (iii) health seeking behavior and good hygiene practices.

In 2006, APHRC, together with its partners, constructed three blocks of toilets in different locations in Korogocho slum. Healthcare workers were also trained in Infection Prevention as a way of helping them improve hygiene in the health facilities. As part of a behavior change communication strategy to promote hygiene, a number of young people living in the Korogocho slum were trained in photography, to enable them to use photographs to sensitize the community on the importance of hygiene and a clean environment. These interventions were determined after a range of formative studies and consultations with community members, leaders and service providers. The pilot phase of this project ended in 2006 and APHRC is now raising funds to scale up the interventions for a period of five years.

Understanding Barriers to Proper Maternal Health Care in Urban Slum Communities

Many women in sub-Saharan Africa lose their lives during pregnancy and childbirth. Estimates for Kenya show that there are between 400-1000 deaths per 100,000 live births. These deaths can be prevented, but for this to happen, we must understand the delays and barriers that hinder women



Teresa Saliku (MSc) coordinates the Maternal and Child Health project.

from getting professional health care during pregnancy and childbirth. APHRC implemented a study in Nairobi's slums in 2006 to understand these delays and barriers, and consequently identify possible strategies to reduce maternal deaths and ill-health among the urban poor. Three main delays and barriers identified by the study include:

- Ill-equipped and inadequately-staffed healthcare facilities in slum communities
- Unaffordable cost of maternal health care services to slum residents
- Distance to well-equipped and adequately-staffed maternal healthcare facilities

Possible strategies to address these challenges include:

- Kenyan government could work with private providers operating in Nairobi's slums to ensure that their services meet basic set standards
- Sensitizing slum residents on planning for childbirth
- Putting in place programs targeted at the urban poor to ensure that they have access to transport and funds during emergencies

Effects of Migration and Poverty on the Health of Urban Slum Dwellers



APHRC's work on child health aims to reduce the high number of deaths and illnesses among children living in urban slums in Kenya.

Understanding the relationships between migration and urban poverty, and how they impact on the well-being of people migrating to urban slum settlements is important for the formulation of policies and programs to address health challenges faced by these migrants. APHRC is implementing a major research program that will reveal the linkages between urban poverty, migration and people's well-being throughout the life course. The program called "Urbanization, Poverty and Health Dynamics in Sub-Saharan Africa", has five components:

- Migration dynamics and poverty in informal settlements: this component assesses patterns and reasons for migration among people living in Nairobi's informal settlements and the linkages between migration, livelihood conditions and health status.
- Migration, poverty and child health: this component



Nyovani Madise (PhD) leads the Maternal & Child Health and HIV/AIDS research themes.

examines the impact of migration, poverty, household composition and other factors on the health of children younger than five years of age living in informal settlements.

- Migration, poverty and transition to adulthood: this component identifies protective and risk factors in the lives of young people (aged 12-24 years) growing up in Nairobi's slums, how these factors influence their transition into adulthood, and how these transitions differ by migration and poverty status.
- Migration, poverty and maternal health outcomes: this component examines maternal health outcomes and reproductive and sexual behavior following childbirth, and how these are affected by poverty and migration status.
- Migration, poverty and the well-being of the elderly: this component investigates the living arrangements and health profiles of the elderly (50+ years), and how these differ by migration status and socioeconomic circumstances. As part of this work, APHRC is working with the World Health Organization and the INDEPTH Network working group on Health and Aging.

APHRC is also partnering with the University of Witwatersrand (Wits) on a related study examining inter-linkages between migration and socio-economic well-being of both urban and rural-based populations. While APHRC runs an urban demographic surveillance system, Wits runs a rural demographic surveillance system (Agincourt in South Africa). The study is using data from these two settings to examine and compare how the different national and local contexts affect the rural-urban and urban-rural migration flows. While most research on migration has focused on the implications of rural-urban migration on the livelihoods of rural households, the increasing poverty in urban areas has stimulated new interest in the ramifications of migration on the lives of migrants in urban areas. While the rural area of Agincourt and the Nairobi slums face different socio-political circumstances, it has become clear that these different communities are confronted by similar challenges regarding poverty and economic survival. In both locations 'migration' is an important part of people's economic survival strategies.

The Transition from Slums: Analyzing Urban Labor Markets in sub-Saharan Africa

This study, also conducted in Korogocho and Viwandani, compares slum residents who move out of their communities with those who remain behind in order to understand the pathways out of urban poverty. Pathways include transitions from informal to formal sectors, movements within informal sectors, and movements from urban to rural areas. The complexity of these patterns is not captured by conventional framework of rural-urban migration and this study is therefore likely to suggest new empirical questions and to provide a new basis for theoretical research and policy. APHRC is implementing this study in collaboration with the International Food Policy Research Institute (IFPRI).

HIV and AIDS

The impact of HIV and AIDS is not only reversing health gains made in the past decades, but is also devastating all the other sectors of Africa's fragile economies. APHRC is committed to providing evidence that will direct policies and programs towards halting the spread of the disease as well as alleviating the effects of the disease on those infected and affected.

Understanding the Social, Health and Economic Context of HIV and AIDS in Poor Urban Settings

Urban areas tend to have a higher prevalence of HIV and AIDS than rural areas. In Kenya, for instance, the HIV/AIDS prevalence for urban areas is 10%, whereas that for rural areas is 6% (KDHS, 2003). APHRC is implementing a study to understand the social, health and economic context of HIV and AIDS in slums. The study is in a pilot phase of community-based HIV testing in the Korogocho and Viwandani slums. The results will be linked to data from the Center's longitudinal survey i.e. the Nairobi Urban Health and Demographic Surveillance System to establish the relationships, if any, between HIV status and the social, health and economic contexts of the community residents.



APHRC partners with the Kenya Medical Research Institute (KEMRI), which is responsible for the testing.

APHRC is also assessing a comprehensive care model for people living with HIV and AIDS that is being implemented by JHPIEGO in the two communities i.e. Korogocho and Viwandani. In the coming year, APHRC will focus on raising funds to scale-up and sustain the HIV surveillance in the entire population under surveillance in Nairobi's slums.

Targeting Interventions to Benefit Orphans and Vulnerable Children

One of the worst effects of HIV and AIDS is the increasing number of orphans and vulnerable children who have either lost their parents to AIDS or had their parents incapacitated by the disease. For interventions meant to improve the plight of these children to be effective, they need to take into consideration the characteristics of these children and their communities. APHRC's work, initiated in 2006, seeks to provide, among other things, information on these characteristics to enable program implementers to target interventions that benefit orphans and other vulnerable children.



John Kebaso (MPH) coordinates the HIV/AIDS project.



Chi-Chi Undie (PhD) leads the Education & Sexuality project

Fertility, Sexual and Reproductive Health

The goal of focusing on this area is to examine the underlying factors that sustain the stalled fertility decline and the poor sexual and reproductive health outcomes of many people, especially women, in sub-Saharan Africa. The purpose is to facilitate the formulation of informed policies and programs that promote sexual and reproductive health among Africans.

Understanding Adolescents' Risk to HIV and AIDS and other Reproductive Health Problems in sub-Saharan Africa

Adolescents constitute the largest proportion of the population in most of sub-Saharan Africa. They are also a very vulnerable group, particularly in regard to the HIV and AIDS epidemic. Through a multi-country study initiated in 2002, APHRC, together with its partners, has generated a considerable amount of evidence to help understand the HIV and AIDS, as well as pregnancy, risks that adolescents in the region are facing. The findings indicate that adolescents in Burkina Faso, Ghana, Malawi and Uganda are not getting the information they need to protect themselves from HIV infection. For example:

- Awareness of AIDS is widespread, but knowledge of how to prevent HIV is not: Fewer than one in three adolescents in these four countries can both correctly reject major misconceptions about HIV and identify ways of prevention.
- Fewer than three in 10 adolescents use any kind of contraceptive the first time they have sex. Most say they didn't use a condom because they "felt safe" or didn't have one.
- One of the best ways to reach young people before they become sexually active - school-based sex education - remains underutilized: Fewer than half of young women and fewer than 40% of young men have ever attended sex education classes.

Even with these findings, there is hope. Young people are working hard to achieve their dreams. More than seven in 10 adolescents in Ghana, Uganda and Malawi expect to complete their education, and many young people aspire to get good jobs that will allow them to support themselves and their families.

APHRC has shared this evidence in a number of forums including, the 2006 Population Association of America Annual Conference in Los Angeles and the 2nd Africa Conference on Sexual Health and Rights in Nairobi.

Advancing Sexual and Reproductive Health and Rights

Many women in sub-Saharan Africa continue to suffer poor sexual and reproductive health outcomes because many countries in the region lack proper policies and sufficient programs to address the challenges of reproductive health and rights. APHRC's efforts are therefore directed at

addressing the factors underlying the persistent low priority given to sexual and reproductive health and rights in policy and practice.

These efforts saw the publication of a comment in The Lancet (Sexual and Reproductive Health Rights in Africa, vol. 376: 2043-2045, 2006); the presentation of four papers at the 2nd Africa Conference on Sexual Health and Rights held in Nairobi in June 2006; and a number of press articles on issues of reproductive health and rights in Kenya, Uganda and Malawi. APHRC also worked with the Women's Rights Awareness Program (WRAP), which provides rehabilitation services to survivors of gender-based violence in Nairobi, to strengthen its capacity to manage and make use of their client records through data storage and analysis.

Furthermore, in collaboration with the INDEPTH Network, APHRC has established a reproductive health working group of Demographic Surveillance Sites (DSS) to explore opportunities for coordinating research on reproductive



APHRC collaborates with various partners to promote sexual & reproductive health & rights for poor and vulnerable populations.

health between the various INDEPTH sites and to develop joint publications. APHRC's efforts in this area are part of its work with other partners in a five-year Research Program Consortium led by Institute of Development Studies (IDS, UK), whose overall objective is to improve sexual and reproductive health for poor and vulnerable populations.

Promoting Discourse on Sexuality in Africa

The field of sexuality remains underdeveloped in sub-Saharan Africa. Only a handful of scholars demonstrate keen interest in, and focus on, the subject. Yet, sexuality underlies numerous socio-economic and development challenges being addressed in the region. APHRC works to encourage networking and scholarly discourse on sexuality through conferences, public and scholarly engagement seminars, and the provision of residential fellowships to experienced and upcoming African scholars.

In 2006, APHRC hosted three senior researchers from African universities and research institutions to provide intellectual leadership in defining the conceptual, contextual and methodological issues in the field of sexuality in Africa for periods ranging from six to twelve months each. These researchers, together with APHRC staff, focused mainly on writing scientific articles, reviewing sexuality-related journal articles, reports and curricula (as requested by external bodies); chairing sessions during sexuality conferences; and participating in expert consultative meetings and broadcasts on sexuality-related issues.

Education

Education enables people to participate fully in society and to improve their quality of life.

Identifying Schooling Challenges facing the Urban Poor in Kenya in the context of Free Primary Education

The Government of Kenya introduced free primary education (FPE) in all public schools in 2003. The purpose of this policy was to ensure that children from poor households do not miss out on acquiring basic education due to lack of fees, a strategy put in place to ensure that the Millennium Development Goal 2 on universal primary education by 2015 will be met. The assumption behind this strategy is that free primary education will result in high rates of primary school completion. However, recognizing that dropout rates have remained high in several African countries (like Malawi and Uganda) where FPE was adopted much earlier than it was in Kenya, APHRC initiated a study in 2004 to assess factors, other than school fees, that influence primary school enrolment, retention, dropout and progression among slum and non-slum residents of Nairobi.



Charles Epari (MEd) (right) the coordinator of APHRC's Education Research Program hands over a cheque to Eliakim Chacha (left) to enable him enrol in secondary school. Looking on is Eliakim's father. APHRC is keen to partner with other stakeholders to provide scholarships to bright needy students living in urban slums in Kenya.

In 2006, APHRC continued collecting data under this study as well as sharing key research findings emerging from earlier data collected, including that many children living in slums attend poor quality non-public schools, and school dropout rates are higher among children living in slums than those living elsewhere.

Technical Assistance

The Center provides technical assistance to governmental and non-governmental organizations working in the development field. This ranges from carrying out exploratory/baseline studies, and operations research to determine cost-effective methods of administering services, to designing monitoring and evaluation procedures to determine the impact of intervention programs in areas where the Center has technical expertise or comparative advantage. The Technical Assistance program contributes to enhanced dialogue with governments and policy-makers around the continent, as well as to expanding the Center's partnerships in the region.

In 2006 APHRC provided assistance to four projects. The first, entitled "Identifying and Targeting the Poor for Waivers of Service Fees at District Hospitals in Kenya" was carried out to assist the Ministry of Health in Kenya to develop mechanisms for identifying poor and vulnerable people who can benefit from a hospital waiver program. This was successfully completed in 2006. The second project entailed offering technical assistance to the WHO-funded project "Prevention of cervical cancer in Africa: a demonstration project in six African countries (Malawi, Madagascar, Uganda, Tanzania, Zambia and Nigeria)". The project seeks to assess the feasibility of implementing a successful cancer screening program in resource-constrained settings. APHRC's role in this project is to assist in designing and testing questionnaires, setting up a computerized database, training of clinicians and data entry clerks on data handling and overall data management; data analysis, and writing of comparative reports. This work is ongoing.

The third project is "Trends and Differentials in Child Mortality in East and Southern Africa: 1990-2005" and seeks to examine differentials and trends in child and infant mortality rates in selected countries in East and Southern Africa, and to offer explanations for the patterns, using national survey data. The countries include: Kenya, Malawi, Tanzania, Zimbabwe, Madagascar and Ethiopia. The project is funded by United Nations Children's Fund (UNICEF).

The fourth project, funded by the Packard Foundation, involves provision of technical assistance to the Constitutional Rights Project/National Development Project (CRP/NDP) in a monitoring and evaluation project on health and reproductive health budget monitoring in Northern Nigeria.



Abdhallah Ziraba (MD) coordinates WHO-funded Prevention of Cervical Cancer project.



Reuben Ogollah (MSc), Data Analyst

APHRC is strongly committed to strengthening professional and institutional research capacity in the region through targeted scientific and methodological seminars, sabbatical and post-doctoral fellowships, scholar exchanges, and research internship and traineeship programs linked to its ongoing research projects. In 2006, the Center implemented these programs as discussed below:

Post-Doctoral Fellowships

The Post-Doctoral Fellowship program targets scholars with a PhD or equivalent (in generally social, behavioral, health sciences or public health) and demonstrated promise of intellectual leadership in a field relevant to the Center's mission. In 2006, APHRC continued hosting four Fellows (Chi-Chi Undie – Nigerian, Johannes John-Langba - Sierra Leonean, Kabwe Benaya – Zambian, and Adama Konseiga - Burkinabe). During the course of the year, Chi-Chi was promoted to the position of Associate Research Scientist, and Kabwe and Johannes left the



Yazoume Ye (PhD),
Post-doctoral Fellow



Catherine Kyobutungi
(PhD),
Post-doctoral Fellow

Center upon completion of their two-year fellowships. The Center recruited two more Fellows (Catherine Kyobutungi – Ugandan and Yazoume Ye – Burkinabe).

Sabbatical Fellowships

Sabbatical Fellowships are targeted at senior university lecturers and scholars in other institutions with strong commitment to research. The Center awarded two six-month, and a one-year sabbatical fellowships to senior Africa-based scholars to work on sexuality issues. The fellows are:

- Prof. Akim J. Mturi (Tanzanian), Associate professor of Demography and Program Director (Population Studies), School of Development Studies, University of KwaZulu-Natal, South Africa.
- Dr. Wanjiku Khamasi (Kenyan), Acting Director, Institute of Gender Equity, Research & Development at Moi University.
- Dr. Chimaraoke Otutubikeye Izugbara (Nigerian), Lecturer, Department of Sociology & Anthropology, University of Uyo, Nigeria.

Research Trainee Fellowships

The Research Trainee Fellowships are targeted at young Africans with masters-level training in the social and health sciences or related fields. Through the program, trainees

develop practical experience in research and are expected to proceed for their doctoral training at the end of the fellowship. In 2006, all three Research Trainees completed their three-year terms at the Center. One returned to Ghana to pursue his PhD training while teaching at a university there, whereas two were hired by APHRC as Research Officers to coordinate some of the ongoing projects, while awaiting admission for doctoral studies. One Research Trainee was hired in 2006.



Rose Towett (MSc),
Research Trainee

Internships

The Internship Program targets doctoral students who seek to explore or define their thesis projects, or require field experience in Africa. These are short-term practical training fellowships. In 2006, APHRC hosted four interns: Salome Wawire from Brown University, USA; Gloria Chepng'eno from the University of Southampton, UK; Eva Bazant from the Johns Hopkins Bloomberg School of Public Health, USA, and Joanna Crichton from the University of Sussex, UK. Joanna was appointed to the position of Research Officer at the Center upon completion of her internship in November 2006.

Technical Workshops

APHRC organized a training workshop on Burden of Disease analysis in Nairobi in October 2006. The workshop was facilitated by an expert from Tanzania and was attended by researchers from APHRC, Kisumu and Iganga DSS sites, and planners from the Nairobi City Council and Iganga district in Uganda.

In addition, the Center initiated work to strengthen research skills of a network of African-based researchers through collaborative research on adolescent reproductive health and maternal health in sub-Saharan Africa. The purpose is to encourage African scholars to conduct comparative and collaborative analysis of data leading to scientific publications in the areas of maternal health and adolescent sexual and reproductive health. This work also involves training on scientific writing. Accordingly, the Center organized two workshops on scientific writing for junior scholars from Burkina Faso, Ghana, Kenya, Malawi and Uganda.

Internal training activities for APHRC researchers and partners covered a wide range of topics ranging from qualitative methods; monitoring and evaluation; presentation of tables; sample size determination; statistical modeling; longitudinal data analysis; event history analysis, to creating posters.

One of APHRC's strategic objectives is to promote the utilization of research evidence for policy formulation and program improvement through targeted and sustained dissemination of research findings and engaging policy makers throughout the research process. The Center also seeks to play a central role in defining key research issues and influencing international policies on issues relevant to sub-Saharan Africa by participating actively in international meetings and technical panels that discuss various research, development and capacity strengthening issues relating to the continent.

APHRC implements policy dialogue and dissemination through collaborations with policy makers and agencies, meetings and workshops, the mass media and publications.

Collaborations with Policy Makers and Agencies

APHRC staff continued to work closely with the City Council of Nairobi in implementing the Nairobi Urban Health and Poverty Partnership. The role of the City Council in this partnership is to coordinate and facilitate the interventions being implemented by the partnership, and to apply lessons learnt in the government policy framework. The Center also worked with the National Coordinating Agency for Population and Development (NCPD, Ministry of Planning and National Development) in its efforts to get issues of reproductive health, especially family planning, back onto the Kenyan government's development agenda.

Meetings and Workshops

Consultative Meetings

APHRC organizes consultative meetings with policy makers and other end-users of its research to discuss new research projects that the Center is planning to undertake. The purpose is to ensure that the Center's research is informed by real policy concerns of decision makers, and that it (the research) tries to address these concerns. APHRC held three consultative meetings for its HIV and AIDS work involving community testing. These meetings were attended by policy makers from various government departments, national AIDS bodies, NGOs and community leaders and other community members.

Dissemination Meetings and Workshops

These meetings disseminate research evidence to policy makers, the media, donors and researchers, among other audiences. The Center organized several of these meetings and workshops in 2006, including:

The Demographic Surveillance System (DSS) Dissemination Week (November 12-19, 2006) - APHRC dedicated one week to the dissemination of its on-going work on the Nairobi Urban Health and Demographic Surveillance System (NUHDSS). Organized in

collaboration with the Kenya Medical Research Institute (KEMRI)'s DSS sites in Kilifi and Kisumu, the week provided an opportunity for APHRC and KEMRI to share key findings emerging from the continuous surveillance of the sub-populations in the DSS study areas (Nairobi's slums and the rural areas of Kilifi and Kisumu). The highlight of the week was a two-day dissemination workshop for policy makers, civil society and other researchers in the areas of education, health and migration. This meeting attracted the participation of, among others, Kenya's assistant ministers of Education and Health.



From left: Dr. Alex Ezeh (APHRC Director), Prof. Kilemi Mwiria (Kenya's Ass. Min. for Education) and Dr. Eddah Gochukia (Educationist) during a two-day dissemination workshop held in Nairobi in November 2006.

The 2nd Africa Conference on Sexual Health and Rights (June 19-21, 2006) - Besides participating as a partner in the planning of the 2nd Africa Conference on Sexual Health and Rights, APHRC used this forum to disseminate research evidence through the presentation of papers and facilitation of side-workshops. Also, APHRC's collaboration in this conference culminated in an interview on BBC radio aired on June 19, 2006.

The WBCA Colloquium (May 22-25, 2006) - APHRC hosted the 4th Annual Colloquium of the University of the Witwatersrand, Brown University, University of Colorado and APHRC (WBCA) in Nairobi. The aim of this annual event is to provide an opportunity for researchers from the four institutions to share research findings, explore collaborative partnerships and share experiences in training. A highlight of the meeting was a half-day round-table discussion on "Strengthening doctoral level training in sub-Saharan African universities: modalities, constraints and challenges". This meeting, graced by Kenya's assistant Minister for Education (Prof. Kilemi Mwiria), called on African universities to prioritize research. The round-table was attended by representatives of top African universities, funding agencies, policy makers, and the media. Following this meeting, one of the Foundations present committed to making the strengthening of PhD training in sub-Saharan Africa a major area of its program.

National and Regional Parliamentary Activities and Meetings - APHRC continued to engage with parliamentarians in Kenya and the sub-Saharan Africa region with the purpose of sensitizing them on the need to prioritize health issues and push for legislations that promote the same. The Center provides parliamentarians with evidence on poor health trends in the region.

Regionally, APHRC supports the Southern and East African Parliamentary Alliance of Committees on Health (SEAPACoH). The Center coordinated the participation of the Kenyan Parliamentary Committee on Health, Housing, Labor and Social Services in the launch of SEAPACoH in January 2006 in Zambia. During the launch, APHRC was requested by SEAPACoH to work with committees on health in the national assemblies of Kenya and Uganda, and the East African Legislative Assembly, to bring health equity to the forefront. In the light of this, APHRC participated in the initial discussions on the Regional East African Community Health (REACH) - Policy Initiative. Nationally, APHRC worked closely with other bodies to facilitate the launch of a Parliamentary Network on Population, and Development in Kenya in May 2006.

In addition to these policy dialogue events, APHRC staff participated in a number of international and local conferences and seminars where they contributed to the dialogue on population, health and education policies on the continent.

Mass Media

APHRC uses the mass media to inform policy debates on issues of population, health and development in Africa. In 2006, the Center employed the mass media extensively in its policy dialogue activities, yielding over 20 appearances in local and continent-wide media.

Publications

APHRC uses publications to disseminate its findings to both scientific and non-scientific audiences. The Center's publications include newsletters, fact sheets, policy briefs, peer-reviewed journal articles, book chapters and working papers. In 2006, APHRC published two bi-annual newsletters, 12 peer-reviewed journal articles and three working papers. The peer-reviewed journal articles/book chapters/expert comments published include:

Cleland, J., S. Bernstein, **A. Ezeh**, A. Faundes, A. Glasier, and J. Innis (2006). "Family Planning: The Unfinished Agenda", *The Lancet*, 368: 1810-1827.

Crichton, J., C. Nyamu-Musembi, J. John-Langba, S. Theobald (2006). "Sexual and Reproductive Health Rights in Africa", *The Lancet*, 367: 2043-2045.

Ezeh A. C., G. Chepngeno, A. K. Ziraba and Z. Woubalem (2006). "The situation of older people in poor urban settings: The case of Nairobi, Kenya", In: Barney C. and Menken J. (eds.) *Aging in sub-Saharan Africa. Recommendations for furthering research*. Washington, D.C: National Academies of Science Press, 2006, pp.189-213.

Fotso, J. C. (2006). "Child Health Inequities in Developing Countries: Differences across Urban and Rural Areas", *International Journal for Equity in Health*, 5(9): 1-10.

Fotso, J. C. and B. Kuate-Defo (2005). "Household and Community Socioeconomic Influences on Early Childhood Malnutrition in Africa", *Journal of Biosocial Science*, 38(3): 289-313.

Kandala, N. B., M. Magadi and **N. Madise** (2006) "An investigation of district spatial variations of childhood diarrhea and fever in Malawi", *Social Science and Medicine*, 62(5): 1138-1152.

Kimani, E., J. Vulule, I. Kuria and **F. Mugisha** (2006). "Use of Insecticide-Treated Clothes for Personal Protection against Malaria: a Community Trial", *Malaria Journal* 2006, 5:63, doi:10.1186/1475-2875-5-63. Available at: <http://www.malariajournal.com/content/5/63>

Mberu, B. U. (2006). "Internal Migration and Household Living Conditions in Ethiopia", *Demographic Research*, vol. 14, article 21, pages 509-540.

Mugisha, F. (2006). "School Enrollment among Urban Non-Slum and Rural Children in Kenya: Is the Urban Advantage Eroding", *International Journal of Educational Development*, 26(2006) 471-482.

Stephenson, R., A. Bascheiri, S. Clements, M. Hennink, and **N. Madise** (2006). "Contextual influences on the use of health facilities for childbirth in Africa", *American Journal of Public Health*, 96 (1): 84-93.

Undie, C., J. John-Langba, and **E. Kimani** (2006). "The Place of Cool Waters: Women and Water in the Slums of Nairobi, Kenya". *Wagadu: A Journal of Transnational Women's and Gender Studies*, 3 (Spring 2006): 40-60.

Undie, C. and K. Benaya (2006). "The State of Knowledge on Sexuality in Sub-Saharan Africa: A Synthesis of Literature", *JENDA: Journal of Culture and African Women Studies*, Issue 8.

Internet Presence

APHRC also made use of the Internet to disseminate its publications. The Center launched a new website (www.aphrc.org), which is much easier to navigate and several publications have been posted on the website.

STATEMENT OF INCOME AND EXPENDITURE

FOR THE YEAR ENDED 31 DECEMBER 2006

	2006 US\$	2005 US\$
INCOME		
Grant income	2,785,784	1,801,617
Other income	164,398	74,405
Interest income	28,718	8,246
TOTAL INCOME	2,978,900	1,884,268
EXPENDITURE		
Program costs	2,001,464	1,496,371
Administration and support costs	499,300	375,188
TOTAL EXPENDITURE	2,500,764	1,871,559
SURPLUS FOR THE YEAR	478,136	12,709

BALANCE SHEET AT 31 DECEMBER 2006

	2006 US\$	2005 US\$
ASSETS		
Non current assets		
Equipment and motor vehicles	100,608	126,521
Current assets		
Cash and bank balances	2,065,739	1,278,371
Investments	574,660	480,167
Debtors and deposits	5,511,273	488,480
	8,151,272	2,247,018
TOTAL ASSETS	8,252,280	2,373,539
FUND BALANCE AND LIABILITIES		
Fund balance	1,786,848	1,334,625
Current liabilities		
Deferred income	6,218,711	967,575
Creditors and accruals	246,721	71,339
	6,465,432	1,038,914
TOTAL FUND BALANCE AND LIABILITIES	8,252,280	2,373,539

Funding and other Support

APHRC is grateful to the following institutions for their continued support of its activities:

- European Union
- Ford Foundation
- Government of Kenya
- National Institute of Child Health and Development
- Rockefeller Foundation
- UK Government's Department for International Development (DFID)
- Wellcome Trust
- William and Flora Hewlett Foundation
- World Bank
- World Health Organization (WHO)
- Japan Society for the Promotion of Sciences (JSPS)

Partnerships

In 2006, the Center maintained partnerships with many local and international organizations, including:

Government Agencies

- Central Bureau of Statistics, Kenya
- City Council of Nairobi
- Kenya Medical Research Institute (KEMRI)
- Ministry of Health, Government of Kenya
- Ministry of Education, Government of Kenya
- National Coordinating Agency for Population and Development (Ministry of Planning and National Development, Kenya)

Non-Governmental Organizations and Networks

- African Federation for Sexual Health and Rights (AFESH)
- BRAC (Bangladesh)
- Centre de Recherche Appliquée (CERA), AFRISTAT
- Committee for International Cooperation in National Research in Demography (CICRED)
- EngenderHealth (USA)
- Global Equity Gauge Alliance (GEGA)
- Guttmacher Institute (USA)
- International Food Policy Research Institute (IFPRI)
- INDEPTH Network
- Initiative Privée et Communautaire de Lutte Contre le VIH/SIDA (IPC/BF)
- Institut de Recherche pour le Développement, France (IRD)
- Practical Action
- International Union for Health Promotion and Education
- International Society for Urban Health (ISUH)
- JHPIEGO - an affiliate of Johns Hopkins University
- Panos Eastern Africa
- Planned Parenthood Association of Ghana (PPAG)
- Planned Parenthood Federation of America-International (PPFA-I) (Kenya)
- Program for Appropriate Technology in Health (PATH)
- Union of African Population Studies (UAPS)
- Youth Net and Counseling (YONECO - Malawi)
- WHO's Health Metrics Network

Universities

- Brown University (USA)
- London School of Hygiene & Tropical Medicine (UK)
- Makerere University (Uganda)
- McGill University
- Umea University (Sweden)
- Université de Ouagadougou (Burkina Faso)
- University of Amsterdam (Netherlands)
- University of Cape Coast (Ghana)
- University of Colorado (USA)
- University of Ghana
- University of Malawi
- University of Nairobi (Kenya)
- University of Southampton (UK)
- University of Sussex (UK)
- University of Witwatersrand (South Africa)



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Our core priorities

Contribution to Science

The Center seeks to contribute to science by generating credible knowledge base that informs global understanding of population and health challenges facing sub-Saharan Africa. A key indicator of excellence is the quality of the scientific papers published by APHRC staff in high-impact international peer-reviewed journals in the population, health, and education fields. All the research done at the Center conforms to national and international ethical standards.

Policy Dialogue

To ensure its research products are locally owned, relevant and responsive to local policy needs, the Center encourages continuous dialogue with policy makers and program managers at various stages of the research process. The Center provides guidance to international population and health discourse on sub-Saharan Africa through peer-reviewed publications, targeted dissemination seminars, participation in conferences and seminars, and serving on various panels. The Center's research results are further disseminated through the mass media and an array of non-technical in-house publications.

Strengthening Research Capacity

To boost the role of African scholars in generating strong evidence base to inform population and health policies and programs in the region, the Center undertakes a number of research capacity strengthening initiatives. APHRC organizes technical workshops to improve the technical skills of African scholars. These workshops focus on cutting-edge theoretical, analytical and methodological issues in population, health and development research. The Center's other research capacity strengthening programs include research traineeships and internships, post-doctoral and sabbatical fellowships and scholar exchanges.



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