



African Population and
Health Research Center

2016 ANNUAL REPORT

Marking Milestones and Transitions



Research



Aging and Development



Education



Health Challenges and Systems



Population Dynamics and Reproductive Health



Statistics and Surveys



Urbanization and Wellbeing

Research Capacity Strengthening



Fellowship Programs



Partnerships with Universities



Training Programs

Operations



Development



Finance



Information and Communications Technology



Human Resources



Communications



Knowledge Management



Policy Engagement

Policy Engagement and Communications

APHRC Regional Reach and Impact: 2016 Highlights

Senegal

In February, the Urbanization and Wellbeing program joined a **first annual meeting for the Urban Africa Risk Knowledge (Urban ARK) program**, to share progress on its work being conducted in two cities in Kenya and in the Senegalese capital, Dakar.

Ghana

APHRC researchers Dickson Amugsi, Elizabeth Kimani-Murage and Teresia Macharia contributed to the 2015 Annual Trends and Outlook Report on Nutrition released at the **Regional Strategic Analysis and Knowledge Support System Conference in Accra, Ghana in October**.

Nigeria

The Population Dynamics and Reproductive Health (PDRH) team shared their study findings on **maternal health in Nigeria** with the country's Minister of Health, Prof. Isaac Adewole and his team of directors. The study report combined data from different sources to develop a comprehensive picture on maternal health in Nigeria.

South Africa

APHRC has been leading a network of researchers in five sub-Saharan African countries investigating **the status of prevention policies for non-communicable diseases (NCDs)**. Our South African research partner from the Human Sciences Research Council has been examining the use of a multi-sectoral approach in design and implementation of salt reduction legislation.

Ethiopia

APHRC in December co-hosted a **10-year retrospective pan-African conference on the evolution of the body of evidence about unsafe abortion**. The conference sought to guide governments and policymakers on best practices in delivering post-abortion care and in providing an enabling policy environment to support continued decline in maternal mortality.

Uganda

A final report by the Education Research Program provided a comprehensive survey of the quality and challenges in primary education in Iganga, Uganda that was shared in September with the **Basic Education Working Group of Uganda's Ministry of Education**.

Tanzania

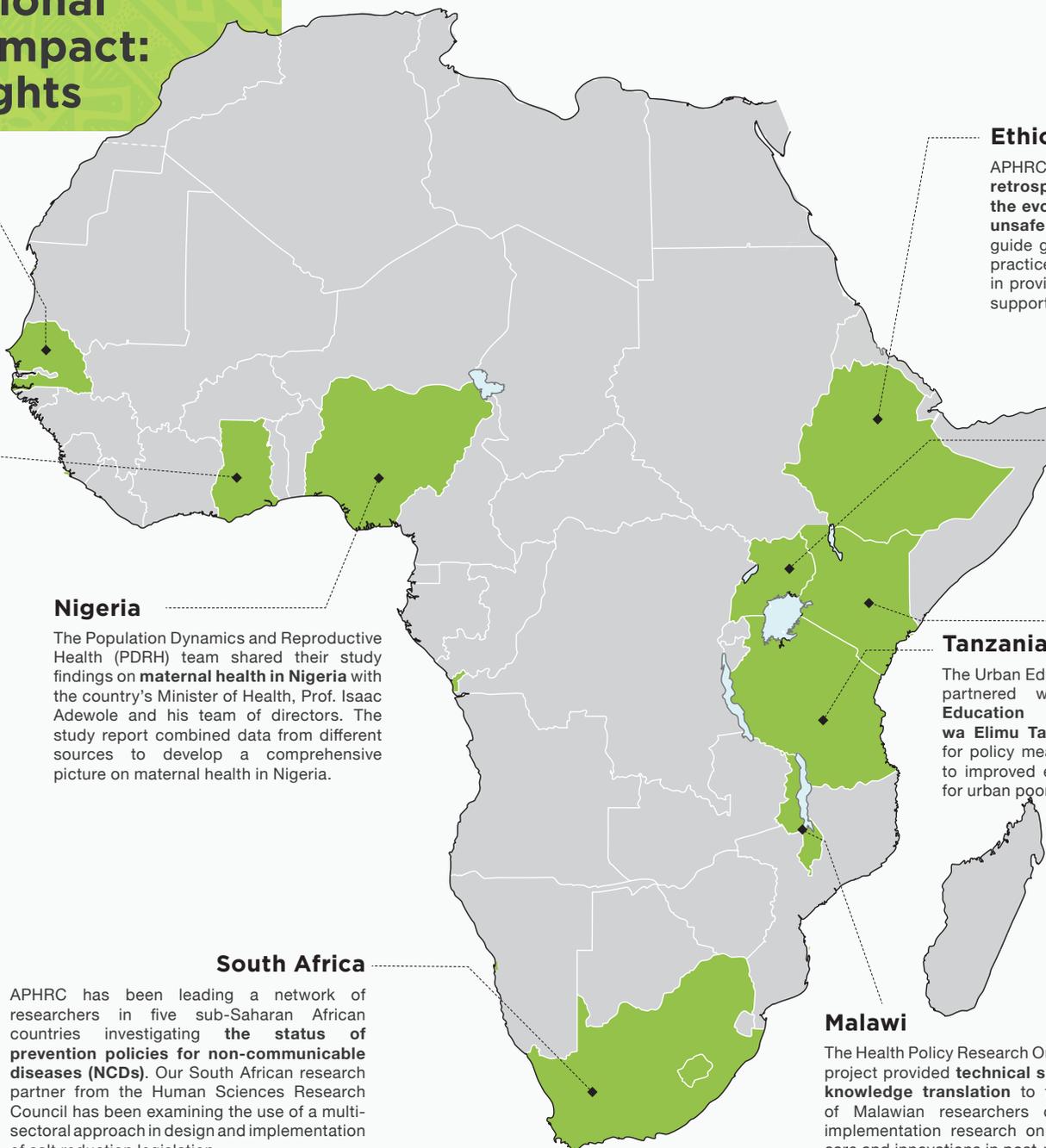
The Urban Education Group (UEG) partnered with the **Tanzania Education Network/Mtandao wa Elimu Tanzania** to advocate for policy measures that will lead to improved education outcomes for urban poor children.

Kenya

APHRC convened the second **Africa regional conference for the International African Geriatrics and Gerontology** in December, emphasizing a new approach to long-term care for Africa's aging populations.

Malawi

The Health Policy Research Organization project provided **technical support for knowledge translation** to two teams of Malawian researchers conducting implementation research on quality of care and innovations in post-natal care.





Message from the Executive Director

In 1995, the Population Council and the Rockefeller Foundation started a new partnership to increase the number of African scholars conducting research on the African continent. The partnership offered two-year postdoctoral fellowships to recent African graduates from across the world to be based in Nairobi and to undertake research on fertility transition and unmet need for family planning in sub-Saharan Africa. The longer term vision, however, was to transition the program into an independent pan-African research institution.

I joined the program in October 1998 as part of an effort to bring more senior African scholars to mentor and support the postdoctoral fellows. In June 2000, I was appointed the Interim Director and charged with the responsibility of leading the program to become an independent entity and on August 1, 2001, a new institution was born!

But if 2016 marked a milestone that celebrates the strength and continuity of APHRC's agenda, it also provided an opportunity for reflection, transformation and evolution. Over the course of the year we carried out numerous consultations among our staff to assess where we have been, where we are and where we would like to go: all as part of our mapping to develop the strategic plan that will guide our operations for the next five years.

We conducted a retrospective analysis of our policy impact to ensure we are capturing as many opportunities to influence decision-making as we can, at all levels of governance. And we developed ambitious, big picture proposals that yielded longer-term, multi-country grants that will provide us with prospects to bring our evidence to bear on larger and more strategic questions about population health, education and wellbeing.

“2016 has been a year of reflection and transformation”

We celebrated our 15-year anniversary as an independent institution in 2016: a milestone we have achieved through hard work and tenacity and an unerring belief that African researchers can and should be at the forefront of developing the evidence base to guide solutions to issues that impede the continent's development. Over those 15 years, we have seen tremendous growth in every aspect of the organization.

Our contributions to the body of evidence about population health and wellbeing issues have won us international acclaim, including the United Nations Population Award. Our research capacity strengthening collaborations have expanded globally to support the training of hundreds of Africa's emerging research leaders. Every year we see ever-greater potential to influence not just how research is conducted in Africa but also how that research can be used to inform policy, allocate resources, drive change and transform lives.

For myself, 2016 has also been a year of reflection and transformation, prompting my decision to step down as executive director of APHRC after 19 years. I came to this decision secure in the knowledge that the cadre of professionals and visionaries in place at APHRC are more than capable of steering the organization to achieve even greater heights.

I may be leaving APHRC but my commitment to its vision remains unwavering, and my belief in its ability to achieve it unassailable. This is an organization that can, and must, continue to deliver the strongest possible evidence, through the widest possible network of top-caliber research leaders, to improve the lives of all Africans. It is with great humility and appreciation that I say goodbye to APHRC, and I look forward to celebrating its next 15 years of excellence as Africa's premier research institution.

Dr. Alex Ezeh

My first exposure to APHRC was in 2001, as a program officer for the William and Flora Hewlett Foundation, where I managed grant portfolios focused on strengthening social science research and graduate training programs in Africa. Then, as now, I was in awe of the potential within the walls of this center of excellence, which has demonstrated time and time again the power of having African researchers and African institutions standing shoulder-to-shoulder with their global counterparts. All that was needed to make this possible was vision, dedication and the support of committed friends and partners.

During that celebration it was my great privilege to be appointed as the chair of the APHRC Board of Directors, and to be called upon to lead the organization's search for a new executive director. Alex's legacy is irrefutable, his commitment to African leadership in policy-oriented evidence generation and use certain.

The Board members are confident that Catherine Kyobutungi, the next executive director of this organization, will be equally committed to anchoring APHRC as a leading research institution for Africa, growing its research programs and research capacity strengthening initiatives, and spearheading more opportunities for the evidence generated to be brought to bear on development agendas both now and in the future.

“I was in awe of the potential within the walls of this Center”

I have been honored to be one of APHRC's friends these past 16 years, providing insight where I can to help steward the initiatives and innovations that emerge from among the Center's three programmatic divisions, buttressed by the strong controls and oversight of its Operations division. Every year I have ever-greater respect for the accomplishments of a deeper bench of research leaders, whose evidence is shaping the way governments and their development partners initiate and implement interventions to improve the quality of life and wellbeing across the continent. And 2016 was no exception. I was honored to be among the guests at the symposium and celebration of the Center's 15-year anniversary of independent operations.

On behalf of the Board, I want to thank Alex for his years of service and wish him the best in his new ventures. And on behalf of all of the friends of APHRC, I want to congratulate the Center on its achievements and its successes, and its 15 years of inspiring awe. May we know continued triumph in the next 15 years on behalf of the health and wellbeing of all Africans.

Tamara Fox

Message from the
Board Chair





APHRC at 15

APHRC has spent the last 15 years meeting and exceeding expectations, as a leading independent Africa-based, Africa-led research institution. From winning the UN Population Award to paying off a \$4 million loan for building its state-of-the-art campus in under five years, APHRC has consistently and routinely challenged perceptions of African institutions. So a celebration of these incredible achievements also had to exceed expectations.

On November 15, we hosted over 100 of our friends and partners at a symposium that provided an opportunity to look back on our research accomplishments and lay out our vision for the future, and where we consider our evidence could be brought to bear to be transformative for the people of Africa.

This day of reflection and celebration concluded with a party on the grounds of the campus, culminating with a candle-lighting ceremony that lit up the night against the stars in the African sky. May we know many more years of accomplishment, achievement and unerring ambition to ensure that African leadership is driving African development.





Vision

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





Mission

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

APHRC's research agenda is both broad and deep, interrogating a wide slate of interrelated questions and testing the efficacy of interventions among multiple population cohorts. Our research interests were aligned within five program areas in 2016, supported by an internal Statistics and Surveys Unit that collects and analyzes our data.

More than 55 research staff – among them 25 PhD holders and seven doctoral candidates – produced, published and disseminated technical reports throughout the year that demonstrate where evidence can be used in decision-making at all levels of governance. In total, including work produced by fellows supported by the Center's innovative research capacity strengthening program, APHRC staff were contributors to 81 peer-reviewed articles published in international and regional scientific journals.

Increasingly we are adding to the body of knowledge that we ourselves have generated, particularly with respect to the health and wellbeing of populations in urban slums. We are delving ever-deeper into questions of access to quality health care and education for slum dwellers, looking to understand what works – and what doesn't – in the context of partnership or dissonance between public and private sector service providers.

2016 was also a year of exploring linkages: between good nutrition and early childhood development; between air pollution and health; and between sectors in a country's approach to non-communicable disease, among others. These linkages demonstrate the necessity of a networked approach to resolving the problems that impede progress in Africa – and could inhibit the continent's ability to achieve the Sustainable Development Goals.

These links and relationships are not confined to our research questions; they are also informing our collaborations both within and beyond the Center. In 2016 we fortified the foundation of our evidence on adolescent sexual health with a series of studies involving both our Population Dynamics and Reproductive Health and Education Research programs about the quality and extent of life skills teaching as part of comprehensive sexuality education programs in Kenyan schools. That evidence was adopted by the Nairobi City County as part of its Plan of Action to Strengthen School Health Programming, to ensure that school-aged children and communities are able to access quality services for health improvement.

Collaboration also yielded new evidence about the extent and limitations of solid waste management in urbanizing environments. Our integral role in the Urban Africa Risk Knowledge consortium is helping to provide more nuanced understanding of the nature and scale of disaster risks in six urban areas where there is poor housing infrastructure. Other collaborations on a global scale include our leadership on a series of forward-looking Commissions, including the Guttmacher-Lancet Commission that is developing an evidence-informed framework to map key sexual and reproductive health and rights priorities within the SDG agenda.

Finding ways to use our evidence as part of these networks and collaborations will contribute to our mission to make the case for research as a critical influencer of policies and programs that lead to improved wellbeing for the people of Africa.



RESEARCH



SEXUALLY TRANSMITTED INFECTIONS/ diseases

HIV and AIDS has affected our community in Kenya, just like it does in other countries. It's therefore important for us to protect ourselves, together with our families, by getting the correct facts on HIV and AIDS.

Knowing facts is your power to preventing yourself from HIV and AIDS!

KINGA WAPOTO WOTE G... YA NI YAKA TAYO THIDI... POLO KUPIYA CHU...

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Aging and Development

Number of Publications

Journal articles/book chapters



Technical Reports



Policy briefs/fact sheets



Blogs/op-eds



More than 60 million people in Africa are over age 65: a population that is expected to grow faster than anywhere else in the world. Amid a global focus on youthfulness and the young, evidenced by development agendas advocating for increased investment in their education, employment and health access, APHRC is maintaining its interest in older people – recognizing that they have a role and potential positive influence in helping the continent achieve its potential.

But older populations are not just important in relationship to the young; they are also a critical cohort for interrogation in and of themselves. Understanding what is necessary to ensure the welfare of older people was at the core of the work carried out by the Aging and Development program in 2016, culminating in the high-profile convening in December of the second Africa Regional Conference for the International Association of Gerontology and Geriatrics.

Other investigations of the challenges and opportunities faced by older populations in Africa – including life-course determinants that influence disease risk and quality of life – shaped regional discourse on issues from chronic illness to care.

APHRC was appointed in 2016 to lead the development of a Common African Position (CAP) on Long-Term Care for the African Union, in order to provide a rationale for member states to act. The CAP also details concrete recommendations

for countries to follow for the design and implementation of sustainable and formal long-term care systems for their older populations.

APHRC is also influencing continental discussions on the demographic dividend, building on its engagement in a technical working group with the AU Commission and the UN Economic Commission for Africa (UNECA). We are framing thinking and identifying future areas for research on how Africa's older population may help countries harness the potential economic boom that could follow a broad-based and sustained decline in fertility.

The program also achieved significant visibility for its thought-leadership in global forums, including the World Health Organization's global meeting on aging and health in Kobe, Japan, and the Columbia-Fudal Global Summit on Aging and Health in Shanghai, China.

Going forward, and in line with the African Union's signature agenda for 2017, the Aging and Development program will continue its engagement with the regional body on the importance of integrating its own interest in older persons with its youth-oriented roadmap to harness a Demographic Dividend. In 2017, the program will continue to contribute to the articulation of the Common Africa Position on Long-term Care Systems, collaborating with the AU to promote its ratification by member states.

Two broad areas of work continued to define the Education Research Program's activities in 2016:

- Access to education among marginalized groups, especially those in urban informal settlements, as well as uptake of universal basic education programs
- Design and implementation of cost-effective interventions to enhance learning and critical thinking among students

Our engagement in these issues remains guided by a belief that education enables individuals to become productive citizens capable of meaningful contributions to the development of their communities and society as a whole. Access to education remains a priority for African development, and countries are continuing to explore how education systems can be adapted to be responsive to the needs of future workforce participation.

Building on previous APHRC evidence on what works for girls in slum settlements to transition to secondary school, the program navigated the transition to a new initiative, extending the series of interventions to boys to prevent them from being left behind in efforts to improve their educational outcomes. By providing after-school support, parental counseling and mentorship in life skills, the project seeks to contribute to

improved learning outcomes and increased rates of transition from primary to secondary school. Those students who attain a particular score on a standard national exam are eligible for financial support to support that transition.

2016 also marked the first year of a multi-year, broad-based evaluation of whether preschool children are being adequately prepared for a transition to primary school. The Tayari project -- Swahili for ready -- is being evaluated in four Kenyan counties, the results of which will be shared with government in order to contribute to wider application of quality preschool education across the country as part of new efforts to nurture early childhood development.

The Program, through the Urban Education Working Groups (UEG) initiative, continued its work with civil society and other research organizations in Kenya, Tanzania and Uganda that contribute to improved access to quality education among children residing in urban informal settlements. The UEG stakeholders continued their engagement with education decision-makers at the national and regional levels. Through the capacity-strengthening component of the project, civil society groups shared experiences and learned from each other on how to influence policy through evidence-informed advocacy.



Education Research Program



Number of Publications

- Journal articles/book chapters  9
- Technical Reports  3
- Policy briefs/fact sheets  4
- Blogs/op-eds  7

Health Challenges and Systems

Number of Publications

Journal articles/book chapters



27

Technical Reports



4

Policy briefs/fact sheets



2

Blogs/op-eds



11

APHRC's work in Health Challenges and Systems is aligned along four themes: non-communicable disease; maternal, newborn and child health and nutrition; infectious diseases and environmental health; and health systems strengthening. Our systematic and networked approach to health challenges reflects our contention that an individual's health is influenced not only by personal behavior but also by their environment and the ability to interact with, or access, health systems.

Our NCD portfolio includes a series of studies and engagements that are responding to the growing concern about the rising prevalence of these diseases across Africa. How to integrate prevention and treatment strategies for NCDs into already fragile health systems requires reliable data in order to effectively respond to the growing need.

APHRC was a key player in Kenya's implementation of its first STEP-Wise Survey: a tool developed by the World Health Organization to aid collection, analysis and dissemination of comparable data on NCDs. The NCD portfolio also included an exploration in five African countries of the promotion of a multi-sectoral approach to policymaking for NCD prevention by evaluating how effective these approaches are in implementing those 'Best Buys'.

A technical working group convened in 2016 by the Center developed concrete recommendations on how African countries can employ a multi-sectoral approach to implement the WHO 'Best Buys': measures designed to reduce a population's susceptibility to the principal risk factors for NCDs.

Research is continuing on an investigation in four countries of the interplay between genetic, epigenetic and environmental risk factors for obesity and other related cardio-metabolic diseases, as part of an initiative to build institutional capacity to undertake genetic and genomic studies in sub-Saharan Africa.

Working in collaboration with stakeholders including UNICEF, APHRC continued its work to promote better nutrition among pregnant women, infants and young children, moving beyond the boundaries of Nairobi county into Kajiado, Siaya and Kericho counties.

Our research evidence contributed to development of national implementation guidelines for the Baby Friendly Community Initiative (BFCl) in Kenya, providing practical recommendations for communities on how to promote exclusive breastfeeding for the first six months of an infant's life, in line with WHO recommendations.

Illustrating how we as an organization 'walk our talk', APHRC was awarded a certificate of recognition by Kenya's Ministry of Health to celebrate our commitment to providing a supportive work environment for breastfeeding mothers.

Our work in Population Dynamics and Reproductive Health (PDRH) aims to cement and magnify the gains made across the continent in securing sexual and reproductive health and rights for all. Research conducted in Africa in collaboration with partners at the global, national and regional levels continues to address complex issues such as access to and uptake of family planning among adolescents, quality of post-abortion care in public health facilities and the role of masculinity in household decision-making.

The program's evidence was used to influence a number of policy decisions in 2016, beginning with a partnership with Population Council and the Nairobi City County to strengthen school health programming. Nairobi's school health curriculum is mandated to incorporate comprehensive sexuality education to contribute improved sexual and reproductive health outcomes among adolescents, but in practice this has failed to translate. By working with the county to encourage ownership of the evidence of the value and importance of comprehensive sexuality education, APHRC ensured that Nairobi City County's Plan of Action for School Health Programming included a commitment to expand the CSE component of health education.

The Program scored a policy win through strong collaboration with two county governments in Kenya. As part of a multi-year initiative in western Kenya, PDRH worked as part of a collaborative to raise awareness through evidence generation about contraceptive uptake, which resulted in a significant increase in the number of women using long-term contraceptive methods.

This awareness and sustained engagement with county governments throughout the project, translated into a dedicated line item for family planning in two of the counties with the highest fertility rate in the country.

A study seeking to understand how women in informal settlements use daycare services for their young children concluded in 2016, demonstrating that for many of these women, the opportunity cost of staying home with their children was more than covered by the value of the income they were generating by working. Access to quality daycare services could mitigate this cost for women so that these trade-offs would not have to be made. APHRC subsidized the cost of service at 16 daycare centers in Nairobi's Korogocho slum which benefited 600 children and their mothers; a second phase of this project intends to explore the value of providing training to daycare providers in early childhood education techniques.

The year culminated with an Africa-wide conference that marked the tenth anniversary of research conducted in Africa about abortion. APHRC was the African convener of this historic event that was keynoted by Executive Director Alex Ezeh, who reminded conference delegates of the toll that unsafe abortions exact on women around the continent. It is estimated that about 16,000 maternal deaths in Africa each year are the result of complications from unsafe abortion, making it one of the main drivers of maternal mortality. The conference concluded with the adoption of the Addis Declaration: a document that calls on African countries to ensure safe access to quality reproductive health care including reliable contraception and post-abortion care for women and girls.





Population Dynamics and Reproductive Health

Number of Publications

Journal articles/book chapters



Technical Reports



Policy briefs/fact sheets



Blogs/op-eds



Urbanization and Wellbeing

Number of Publications

Journal articles/book chapters

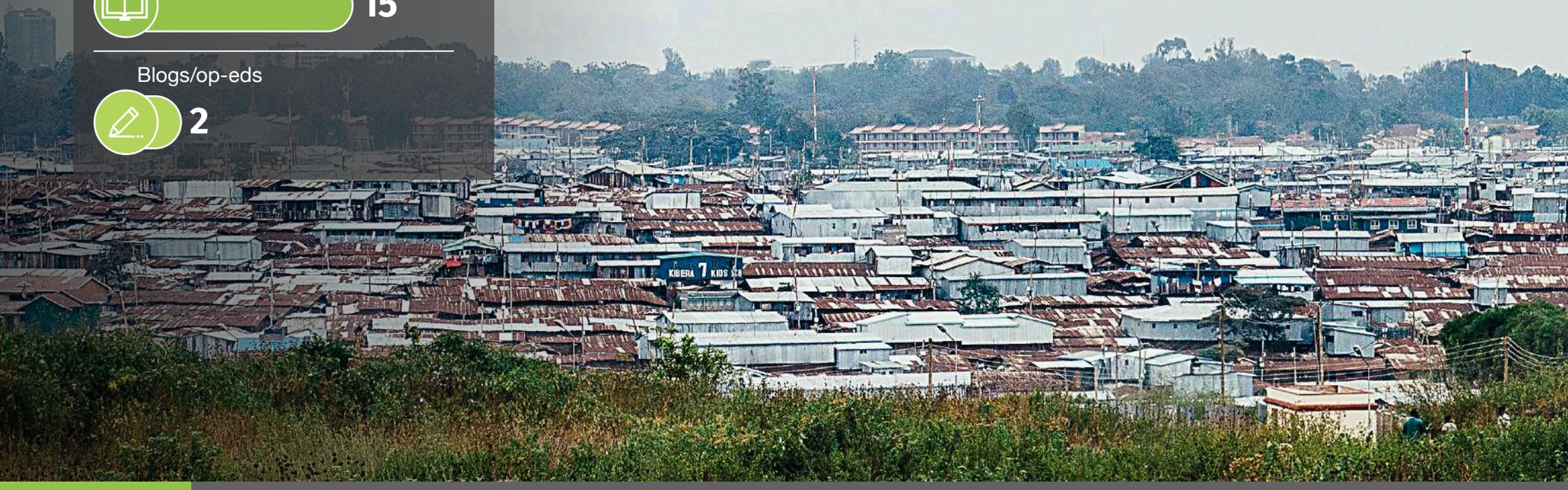


15

Blogs/op-eds



2



The rapid rate of urbanization in Africa represents both an opportunity and a threat to advancing the development and wellbeing of the people of Africa. If properly planned and managed, the high density of populations in urban centers should ostensibly make public services available at reduced costs due to economies of scale; the vibrancy of urban life should facilitate the creation of economic and cultural wealth.

But in unplanned cities, where growth is haphazard and concentrations of populations end up not in serviced areas but in informal settlements, or slums, risks are concentrated that not only prevent development but also can undermine positive wellbeing outcomes.

With roughly six of every 10 Africans living in an urban setting settled in a slum, it is more important than ever to understand the relationships between health and the physical environment. The Urbanization and Wellbeing (UWB) program seeks to understand the course, causes and consequences of rapid urbanization in Africa by examining population and demographic trends in the short and long term, among them migration, access to health, and risk accumulation.

The Urban Africa: Risks and Knowledge collaboration is exploring the latter, developing a detailed understanding of risk to women, men and children across a diverse range of low-income urban contexts, and of how the nature and scale of these risks as urban centers contract or expand. The impact of climate change is also being investigated in the five cities where the project is located, with APHRC involved in the work in Dakar, Senegal as well as Nairobi and Mombasa in Kenya.

The investigation thus far has yielded a rich tapestry of information, some of which informed the preparation and dissemination of a special edition of the African Population Studies Journal. Of the 11 articles in the special edition, four focused on the work on urban risk.

The program also embarked on a new area of work that expands its portfolio on the interplay between urban environments and health Co-led by the program with the Policy Engagement and Communications division, the project is looking at the gaps and opportunities in existing fecal waste management policies in Kenya, Tanzania and Uganda, in order to find a sustainable solution to manage this growing crisis for rapidly urbanizing areas while helping the countries to achieve SDG6: equitable access to sanitation for all.

In addition to the research and policy work at the heart of the project, seven fellows pursuing Master's or doctoral degrees in the region will be supported for primary research to contribute to the body of knowledge in this sector. This new and innovative project weaves together all three programmatic divisions at APHRC and will serve as an incubator for a more joined-up approach to the work carried out by the Center.

In keeping with its commitment to capacity-strengthening, UWB also pioneered a new participatory research method for the Center to understand the way systems behave over time. The team used the systems dynamic modeling approach to develop a shared view on the drivers of indoor air pollution in Nairobi's slums, quantify the impacts and identify potential policy levers that could be used to mitigate its harmful effects.



The Statistics and Surveys Unit (SSU) has evolved from being responsible solely for data management to a fully-fledged team charting the Center's course as part of our engagement in achieving a data revolution in Africa.

Building on the 2014 Data for African Development working group recommendations, which APHRC anchored with the Center for Global Development, the revolution is founded on the principle that without access to the building blocks of data – beginning with civil registration and vital statistics -- government cannot provide adequate and efficient services to meet population needs. The public, equally, requires access to credible data to be able to hold governments accountable.

How to help government at all levels develop robust data systems drove a number of initiatives led by SSU in 2016, many of which used the Center's flagship Nairobi Urban Health and Demographic Surveillance System (NUHDSS) longitudinal data collection platform as a model of what is and should be possible in terms of innovations in data management.

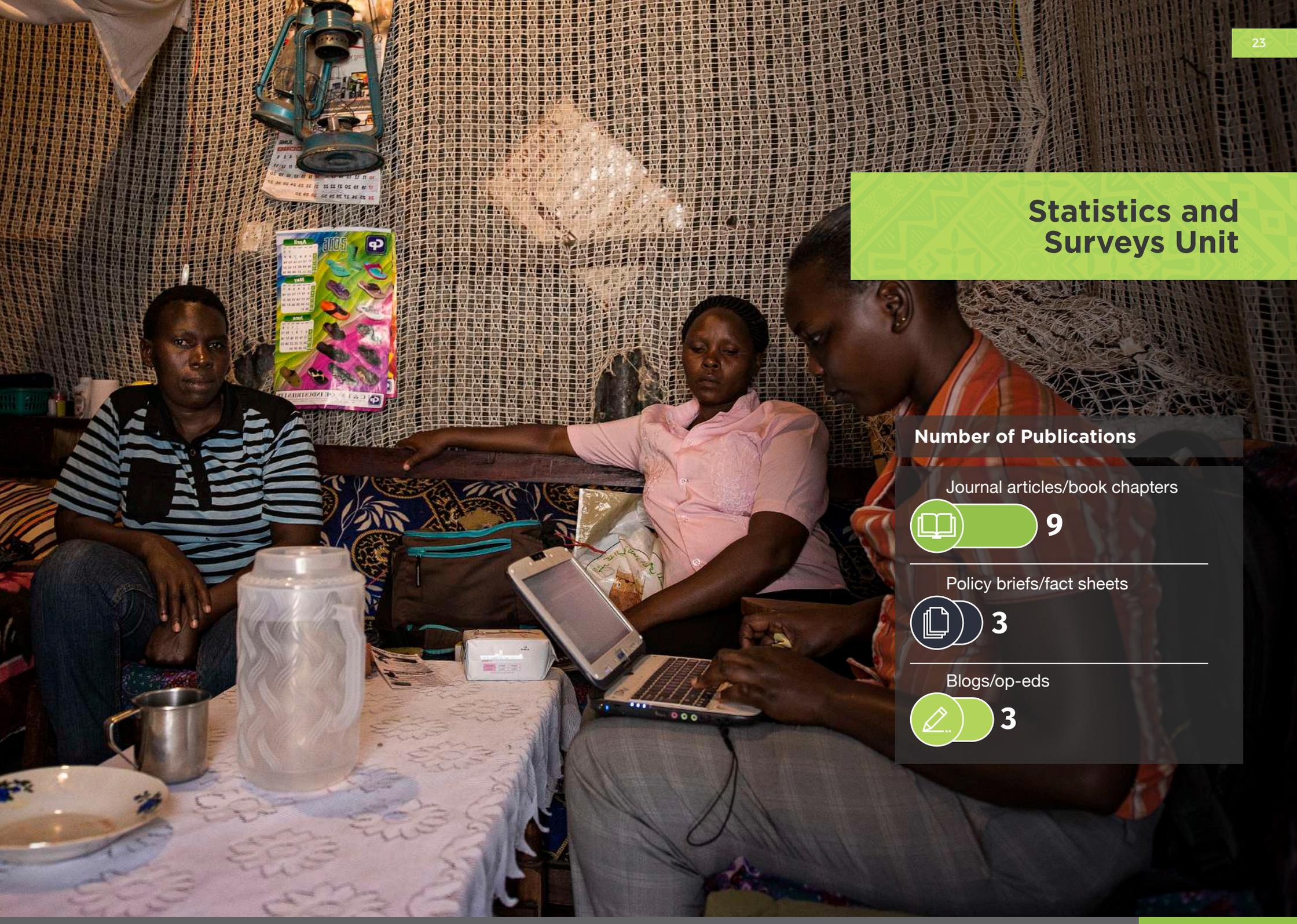
The platform met a milestone in 2016, converting from a paper-based system to an electronic system to improve efficiency and reliability in data collection.

SSU also worked closely with Kenya's Council of Governors to develop a tracking and delivery tool for indicators related to health, wellbeing, education and empowerment of young people. The tool aims to support the 47 counties in the devolved governance system seek to implement strategies to harness the Demographic Dividend by making smart and targeted investments in increasing human capital.

Driven by the belief that open data is the best data, the Center through the SSU is continuing to develop platforms for wider use of research. APHRC's Microdata Portal was consolidated during 2016 with 35 studies documented and uploads carried out of more than 170 data files, 160 questionnaires and 60 research publications. More than 50 data requests were processed during the year, and nearly 17,000 downloads registered.

The Unit also led the Center's efforts towards greater data discoverability by finalizing the allocation of digital object identifiers to all our data and other research products. This will make it easier for research publications to find and use our data with proper acknowledgement of the Center's researchers.





Statistics and Surveys Unit

Number of Publications

- Journal articles/book chapters  **9**
- Policy briefs/fact sheets  **3**
- Blogs/op-eds  **3**

RESEARCH CAPACITY STRENGTHENING

Number of Publications

ADDRF Journal articles



26

CARTA Journal articles



87

Investments in research are integral to Africa's development and ability to derive African solutions to its challenges. But without a commensurate investment in African research institutions and leaders to inculcate the skills and commitment necessary to begin to find those solutions, we are likely to fall short of our goals. At the core of APHRC's mandate is the training, nurturing and mentoring of the next generation of research leaders drawn from an ever-maturing cadre of African institutions able to generate their own evidence to contribute to the transformation agenda.

The Research Capacity and Strengthening (RCS) division is continuing to expand the scope of its investment in deepening the bench of researchers working in African academic institutions. Through fellowships, partnerships and training, we are growing the body of knowledge on the continent – as well as the competent workforce able to carry out the investigations.

Our flagship remains the doctoral fellowship Consortium for Advanced Research Training in Africa (CARTA) program. Nine African universities, four African research centers and seven northern partner institutions make up the consortium which has since 2008 provided fellowships and intensive skill-building to individuals and institutions.

The latest CARTA cohort – our seventh -- includes has 27 fellows; Twenty-three post doctoral students added to a total of 165 fellows enrolled at nine universities around the continent. Over the course of 2016, 23 fellows completed their PhD studies, bringing our total number of graduates to 35.

One of the elements that makes the CARTA model so special is the Joint Advanced Seminar. Mentorship, policy orientation, proposal writing and other courses are at the core of the JAS, which also provide students with an opportunity to get timely feedback on their progress in their own research.

Such feedback has proved invaluable for the fellows' ability to contribute to the body of knowledge as well as to tap into funding for future research.

In 2016, a total 82 articles by CARTA fellows were published in peer-reviewed journals; 41 fellows presented at conferences the world over. Cumulatively since 2009, CARTA fellows have attracted research grants worth \$5 million, including in 2016 an RO1 grant from the US National Institutes of Health for \$625,000.

Another plank in the RCS platform is the African Doctoral Dissertation Research Fellowship (ADDRF), which provides the help African PhD students need to get across the dissertation finish line. ADDRf fellowships are tailored to specific areas of interest and in 2016, 23 fellowships were awarded to researchers studying health systems and violence against women and girls. The ADDRf track record is impressive, adding 25 new graduates in 2016 to its total of 133 since the program was established in 2008.

For those who would want a refresher, a capacity boost or access to a new skillset without the investment of time for a PhD, the APHRC training program has developed a series of short courses targeting mid-career professionals. Training workshops are carefully designed to meet specific skill gaps in: developing and packaging grant proposals; scientific writing and publishing; data management and analysis; and, research governance and management.

In 2016, we offered 12 training workshops that reached 266 participants drawn primarily from Kenyan universities, research institutions, government agencies, private organizations and program implementation agencies. This year's workshop offerings also included a collaborative facilitation with the University of Minnesota on Integrated Public Use of Microdata Series – Demographic and Health Survey (IPUMS-DHS).

PEC is evolving its role within the Center beyond providing primarily support functions to research programs and the RCS division to leading its own complex, multi-country projects aiming to showcase the knowledge translation and research to policy value chain that has been so successful at APHRC.

In 2016, the division expanded its portfolio of policy-oriented projects to four, including a five-year, \$10-million initiative to strengthen advocacy capacity in civil society around the continent to drive domestic commitments to sustainable immunization financing.

Working in partnership with the UWB research program, PEC will also lead a policy analysis to understand gaps and opportunities in the implementation of fecal waste management policies in rapidly urbanizing areas.

Engagement across East and Southern Africa with research teams testing innovations in maternal, newborn and child health continued throughout 2016, in both in-country and regional forums designed to support improved uptake of research evidence into policy and decision-making so that fewer women die while giving life.

Eight of these research teams participated in a USAID-hosted Share Fair in Arusha, Tanzania in May, which also showcased another PEC project: a short film about adolescent sexual and reproductive health.

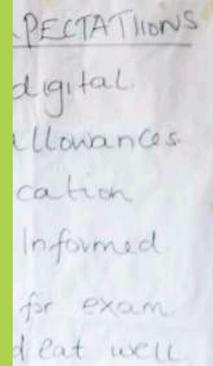
The division also continued its robust support to the Africa constituencies to the board of the Global Fund to Fight AIDS, TB and Malaria.

This high-profile and intensive work has been repeatedly acknowledged as integral to ensuring that African voices are confidently being raised on matters of immense importance to the \$4 billion/year multilateral funding mechanism.

As part of its work leveraging communications and policy engagement opportunities for APHRC's research programs, PEC ensured that researchers and their evidence were showcased through innovative materials to complement the slate of policy briefs, fact sheets, reports and dissemination events that are coordinated every year. This included greater attention to social media for events and campaigns, including a series of tweetstorms and thunderclaps to generate conversations in the wider online environment, as well as with the first-ever APHRC webinar hosted from the APHRC website.

From short films to infographics to animations – and to the more than 30 blogs that were published on the APHRC website and cross-posted to a wider audience – PEC is helping to ensure that the Center's evidence is not only informing the body of knowledge but also influencing how decisions are made.

The need to pivot toward more strategic and systematic influence emerged from a retrospective analysis of the Center's policy impact over the last decade. Many of the recommendations that emerged informed the development of PEC's new approach to collaboration both internally and externally.



EXPECTATIONS

- digital
- allowances
- cation
- informed
- for exam
- eat well

This video was made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) under contract number AID-OAA-C-11-00161.

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NDRMS
Phone on
Minimal
Active par
Respect of lo
Punctuality@



POLICY ENGAGEMENT AND COMMUNICATIONS

Number of Publications

Blogs  8

Newsletters  4

OPERATIONS



The Operations division is the backbone of APHRC, ensuring that the Center is able to live its mission and realize its vision by providing the essential services that keep the organization on track and moving forward. Skilled professionals in finance, human resources, information technology, business development, facilities management and procurement provide critical support and collaboration to the programmatic divisions.

Throughout 2016, Operations guided APHRC through internal and external audit processes to ensure that the Center maintained its reputation of integrity and excellence, especially in the management of its resources. The Center received a clean bill of health following these audits, some of which will allow for greater ease in partnering and sub-contracting with the constellation of UN agencies.

Another notable achievement in 2016 was the adoption of International Financial Reporting Standards (IFRS), underscoring our commitment to ensuring that APHRC maintains the highest professional standards and continues to innovate in the field of non-profit management within Africa.

Adoption of these standards will enable comparison of APHRC's finances with other organizations. It will also eliminate the need for constant referral to the Center's internal policies by users of our financial statements.

In 2016, our income grew by 10% to US\$12.2 million while expenditure increased by 9% to US\$12.4 million. This resulted in a deficit of approximately US\$0.2 million which was largely attributable to our increased expenditure servicing PhD student development. Expenditure on programs grew by 9% while administrative and support costs increased by 6%, a reflection of typical annual cost escalations.

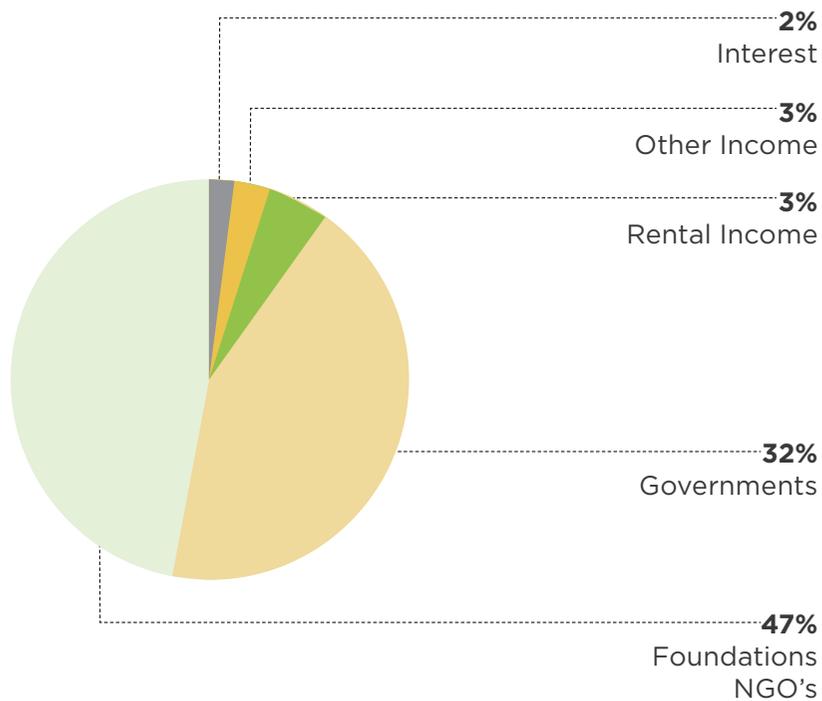
APHRC completed acquisition of 3.1 acres of land in 2016, which will be the eventual site of the APHRC Training and Leadership Center: a facility to respond to the increased needs of both the RCS division and other training activities. The Training and Leadership Center will provide accommodation to visiting scholars, offer intensive on-site trainings and meet career development needs of professionals through focused short courses. The complex will include a library, training and conference rooms as well as residential units. We look forward to breaking the ground for development of the APHRC Training Center in the 2017-2021 Strategic Plan period.

Financial Report

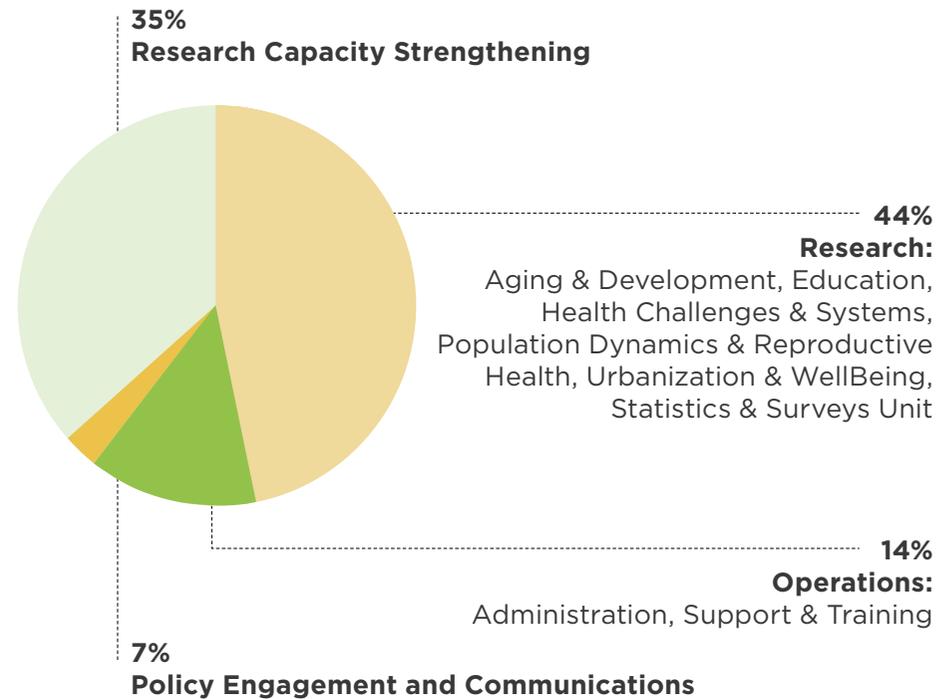
Following APHRC's adoption of the International Financial Reporting Standards (IFRS), the restated figures indicate that our income for 2016 grew by 10% whereas expenditure grew by 9%. The most notable growth in expenses was on fellowships where an expanded PhD student population led to a 49% increase in expenditure.

Program expenditure grew by 9%, administration and support costs grew by 6% reflecting the usual year-to-year cost escalations. The charts on this page detail our income sources and the breakdown of expenditure into the main programs of the Center.

Sources of Income



Use of Funds



STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 DECEMBER 2016

	2016 Restricted Income US\$	2016 Unrestricted Income US\$	2016 Total US\$	2015 Total US\$ Restated
INCOME				
Grant income	9,652,709	1,578,181	11,230,890	9,731,583
Other income	-	502,415	502,415	621,907
Kitisuru building rental income	-	390,147	390,147	660,235
Service charge income	-	62,018	62,018	81,339
Total income	9,652,709	2,532,761	12,185,470	11,095,064
EXPENDITURE				
Direct programme expenses	9,652,709	546,817	10,199,526	9,353,578
Administration & support costs	-	1,742,081	1,742,081	1,647,752
APHRC campus development	-	8,310	8,310	12,553
APHRC campus administration expenses	-	180,301	180,301	189,738
Exchange revaluation loss	-	141,491	141,491	125,170
Loss on disposal of investment	-	76,755	76,755	-
Total expenditure	9,652,709	2,695,755	12,348,464	11,328,791
SURPLUS FOR THE YEAR	-	(162,994)	(162,994)	(233,727)
OTHER COMPREHENSIVE INCOME				
Fair value loss on available for sale financial assets	-	-	-	34,056
Total comprehensive income for the year	-	(162,994)	(162,994)	(267,783)

STATEMENT OF FINANCIAL POSITION
FOR THE YEAR ENDED 31 DECEMBER 2016

	2016 US\$	2015 US\$ Restated	2014 US\$ Restated
ASSETS			
Non-current assets			
Property and equipment	5,147,699	6,652,640	6,855,315
Prepaid operating lease	3,703,125	2,529,697	1,562,045
Intangible assets	-	1,204	6,784
	8,850,824	9,183,541	8,424,144
Current assets			
Grant receivable	1,274,309	1,035,279	2,040,539
Investments	28,245	346,645	380,701
Debtors and prepayments	303,888	178,942	362,442
Cash and cash equivalents	10,528,628	10,429,435	11,817,751
Total current assets	12,135,070	11,990,301	14,601,433
TOTAL ASSETS	20,985,894	21,173,842	23,025,577
FUNDS AND LIABILITIES			
Fund balance	9,848,533	10,017,983	10,285,766
Non-current liabilities			
Program related investment loan	-	-	444,448
Deferred income	-	23,535	24,921
Total noncurrent liabilities	-	23,535	469,369
Current liabilities			
Creditors and accruals	1,109,993	979,459	1,031,512
Deferred grants	10,027,368	10,152,865	10,794,486
Program related investment loan	-	-	444,444
Total current liabilities	11,137,361	11,132,324	12,270,442
TOTAL FUNDS AND LIABILITIES	20,985,894	21,173,842	23,025,577

Funders and Collaborators

Funders

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