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Special appreciation goes to the Monitoring and Evaluation under the Development Unit spearheaded by Cynthia Runyenje who coordinated the process, and Sheena Kayira who supported the development of the report.

The Center would also like to thank all those whose names may have been inadvertently left out but who were consulted during the development of the report, or who in one way or the other contributed to this process. We wish to state that without their contributions this work would not have been possible.
ACRONYMS AND ABBREVIATIONS

AAD  Aging and Development Unit
ADDRF  African Doctoral Dissertation Research Fellowship
APHRC  African Population and Health Research Center
CARTA  Consortium for Advanced Research Training in Africa
DME  Data, Measurement and Evaluation Unit
eDMS  Electronic Document Management System
ERP  Enterprise Resource Planning
EYE  Education and Youth Empowerment Unit
HR  Human Resource Unit
HSH  Health Systems for Health Unit
IMCHA  Maternal and Child Health in Africa Initiative
IT  Information Technology Unit
JAS  Joint Advanced Seminars
MCW  Maternal and Child Wellbeing Unit
MoH  Ministry of Health
NACOSTI  National Commission for Science, Technology and Innovation
NUHDSS  Nairobi Urban Health Demographic Surveillance System
PDRH  Population Dynamics and Sexual and Reproductive Health Rights Unit
PEC  Policy Engagement and Communications Division
RCS  Research Capacity Strengthening Division
RHERCS  Research on Higher Education and Research Capacity Strengthening
REDCap  Research Electronic Data Capture
RELI  Regional Education Learning Initiative
SMT  Senior Management Team
SSA  Sub-Saharan Africa
USD  United States Dollars
UWB  Urbanization and Wellbeing in Africa Unit
WARO  West African Regional Office
EXECUTIVE SUMMARY

This Strategic Performance Review Report 2019 is the second annual review for the Strategic Framework 2017-2021. It emphasizes the key achievements in each of the four Strategic Objectives and goes further to highlight how each of the units/divisions continue to contribute towards the attainment of these objectives. During this reporting year, there were 88 active projects, 32 of which were commenced in 2019 and these projects were implemented across 30 African countries. During this reporting year, 46 projects in the Research division tackled Signature Issues, 35 Synergy Issues and 21 tackled other thematic areas. There were 122 research outputs developed, an increase of 37% from 89 in 2018. A number of projects addressed policy-relevant issues with various policies at different levels informed by APHRC research on an array of topical issues.

More partnerships were fostered with African and global institutions, including universities, implementing institutions, as well as research and training bodies. During this reporting year, there were 22 partner institutions working with Research Capacity Strengthening Division; of which three were new partnerships. APHRC’s engagements included consultative meetings with decision-makers, conferences, fora, summits, symposiums, policy cafes and dissemination workshops as well technical meetings.

To increase operational efficiency, the Center rolled out the ERP Platform, developed various governance documents, institutionalized the Cultural Shift program, launched Ulwazi Place and operationalized the West African Regional Office in Dakar, Senegal. Going into 2020, the key priorities of the Center will be to fundraise strategically for the APHRC’s signature and synergy issues, advancement of project-portfolios, explore further partnerships, targeted strategic policy engagement, recruit key staff and staff training and development.
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CHAPTER 1
Introduction and Background Information

1.1. Background information on APHRC

African Population and Health Research Center (APHRC) was established in 1995 as a fellowship program of the Population Council, with funding from Rockefeller Foundation. In 2001, APHRC, Inc. registered in Kenya as a branch of the US-registered entity. Work across sub-Saharan Africa is coordinated from the head office in Nairobi and the West African regional office in Senegal. Guided by its mission to generate evidence, strengthen research capacity and engage policy to inform action on population health and wellbeing, the Center strives to achieve its vision of transforming lives in Africa through research.

APHRC also anchors its activities on its four guiding principles; to be innovation-driven, collaborative, truly African in reach and impact-oriented in all engagements and activities. APHRC is committed to generating an Africa-led and Africa-owned body of evidence to inform decision making for an effective and sustainable response to the most critical challenges facing the continent. The Center is anchored on its core values of fairness, excellence and integrity.

1.2. Brief overview of strategic plan 2017-2021

The 2017-2021 Strategic Plan is a dynamic blueprint that sets the course for APHRC for the next five years and beyond and acts as a guide to the operationalization of the Center’s vision. It is a roadmap for broader and deeper engagement in its signature areas of interest as APHRC continues in its second decade as a premier research institution and think tank in Africa. The Strategic Plan also lays out the necessary changes needed within the Center to achieve its goals; beginning with the reorientation of research towards a more deliberate focus on signature issues.

It outlines a bold agenda predicated on four strategic objectives that form the chapters of this report. The strategy seeks to achieve four programmatic objectives: Generate scientific knowledge aligned to local and global development agendas, develop and nurture the next generation of African research leaders, engage with decision-makers using evidence to drive optimal development and implementation of policies and create operational efficiencies in systems and processes for maximum programmatic impact.

1.3. Brief overview of APHRC divisions and units

APHRC conducts its activities under four divisions: Research, Research Capacity Strengthening (RCS), Policy Engagement and Communications (PEC) and Operations. The units in each of the divisions evaluated in this report are listed in Table 1. The report also highlights the performance of the West African Regional Office (WARO) in 2019.
### Table 1: List of Units and Divisions

<table>
<thead>
<tr>
<th>Research Division</th>
<th>Research Capacity Strengthening (RCS) Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Maternal and Child Wellbeing Unit</td>
<td>- Partnerships with Universities to Strengthen Doctoral Training</td>
</tr>
<tr>
<td>- Aging and Development Unit</td>
<td>- Individual Fellowships and Internships</td>
</tr>
<tr>
<td>- Education and Youth Empowerment Unit</td>
<td>- Training Programs</td>
</tr>
<tr>
<td>- Health Systems for Health Unit</td>
<td>- Research On Higher Education And Research Capacity Strengthening</td>
</tr>
<tr>
<td>- Urbanization and Wellbeing in Africa Unit</td>
<td></td>
</tr>
<tr>
<td>- Data, Measurement and Evaluation Unit</td>
<td></td>
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<tr>
<td>- Population Dynamics and Sexual and Reproductive Health Rights Unit</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy Engagement and Communications (PEC) Division</th>
<th>Operations Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Visibility unit</td>
<td>- Finance Unit</td>
</tr>
<tr>
<td>- Advocacy Unit</td>
<td>- Human Resource Unit</td>
</tr>
<tr>
<td>- Synergy Unit</td>
<td>- Development Unit</td>
</tr>
<tr>
<td></td>
<td>- IT Unit</td>
</tr>
<tr>
<td></td>
<td>- Facilities and Administration Unit</td>
</tr>
<tr>
<td></td>
<td>- Internal Audit Unit</td>
</tr>
</tbody>
</table>

These research units drive the strategic objectives through the implementation of the signatures, synergy and other issues that are also highlighted in the Strategic Plan. The signatures issues are:

1. Emerging models and approaches to long-term care.
2. Understanding how to make Africa’s education systems more inclusive and equitable.
3. Chronic conditions management.
4. Maternal, infant and young child nutrition with focus on breastfeeding optimization.
5. Young people’s sexual and reproductive health and rights.
6. Unsafe abortion.
7. Clarifying the role of slum systems for health and well-being in Africa’s urban spaces.
8. Data and measurement

The synergy issues include:

1. Ageing and the Demographic Dividend/ Population dynamics, sustainable development and Africa’s first Demographic Dividend
2. Alignment of education policies to national development goals.
3. Examining the magnitude, burden and impacts of non-communicable diseases
4. Early Childhood Development (ECD).

The other issues are:

1. Later-life wellbeing and inequity.
2. Understand pathways to productive human capital in Africa.
3. Understand and characterize the health system needs to end the big epidemics.
5. Gender and sexuality-related vulnerabilities.
6. Environmental impact on health and wellbeing in urban contexts.
7. The causes, course and consequences of rapid urbanization.
8. Enhancing the utility of the Nairobi Urban Health Demographic Surveillance System (NUHDSS).
9. Establishing robust data systems to enhance the collection, access and use of data.
10. Advancing the field of measurement.

1.4. The Process of developing the Annual Performance Review Report 2019

The development of this report followed a comprehensive consultative review process with each of the units in the four divisions. The Monitoring and Evaluation team under the Development Unit led the process of reviewing various reports and systems. These included quarterly reports, annual divisional reports, project update sheets, Financial Reports, Annual Report 2016/17, Annual Performance Review Report 2017/2018, Strategic Report 2014-16 as well as operational systems, such as the Proposal Management Systems (PMS), the Electronic Document Management System (eDMS) and program websites.

This Performance Review Report 2019 is the second annual review for the Strategic Framework 2017-2021. It emphasizes the key achievements in each of the four Strategic Objectives guided by the M&E indicators and highlights performance of the units, challenges, lessons learnt and best practices. The report further pinpoints the priorities of the units going into the Year 2020 that shall guide their activities and work plans moving forward. The final report will be disseminated to all the units and published on the APHRC website/intranet.
CHAPTER 2

Strategic Objective 1: Generate scientific knowledge aligned to local and global development agendas on population health and wellbeing

This objective seeks to push the boundaries of research evidence generation and use. The Center’s overall thrust, through the Research Division, is informed by a drive towards conducting research that leads to change and impact. Over the last 17 years, APHRC has generated and shared substantial amounts of research evidence with a growing number of decision-makers and technical partners in various African countries and beyond, to inform policy and practice. Understanding of the broader developmental priorities articulated at the global level and how these priorities may be domesticated, will be achieved through identifying and filling evidence gaps. This chapter highlights ways in which this strategic objective was met (or contributed to).

2.1. APHRC Projects

2.1.1. Project Profiles

During this reporting year, 88 projects were active. Of these, 75 were from the Research Division, 9 in the Research Capacity Strengthening (RCS) Division and 4 from the Policy Engagement and Communications (PEC) Division. This was an increase from the previous years as seen in Figure 1.

![Figure 1: Trend of number of projects](image)

There were 32 new projects in 2019. 23 projects closed and two projects were terminated, due to donor related reasons. As the year ended, there were 65 ongoing projects into 2020, 55 in Research Division, eight in RCS and two in PEC as seen in Figure 2. 66 of the projects running this year were multi-year while 19 were short term. Multi-year projects included projects that are running for more than one year. Any project below one year was considered short term.

---

1 There are projects that commenced and also closed in the same year 2019, thus counted as both new and closed. Terminated projects were iMlango- EYE Unit and DME General and Key Population HIV Surveys in Resource Constrained Settings under the President’s Emergency Plan for AIDS Relief.

2 The number of multi-year projects totals 85 and not 88. This is because 3 of the new projects are yet to determine their parameters.
Figure 2: Status of projects by units
2.1.2. Project implementation in African Countries

During this reporting year, projects were implemented in 30 African countries. As seen in Image 1, these were Kenya, Zambia, South Africa, Burkina Faso, Ghana, Nigeria, Tanzania, Uganda, Malawi, Senegal, Sierra Leone, Democratic Republic of Congo, Togo, Liberia, Zambia, Ethiopia, Rwanda, Central African Republic, South Sudan, Angola, Botswana, Burundi, Lesotho, Mozambique, Namibia, Swaziland, Eritrea, Somalia, Zimbabwe and Cote D'Ivoire. Annex 7: lists the partners APHRC has collaborated with in the implementation of projects.

Image 1: Country Presence (Projects implementation)

Similar to previous years, the majority of active projects in 2019 were implementing their activities in Kenya alone. However, over the years there has been an increment in the number of projects implemented in other African countries as seen in Figure 3. Important to note, some projects implemented in other African countries could also have implementation in Kenya as well. The projects that had the most countries where activities were being implemented were Countdown 2030 - WARO (19 countries), Challenging Politics Social Exclusion - PDRH (seven countries), Urban Education III – EYE (six countries) and Return Survey - South Sudan Situation-DME (six countries) projects in Research Division. In the RCS Division, CARTA and GCRF Adolescent Hub projects were in seven and six African countries respectively. In the PEC Division, the Immunization Advocacy Initiative and the Innovating for Maternal, Newborn and Child Health in Africa projects had implementation in three and six African countries respectively.
2.1.3. Prime Awards and their Monetary Value

During this reporting year, the Research division had 40 prime awards projects (53%), RCS had 4 (44%) while PEC had 4 projects that were prime awards (100%) as seen in Figure 4. Thus, 55% of projects at the Center were prime awards, an increase from 50% in 2018\(^3\).

---

\(^3\) Prime awards are grants that have been awarded directly to APHRC and thus are not sub-grants.
The value of projects for the whole Center was at USD 61.05 million up from last year, which stood at USD 59.5 million. Under the Research Division, PDRH and EYE units had the highest grants amounts, as was the case in 2018. Partnership with universities program under RCS division and the advocacy unit under PEC division had the highest grant amount. Figure 5 illustrates the breakdown of the projects’ grants amounts by units and by type of award.

Majority of the projects, 77% (67), were worth below USD 1 million. The highest grossing projects in Research Division were PDRH’s Challenging Politics Social Exclusion (CPSE) project at USD 8.4 million, PDRH’s SAFIRE Evaluation - USD 1.99 million and EYE’s RELI III and Urban Education III at USD 1 million each. The highest grossing projects in RCS division were Consortium for Advanced Research Training in Africa (CARTA) at USD 8.4 million, GCRF Adolescent Hub at USD 528,000 and Strengthening Institutional Research Capacity in Africa (SIRCA) at USD 500,000. The highest grossing projects in PEC were Immunization Advocacy Initiative (IAI) at
USD 5.7 million and Innovating for Maternal, Newborn and Child Health in Africa (IMCHA) project at USD 1.96 million. The top 5 grossing projects are seen in Figure 6.

![Figure 6: Top 5 Highest Grossing APHRC Projects](image)

### 2.1.4. Signature, synergy and other issues

During this reporting year 2019, 46 projects in the Research division tackled Signature Issues, 35 Synergy Issues and 21 tackled other issues. Important to note, there were some projects that tackled more than one issue. All of the projects in WARO tackled synergy issues as they are all in collaboration with other units. DME did not tackle any other issues, with its projects only having signature and synergy issues, as seen in Figure 1. The signature, synergy and other issues are listed in Section 1.3.

![Figure 7: Signature, synergy and other issues by units](image)

---

4 Though WARO is a regional office it is listed in figure 7 as it has research projects that are now based there.
2.1.5. Microdata Portal Requests

Other external organizations and individuals use APHRC data stored in the microdata portal. There were 17 requests from various organizations during the reporting period. Majority, (82%) were requests from universities and learning institutions while the rest were internal requests from staff. Of the external requests received, most (71%) were from institutions from the United States, Canada and Belgium as seen in Figure 8. Annex 5: gives details of each of the Microdata requests made.

2.2. Grant Proposals for Business development

During this reporting year, there were 100 proposals developed, with 44 successful proposals and 51 unsuccessful while the rest were still awaiting feedback\(^5\). Thus, the success rate in terms of numbers was at 46%, similar to 2018. However, the dollar success rate decreased to 27% (USD 20.2 million) compared to 36% in 2018 (USD23.5 million). This was attributed mainly to a USD 22million unsuccessful proposal that affected the denominator in 2019. Operations, PEC, WARO and AAD had 100% proposal success rates in both number and in dollars. This may have partly been because most of the calls were invited. However, WARO, MCW and EYE had over USD 3 million worth of successful proposals, as highlighted in Table 2\(^6\).

Table 2: Grant Proposals success rate scorecard

<table>
<thead>
<tr>
<th>Units/Divisions</th>
<th>Total Proposals submitted</th>
<th>Proposal performance</th>
<th>Dollars in successful proposals (USD)</th>
<th>Proposal success rate %</th>
<th>Dollar Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No. of successful proposals</td>
<td>No. of unsuccessful proposals</td>
<td>Awaiting response</td>
<td>2018</td>
</tr>
<tr>
<td>HSH</td>
<td>15</td>
<td>7</td>
<td>7</td>
<td>1</td>
<td>2,172,238</td>
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<tr>
<td>EYE</td>
<td>9</td>
<td>4</td>
<td>5</td>
<td>0</td>
<td>3,006,547</td>
</tr>
<tr>
<td>PDRH</td>
<td>11</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>2,530,000</td>
</tr>
<tr>
<td>MCW</td>
<td>24</td>
<td>10</td>
<td>13</td>
<td>1</td>
<td>3,354,000</td>
</tr>
<tr>
<td>UWB</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>2,112,000</td>
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<td>AAD</td>
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<td>1</td>
<td>59,064</td>
</tr>
<tr>
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<td>15</td>
<td>4</td>
<td>11</td>
<td>0</td>
<td>1,104,000</td>
</tr>
<tr>
<td>WARO</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3,888,000</td>
</tr>
<tr>
<td>RCS</td>
<td>11</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>1,587,266</td>
</tr>
<tr>
<td>PEC</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>110,000</td>
</tr>
<tr>
<td>Operations</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>257,150</td>
</tr>
<tr>
<td>Center-wide</td>
<td>100</td>
<td>44</td>
<td>51</td>
<td>5</td>
<td>20,180,265</td>
</tr>
</tbody>
</table>

Key:

- Green: <=70%
- Blue: Above 50% and >70%
- Red: Below 50%

\(^5\) Note: The proposal tracker captured proposals submitted from November 2018 to October 2019.

\(^6\) Proposal Success Rate = (successful proposals/(successful +unsuccessful proposals)*100)
2.3. **Research Outputs**

There were 122 research outputs in 2019, an increase from 2018, which was 89. These included publications that have a means of verification. These were published papers, supplements, books, book chapters, technical reports, frameworks, policy briefs and factsheets. In 2018 and 2019, PDRH and HSH led with the most publications as highlighted in Table 3. Research Division had notably more publications as compared to RCS and PEC since scientific publications are one of its core outputs. Annex 1: lists the publications developed.

<table>
<thead>
<tr>
<th>Table 3: Research outputs by units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Published papers</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>Supplements</td>
</tr>
<tr>
<td>Books</td>
</tr>
<tr>
<td>Book chapters</td>
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<tr>
<td>Technical Reports</td>
</tr>
<tr>
<td>Frameworks</td>
</tr>
<tr>
<td>Policy Briefs</td>
</tr>
<tr>
<td>Factsheets</td>
</tr>
<tr>
<td>Grand Total</td>
</tr>
</tbody>
</table>

2.4. **Policies and programs informed by evidence from APHRC**

A number of recent projects have been able to address policy-relevant issues during this reporting year. Various policies were informed by APHRC research on various topical areas. These policies and programs were:

- The Human Milk Bank launched at Pumwani Maternity Hospital, the first of its kind in Kenya.
- The UWB unit was part of Kenya’s technical working group on Urban Sanitation aimed at developing Kenya National Urban Sanitation Guidelines. The document is now in its final stages.
- Although the Garissa County health department had recognized the need for action, HSH’s Afya Kwa Ukoo project provided definitive support for affirmative action regarding recruiting more female nurses and midwives in order to motivate women to use maternity services.
- Also, the observed improvement in utilization of maternity and child care services in the county could be attributed to the work done in the project by the community Health Volunteers under HSH unit.
- The High Court of Kenya reinstated the Standards and Guidelines for Reducing Morbidity and Mortality from Unsafe Abortion in Kenya with an article citing data generated by APHRC under PDRH unit.
• RCS under the CARTA program developed new guidelines on improving research capacity strengthening evaluation practice in sub-Saharan Africa, which was in partnership with the Centre for Capacity Research at the Liverpool School of Tropical Medicine.

• APHRC is part of a new global research hub to help improve the health of people living in informal settlements in low and middle-income countries. The Accountability for Informal Urban Equity Hub also referred to as ARISE, is one of 12 global research hubs recently funded by UK Research and Innovation (UKRI) through the Global Challenges Research Fund (GCRF). ARISE brings together ten partners from a variety of backgrounds and disciplines who will work collaboratively to address critical development hurdles including ill-health, inequity, and insecurity in Kenya, Sierra Leone, Bangladesh, and India.

• Finally, for the third year in a row, APHRC has been ranked among the top global Think Tanks in the 2019 Global Go To Think Tank Index Report. In this report, APHRC ranked 12 overall out of 60 organizations in the Top Domestic Health Affairs Think Tanks category, being the highest-ranking African Think Tank in this category. This was an improvement from 2018 where the Center ranked 17 in this same category.
CHAPTER 3

Strategic Objective 2: Develop and nurture the next generation of African research leaders

This chapter looks at the second strategic objective that highlights the Center’s efforts to build a sustainable human capital for research and development through strengthening both individual and institutional capacities for research in Africa. APHRC, through the Research and Capacity Strengthening (RCS) division works to increase the number of research leaders in the region and improve institutional capacity for research across academia. This is conducted through four programs: partnerships with universities and research institutions, fellows and internships program, research on capacity strengthening and training programs. This chapter highlights ways in which this strategic objective was met (or contributed to).

3.1. Partnerships with universities and research institutions

APHRC, under the RCS division, has fostered partnerships with several organizations which are locally and internationally reputable universities, research and training institutions. The division has continued to build and expand its partnerships to keep improving graduate training, particularly the doctoral training in the broader areas of the Center’s work. During this reporting year, there were 22- partner institutions working with RCS, including 14 African institutions and 8 non-African partners. 20 partnerships were with CARTA while two were other RCS partnerships as listed in Annex 7:

There were three new partnerships formed with both African and non-African institutions. These were RCS partnership with the Inter-University Council for East Africa (IUCEA) in Uganda and the International...
Centre of Insect Physiology and Ecology (ICIPE) in Kenya and CARTA’s partnership with the University of Chile in Chile (working alongside the ESE:0 Chile, an existing CARTA partner). 2019 was the year with the most partnerships over the last four years, as seen in Figure 9.

The internship collaborations with the existing partnership with University of Gothenburg in Sweden saw the signing of internship Memorandum of Understanding (MoU). This will facilitate placement of its third year medical students at APHRC and its other partner institutions.

Three institutionalization grants were also awarded to CARTA partners to mainstream the program’s innovations on quality doctoral training. The institutions that benefited from this were the University of Ibadan (Nigeria), University of Nairobi (Kenya) and Moi University (Kenya). On the other hand, one institution, the University of Rwanda’s institutionalization project was culminated. Monitoring of the progress of the other ongoing partner institutions implementing institutionalization grants will still continue for the Obafemi Awolowo University, Makerere University and University of Malawi.

3.2. Fellowships and Internships

The CARTA program has fellows under doctoral, postdoctoral and re-entry grant fellowships, distributed as seen in Figure 10. By the end of this reporting year, there were 209 doctoral fellows from CARTA enrolled in the program, of whom 24 fellows were new enrollments in 2019. Those who completed their doctoral fellowships in 2019 were 25.

Under the postdoctoral fellowships there were 14 fellows enrolled in the program by the end of the reporting year, of whom two were new postdoctoral fellows. Only two fellows completed their fellowships during this year.

A total of 35 re-entry grants were awarded by the end of 2019, of which 16 were new grants awarded during this reporting year. There were no completed re-entry fellowships during the year. Thus, 12 re-entry fellowships would be ongoing into 2020. In addition, under the CARTA program, two senior faculty from the university of Ibadan and University of Nairobi were hosted at the University of Witwatersrand.
The ADDRF program had a total of 211 fellows enrolled in the program since its commencement. During this reporting year, seven fellows completed their fellowships (five doctoral and two masters), as highlighted in Figure 11. The Master’s fellowships were made possible through the Fecal Waste Management project supported by the Bill and Melinda Gates Foundation under the UWB Unit. Thus, 172 fellows have graduated from the program since its commencement. There were no new fellows as the program funding had ended.

In addition, there were nine research interns during this reporting year who joined through RCS and completed their internships (one intern cancelled and did not report). They were hosted in various units at the Center and in partner institutions. There were no visiting scholars enrolled during this reporting year. This was a decrease from 2018 where there were 11 research interns and six visiting scholars benefiting from opportunities at APHRC.

### 3.3. Publications and Research Outputs by Fellows

As highlighted in Figure 12, ADDRF fellows published 31 papers. CARTA fellows published 140 papers, four book chapters, one book, three protocols, three policy briefs, one review article, two conference proceedings, one blog and one newsletter. Annex 2: and Annex 3: lists the publications developed by the fellows.

Other than publications, CARTA fellows also developed proposals, which won various grants. Sixty-six grants were developed and won, with a cumulative worth USD 2 million as seen in Table 4. These were developed by a total of 60 CARTA fellows. Grants won were either research, scholarships, conferences or travel grants. Research grants formed almost half (43%) of all the grants won by fellows.

<table>
<thead>
<tr>
<th>Table 4: Grants Won by Fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of fellows who won grants</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
<tr>
<td>Number of grants won</td>
</tr>
<tr>
<td>Worth of grants won (USD)</td>
</tr>
</tbody>
</table>
3.4. Capacity strengthening activities

3.4.1. Capacity strengthening for Fellows and Faculty

These include activities and events organized for fellows and faculties for capacity strengthening. The events for the fellows were:

1. CARTA - The graduate workshop held in Nairobi that had 17 CARTA graduates in attendance. In the spirit of collaboration, three graduates from non-African partners were invited and participated in the workshop.

2. CARTA - The Joint Advanced Seminars (JAS) is a four-level hierarchical program geared towards building the research capacity of the fellows and giving them an opportunity to network and collaborate. Twenty-four who started their CARTA fellowship in 2019 attended JAS1 and 23 attended JAS4. In addition, 23 other fellows attended JAS 3 and 23 others, JAS 4.

3. CARTA - Eleven (six females and five male) fellows participated in the DELTAS Africa Scientific Conference in Senegal. The female fellows also attended the GoFoWiser Forum.

4. CARTA - The Vice-Chancellors Workshop was held and brought together Vice-Chancellors of CARTA and ARUA universities and heads of CARTA research centers. Deliberations were held around innovative ways of increasing the impact of research and enhancing contribution towards research in Africa.

5. Africa Research Excellence Fund (AREF) Excell Program – The program, which is a Researcher and Leadership Development Programme that aims to transform the capabilities of the partner institutions as to enhance research capacity in global health in Africa, for Africa, led AREF fellows attending the fourth workshop of the AREF Excell Programme in Ghana.

3.4.2. Capacity Strengthening for APHRC Staff and External Participants

Several capacity-strengthening events were organized by APHRC for both staff and external participants. These included:

1. The AREF fellows facilitated a mentorship training pilot program at the Center. The training session engaged participants on how to effectively seek and provide peer mentorship, improving the mentorship experience at the Center and building potential new mentor-mentee relationships. Forty staff members participated in the workshop that was facilitated by Prof. Olubayi, Chief Academic Officer at Maarifa Education.

2. In addition, the AREF fellows, in conjunction with the APHRC Human Resources Unit, organized two mentorship workshops. These workshops were part of the efforts to institutionalize the mentorship program at the Center. The first workshop had 23 research staff members. The second mentoring workshop had 25 participants and included non-research staff members from the Operations, PEC and RCS Divisions. Participants were trained on mentoring models, the mentoring process and development of Personal Development Plans (PDPs).
3. The training program organized six market-driven and competitive training workshops—three on Systematic Review and Meta-Analysis (SRMA). The first SRMA training was tailored for APHRC researchers and attracted 27 participants; the second tailored to WHO-HRP partner Alliance and had 29 participants drawn from across Africa. The third attracted 25 participants from Kenya’s Ministry of Health, KEMRI and APHRC.

4. There were also four public offering courses that included qualitative data analysis with NVivo; quantitative data analysis with R; implementation research methodology and applications; and monitoring and evaluation for research learning. The number of participants for each are highlighted in Table 5.

5. Various Brownbag presentations were also held during this reporting period. Brownbags are fora for promoting dialogue and information sharing amongst colleagues within the Center. During this time, there was an increase of presentation, from 26 in 2018, to 36, as highlighted in Figure 13. This was attributed to the increase in the number of requests to hold Brownbags.

![Figure 13: Distribution of Brownbag presentations by units/divisions](image)

### Table 5: Public offered courses

<table>
<thead>
<tr>
<th>Courses</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualitative Data Analysis with NVivo</td>
<td>25</td>
</tr>
<tr>
<td>Quantitative Data Analysis with R</td>
<td>25</td>
</tr>
<tr>
<td>Implementation Research Methodology and Applications</td>
<td>24</td>
</tr>
<tr>
<td>Monitoring and Evaluation for Research Learning</td>
<td>24</td>
</tr>
</tbody>
</table>

3.5. Innovations and Career Development

As part of research capacity strengthening, career progression and development of innovations by fellows are elements the Center strives to achieve in nurturing the next generation of African leaders. An example of this is one of the CARTA fellows developed the Cardio-Pulley device (NG/PT/NC/2017/2260). The device works by improving muscular endurance and strength and aerobic exercise capacity. Another CARTA graduate and a postdoc fellow at APHRC, in partnership with the Centre for Capacity Research at the Liverpool School of Tropical Medicine, developed new guidelines on improving research capacity strengthening evaluation practice in sub-Saharan Africa.

Seven CARTA fellows received promotions, appointments and awards, which included promotions to senior lecturers, associate professors and research associates; appointments as heads of departments and institutions, members of councils and boards; and various fellowship awards.
CHAPTER 4

Strategic Objective 3: Engage with decision-makers using evidence to drive optimal development and implementation of policies that will have a transformative impact on lives in Africa.

This objective encompasses the Center’s evolving strategic direction of investing in wider efforts to export its own evidence-to-policy model, as well as shape how global development agendas are domesticated to the African context. APHRC through the Policy Engagement and Communications division touches three PEC portfolios; namely policy engagement, knowledge management and communications. In line with this, the Division reconfigured to three units, namely advocacy, synergy and visibility units. More important is PEC-led efforts to foster the vital relationships that enable the Center to contribute to meaningful action towards improving the lives of all Africans. This chapter highlights ways in which this strategic objective was met (or contributed to).

4.1. Advocacy and Policy Engagement Projects

APHRC under the PEC division had two major projects on advocacy during this reporting year. These were the Immunization Advocacy Initiative (IAI) and the Innovating for Maternal and Child Health in Africa (IMCHA). The IAI project seeks to arm civil societies with technical skills in using evidence to drive advocacy priorities, for an effective level of influence on government decisions to fund a stronger and more resilient health system, with equitable and inclusive coverage of routine immunization as a foundation for that system.

IMCHA supports the implementation research, and the use of evidence to address critical knowledge gaps in policy and practice around delivering primary health care, generate tangible solutions that can be effectively scaled-up to achieve better health outcomes and equity and strengthen the uptake of MNCH results into policy and practice. The ultimate goal of this unique model is to complement the teams’ efforts to integrate the evidence they generate into policies and practices to improve maternal and child health outcomes in the targeted countries.

The Eastern African Health Policy Research Organization (EA-HPRO) is also working with 13 research teams in Ethiopia, Malawi, Mozambique, South Sudan, Tanzania and Uganda to translate findings from research interventions into policy recommendations.

4.2. Engagement Events

Policy engagement includes fora with policy and decision makers that APHRC has participated in. The types of engagement included consultative meetings with

![Figure 14: Regional Distribution of engagement]
decision-makers, conferences, fora, summits, symposiums, policy cafes and dissemination workshops as well technical meetings; where the Center has presented, chaired sessions, discussants, keynote speakers, attendees etc. During this reporting year there were about 140 engagements conducted by the various units with almost half (45%) of all engagement being within Kenya as seen in Figure 14.

The leading form of engagement both nationally and internationally were conferences/fora/symposiums/summits at 33% and 63% respectively. Technical meetings and workshops formed 38% of all engagements regionally, as seen in Figure 15.

![Figure 15: Distribution of type of engagement](image)

Majority of the engagements, (71%) were by the research divisions as highlighted in Table 6. HSH research unit and PEC division led in the number of engagements conducted at 19% and 16% respectively. Conferences, fora, symposiums were the leading form of engagement for the Research division while consultative meetings with decision-makers was the leading form of engagement for RCS and PEC divisions.

<table>
<thead>
<tr>
<th></th>
<th>HSH</th>
<th>EYE</th>
<th>PDRH</th>
<th>MCW</th>
<th>UWBB</th>
<th>DME</th>
<th>WARO</th>
<th>PEC</th>
<th>RCS</th>
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<td>5</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>1</td>
<td>43</td>
</tr>
<tr>
<td>and workshops</td>
<td></td>
<td></td>
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<tr>
<td>Consultative Meetings</td>
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<td>4</td>
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<td>0</td>
<td>11</td>
<td>5</td>
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<td>36</td>
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<tr>
<td>with Decision Makers</td>
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<td></td>
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<tr>
<td>Dissemination</td>
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<td></td>
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<tr>
<td>Grand Total</td>
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<td>20</td>
<td>16</td>
<td>15</td>
<td>12</td>
<td>11</td>
<td>1</td>
<td>23</td>
<td>18</td>
<td>1</td>
<td>144</td>
</tr>
</tbody>
</table>

4.3. Dissemination of Research Products to Decision Makers

The Center disseminated various research products and findings to stakeholders through dissemination meetings held by various units. Afya Kwa Ukoo under HSH unit held a dissemination workshop as part of the project closeout that included members of the Garissa County Government, senior members of the local community, partner-institutions and members of the public. The Food Choices project under HSH unit also
held its final dissemination meeting with the County and sub-county health managers, non-governmental organizations and civil society organizations. The project, in addition, held Anglophone and Francophone webinars to disseminate the project findings.

MCW unit held a dissemination event on the early childhood development project that seeks to improve the nutrition of infants and young children living in poverty in urbanizing Sub-Saharan countries. This meeting had the Ministry of Health present as well as academia, organizations working in early childhood education, nutrition and feeding, partners and county officials.

PDRH disseminated the baseline assessment of adolescent sexual and reproductive health in Homa Bay and Narok Counties. The In-Their-Hands program had high-level policymakers at the county level attending the meeting. The preliminary findings of the assessment on the Impact of the Expanded Global Gag Rule were also disseminated.

The Fecal Waste Management project held dissemination and engagement meetings in Nakuru (Kenya) and Dar es Salaam (Tanzania). A similar event was held by the WASH project (The Urban Health Assessment: Nutrition and Water Sanitation and Hygiene) in Nairobi, drawing the participation of the City County Government, and partners such as Feed the children, Global Alliance in Improving Nutrition, Red Cross Society and Miss Koch.

APHRC also participated in the national dissemination meeting on Countdown 2030’s work in Uganda. The meeting was convened by the Makerere University School of Public Health in Kampala and was attended by representatives from the Civil Society, Ministry of Health (Uganda), World Bank and academia working in the RMNCAH sector. The results showed that Uganda had made progress in reducing the inequality gaps in the access and provision of RMNCAH services by region, between the urban and rural areas and among the poor and wealthy. However, it emerged that there is a need to understand how the urban poor are faring as they are sometimes masked by the overall statistics in urban areas.

The team, additionally, participated in dissemination fora as part of Countdown 2030 work in Niger, Uganda, and Zambia. APHRC was represented in each country, co-leading two-day work sessions with three countries in Entebbe, Uganda as a part of skills building for research uptake for Countdown to 2030 for Women’s, Children’s and Adolescents’ Health East and Southern Africa Regional Initiative. The session was part of the preparation for dissemination events in Botswana, Uganda, and Zambia starting in 2020.

4.4. Collaborations with thought-leaders to develop policy and programs

Some of the notable engagements have been with MCW Right to Food Initiative that engaged Hon. Esther Passaris, the Nairobi County Women’s Representative in the Legislative Assembly. The team also met with a member of the County Health Committee as part of engagement with the Nairobi County Government.
The RELI project under EYE unit developed a version of the Competency Based Curriculum (CBC), which was presented to the parliamentary committee on Education through the Ministry of Education and the Kenya Institute of Curriculum Development (KICD). As at the end of the year, the version was still awaiting approval by the board of KICD before publication and dissemination.

UWB’s Fecal Waste Management project disseminated its results and used them to develop a draft shit flow diagram for Mbarara City in Uganda. In addition, the project in collaboration with the Nation Media Group and the Ministry of Water, Sanitation and Irrigation convened the National Leadership Forum on Sanitation. The session brought together policymakers, stakeholders, and citizens for discussions on improving the sanitation sector in Kenya. APHRC was also part of the stakeholder’s forum by Kenya’s Ministry of Water and Sanitation to review and provide input on the water harvesting and storage, and water and sewage service provider’s regulations.

Under RCS Division CARTA held bi-annual VCS meetings in Rwanda and combined it with a meeting with ARUA VCs to discuss how they can work together to achieve impact.

4.5. Citations and mentions of APHRC research

This includes the number of citations the Center’s publications have received as well policies and programs informed by our research. APHRC, through the EYE was cited by the University of Cambridge as fifth most prolific sub-Saharan African institution in the African education research and tops in primary school education research category in the report on Mapping the landscape of education research by scholars based in sub-Saharan Africa: Insights from the African Education Research Database (DOI: 10.5281/zenodo.3242314). In addition, the United Nations 3rd Cycle Universal Periodic Review report cited APRHC’s paper on quality and access to education in urban informal settlements in Kenya (https://aphrc.org/wp-content/uploads/2013/11/ERP-III-Report.pdf). Furthermore, publications by the EYE unit have over 220
An article on Kenya’s maternal mortality by Africa Check cited a researcher from the HSH unit. The Center for Reproductive rights cited APHRC’s research on abortion in Kenya as part of its submissions in a landmark case against Ministry of Health.

The RCS publication, under CARTA project, on repositioning Africa in global knowledge production published in the Lancet (DOI: 10.1016/S0140-6736(18)31068-7) has been a high performer in Altmetrics since its publication, and is among the top 5% of all research outputs scored by Altmetrics.

Other citations include:


4.6. Social Media Campaigns and Media Hits

The Center through the PEC division incorporates both corporate communications and development of policy approach to signature issues. The Center uses various social media sites for publication engagement and communication. This includes Twitter, Facebook, LinkedIn, YouTube and the APHRC website. During this reporting year, Twitter remained the most active platform. In the last half of the year, Facebook and LinkedIn accounts were revived to increase the Center’s reach. There was also more multimedia content going into the YouTube channel with 12 videos uploaded. The Center ran various twitter campaigns during this reporting year. These were the Breastfeeding Week, West Africa regional office launch, Women Deliver and Right to Food. Annex 8: gives the analytics for each of the sites. Note that the analytics for the APHRC website were from September to December 2019 for when the new site went live.

<table>
<thead>
<tr>
<th>Units</th>
<th>Blogs and Articles</th>
</tr>
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<tbody>
<tr>
<td>DME</td>
<td>6</td>
</tr>
<tr>
<td>EYE</td>
<td>3</td>
</tr>
<tr>
<td>HSH</td>
<td>8</td>
</tr>
<tr>
<td>MCW</td>
<td>6</td>
</tr>
<tr>
<td>PDRH</td>
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</tr>
<tr>
<td>UWB</td>
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</tr>
<tr>
<td>PEC</td>
<td>9</td>
</tr>
<tr>
<td>RCS</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
</tr>
</tbody>
</table>
Several researchers were interviewed on platforms such as television radio and podcasts and is listed in Annex 9: . The Center also developed various blogs and articles as seen in Table 7 with PEC and HSH having the highest number of articles published. CARTA and ADDRF fellows also developed 3 articles. Annex 4: gives a list of the blogs and articles. Both international and local media have called on APHRC’s researchers to provide their expert opinion on various issues.

4.7. Capacity Strengthening Activities on Policy Engagement

This includes the capacity building activities that were held for APHRC staff and its partners. The PEC division under its various advocacy projects carried out capacity strengthening activities across various countries. These were Côte d’Ivoire, Ghana, Uganda, Kenya, Namibia, Sierra Leone, Burundi and China. About 500 participants in total benefitted from the policy engagement capacity strengthening. Among these activities was a two-day work session by PEC with three countries in Entebbe, Uganda that was part of skills-building for research uptake for Countdown to 2030 for Women’s, Children’s and Adolescents’ Health East and Southern Africa Regional Initiative. The session was part of the preparation for dissemination events in Botswana, Uganda, and Zambia starting in March. There was also a knowledge translation skills-building webinar for members of eight countries supported by the Countdown to 2030 initiative in East and Southern Africa and West and Central Africa regional initiatives in March. As a result of the training, three countries were able to develop policy briefs from their health equity analyses that have informed discussions with different stakeholders. The team also facilitated training for nine women researchers from the Mawazo Institute on how to use communication tools and products to engage different stakeholders such as policymakers, communities, and the media. They also guided them on writing policy and evidence briefs, developing a policy engagement plan and drafting key messages.

The research division conducted various policy-engagement capacity development. The EYE unit participated in a three-day training on engaging the media at Aga Khan University. The West African office in Senegal held the first West and Central Africa Health Facility data analysis workshop that sought to enhance the country capacity for analysis of health facility data, generating evidence of sub national progress towards Universal Health Coverage. The PDRH unit under CPSE supported the training for over 20 youth organization leaders on promoting the use of data and evidence in strategic communication, advocacy and policy work. The RCS Division under the CARTA Program facilitated two Policy Engagement Training in Nairobi in Kenya and Dakar in Senegal. Annex 10: gives the breakdown of capacity strengthening events held by PEC.

As part of capacity strengthening, PEC is leading a partnership with IUSSP where four researchers will undergo training on policy-informed research. This partnership will further expand with an additional 14 fellows recruited in November. APHRC and IUSSP have signed a MoU to train these researchers on how to disseminate their evidence to different audiences.
CHAPTER 5

Strategic Objective 4: Create operational efficiencies in systems and processes for maximum programmatic impact.

The Operations Division at APHRC provides support services in the areas of finance, internal audit, human resources, business development, information technology, facilities and administration. To enhance service delivery and to provide operational efficiencies, the Division seeks to re-engineer the Center’s business processes through effective implementation of information communication technology. The Center pursues non-routine priorities such as automation and integration of processes- monitoring, evaluation and learning, restructuring for expansion, resource sharing and talent management through the divisions and their units. This chapter highlights ways in which this strategic objective was met (or contributed to).

5.1. Best practices for Operational Efficiencies

The following outlines the new systems and processes that were best practices that ensured operational efficiencies:

1. ERP Platform Roll-out that encompasses the finance, Human Resources, Procurement, portal and funds and grants management systems.
2. The installation of the Network Access Control (NAC) for improved cyber security.
3. The Annual Automated Offsite Backup with Safaricom was developed to store data remotely real time.
4. Formally recognized as a Research Institution through the issuance of a Certificate of Registration by the National Commission for Science, Technology and Innovation (NACOSTI).
5. Various policies, guidelines and related documents were developed:
   - Standard Operating Manual for all APHRC Projects (SOMAP) was finalized and ready for piloting.
   - Institutional Monitoring and Evaluation Framework 2019-2021 is a guide to the institutional performance monitoring and review processes for the Center in line with APHRC’s Strategic Plan 2017-2021.
   - The Safeguarding Policy document provides a framework for implementing activities in a way that minimizes the risk of harm, exploitation and abuse, both at our offices and in the communities where the Center works.
   - Review Report on the business development systems and processes - Aimed at understanding whether our business development practices were effective, efficient and fit for purpose in line with the Center’s level of growth.
• Planning tool for PEC that guides the mapping of international days, conferences and other events that will be shared with research teams to guide content planning for our social media platforms and media engagement channels

• The RCS Division developed Terms of Reference for CARTA Board Members, revised CARTA partnership guidelines; postdoctoral award guidelines; Revised CARTA doctoral fellowship selection processes; Adopted mixed video and web-based platform for the digitization of CARTA pedagogical approaches; Adopted research and outcome harvesting approaches to inform midterm CARTA evaluation

6. Training programs introduced an output-based training whereby all participants in our training workshops are tasked with at least one tangible deliverable e.g. systematic reviews, or proposals for submission.

7. The Cultural Shift Program commenced and began with a 360 degree-assessment of senior managers, individual coaching and group training. The program will continue to focus on work life balance, maintaining a culture of excellence and the culture of speaking up.

8. Ulwazi Place was launched as a training and conference center. The launch was officiated by the Deputy President of Kenya.

9. Operationalizing of the WARO- The office started with two ongoing projects; a girls’ education (Improving Girls Education) project and Countdown 2030. Strategic partnerships with a few organizations have been developed such as with the Forum for African Women Educationalists (FAWE). The launch of the bureau was graced by members of the Board, representatives from the Ministries of Health and Finance in Senegal, FAWE, Speak Up! Africa, IRESSEF among other friends of APHRC in the region.

10. APHRC has continued to adhere to the set benchmarks in dealing with funders, fellows, partners and staff. One example of this was the recognition by external auditors, who stated that policies and processes for the CARTA program were being well implemented and should be used as an example to other programs.
5.2. Annual Income, Expenditure and Burn Rates

In 2019, the allocated budget for project implementation was at USD 24 million compared to USD 20 million in 2018. The 2019 expenditure was at USD 18.42 million up from 2018 that was at USD 15.18 million. The income for the year 2019 USD 18.38 million up from 2018 that was USD 16.2 million. Thus, the surplus for the year as USD 138,752, a decrease from 2018, as seen in Figure 16. Annex 6: gives the list of APHRC funders.⁷

The overall burn rate for the Center was at 77% up from 75% in 2018. The lowest burn rates were seen in PDRH and UWB as seen in Figure 17.

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⁷ For further disaggregates refer to the APHRC Financials Report 2019
5.3. Human Resources
By the end of the reporting year, there were 170 regular staff, an increase of 34 from the beginning of the year as seen in Figure 19. In total, there were 51 new employees, which is more than double the number who joined in 2018. The data excludes consultants, interns and temporary staff. As illustrated in Figure 18, there were more female than male employees. The net turnover rate was at 4.9% with 14 staff leaving the organization during the year. This was a decrease from last year which was 9.7%, with 16 staff leaving in 2018. Being an organization that is African in reach, staff were from various countries including Kenya, Uganda, Nigeria, Senegal, Ghana, Cameroon, Ethiopia, Burkina Faso, Mali, Zimbabwe, Malawi as well as Spain and America.

In addition to nine research interns as seen in section 3.2, there were four interns who were placed in the Operations Division.

5.4. Business Development
The go–no go process was operationalized during this reporting year to strategically approach fundraising, appreciating the fact that there is an opportunity cost for the time spent in writing proposals. The reviving of the go-no-go decision process was crucial as it had not been fully implemented in the last five years or so. There were 45 go-no go synopses developed, out of which 96% were approved for proposals development as seen in Table 8. The success rate for the proposal submitted is highlighted in Chapter 1 Section 2.2. Data completeness rate in the SMT Quarterly Unit reports submitted was 100% with all sections filled out and giving the relevant information.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>PDRH</th>
<th>EYE</th>
<th>MCW</th>
<th>HSH</th>
<th>UWB</th>
<th>DME</th>
<th>AAD</th>
<th>WARO</th>
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<td>Synopses approved by the go-no go</td>
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<td>Synopses rejected by the go-no go</td>
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5.5. Internal audit
The Internal Audit Office conducted six audits on the IT network infrastructure, APHRC internal manual audit, benefits and allowances management, donor contract management, projects expenditure and staff outsourcing. Three follow-ups on the implementation status from the recommendations of the audit reports
were also conducted. The Unit also conducted a review of the risk register. One follow-up on the recommendations was conducted that yielded a risk mitigation action; that is the LGBTQ Statement.
CHAPTER 6
Key Challenges and Lessons Learnt

A number of challenges were experienced in the various units. The following highlights cross cutting challenges and lessons learnt. Unit-specific challenges and lessons learnt can be found in the Unit-specific reports:

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Lessons learnt</th>
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</table>
| 1. Low burn rates with some projects having to request for no cost extension. The (over)involvement of some donors has impacted burn-rates, especially those of larger grants. | - Better planning and reporting.  
- Continuous engagement of program staff on project status, adjusting project budgets according to work-plan e.g. allowing for at least 2 months of seeking ethical review. Factor this into the work-plan.  
- Comprehensively involve funders in the inception workshop/phase as well as designated senior (ELT-level) staff. |
| 2. Project teams sometimes digress from approved work-plans and budgets without consulting the development unit to seek No-objection from funders. | - Emphasis to always be highlighted during inception meetings. |
| 3. Programs and projects requesting and implementing no-cost extensions without engaging program accountants. | - Program and projects should inform/engage program accountants before making no-cost extension requests.  
- Development officers to be fully involved in the units they support, including attending periodic unit meetings so that they are abreast of any changes. |
| 4. Multiple projects ending in short span of time                          | - Fundraise and target bigger grants. |
| 5. Donor-related delays in project implementation. Delays in the implementing partners agreeing on implementation of projects. Working with intermediate project and grant managers is cumbersome, requires a lot of reporting and takes away a lot of project time. | - Regular updates to the funding partners are crucial in order to avoid any surprises |
| 6. Delays in receiving approvals from the Ethical Review Boards and Committees. Some of the delays resulted from confusion in NACOSTI on the nature of the work. | - Planning for unforeseen circumstances is vital for the success of a project.  
- Project teams must plan with sufficient time allocation for ethical application and approval. |
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<tbody>
<tr>
<td>7. <strong>Staffing needs</strong></td>
<td>Staffing needs including WARO office.</td>
</tr>
<tr>
<td></td>
<td>- APHRC needs to work out a clear understanding with the Ministry of Foreign Affairs, Immigration, and NACOSTI to avoid this occurrence.</td>
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<tr>
<td></td>
<td>- Need to hire the necessary discipline experts.</td>
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<tr>
<td></td>
<td>- It may be essential to hire full-time staff for copy editing and proofreading so that these activities are performed in-house rather than through consultants.</td>
</tr>
<tr>
<td>8. <strong>Recruitment of facilitators remains a great challenge especially on the technical courses offered</strong></td>
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<tr>
<td></td>
<td>- It is important to build a pool (database) of facilitators i.e. at least three competent facilitators for every technical course we offer.</td>
</tr>
<tr>
<td>9. <strong>ERP Finalization took longer than anticipated and implementation had delays. The whole process also needed a lot of staff time.</strong></td>
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<tr>
<td></td>
<td>- Proposals and work-plans of such projects need to be benchmarked comprehensively.</td>
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<tr>
<td></td>
<td>- Establish realistic timelines that must then be strictly adhered to.</td>
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<tr>
<td>10. <strong>Problematic internet connection and Intermittent Internet connection during training workshop. OMNI and other banking software do not work due to firewall controls.</strong></td>
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<tr>
<td></td>
<td>- Address the intermittent internet connection issues.</td>
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<td>- Need to continually engage with IT to address system problems.</td>
</tr>
</tbody>
</table>
CHAPTER 7

Key Priorities for the Year 2020

Each unit identified the following key priorities for the year 2020:

**Data Measurement and Evaluation Unit**

1. Continue to deliver on its internal mandate in a collaborative manner of supporting internal units, and collaborators to develop a recognized niche in policy-relevant research.
2. Lead efforts to establish a regional Microdata repository for Population and Health Statistics and Surveys to enhance data discoverability and promote responsible open data sharing in Africa.
3. Spearhead the role of investing human resources in data-mining, statistical learning, and data analytics. To achieve this, DME will establish collaborations with research and academic institutions in the North and South to ensure sustainability, continuity and a large volume of high quality outputs.

**Health Systems for Health Unit**

1. Strategic fundraising for non-communicable diseases, health systems and antimicrobial resistance to help the unit achieve its strategic objectives as set out in the strategic plan.
2. Recruit postdoc/associate research scientist with core funding support to support management of projects and fundraising.
3. Develop and nurture collaborations within the Center, with other research institutes and deliberately try to expand our reach to the wider sub-Saharan African region. This will be achieved through the proposed work in the non-communicable diseases, health systems and anti-microbial resistance work strands.

**Maternal and Child Wellbeing Unit**

1. Continue to explore partnerships with different Units at the Center in project implementation and fundraising, continue building existing partnerships and exploring new partnerships.
2. Develop a concept on assessing the prevalence of maternal mental health disorders in the region, expanding the research focus on a group of populations usually ignored. i.e. women who experienced pregnancy outcomes including spontaneous and induced miscarriages, and stillbirths.
3. Slowly start exploring work in West Africa particularly Senegal. The unit has one proposal to that effect.
4. Continue to take opportunities to engage the public and the policy makers for impact.

**Population Dynamics and Sexual and Reproductive Health Rights Unit**

1. Prioritize and design significant and multi-million, multi-country grants proposals in collaboration with key partners.
2. Improve policy engagement activities, publications, and dissemination materials on the signature issues of the unit.
Urbanization and Wellbeing Unit

1. Seek for opportunities to develop four emerging sub-themes within the Unit relating to migration and urbanization, GIS and remote sensing, urban air quality and water, sanitation and hygiene and their linkages to urban health outcomes.

2. Pursue the operationalization of the Memorandum of Understanding with Statistics Sierra Leone on developing data on slum systems for health and wellbeing in urban Africa.

3. Work on spatial planning and environmental impacts on health and wellbeing in the urban context.

4. Continue with the faecal waste management project and seek for opportunities to deepen the focus on the same.

5. Pursue funding opportunities for work on urban air quality with University of Birmingham and other partners.

Education and Youth Empowerment Unit

1. Making education systems in Africa more inclusive and equitable.

One new funding partner identified for a multi-year project on inclusive and equitable education. The Unit intends to partner with like-minded institutions/units to work on a research project outside East Africa. Establish partnership with a national and or regional policy partner for enhanced policy influence. Partnerships with the East African Community are already being discussed. Implement the use of at least one modern technology based model for improving education practice. Design and implement a research project in at least one sub-Saharan African country outside East Africa. Recruit at least one research staff, at the post-doc level or above, from outside Kenya. Influence policy on inclusive and equitable education in at least one of the countries in SSA (references/ citations, quotations and mentions of research work).

2. Understanding pathways to productive human capital in Africa.

One new funding partner identified for a multi-year project to investigate pathways to productive human capital in Africa. The Unit intends to collaborate with like-minded institutions/units to work on a research project on youth development outside Kenya. Establish partnership with a national and or regional policy partner for enhanced policy influence. Design and implement at least one research idea on youth development e.g. empowering youth to create employment. Focus on youth development issues in Africa. Evidence on youth development utilized for decision-making and policy influence.

3. Alignment of education policies to national development goals.

Collaborate with internal and or external partners to initiate work on Higher Education. Generate evidence on the linkages between education policies and national development agenda. Design and implement projects with Universities within the CARTA network in SSA. Evidence on higher education utilized for decision-making and policy influence.
**Partnerships with Universities to Strengthen Doctoral Training**

1. Carrying out Research and evaluation of the CARTA Program at 10 years.
2. Organizing CARTA 10 Years Scientific Conference which will include showcasing of research by CARTA fellows, graduates and focal persons, dissemination of findings of research and evaluation of the CARTA midterm and launching of digitized CARTA products.
3. Unveiling of the Future Direction of CARTA while considering additional funding and funding partners

**Internships and Fellowships**

1. PhD Completion of fellows
2. Host a Grant Writing Workshop for West Africa
3. Publish the ADDRF Evaluation books

**Policy Engagement and Communications Division**

2. Targeted strategic media engagement such as more opinion articles and feature stories.
3. Capacity building for researchers through writing workshops, public speaking training and media training.
4. Enhance collaboration with media by capacity strengthening on APHRC’s work streams.
5. Capacity strengthening in evidence use, policy advocacy and communications, monitoring and evaluation for policy and decisions makers across all projects.
6. Diversification of multimedia products e.g. podcasts, webinars, sound bites, infographics etc.
7. Actively seek new areas of collaboration across units to build and enhance synergy.
8. Seek funding and expand partnerships for policy engagement and advocacy projects.
9. Develop a series of public lectures to create visibility for APHRC’s work.

**Office of Director of Operations**

1. Ulwazi Place Operationalization.
2. Maximization of ERP Usage.
3. WARO Systems Strengthening, linkages and Investment Plan Renewal.
4. Fund Manager Role Exploration.
5. Commercial strategy refinement.

**Development Unit**

1. Operationalize the Commercial Strategy.
2. Revamp Partnership Management.
3. Operationalize the M&E Framework.
4. Efficiently use the ERP to enhance grants management.
Internal Audit Unit
1. Assurance and compliance activities.
2. Risk Management.
3. Review of audit recommendations implementation status.

Information Technology (IT) Unit
1. Auditorium audio visual upgrade.
2. Senegal Data Replication site.
3. Network expansion: Purchase 4 extra 48 port switches to be added onto the current existing network in 3rd and 2nd floors to accommodate new users.

Finance Unit
1. Implement the timesheet system and payroll system in Serenic Navigator.

Human Resources Unit
1. Talent acquisition – support program teams to obtain the right number and type of talent to implement and achieve their objectives.
2. Staff training and development – enhance staff skills for personal and organizational development.
3. Minimize and manage risks associated with HR activities. This involves reviewing different laws relating to employment laws for compliance.
4. Staff welfare – ensure staff are adequately insured.
CHAPTER 8

Conclusion

This reporting year 2019 has been one of many achievements; from operationalizing the West African Regional office in Senegal, acquiring new research grants with further collaborations with various partners to expanding the Center’s reach in Africa. Considerable ground has been covered in the implementation of the Strategic Plan 2017-2021.

Priority for the year 2020 shall be to continue with the same momentum of striving for excellence in its quest to address the signature and synergy issues: in line with national, regional and global agendas. The Center shall also seek to build on networks and partnerships to maximize regional reach and effectively contribute to policy intervention.
Annex 1: APHRC Publications

Published papers


37


71. Orindi, B.O., Lesaffre, E., Quintero, E., Sermeus, W. and Bruyneel, L. (2019). Contribution of HCAHPS specific care experiences to global ratings varies across 7 countries: what can be learned for reporting these global ratings. medical care, 0(0)0. 10.1097/MLR.0000000000001077


Supplements


Books


Book chapters

Technical Reports


Frameworks


Policy Briefs


119. Population Dynamics and Sexual and Reproductive Health rights Unit (2019). Gender-sensitive practices key to ensuring food security through conservation agriculture. https://drive.google.com/file/d/1OKwJ1Tn3qosJ7xR_1-fUHcgz8tmKgp0HQ/view


Annex 2: Publications by CARTA Fellows

Published Papers


**Book Chapters**


**Policy Briefs**


**Blogs and Articles**

1. Some of the risk factors of cancer by Cyril Nyalik in Kenya’s The Nairobian newspaper.


3. CARTA fellows were showcased in an article by the South African Broadcasting Corporation following the Developing Excellence in Leadership, Training, and Science (DELTAS) Africa Annual General Meeting in Dakar, Senegal from July 15-18 http://www.sabcnews.com/sabcnews/dakar-hosts-deltas-africa-scientific-conference
Annex 3: Publications by ADDRF Fellows

1. **Babénoun, L.** (2018). LES OBSTACLES PHYSIQUES ET combinaison quantitative et qualitative analysis. ECONOMIQUES A L’ACCES AUX for the quantitative method, data collection was SOINS DE SANTE MODERNES DANS done in households where, on the basis of simple L’OUEST DE LA PREFECTURE D. Université de Lomé.


**Blogs and Articles**

32. How to protect yourself from hypertension threat by Cosmas Mugambi in the Business Daily
Annex 4: APHRC Blogs and Articles

1. Adolescent Mental Health in Kenya: Where Is the Data? by Frederick Wekesah (PDRH)
2. Kenyan approach holds promise for boosting early childhood education by Moses Ngware (EYE)
3. Fresh insights into the lives of Kenya’s urban teen mothers by Estelle Sidze (MCW)
4. Why fixing Africa’s data gaps will lead to better health policies by Kadengye, Mbuthia, Kabaria (DME)
5. Hints Don’t Work – It’s Time for Real Talk by Sally Odunga (PDRH)
6. What is Research Misconduct? by Wanjiru Murigi (DME)
7. Support systems necessary for the health and wellbeing of Kenyan teen mums by Carol Wangu (MCW)
8. SRHR, a viable path to achieving universal health coverage by Meggie Mwoka (PEC)
9. Kenyan hospital opens human milk bank – a rarity in sub-Saharan Africa by Elizabeth Kimani (MCW)
10. Are you at risk of hypertension? by Shukri Mohamed (HSH)
11. APHRC expands its presence with regional office in West Africa by Siki Kigongo (PEC)
12. Firming up partnerships with Kenyan academia by Alex Gateri (RCS)
13. Jubilee Education Fund: An Initiative to Educate the Poor by Salma Musa (DME)
14. Kenya responded fast to Ebola scare, but cross-border risk remains high by Abdhalah Ziraba (HSH)
15. Pastoralism: An African population phenomenon that needs the attention of researchers by Uwizeye Dieudonne (EYE/RCS)
16. Maternal health as a pillar of Universal Health Coverage by Isaac Kisiangani (HSF)
17. Women Deliver - reflections on power by Lynette Kama (PEC)
18. The WHO wants to rid the world of hepatitis by 2030: why it’s a tough ask by Pauline Bakibinga (HSF)
19. Lessons from Kenya on how to boost breastfeeding rates by Elizabeth Kimani (MCW)
20. Providing Nairobi’s mothers with subsidised day-care will benefit everyone by Margaret Nampija/ Patricia Wekulo (MCW)
21. Beating the plastic pollution, one establishment at a time by Kanyiva Muindi (UWB)
22. Workplace support for breastfeeding mothers at APHRC by Florence Sipalla (PEC)
23. It takes a village to breastfeed a child - embracing the baby-friendly community initiative by Elizabeth Mwaniki (MCW)
24. Education is key to fighting HIV among adolescents and young people in Kenya by Elvis Wambiya/Abdhalah Ziraba (HSF)
25. How outbreaks like Ebola extract huge social and economic costs by Abdhalah Ziraba (HSF)
26. Why we should invest in technical and vocational colleges”) by Vollan Ochieng’ (EYE)
27. Recognising intersex people opens access to fundamental rights in Kenya by Boniface Ushie (PDRH)
28. A look at the immunization agenda in the African context by Jane Mangwana (PEC)
29. Kampala banks on technology to manage its prodigious poo problem by Ken Wekesah (PEC)
30. Bad habits drive health risks among Kenya’s urban poor by Frederick Wekesah (PDRH)
31. Leaving no one behind: addressing adolescents’ sexual and reproductive health needs is critical for the African continent by Anthony Ajayi (PDRH)

32. Putting adolescent girls at the front and center of the family planning agenda by Michelle Mbuthia (PEC)

33. Waste not: Poverty-stricken slum-dweller turns poo into gold by Ken Wekesah (PEC)

34. Good Health through the Life-course: Recognizing Older Persons’ role in Sustainable Development by Pauline Bakibinga (HSH)

35. Why it’s dangerous for Tanzania to withhold information about Ebola fears by Abdhalah Ziraba (HSH)

36. World Mental Health Day: Suicide in Kenya by Fred Wekesah (PDRH)

37. Where Kenya is spending money on education - and what’s missing by Moses Ngware (EYE)

38. How better information will reduce maternal and child deaths by Cheikh Mbacke (DME)

39. We need to talk: Confronting the challenges in collecting and using health data in Africa by Mbuthia, Kadengye and Kabaria (DME)

40. Walking the Talk: Making data work for Africa’s population and health sector by Mbuthia, Kadengye and Kabaria (DME)

41. Immunization advocates call for reforms in vaccine supply chain to bolster Universal Health Coverage by Ken Wekesah (PEC)

42. We asked Nigerian students about transactional sex in campus by Anthony Ajayi and Meggie Mwoka (PDRH/PEC)
Annex 5: Microdata Portal Requests

1. Two doctoral students from Michigan University will be visited the center for a two months’ internship from 27th May to 28th June. They are using DSS data as part of PhD research.

2. Department of Global Health and Social Medicine, Harvard Medical School, Boston, USA Published paper on all-cause and cause-specific mortality in Global Health Action utilizing the NUHDSS data.

3. A PhD student from McMaster University, Canada requested to use the NUHDSS for part of his PhD.

4. Peter Waiswa (Makerere University) and INDEPTH Network MNCH team, published the paper “Status of birth and pregnancy outcome capture in Health Demographic Surveillance Sites in 13 countries” in International Journal of Public Health using the NUHDSS data.

5. A master’s student from Antwerp University, Belgium used the Pregnancy data from the NUHDSS for her Master’s Thesis.

6. Anthony Keats, Wesleyan university “KENYA - Monitoring and assessing the impact of vaccinations and other childhood interventions for both boys and girls 2011”


17. John Porth, PhD in Epidemiology student University of Michigan, “Household Amenities and characteristics Information for All Households 2002-2015 2002”
## Annex 6: APHRC Funders/Donors

<table>
<thead>
<tr>
<th>Units</th>
<th>Donors</th>
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</table>
| DME    | - CDC – PEPFAR  
- ICAP at Columbia University  
- CIFF  
- Hewlett  
- SIDA  
- UNHCR  
- USAID- Palladium |
| EYE    | - DFID  
- Avanti Communications  
- Echidna Giving  
- Shwab Charitable  
- Stichting Benevolentia  
- Porticus Africa Limited  
- Wellspring Philanthropic Fund |
| HSH    | - Bill and Melinda Gates Foundation  
- Community Health Center Busabala  
- GCRF  
- Newcastle University  
- IDRC  
- University of Ghana  
- MRC  
- London School of Hygiene and Tropical Medicine  
- The University of Sheffield  
- University of Warwick  
- National Human Genome Research Institute  
- Wits Health Consortium Ltd  
- National Institute of Health Research  
- NIHR  
- Oxford University  
- Ohio State University  
- London School of Hygiene and Tropical Medicine  
- Stichting  
- Amsterdam Institute for Global Health and Development- AIGHD  
- PharmAccess International  
- Sanofi  
- Wits Health Consortium (Pty) Ltd |
| MCW    | - AIGHD  
- Bill and Melinda Gates Foundation  
- British Academy  
- CICF  
- Comic Relief  
- DFID-PATH  
- Echidna Giving  
- Elma Philanthropies  
- Episcopal Relief Development  
- Grand Challenges  
- Heinrich Boll Stiftung  
- PATH  
- UNICEF  
- United Nations University  
- USAID-URC  
- Wellcome Trust |
| PDRH   | - BMGF  
- CIFF |
- DFID/Pop Council
- Ford Foundation
- Gates- LSHTM)
- Hewlett
- Hewlett- Columbia University
- IDRC
- International Rescue Committee
- Ipas
- SIDA
- University of Queensland

UWB
- BMGF
- Grand Challenges Research Fund (GCRF)- Liverpool School of Tropical Medicine (LSTM)
- International food policy research institute (IFPRI)
- Leading Integrated Research (LIRA) in Africa- Stockholm Environment Institute (SEI)
- The Royal Society
- University of York
- Wellcome Trust- University College London
- APHRC 2018 Research innovation and ideation prize

AAD
- David and Lucille Packard
- International Association for Gerontology and Geriatrics (IAGG)

WARO
- Canadian Network of Maternal and Child Health
- IDRC - UNICEF USA
- John Hopkins University

PEC
- Bill and Melinda Gates Foundation
- International Development Research Centre (IDRC)
- Hivos
- UNAIDS

RCS
- DELTAS
- Carnegie Corporation of New York
- SIDA
- German Academic Exchange Service (DAAD)
- Uppsala Monitoring Center (UMC)
- WHO
- NIH
- Africa Research Excellence Fund (AREF)
- MasterCard Foundation
- Swedish Research Council
- Economic and Social Research Council
- DFID
- Bill and Melinda Gates Foundation
Annex 7: APHRC Partners

Research Division
1. Mum, Baby and Love
2. Pharmaccess
3. Val Partners
4. Kidogo Innovations
5. Val Partners Limited
6. University of Ghana
7. Loughborough University
8. Sister’s maternity hospital (Simaho)
9. PHCEC
10. Loughborough University
11. Jomo Kenyatta University
12. Pathfinder
13. Melchizedek Hospital
14. Langata Hospital
15. St. John’s Hospital Githurai
16. University of the Witwatersrand
17. University of Warwick
18. Lancaster University
19. Independent University Bangladesh
20. The Aga Khan University
21. University of Ibadan
22. University of Keele
23. Community Health Center Busabala
24. University of Oxford
25. University of Amsterdam
26. The Ghana Health Service
27. National Research Institute for Sustainable Development
28. University of Health & Allied Sciences
29. University of Ghana
30. Newcastle University
31. I-day Uganda
32. Elimu Yetu Coalition
33. TenMet
34. Fawe Senegal
35. Miss Koch
36. U-Tena Youth Organization
37. Countless
38. AFIDEP
39. Maxwell Stamp
40. Ebony State University- Nigeria
41. Centre de Recherche en Santé de Nouna (CSRSN)- Burkina Faso
42. International Center of Research on Women (ICRW)
43. Institut Superieur des Sciences de la Population (ISSP)
44. University of Ouagadougou Burkina Faso
45. Academy for Health Development (AHEAD) - Nigeria
46. Guttmacher Institute
47. Well-Told Stories
48. Marie Stopes Kenya
49. Triggerise
50. University College London
51. Ardhi University
52. SIDAREC
53. SLUMCHILD Foundation
54. Slum TV,
55. Water Aid Tanzania
56. Water Aid Regional Office for EA
57. LVCT Health
58. The University of York
59. Loughborough University
60. University of Stirling
61. The University Court of the University of Glasgow
62. Coventry University, University of Portsmouth Higher Education Corporation
63. Swedish Environmental Institute- Africa
64. International Institute for Environmental and Development (IIED)
65. Institute of Occupational Medicine, Shack/ Slum Dwellers International - Kenya
66. Muungano, The Horn of Africa Environment Network (HOAREC),

PEC Division
1. Institute for Public Finance Kenya
2. Community Health Partners
3. Health NGO’s Network (HENNET)
5. SEND Ghana
6. Hope for Future Generations (HFFG)
7. Ghana Coalition of NGOs in Health (GCNH)
8. FENOS-CI - Cote D’ivoire
9. Jimma University
10. East, Central and Southern Africa Health Community (ECSA-HC)
11. Partners in Population and Development Africa Regional Office (PPD-ARO)
12. UNFPA
13. ESARO
14. Sweden’s regional SRHR team with technical support from CHAI
RCS Division

African Partners

CARTA
1. Makerere University
2. Moi University
3. University of Nairobi
4. KEMRI/Wellcome Trust Research Program
5. African Population and Health Research Center (APHRC)
6. Ifakara Health Institute
7. University of Malawi
8. University of Witwatersrand
9. Agincourt Population and Health Unit
10. University of Rwanda
11. Obafemi Awolowo University
12. University of Ibadan

RCS
13. Inter-University Council for East Africa

Non-African, Northern and Southern Partners

CARTA
15. Brown University
16. Canadian Coalition for the Global Health Research, University of Toronto
17. Swiss Tropical and Public Health Institute, Switzerland
18. University of Gothenburg, Sweden
19. Umea University
20. University of Warwick, United Kingdom
21. WHO Special Programme for Research and Training in Tropical Disease (TDR)
22. ESE: O, Chile & University of Chile
Annex 8: Social Media Analytics

**Twitter**
- **End of 2019 Followers**: 7,800 followers
- **Tweets in 2019**: 257 tweets
- **Engagement in 2019**:
  - Likes: 1,900
  - Retweets: 1,900
  - Replies: 153

**Facebook**
- **End of 2019 Fans**: 16,000 fans
- **New Fans in 2019**: 162 new fans
- **Engagement in 2019**:
  - Reactions: 146
  - Shares: 13
  - Comments: 1

**LinkedIn**
- **End of 2019 Followers**: 8,300 followers
- **Engagement in 2019**:
  - Reactions: 219
  - Comments: 8

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**Posts in 2019**
- African Population and Health ...
  - Nov 18, 06:50
  - A mapping exercise to develop Nairobi’s first ‘Sewer Flow’ Diagram by APHRC
  - An exciting week for the APHRC family as we officially countdown to the unveiling of our new training facility in a week. Stay tuned for the big reveal on November 11. #iamAPHRC

**Posts in 2019**
- African Population and Health ...
  - Nov 14, 19:14
  - We are partnering with @NationaleMediaOrg and the Ministry of Water & Sanitation, and Irrigation to bring to you the latest edition of the #NMOLeadershipForum live on @tvkenya Date - Monday, November 18, 2019 from 6 pm EAT Venue - Tafika Hall, University of Nairobi Theme: #SanitationForAll Register now: https://tiki.dz/59s

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**Facebook**
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Annex 9: Media Hits and Requests

- The Hot_96 morning breakfast show on ‘The International Day of Women and Girls in Science’ marked annually with discussions on women in science and the KTN live show on 8 days left to the national headcount, what is the importance of the exercise?

- Media breakfast and media coverage for the CD2030 regional meeting with coverage by Radio Africa’s news segments on Kiss 100 and 105.9FM.

- The Daily Nation also did a follow-up interview with the Executive Director, Dr. Catherine Kyobutungi which was published on the Healthy Nation Supplement on September 24.

- Interview on teenage pregnancies on Switch TV and ‘Otherwise Podcast’

- Panel discussion on drug and substance abuse among children on Citizen TV’s ‘Sema na Citizen’

- Right to Food under MCW unit had several appearances on different media houses including BBC Radio, NTV, KTN.

- The Human Milk Banking project under MCW made several appearances with different media houses including Reuters and Voice of America.

- Public Engagement Project interviews by Reuters, panel discussions on KTN News and NTV Today as well as being live on BBC Radio Swahili.

- UWB held a series of Community Dialogues while screening a documentary on faecal waste management with Slum TV.

- Two RCS CARTA fellows also appeared on various media outlets; interview on interviewed on radio about breastfeeding in the workplace (https://soundcloud.com/user-662329775/radio-interview-about-breastfeeding-in-the-workplace) and another interview on the link between politics and maternal health by the South African Broadcasting Corporation (SABC).
<table>
<thead>
<tr>
<th>Type of capacity building activity</th>
<th>Number of participants</th>
<th>Purpose of the event</th>
<th>Venue/country</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Budgeting analysis for advocacy</td>
<td>Male: 11  Female: 3</td>
<td>Enhance capacity of Ivorian CSO partners in understanding and synthesising budgets for effective advocacy for domestic financing in health</td>
<td>Côte d’Ivoire</td>
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<tr>
<td>2. Policy advocacy, communications and evidence use</td>
<td>Total 15</td>
<td>To equip Ghanaian CSOs with knowledge and tools that will enable them effectively use evidence in advocacy for immunization</td>
<td>Ghana</td>
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<tr>
<td>3. Coaching on policy relevant research</td>
<td>Total 15</td>
<td>To coach potential IUSSP Fellows on developing policy informed proposals</td>
<td>Uganda</td>
</tr>
<tr>
<td>4. Policy advocacy, communications and evidence use</td>
<td>Total 20</td>
<td>To equip Kenyan CSOs with knowledge and tools that will enable them effectively use evidence in advocacy for immunization</td>
<td>Kenya</td>
</tr>
<tr>
<td>5. Policy advocacy, communications and evidence use</td>
<td>Total 14</td>
<td>To equip Ivorian CSOs with knowledge and tools that will enable them effectively use evidence in advocacy for immunization</td>
<td>Côte d’Ivoire</td>
</tr>
<tr>
<td>6. Budget analysis for advocacy</td>
<td>Total 12</td>
<td>Enhance capacity of Ghana CSO partners in understanding and synthesising budgets for effective advocacy for domestic financing in health</td>
<td>Ghana</td>
</tr>
<tr>
<td>7. A two-day advocacy skills-building workshop for ICPD-U boot camp in November</td>
<td>Total: 200</td>
<td>To equip young advocates working or interested in the SRHR sector with advocacy and MEL skills.</td>
<td>Nairobi, Kenya</td>
</tr>
<tr>
<td>8. Three-day bespoke training in November</td>
<td>Total 4</td>
<td>Fellows affiliated to the International Union for the Scientific Study of Population (IUSSP) were equipped with skills to engage decision-makers at all levels and how to use research and expertise to contribute to policy debates in their area of work.</td>
<td>Xiamen, China</td>
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<tr>
<td>9. Mentorship sessions and review of policy sections for IUSSP cohort two fellowship applicants</td>
<td>Total 15</td>
<td>Held mentorship sessions with the 15 fellows and provided feedback and guidance on their proposals to ensure their research is implemented with the awareness of the policy environment and how to engage decision-makers.</td>
<td>Entebbe, Uganda</td>
</tr>
<tr>
<td>10. Through CPSE collaboration, the HEARD Institute facilitated a training session on political economy analysis in Nairobi, 4 - 6 December 2019. All CPSE team members and senior APHRC staff were in attendance.</td>
<td>Total 15</td>
<td>The training provided a comprehensive orientation to the theory and practice of problem-based political-economic analysis (PB-PEA). It culminated in the development of three draft concept notes and protocols for Zambia (abortion), Malawi (ASRHR), and Kenya (LGBTQ).</td>
<td>Nairobi, Kenya</td>
</tr>
<tr>
<td>11. Southern Africa Development Cooperation – Parliamentary Forum (SADC-PF) capacity strengthening workshop, South Africa, 2 - 7 February 2020.</td>
<td>Total 50</td>
<td>The capacity development sessions delved into sexual and reproductive health and rights (SRHR) for researchers, forum staff, legal drafters, and chairpersons and vice-chairpersons of standing committees of (SADC-PF). CPSE facilitated four sessions on qualitative research, research for parliamentarians, evidence-based policymaking, and politics of SRHR terminologies.</td>
<td>Namibia</td>
</tr>
<tr>
<td>12. APHRC and Statistics Sierra Leone (Stats SL) held a national stakeholder consultative workshop, March 2020, Freetown.</td>
<td>Total 70</td>
<td>Meeting validated the research objectives, scope, and methodology of the access to safe abortion study. It brought together stakeholders from the Ministry of Health, academics, civil society organizations (CSOs), and the former Minority Leader of Parliament, who sponsored the 2015 Safe Abortion Bill, among others. The AYV Television, the largest TV network in Sierra Leone, covered the event and aired it in their Prime Time News (Fast-forward this link 20 minutes, to watch the</td>
<td>Freetown</td>
</tr>
<tr>
<td>No.</td>
<td>Event Description</td>
<td>Total Pages</td>
<td>Summary/Details</td>
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<tr>
<td>13</td>
<td>Senate Committee Public Hearing on Reproductive Health Bill (Kenya), 12 March 2020.</td>
<td>30</td>
<td>CPSE team submitted oral and written submission to Kenya’s Senate Committee Public Hearing on Reproductive Health Bill. The presentation was well received and the Senators were fully engaged and raised questions and most agreed to our recommendations. They committed to considering our recommendations and further contact us if the need arises. Nairobi</td>
</tr>
<tr>
<td>14</td>
<td>The CPSE team, EANNASO, UNFPA, EAC, and EALA organized an SRHR bill workshop from January 22 – 27, 2020, in Bujumbura, Burundi. An MoU was signed with EANNASO and regional EAC/EALA SRHR bill workshop</td>
<td>70</td>
<td>The aim of the workshop was to orient EALA members of parliament on the SRHR situation in East Africa and to examine the legal and policy landscape. The CPSE team presented an overview of the SRHR situation in the region highlighting key issues, statistics, facts, figures, and case studies on abortion, SRHR, gender based violence, harmful practices, and HIV. There was agreement on a common position on contested areas of the SRHR bill and the development of a road map for the re-development of the EAC SRHR bill. Bujumbura</td>
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<tr>
<td>15</td>
<td>In January 2020, the CPSE project received and responded to a request from EANNASO, EAC, and EALA to develop a three-page paper for use by MPs and CSOs on why the EAC region needs SRHR legislation and another one-pager on why the EALA needs the SRHR bill.</td>
<td>3</td>
<td>CPSE developed a seven-pager of evidence and statistics on teenage pregnancy, unsafe abortion, HIV/AIDS and STIs, harmful practices directly addressing all the issues requested by the policy actor. Nairobi</td>
</tr>
<tr>
<td>16</td>
<td>In February 2020, a parliamentary researcher from Namibia requested a presentation on ending teenage pregnancy and unsafe abortion for use in a meeting of the Regional Sectoral Policy Dialogue with Religious and Traditional Leaders from 16 SADC countries.</td>
<td>1</td>
<td>Utilizing graphics, CPSE prepared the presentation, focusing on the current situation of early pregnancy, factors contributing to unintended pregnancies and unsafe abortion, consequences of early pregnancy and unsafe abortion, and recommendations to address the challenges raised. The presentation was well-received by the researcher and the Secretary General of SADC-PF. Nairobi</td>
</tr>
<tr>
<td>17</td>
<td>In March 2020, the Kenya AIDS NGOs Consortium (KANCO) requested CPSE to provide data and information on the main SRH problems of young people and the prevalence of internet use among young people (14-24) in Kenya and the legal obstacles and others to open information sharing, access to abortion, and misinformation.</td>
<td>70</td>
<td>CPSE developed a seven-pager of evidence and statistics on teenage pregnancy, unsafe abortion, HIV/AIDS and STIs, harmful practices directly addressing all the issues requested by the policy actor. Nairobi</td>
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