



**African Population and  
Health Research Center**



# **Annual Performance Review Report 2020**

**Prepared by**

**Monitoring and Evaluation,  
Business Development Unit**

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## 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
CPSE	Challenging the Politics of Social Exclusion Project
DME	Data, Measurement and Evaluation Unit
eDMS	Electronic Document Management System
ERP	Enterprise Resource Planning
EYE	Education and Youth Empowerment Unit
GEAS	Global early adolescent study
HR	Human Resource Unit
HSH	Health Systems for Health Unit
IAI	Immunization Advocacy Initiative
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 2020 is the third annual review of 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 123 projects, 57 of which commenced in 2020. These projects were implemented across 41 African countries. 71 projects in the Research division tackled Signature Issues, 47 Synergy Issues and 8 tackled other issues. There were 148 research outputs developed, an increase of 122 in 2019 and 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. APHRC's engagements with policy actors included consultative meetings with decision-makers, conferences, fora, summits, symposiums, policy cafes and dissemination workshops as well technical meetings. More partnerships were fostered with African and global institutions, including universities, and research institutions and training bodies. During this reporting year, there were 22 partner institutions working with CARTA program.

To increase operational efficiency, the Center adopted new systems, developed guidelines in relation to COVID-19 on policy engagement, training, on data collection and guidelines on working from the office, developed policies that included working with persons at risk policy, Policy on harassment, Whistleblowing Policy, Safeguarding Policy, Anti-Fraud Anti-Bribery Policy, ICT Policy, Gift Acceptance Policy, the Risk Management Framework and the 2nd edition of the APHRC Monitoring and Evaluation Framework 2019-2021. Various units and programs further adopted the use of virtual programs.

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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. The Center 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. It 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 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 it 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 assessed in this report are listed in Table 1. The report also highlights the performance of the West African Regional Office (WARO).

Table 1: List of Units and Divisions

<p><u>Research Division</u></p> <ul style="list-style-type: none"> <li>- Maternal and Child Wellbeing Unit (MCW)</li> <li>- Aging and Development Unit (ADU)</li> <li>- Education and Youth Empowerment Unit (EYE)</li> <li>- Health Systems for Health Unit (HSH)</li> <li>- Urbanization and Wellbeing in Africa Unit (UWB)</li> <li>- Data, Measurement and Evaluation Unit (DME)</li> <li>- Population Dynamics and Sexual and Reproductive Health Rights Unit (PDRH)</li> <li>- West African Regional Office (WARO)<sup>1</sup></li> </ul>	<p><u>Research Capacity Strengthening (RCS) Division</u></p> <ul style="list-style-type: none"> <li>- Partnerships with Universities and Research Institutions</li> <li>- Fellowships and Internships</li> <li>- Training Programs</li> <li>- Research on Higher Education and Research Capacity Strengthening (RoCS)</li> </ul>
<p><u>Policy Engagement and Communications (PEC) Division</u></p> <ul style="list-style-type: none"> <li>- Visibility unit</li> <li>- Advocacy Unit</li> <li>- Synergy Unit</li> </ul>	<p><u>Operations Division</u></p> <ul style="list-style-type: none"> <li>- Finance Unit</li> <li>- Human Resource Unit</li> <li>- Business Development Unit</li> <li>- IT Unit</li> <li>- Facilities and Administration Unit</li> <li>- Internal Audit Unit</li> </ul>

The research units drive the strategic objectives through the implementation of the signature, synergy and other issues that are also highlighted in the Strategic Plan and in Table 2.

Table 2: Signature, synergy and other issues

<p>Signatures Issues</p>	<ol style="list-style-type: none"> <li>1. Emerging models and approaches to long-term care.</li> <li>2. Understanding how to make Africa’s education systems more inclusive and equitable.</li> <li>3. Chronic conditions management.</li> <li>4. Maternal, infant and young child nutrition with focus on breastfeeding optimization.</li> <li>5. Young people’s sexual and reproductive health and rights.</li> <li>6. Unsafe abortion.</li> <li>7. Clarifying the role of slum systems for health and well-being in Africa’s urban spaces.</li> <li>8. Data and measurement</li> </ol>
<p>Synergy Issues</p>	<ol style="list-style-type: none"> <li>1. Ageing and the Demographic Dividend/ Population dynamics, sustainable development and Africa’s first Demographic Dividend</li> <li>2. Alignment of education policies to national development goals.</li> <li>3. Examining the magnitude, burden and impacts of non-communicable diseases</li> <li>4. Early Childhood Development (ECD).</li> </ol>
<p>Other Issues</p>	<ol style="list-style-type: none"> <li>1. Later-life wellbeing and inequity.</li> <li>2. Understand pathways to productive human capital in Africa.</li> <li>3. Understand and characterize the health system needs to end the big epidemics.</li> <li>4. Maternal, Newborn and Child Health.</li> <li>5. Gender and sexuality-related vulnerabilities.</li> <li>6. Environmental impact on health and wellbeing in urban contexts.</li> <li>7. The causes, course and consequences of rapid urbanization.</li> <li>8. Enhancing the utility of the Nairobi Urban Health Demographic Surveillance System (NUHDSS).</li> <li>9. Establishing robust data systems to enhance the collection, access and use of data.</li> <li>10. Advancing the field of measurement.</li> </ol>

<sup>1</sup> Though WARO is the regional office, for the purpose of reporting it is categorized under the Research Division.

#### 1.4. Annual Performance Review Process

The development of this report followed a comprehensive consultative review process with each of the units in the four divisions. The Monitoring and Evaluation Officer under the Development Unit spearheaded the process of reviewing various reports and systems. These included SMT quarterly reports 2020, SMT annual planning reports 2020, project update sheets 2020 and 2019, annual performance review report 2018, annual performance review report 2019, operational systems such as the REDCap publication repository, as well as unit-specific data requests among others.

This review included performance of process and output indicators as indicated in the M&E Framework 2019-2021. Performance of outcome indicators were also reported as part of results monitoring. However, a more in-depth analysis of the outcomes will be conducted during external evaluations.

This Performance Review Report 2020 is the third annual review of the Strategic Plan 2017-2021. It emphasizes the key achievements in each of the four Strategic Objectives guided by the Monitoring and Evaluation Framework 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 2021 that shall guide their activities and work plans. This report will be published on the APHRC website and intranet.

## CHAPTER 2

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

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 19 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 Profiles

During this reporting year, there were 123 total projects: 100 in Research Division, 13 in RCS, 5 in PEC and 5 in Operations Divisions. Unlike previous years projects from operations division were also included in the tally. This reporting year had the highest number of new projects as well as highest number of projects running as seen in Figure 1.

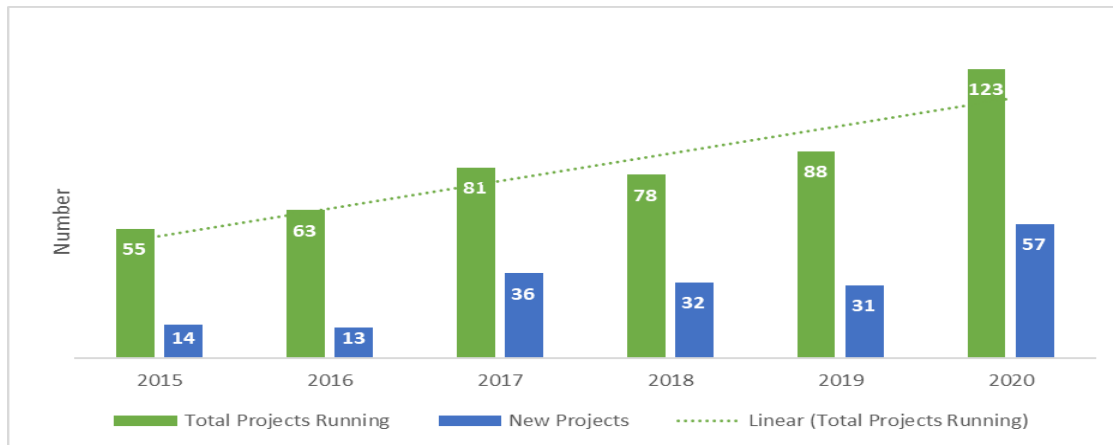


Figure 1: Trends of number of APHRC projects

Multi-year projects are those that were being implemented for more than one year. Any project below one year was considered short-term. Out of the 123 projects implemented in the reporting year, 65% (80) were multi-year. There were 57 new projects in 2020, 32 projects that closed, and 43 were ongoing. By the end of the reporting year there were 91 projects that would be ongoing in 2021; 73 in Research Division, 10 in RCS, 4 in PEC and 4 in Operations. Figure 2 highlights project status by units/divisions.

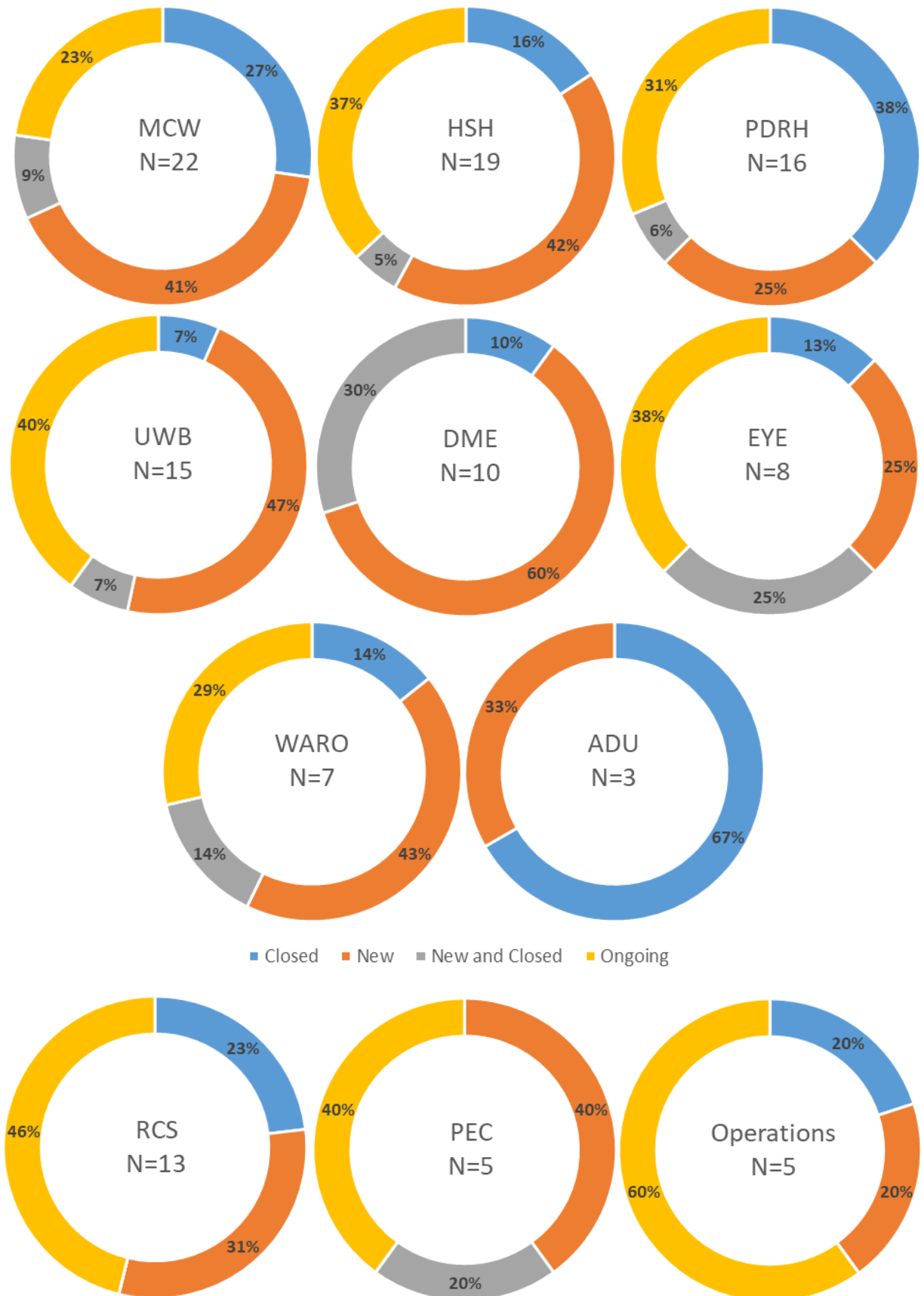


Figure 2: Status of 2020 projects by units/divisions

Note: Projects under *new and closed* are the short-term projects that commenced and closed within the same year 2020. Thus, they cannot be placed only in the *new* category or the *closed* category.

### 2.1.1. Project Activities Implementation in African Countries

During this reporting year, projects' activities were implemented in 41 African countries as seen on Image 1; an increase from 2019 that had 29 countries. The 12 countries new in 2020 were: Benin, Cabo Verde, Cameroon, Chad, Gabon, Guinea, Guinea-Bissau, Mali, Niger, Republic of the Congo, Sudan and The Gambia. Annex 4 lists the partners APHRC has collaborated with in the implementation of projects in the various countries.

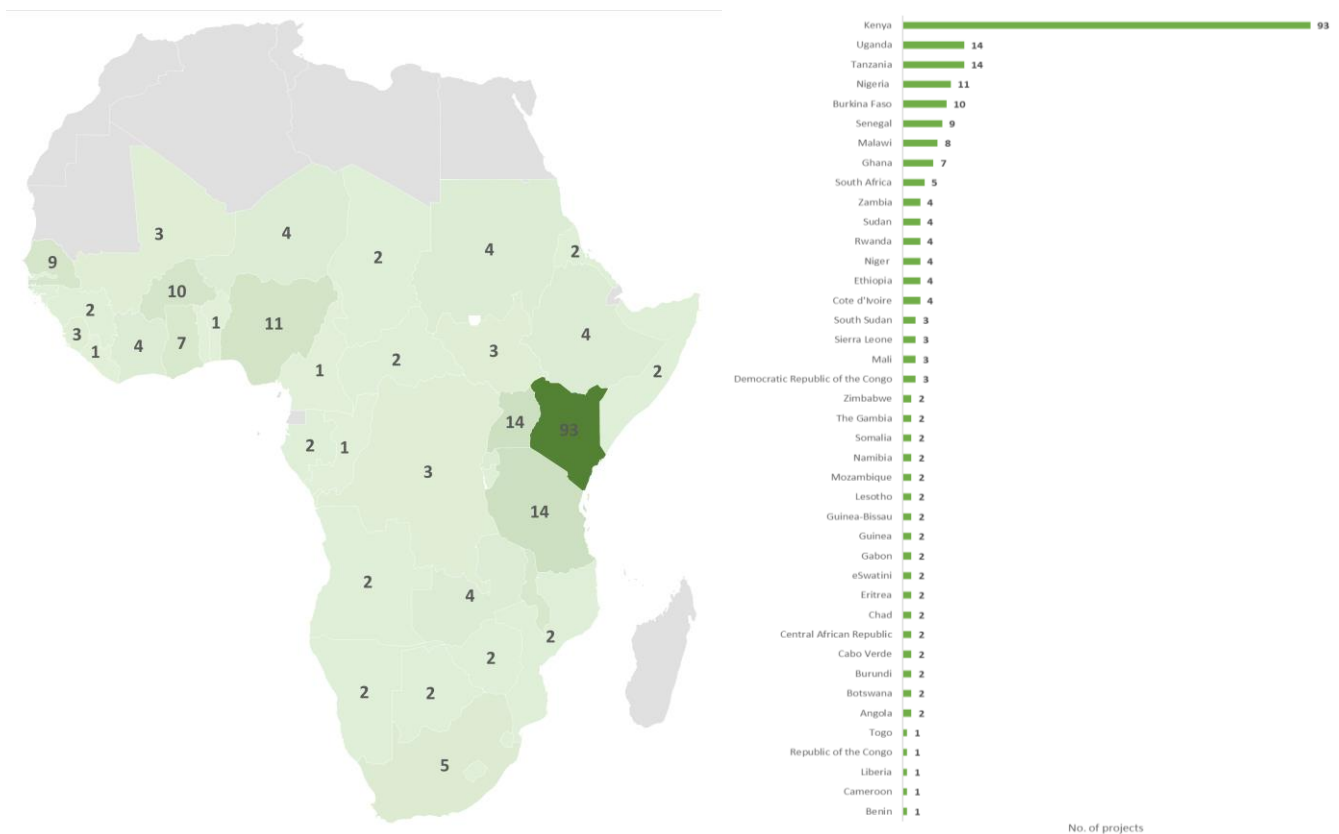


Image 1: Map representation of project implementation in African Countries

Similar to previous years, the majority of project implementation in 2020 was 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

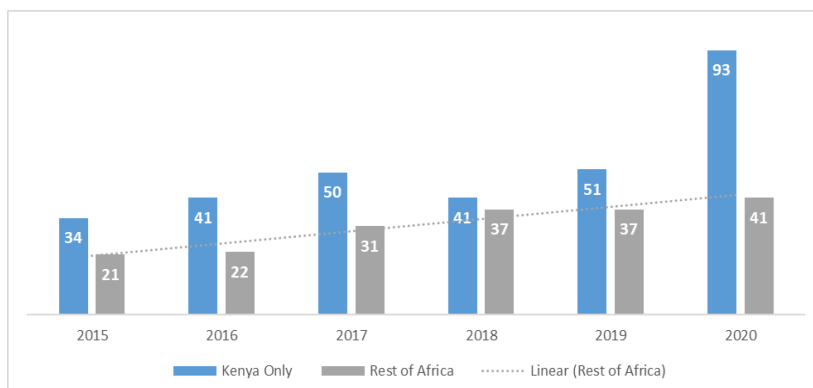


Figure 3: Project implementation trend

been implemented in Kenya. The projects that had the most countries were: WARO's Countdown 2030 project (29 countries) and HSH's Innovation and Access for Malaria project (10 countries) under Research Division; the Adolescent Hub project and CARTA project under RCS Division in 7

countries respectively; and Policy Engagement Training project (7 countries) and Moving Maternal, Newborn and Child Health projects (6 countries) under PEC Division.

### 2.1.2. Prime Awards and their Monetary Value

In 2020, 58% (71) of the projects were prime awards<sup>2</sup>, an increase from 2019 (55%) and 2018 (50%). EYE unit had all its projects as prime awards as seen in Figure 4.

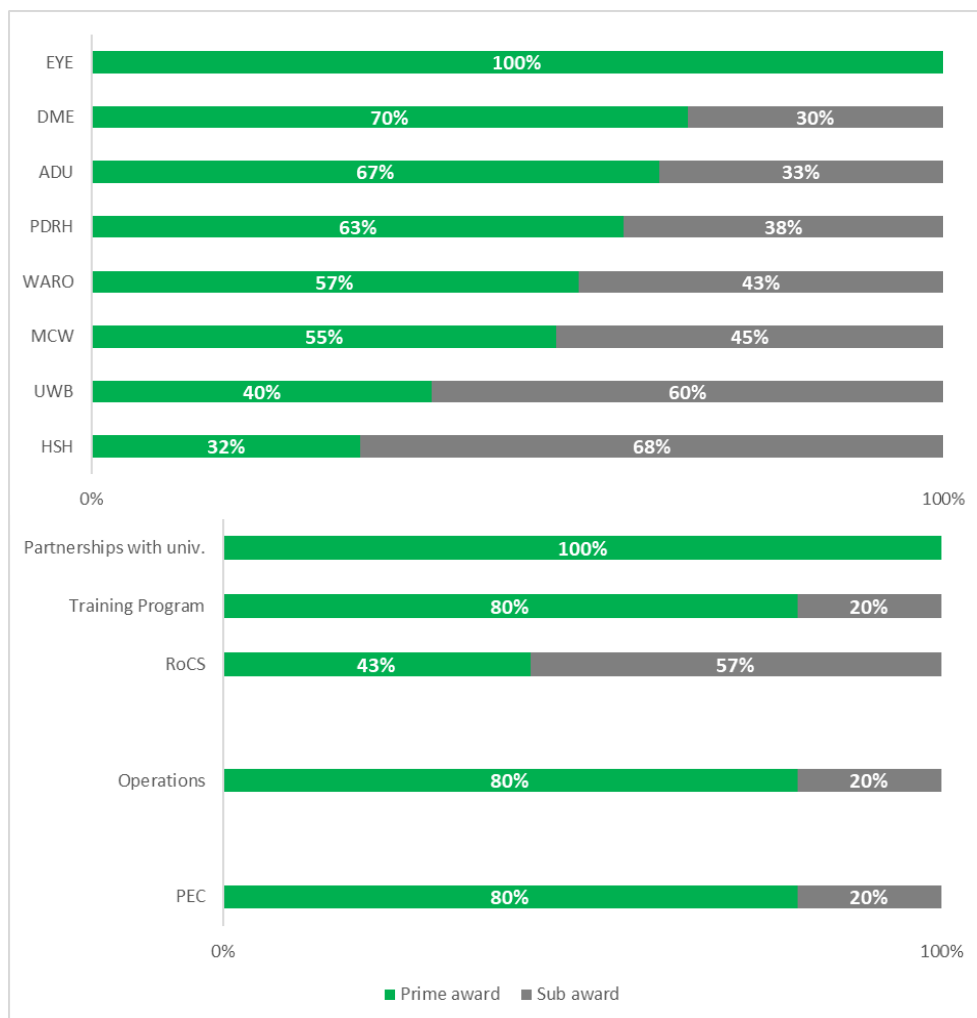


Figure 4: Prime award vs sub-award by units/divisions

The lifetime value of projects for the whole Center was at USD 83.1 million, an increase from USD 61.1 million in 2019 and USD 59.5 million in 2018. Under the Research Division, PDRH and WARO units had the highest grants amounts, differing from 2018 and 2019 which were PDRH and EYE units. Partnership with universities program under RCS division had the highest grant amount. Figure 5 illustrates the breakdown of the projects' lifetime grants amounts by units and by type of award.

<sup>2</sup> Prime awards are grants that have been awarded directly to APHRC and thus are not sub-awards.



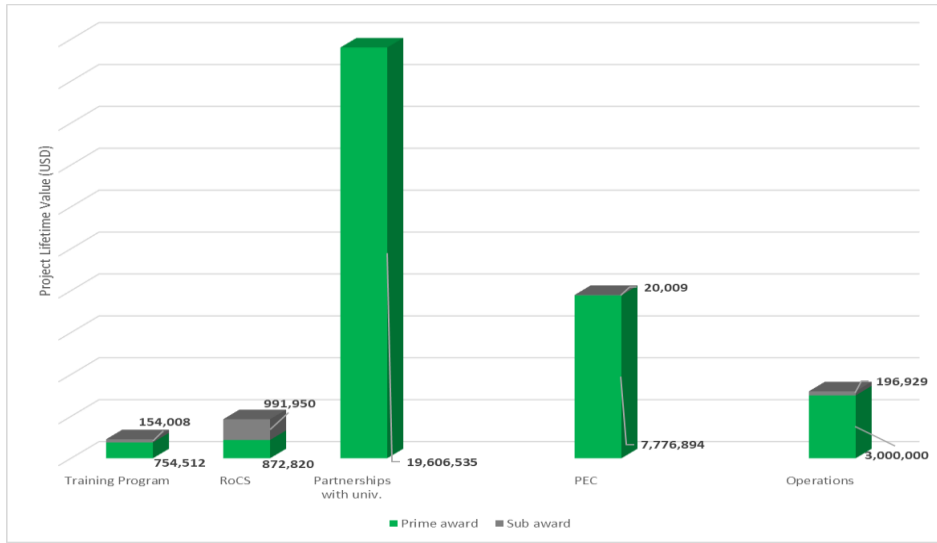
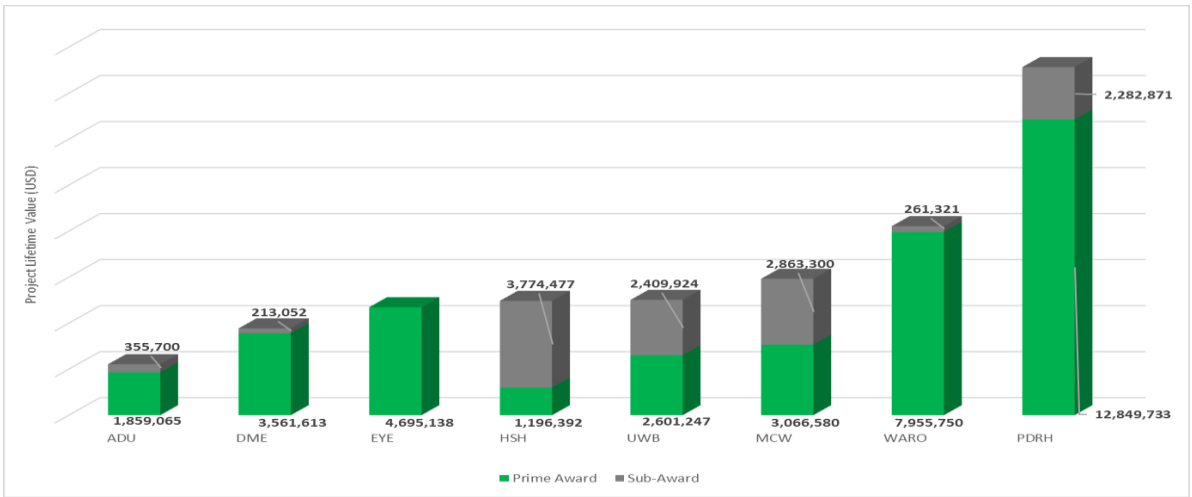


Figure 5: Lifetime value of projects by units/divisions

Majority of the projects, 88% (108) had a lifetime worth of below USD 1 million an increase from 2019 which was at 77% (67). The highest grossing projects are illustrated on Figure 6. Notably, WARO had two high grossing projects in 2020 compared to 2019 when it had the least project grants amount, Probably due to its recent operationalisation.

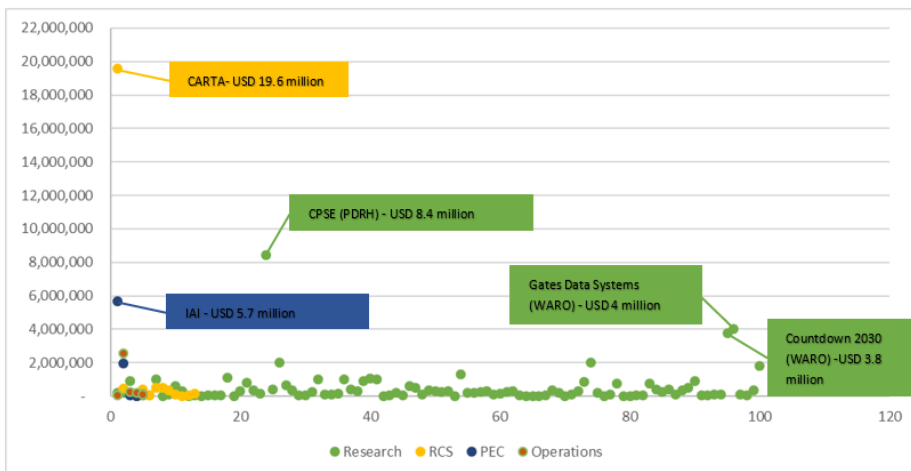


Figure 6: Highest Grossing APHRC Projects in USD

### 2.1.3. Signature, Synergy and Other Issues

During this reporting year 2020, 71 projects in the Research division tackled Signature Issues, 47 Synergy Issues and 8 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 the projects are in collaboration with other units<sup>3</sup>. Only MCW, PDRH and UWB projects tackled signature, synergy and other issues, as seen in Figure 7. The signature, synergy and other issues are listed in Section 1.3.

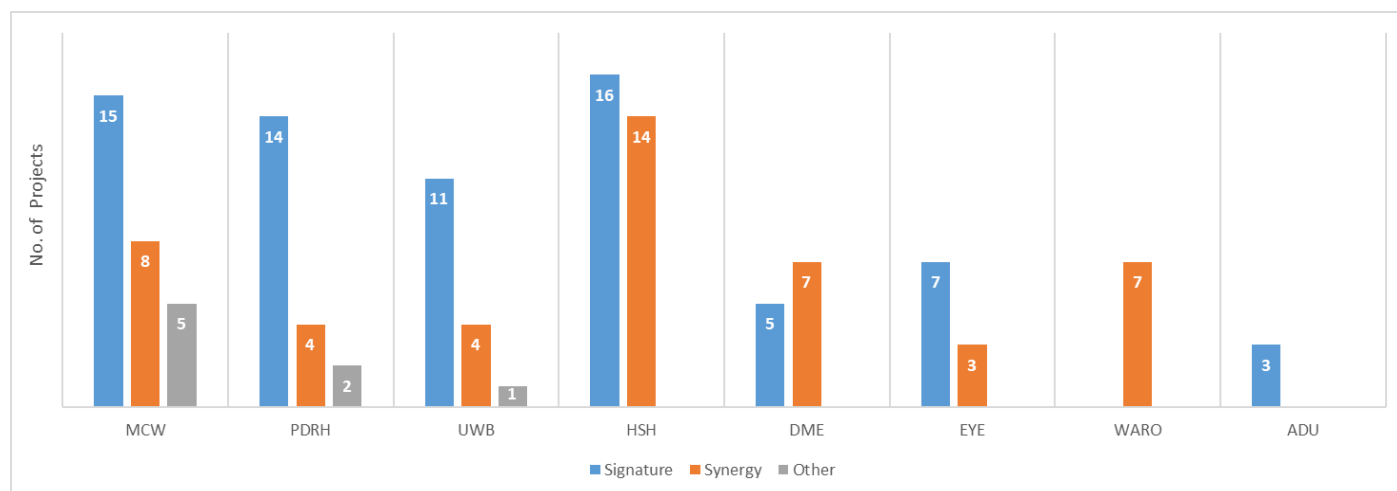


Figure 7: Signature, synergy and other issues by units

## 2.2. Research Outputs

There were 148 research outputs in 2020 an increase from 122 in 2019 and 89 in 2018. Research outputs were published papers/peer reviewed articles, supplements, books, book chapters, technical reports, frameworks, policy briefs and factsheets and included those that had a means of verification. HSH has had the most research outputs three years consecutively as seen on 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 all the APHRC publications developed in 2020.

Table 3: Research outputs by units

	HSH	MCW	PDRH	UWB	DME	WARO	EYE	AAD	RCS	PEC	Grand Total
Published Papers	32	28	24	15	8	3	1	1	4	2	<b>118</b>
Policy Briefs	0	1	0	3	2	3	3	1	0	0	<b>13</b>
Technical Reports	0	2	0	0	0	2	1	0	0	0	<b>5</b>
Book Chapters	1	1	0	3	0	0	0	0	0	0	<b>5</b>
Fact Sheets	0	2	1	0	0	0	0	0	0	0	<b>3</b>
Supplements	2	0	0	0	1	0	0	0	0	0	<b>3</b>
Books	0	0	0	1	0	0	0	0	0	0	<b>1</b>
<b>Grand Total</b>	<b>35</b>	<b>34</b>	<b>25</b>	<b>22</b>	<b>11</b>	<b>8</b>	<b>5</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>148</b>

<sup>3</sup>Though WARO is a regional office it is listed in figure 7 as it has research projects that are now based there.

Also, during the reporting year, 56 active users from 5 different countries joined the microdata portal. A total of 51 data requests were made, with 2 institutions using the microdata.

### 2.3. 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. These were:

- ✚ EYE - Regional Education Learning Initiative (RELI) members have been instrumental in adding their voice to the ongoing debate on school reopening and education for all amidst the COVID-19 pandemic. In Kenya, APHRC led the knowledge synthesis and development of a memorandum presented to the national steering committee on COVID-19 and the re-opening of schools. Some of the recommendations seem to have been taken up by the Cabinet Secretary and the committee with regards to the reopening of schools and measures to be put in place beforehand.
- ✚ Under UWB the Ministry of Water, Sanitation and Irrigation named APHRC a Research partner in its published work plan, building on the joint Kenya Sanitation Conference.
- ✚ HSH supported the National AIDS Control Council (NACC) in developing a new Kenya AIDS Strategic Framework through participation in the Technical Working group.

### 2.4. Grant Proposals for Business development

During this reporting year, there were 159 proposals developed, an increase from 100 in 2019. There were 60 successful and 50 unsuccessful proposals while the rest were still awaiting feedback. Thus, the number success rate was 55%, the highest in three years. The dollar success rate was at 29% a slight increase from 2019<sup>4</sup>. WARO had 100% success in its proposals. RCS, WARO and HSH each had over USD 4 million worth of successful proposals, as highlighted on Table 4.

Table 4: Grant Proposals success rate scorecard

Units/ Divisions	Total Proposals Submitted	Proposal Performance			Successful Proposals in USD	Number success rate			Dollar Success Rate		
		Successful	Unsuccessful	Awaiting Feedback		2018	2019	2020	2018	2019	2020
HSH	40	16	11	13	4,399,554	50%	50%	59%	21%	42%	38%
EYE	17	6	7	4	1,784,800	33%	44%	46%	12%	11%	24%
PDRH	12	2	9	1	388,461	62%	30%	18%	82%	41%	2%
MCW	24	9	5	10	2,262,987	57%	43%	64%	14%	25%	41%
UWB	18	6	4	8	1,501,552	23%	43%	60%	19%	62%	33%
AAD	0	0	0	0	-	0%	100%	-	0%	100%	-
DME	13	4	4	5	1,834,109	46%	27%	50%	47%	12%	66%
WARO	5	4	0	1	4,488,639	-	100%	100%	-	100%	100%
RCS	22	10	6	6	5,842,312	40%	60%	63%	27%	33%	26%
PEC	5	2	3	0	121,166	33%	100%	40%	0%	100%	9%
Operations	3	1	1	1	100,000	60%	100%	50%	73%	100%	74%
<b>Center-wide</b>	<b>159</b>	<b>60</b>	<b>50</b>	<b>49</b>	<b>22,723,580</b>	<b>46%</b>	<b>46%</b>	<b>55%</b>	<b>36%</b>	<b>27%</b>	<b>29%</b>

Key:	
	>= 70%
	40%-69%
	Below 40%

<sup>4</sup> Proposal Success Rate = {successful proposals/ (successful +unsuccessful proposals) \*100}

## 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.

#### 3.1. Partnerships with Universities and Research Institutions

During this reporting year, there were 22 partner institutions working with CARTA. These were 13 African institutions and 9 non-African partners. The African partners are shown on Image 2.

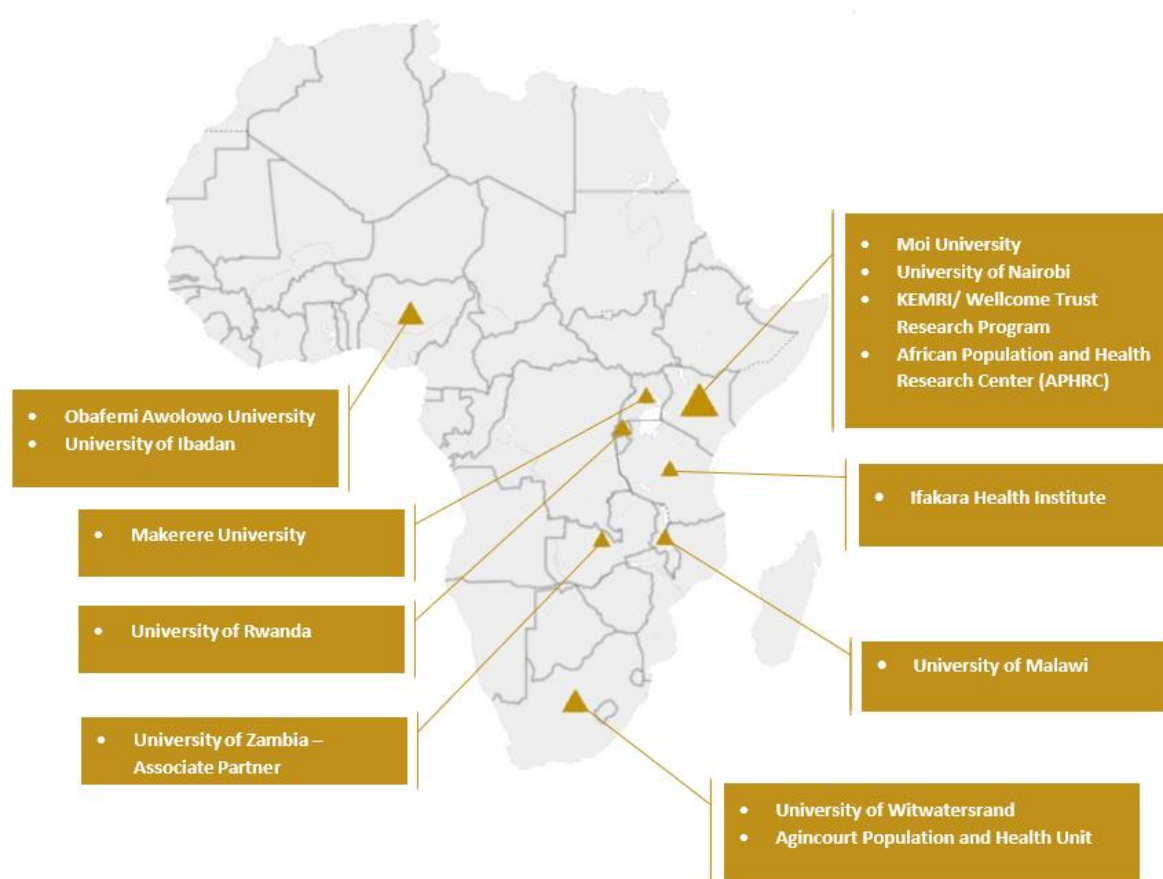


Image 2: CARTA 2020 Partnerships with African Institutions

The nine non-African partners were Brown University (USA), Canadian Coalition for the Global Health Research- University of Toronto (Canada), Swiss Tropical and Public Health Institute (Switzerland), University

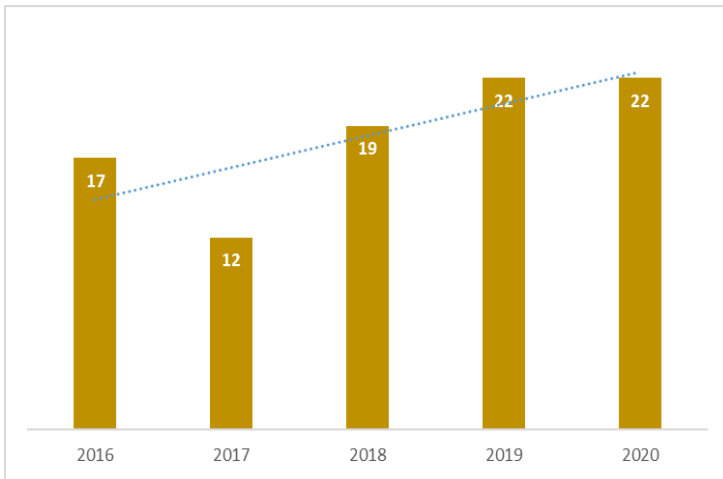


Figure 8: Trend of number of partnerships with universities and research institutions

of Gothenburg (Sweden), Umea University (Sweden), University of Warwick (United Kingdom), University of Bergen (Norway), University of Chile (Chile) and ESE: O (Chile). University of Zambia, an associate partner was a new partner in 2020. The number of partnerships with universities and research institutions stayed the same as 2019 as seen in Figure 8.

Under institutionalization of CARTA, the University of Rwanda fully institutionalized the Joint Advances Seminars (JASes). There will be continued monitoring of the progress of the partner institutions implementing institutionalization grants; that is Obafemi Awolowo University, Makerere University, University of Ibadan, University of Malawi, University of Nairobi, and Moi University.

### 3.2. Fellowships and Internships

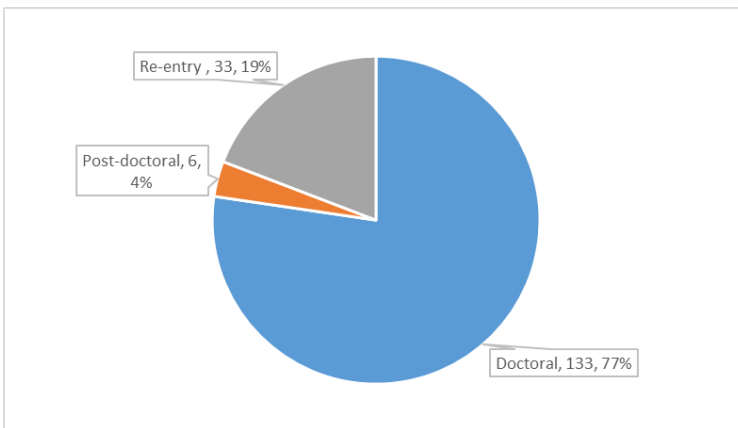


Figure 9: Distribution of CARTA fellows

The CARTA program had 172 fellows under doctoral, postdoctoral and re-entry grant fellowships in 2020, distributed as seen in Figure 9. There were 25 doctoral, 5 post-doctoral and 4 re-entry fellowships awarded in the reporting year.

There were 29 fellows who completed their fellowships i.e. 10 doctoral, 2 post-doctoral and 17 re-entry fellows. Since the CARTA program began 135 fellows have completed the fellowship program (97 doctoral, 14 post-doctoral and 24 reentry).

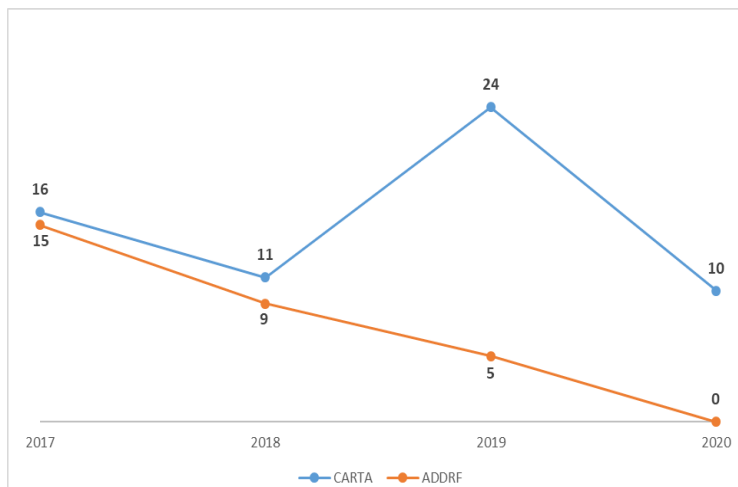


Figure 10: Trend of doctoral fellows who have graduated

Under the ADDRf program, there were 33 ongoing doctoral fellowships. However, during this reporting year, no fellows completed their fellowships as seen on Figure 10. So far, 178 fellows have graduated from the program since

its commencement. There were no new fellowships as the program funding had ended.

Despite the COVID-19 pandemic the internship program continued running. There were 11 interns who joined through RCS either virtually, in-person or a blend of both; and were attached to various units at the Center. This was an increase from 2019 which had 9 research interns. However, only 5 completed their internships. Unlike 2019 where there were no new visiting scholars enrolled. 2020 had 2 new visiting scholars enrolled and one completed their visit.

### 3.3. Publications and Research Outputs by Fellows

As highlighted in Figure 11, ADDRf fellows published 22 papers while CARTA fellows published 193 papers, 2 policy briefs and 10 blogs.

Other than publications, 52 CARTA fellows developed proposals, which won 62 grants, with a cumulative worth USD 2.7 million. This was an increase from 2019 which was at USD 2 million. Grants won were either research, scholarships, conferences or travel grants. Research grants formed majority (74%) of all the grants won by fellows as seen on Table 5.

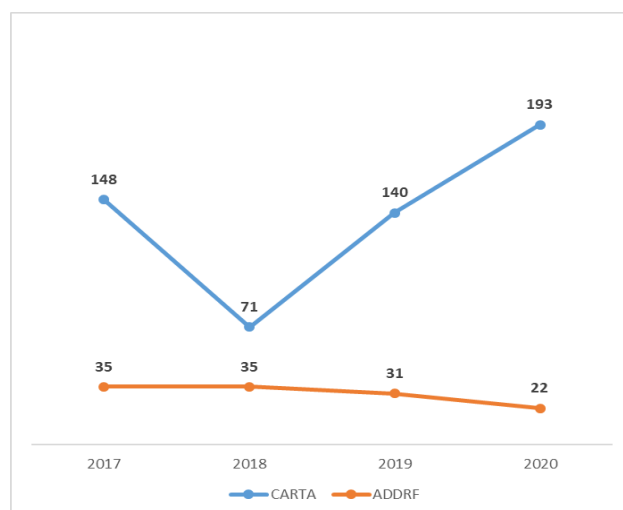


Figure 11: Trend of published papers by fellows

Table 5: Grants won by CARTA Fellows in 2020

	Number of fellows who won grants		Number of grants won		Worth of grants won (USD)	
	2019	2020	2019	2020	2019	2020
Research Grants	26	39	29	46	1,926,963	2,515,293
Scholarships Grants	4	5	3	5	37,374	146,970
Conference Grants	14	5	16	8	17,542	7,850
Travel Grants	16	3	18	3	20,915	7500
<b>Grand Total</b>	<b>60</b>	<b>52</b>	<b>66</b>	<b>62</b>	<b>2,002,794</b>	<b>2,677,613</b>

### 3.4. Capacity Strengthening Activities

#### 3.4.1. Capacity Strengthening for Fellows and Faculty

These were activities and events organized by CARTA for fellows and faculties for capacity strengthening:

1. Graduate workshop hosted 26 CARTA graduates and fellows who had submitted and/or defended their thesis.
2. JAS 1 cohort 10 and JAS 4 cohort 7 at Makerere University had 46 fellows participate.
3. Good Financial Grant Practice Workshop that had 37 participants in charge of finance and HR at ten CARTA partner institutions participate.

### 3.4.2. Capacity Strengthening of APHRC Staff and External Participants

Several capacity-strengthening events were organized by APHRC for both staff and external participants. Training offered by the trainings program included both bespoke and public offerings. The bespoke trainings were the research management and governance (19 participants from ICIPE and partner institutions attended), grants proposal writing for Immunization Advocacy Initiative partners in Kenya (24 participants) and USAID workshops for its Health, Population and Nutrition unit on scientific writing (20 participants) and data analysis and use of software (20 participants).

The public offering trainings were the advanced statistical training (18 participants from APHRC), implementation research (16 participants from across Africa attended), research conceptualization offered virtually (n = 19 participants), NIHR- Wellcome grantsmanship (278 participants across Africa), quantitative data analysis and visualization using R offered virtually (26 participants) and the grants proposal writing (15 participants).

There were other trainings under the WHO HRP Alliance Hub. These were the:

1. Policy engagement and communication tools training
2. Global early adolescent study (GEAS)
3. international dissemination webinars
4. Data analysis & visualization using R short course
5. Scientific writing workshop
6. Qualitative data analysis using nVIVO
7. Introduction to statistics for health research
8. GEAS Toolkit TOT workshop
9. GEAS toolkit presentation at a regional ASRH conference

Various Brownbag presentations were held during the reporting year. Brown bags are fora for promoting dialogue and information sharing amongst colleagues within the Center. As highlighted in Figure 12, during 2020, there were 14 brown bag sessions held, a decrease, from 36 in 2019 and 26 in 2018. This could be attributed to the COVID-19 dynamics of the reporting year 2020 where the brownbag presented were also virtual.

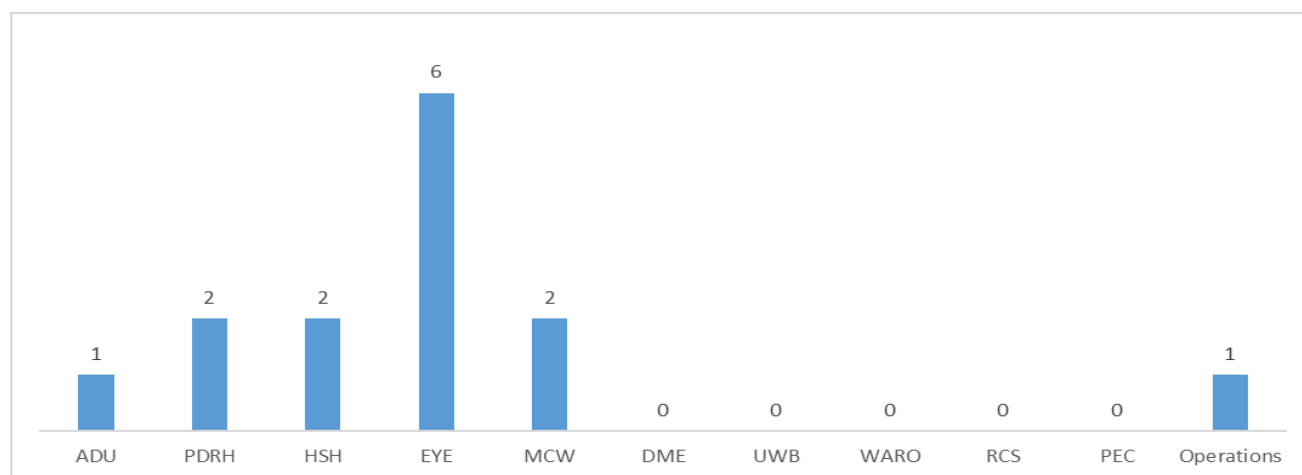


Figure 12: Distribution of Brown bag presentations by units/divisions

### 3.5. Innovations and Career Development

Career progression and development of innovations by fellows are elements the Center strives to achieve in nurturing the next generation of African leaders. During this year fellows advanced in their career as follows: A CARTA Cohort 6 graduate was nominated to Chair of the Department of Conservative and Prosthetic Dentistry at the School of Dental Sciences, the University of Nairobi; and a cohort 6 CARTA graduate from Wits, was appointed a board member of the Professional Board for Speech, Language and Hearing Professions of the Health Professional Council of South Africa (HPCSA) for a period of 5 years.

An ADDRf fellow was appointed to the National HIV/AIDS Laboratory Task Team by the Federal Ministry of Health, Nigeria. Cohort 2016 fellow was appointed by the Federal Ministry of Health, Nigeria into a 20-man committee of The National AIDS/STIs Control Programme (NASCO) Committee. Another Cohort 2016 fellow was promoted to the rank of a Senior Lecturer (Teaching & Research Virologist, Immunologist & Molecular Epidemiologist), Virus Research Unit, Department of Microbiology, University of Port Harcourt, Port Harcourt, Nigeria and also appointed the Associate Editor, *Scientia Africana*- A Journal of Faculty of Science, University of Port Harcourt, Port Harcourt, Nigeria.

Other additional awards received in recognition of fellowship beneficiaries for their excellence in their fields included two CARTA graduates who were each awarded, post-doctoral fellowships. There were no new innovations developed by fellows in 2020.



## 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 is configured under 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 four major projects on advocacy in 2020. These were the Immunization Advocacy Initiative (IAI), the Innovating for Maternal and Child Health in Africa (IMCHA), Listen4Influence and Policy Engagement Training projects.

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 maternal, neonatal and child health 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.

Listen4Influence project seeks to encourage policy research and advocacy organizations to increase the impact of their work by soliciting feedback on their performance from their target audiences in Africa. The Policy Engagement Training, a synergy project with the Training Unit aims at equipping IUSSP fellows with skills in policy engagement.

## 4.2. Dissemination of research products to decision makers

Various units and divisions disseminated the research products from various projects. Table 6 summaries these dissemination activities.

Table 6: Dissemination activities by units/division

Units	Dissemination Activities
PDRH	<ul style="list-style-type: none"> <li>• The CSPE team drafted and presented slides for the Parliament of Namibia on adolescent sexual reproductive health and rights and 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.</li> <li>• Adolescent Girls Initiative Kenya (AGI-K) project dissemination of key findings in Kenya from the AGI-K end line survey with the External Advisory Committee.</li> <li>• The CPSE team drafted a policy brief on Child marriage - the appraisal of Zimbabwe's proposed Marriage Bill 2019 which was presented at the opening of the Zimbabwean parliament in June 2020 through SADC PF. The debates emanating from the brief are being tracked.</li> <li>• The Global Early Adolescent Study (GEAS) dissemination webinars aimed to share information on the GEAS study, the toolkits developed during the formative phase, and participatory methods of research on adolescents done International.</li> <li>• Gendered socialization of very young adults and SRH held community dialogue meetings in Viwandani to disseminate baseline findings and engage with the community in developing low-cost school-based interventions.</li> </ul>
UWB	<ul style="list-style-type: none"> <li>• The Research on Shared Sanitation in Africa study were disseminated to community members and county stakeholders in Kisumu, Kenya.</li> <li>• Dissemination on fecal sludge management findings in Moshi Tanzania.</li> <li>• Sanitation and Hygiene Applied Research for Equity findings were shared with the stakeholders from the Kisumu County government virtually through zoom.</li> <li>• The results of the Safe Start study were shared through the zoom in Kenya.</li> </ul>
MCW	<ul style="list-style-type: none"> <li>• Dissemination of the implementation of SafeCare® program in the six healthcare facilities supported by the PAMANECH project.</li> <li>• Human Milk Bank project- Dissemination and validation of project findings.</li> <li>• Held virtual dissemination meetings with the stakeholders from Kisumu County and sub-County and National level in Zambia for the Parenting Empowerment Project.</li> </ul>
HSB	<ul style="list-style-type: none"> <li>• 3 webinars/dissemination events on the DREAMS project with PEPFAR, UNAIDS, and Bill and Melinda Gates Foundation attended by between 70 and 100 participants including high-level program officers from the respective institutions.</li> <li>• Impact evaluation results on HIV programming among adolescent girls and young women using DREAMS interventions were shared with key stakeholders PEPFAR, UNAIDS, WHIO, and Bill and Melinda Gates Foundation through a series of webinars and discussions on programming changes are ongoing.</li> </ul>
EYE	<ul style="list-style-type: none"> <li>• The first-ever Regional Education Learning Initiative quarterly newsletter was developed and disseminated with a focus on education amidst the COVID-19 pandemic</li> </ul>
WARO	<ul style="list-style-type: none"> <li>• APHRC presented a session on adolescents' nutrition and disseminated a regional policy brief on adolescents' nutrition in West Africa.</li> <li>• Sponsored by the Countdown, APHRC staff facilitated a panel discussion on the use of evidence for decision-making on nutrition in West Africa and disseminated communication materials including a regional policy brief on adolescents' nutrition in West Africa. The main outcome of the summit was a regional Call to Action that APHRC staff contributed to.</li> </ul>
RCS	<ul style="list-style-type: none"> <li>• Dissemination and Consultative Workshop on improving higher education performance regional knowledge forum organized by the World Bank and the Ministry of Education, Science and Technology (MOEST) in Nairobi Kenya.</li> <li>• CARTA@10 scientific conference. WHO HRP Alliance Hub for research capacity strengthening Department of Reproductive Health and Research held 3 dissemination webinars with 234 participants from 38 countries in six continents from academia, non-governmental organizations/international non-governmental organizations, and international donors attended.</li> </ul>

## 4.3. Notable engagement events with policy makers and agents of change

Policy engagement events include consultative meetings with decision-makers, conferences, fora, summits, symposiums, policy cafes and dissemination workshops as well technical meetings; where the Center were

presenters, discussants, keynote speakers, attendees, chaired sessions etc. Notable engagements events were:

- UWB project FLAIR engaged with the Ministry of Energy, Ministry of Health and county government of Machakos officials in preparation for future discussions on the project findings and their application to energy policy.
- MCW continued collaboration with the WARO office in engaging with Ministries of Health in the region on maternal and child health progress, and key areas to strengthen in policies in monitoring.
- The PDRH CPSE team was invited to a meeting that brought together parliamentarians from all ECOWAS member states to discuss health financing in the ECOWAS region, where the team held side meetings with the West African Health Organization (WAHO) to identify areas of collaboration.
- The CPSE team also attended and held bilateral meetings with policy makers at the East, Central and Southern Africa Health Ministers Meeting in Lusaka, Zambia. They made connections with policymakers from the governments of Malawi and Zambia to be used for the political economy analysis. Through the growing partnership with the East African Community (EAC), the CPSE team was invited to participate in the annual review meeting for the EAC Integrated Health Program where they emphasized the role of research and evidence, prioritizing CPSE issues. The CPSE team drafted a paragraph for input into the speech for Kenya's Cabinet Secretary for Health on ending teenage pregnancy for World Population Day.
- The CPSE team was also invited to the 47<sup>th</sup> Plenary Assembly for SADC PF as observers. APHRC was mentioned at the assembly as a partner who provides evidence for policy engagement for the SADC parliaments.
- EYE/WARO-Improving Girls Education in West Africa project: The project brought together Policy Makers, Civil Society Organizations (CSOs), and other stakeholders in a validation exercise of the scoping review report, "The state of education and implications for sexual and reproductive health and rights (SRHR)". This will complement the work of the Coordination Framework for Girl's Education Intervention (CCIEF) as they monitor the interventions and their impact on girls' education.

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

Some of the notable engagements include:

- ✚ EYE- A LOT-Change III project team was part of the working group convened by the Kenya Institute of Curriculum Development (KICD) to **develop and review ways of improving parental engagement and empowerment (PEE)**. The project also contributed to the development of a national study on parental engagement and empowerment that will be undertaken by KICD later in the year.

- ✚ EYE - The Kenya Urban Education members led by APHRC have contributed to the process of **revising the school registration guidelines with a special focus on the Alternative Provision for Basic Education Training Institutions** led by the Quality Assurance and Standards department under the Directorate of Early Learning and Basic Education. The revision of the school registration guidelines for **APBET has over time referenced a study conducted by APHRC** on *'quality and access to education in urban informal settlements in Kenya in 2013'*. Additionally, the project team members sit in the technical committee coordinating this activity.
- ✚ EYE- Urban education also contributed to the **debate on schools reopening** and submitted a Memorandum to the committee specifically speaking to challenges and recommendations for children going to schools in the urban informal areas. The urban education team is also **sitting in a National Council for Nomadic Education (NACONEK) technical committee** discussing the launch of the NACONEK APBET mapping report and the dissemination of the same.
- ✚ PDRH- Through the Challenging the Politics of Social Exclusion (CPSE) project, APHRC is a member of the East Africa Community (EAC) Sexual and Reproductive Health (SRHR) Regional Technical Committee that is **drafting the East African Community SRHR Bill and the advocacy strategy** for the region.
- ✚ PDRH - The project team also contributed to the **drafting of the Handbook for Engaging Adolescents, Parents, and Leaders in the Community**, which is being developed by the Ministry of Health through the Division of Adolescents and School Health (DASH). The Handbooks is intended to guide communities to set priorities relevant to their local context and mobilize collective effort for improving the quality of life for the adolescents.
- ✚ PDRH - The CPSE team developed a **paper on the reproductive health bill in Kenya** and made two submissions to the Senate Health Committee who welcomed APHRC's views at the stakeholder consultation meeting organized by the Kenyan Senate Health Committee.
- ✚ The MCW team worked with the Ministry of health, Ministry of Agriculture and the City County of Nairobi, Kenya on **food systems and on food and nutrition security**.
- ✚ **Meru University showed interest in working with the Center** to develop a training curriculum on sanitation for their postgraduate and doctoral studies.
- ✚ PDRH team attended the senate public hearing on the 2019 Reproductive Health Bill where they **submitted written recommendations** on abortion and adolescents' sexual reproductive health and rights. They also made a presentation to the senators, which saw them commit to considering the recommendations.
- ✚ The Ministry of Water, Sanitation and Irrigation (MoWSI) invited stakeholders working in sanitation for a consultative breakfast meeting in Nairobi. Key was the Directorate of Sanitation's status and plan report

presentation to guests where they indicated active outreach to main partners, including **APHRC for technical assistance to guide policies and strategies.**

- ✚ One of APHRC researchers was appointed to the World Health Organization's Strategic and **Technical Advisory Group of Experts (STAGE)** on Maternal, Newborn, Child, Adolescent Health and Nutrition that will seek to inform the WHO Primary Health Care (PHC) and Universal Health Coverage (UHC) agendas, with a focus on maximizing country impact as well as coordinated global leadership.

#### 4.5.Social media campaigns, media hits and mentions of APHRC research

There were 9 social media campaigns conducted during the reporting year.

*Table 7: Blogs and articles in 2021*

These were: international women’s day, APHRC women in science for international day of women and girls in science, international day of maternal health and rights, world breastfeeding week, Africa vaccination week, day of the African child (tweet chat), overall messaging on COVID-19, COVID-19 related webinars including the center’s first webinar which focused on food insecurity and the most recent kick-off of the ‘APHRC demystifying COVID-19 series’, and coordinated media engagements in partnership with the research division and the office of the executive director around the COVID-19 pandemic. Social media analytics is on Annex 6.

Row Labels	Count of Title
EYE	9
HSH	7
PDRH	6
MCW	5
PEC	2
UWB	1
WARO	1
<b>Grand Total</b>	<b>31</b>

Various units developed 31 articles and blogs, as seen on Table 7. APHRC had 146 media hits from different outlets such as (Print, Radio, TV, online platforms). The list of blogs and articles are on Annex 2 while the media hits on Annex 5. Notable hits included HSH informing the national and regional COVID-19 response through Health education on prevention through the media, webinars, and blogs. These reached a wide readership in Kenya and across the region.

Over 10 media appearances have been conducted with the participation of staff. The engagement has also generated demand for information on COVID-19 by several media houses, collaborators, and funders such as epidemiologic perspectives including topic issues such as the place of vaccines and the value of social distancing and hygiene in the COVID-19 response. Three staff members from HSH were panelists on a high-level webinar on demystifying COVID-19 with special reference to COVID-19 vaccine development and access.

Understanding the policy intervention implications on the health, economic, and social well-being of different categories of people was also an area of interest. APHRC participated in an expert panel discussion on the vulnerabilities of older people to COVID-19 in Kenya and other sub-Saharan African countries and policy interventions to tackle. This discussion was captured in a documentary produced by Ebru TV for public

education and policy response in Kenya. The engagement has also generated a collaboration between APHRC and Agewatch Africa Foundation (Agewatch Africa).

DME- The sex-disaggregated data for the COVID-19 project was mentioned severally on Twitter, LinkedIn, Devex had a press release, and was mentioned on CNN and other outlets. An article related to Robust Data Systems and the Microdata Portal entitled “Data Protection Act: Insights for Data Controllers in Africa” was also published in Africa Evidence Network (AEN) and was retweeted.

MCW work with adolescent mothers was cited within the Submission to the Committee on the African Charter on the Rights and Welfare of the Child on Kenya 35th Ordinary Session, 2020'. <https://www.hrw.org/news/2020/03/25/submission-committee-african-charter-rights-and-welfare-child-kenya>

The Human milk banking work as well has been significantly cited in the *"road to universal health coverage ensuring that all people have access to sufficient, affordable health service" 2020 Report* and Human milk banking being recognized as a UHC strategy.

UWB researchers have had a total of about 66 citations of their research work in 2020. EYE unit has also seen a total of 82 citations from google scholar, kudos, Google analytics, scholar, research gates, academia, etc.

APHRC featured as a top scorer in the research and surveillance category and overall among the top 30 high scorers in gender equality in the Global Health 50/50 Report Themed [Power, Privilege and Priorities](#). It reveals that the leadership of the 200 most prominent organisations active in global health continues to reflect power and privilege asymmetries along historical, geographic and gender lines.

#### **4.6.Capacity Strengthening Activities on Policy Engagement**

The following were capacity strengthening activities conducted in 2020:

1. PDRH's CPSE team trained members of parliament who are Heads of Committees at SADC PF from all the 16-member states on the use of evidence for policy change and engagement.
2. The capacity development session for sexual and reproductive health and rights (SRHR) for researchers, forum staff, legal drafters, chairpersons, and vice-chairpersons of standing committees of the SADC-PF took place in South Africa.
3. The CPSE team facilitated four sessions on qualitative research, research for parliamentarians, evidence-based policymaking, and politics of SRHR terminologies. The policy engagement team is continuing with advocacy support to partners through virtual stakeholder engagements and capacity-strengthening sessions.

4. RCS- 23 early career researchers (ECR) attended a one-day inception meeting and capacity-sharing workshop as part of the annual hub meeting in Cape Town, South Africa. Some of the topics for capacity sharing included: accelerator methodologies, mentorship, and applying for funding, career opportunities, and policy engagement.
5. RCS -GCRF Adolescents hub also held policy engagement webinars on 'Policy engagement in COVID-19 world'.
6. PEC - Facilitated training sessions for Community organized groups on policy engagement and communications (social media and traditional media).
7. The policy engagement training, a synergy project with the training unit that aims at equipping with IUSSP fellows with skills in policy engagement.

## 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 and pursuing non-routine priorities. 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. **Adoption of new systems.** These included RCS use of Altmetrics to track research/innovation outputs for its fellows, Synergy Unit rolling out a media monitoring system in partnership with Brand Metrics which is in its final stages, Operation's DHIS2 monitoring and evaluation platform that is also on its final stages, esign Genie implemented for online documents signing, and offsite support using Team Viewer and Anydesk. The IT team was in the process of migrating from the use of Open Data Kit to the Android platform for improved speed, accuracy, and better data management practices.
2. **Cloud based functionality implementation** such as the backup with Amazon Storage S3 and cloud-based enterprise antivirus using Bitdefender Enterprise Antivirus.
3. **Guidelines and Frameworks** - Each division developed guidelines, in relation to COVID-19. These were guidelines on policy engagement, training, data collection and guidelines on working from the office. RCS CARTA also developed guidelines for accounting for funds by partner institutions and guidelines on the participation of external participants in CARTA activities.
4. **Policies** – These included working with persons at risk policy, Policy on harassment, Whistleblowing Policy, Safeguarding Policy, Anti-Fraud Anti-Bribery Policy, ICT Policy, Gift Acceptance Policy, the Risk Management Framework and the 2<sup>nd</sup> edition of the APHRC Monitoring and Evaluation Framework 2019-2021.
5. Various units and programs enhanced their **use of virtual programs** due to the COVID-19 restrictions. Zoom, Google Meet and BlueJeans were upgraded to efficiently support remote meetings, data collection, training, learning cafes, policy engagement as well as hosting interns and conducting mentorships.



6. The Center devised ways for staff to stay cohesive through organizing **staff check-ins after the Center commenced working from home**. HR -organized wellness month to support staff undergoing remote-working-related challenges. Topics covered included talks on Mental, Vocational, physical and emotional/social wellness. Monthly one-hour group calls were also organized to discuss non-work-related issues with team members by units.
7. PDRH modified its bi-monthly Unit meeting to include presentations on various topics, ranging from how to improve on writing to sharing of findings from research and draft manuscripts. The goal is to provide an avenue for intellectual dialogue, to enhance presentation skills, and strengthen capacity in various research-related skills.
8. The HR team had a successful submission to the Global Healthy Workplace Awards. APHRC has been listed as one of two finalists under the SME category.

## 5.2. Human Resources

By the end of 2020, there were a 160 regular staff, a decrease from 2019 where the Center closed the year with 170 employees as seen in Figure 13<sup>5</sup>. There were more male than female employees, contrary to 2019 which was reversed, as illustrated in Figure 14.

Being an organization that is African in reach, staff were of various nationalities including Kenyan, American, Senegalese, Malawian, Ugandan, Burkinabe, Cameroonian, Malian, Ghanaian, Nigerian, Ethiopian, Spanish, Zimbabwean. The net turnover rate was at 6.8% (32) an increased from 2019 which was at 4.9% (14).

In addition to the 11 research interns who joined through RCS as seen in section 3.2, there were 12 interns (9 males and 3 females), who were placed in the Operations Division.

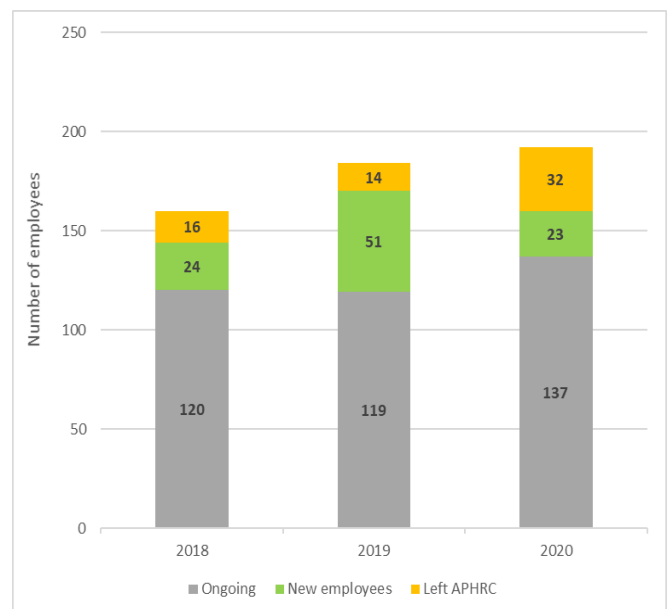


Figure 13: Trend- distribution of total number of employees in the year



Image 3: Distribution on employees by sex by the end of 2020

<sup>5</sup> The data excludes consultants, interns and temporary staff.

### 5.3.Go-No Go Approval for Business Development

In 2020, there were 7 consolidated synopses that were shared for the go-no go approval process. Single synopses were also shared for approval under special circumstances such as tight proposal submission deadlines. All the 159 proposals that were developed went through the go- no go process and were given a go ahead (data on the proposals can be found on section 2.4)

### 5.4.Internal audit

In 2020, the internal audit unit conducted 5 audits and the reports shared. These were the compliance with the publication policy/ guidelines audit, performance management audit, payment processing audit, partnership management processes audit and the health and safety risks management audit. The non-assurance internal audit activities were risk management coordination (updating of risk registers) that was completed and a risk register updated. The annual internal audit report was shared. Advisory opinion on how to recognize in-kind gifts /voluntary contributions or services and advise in developing a Center's ERP strategy were completed and opinions shared as well. The unit also completed the development of the meeting reviews audit programs. Two follow-up audits were carried out to ensure implementation of the corrective actions.

## CHAPTER 6

### Key Challenges and Lessons Learnt

The following highlights some of the key cross cutting challenges and lessons learnt. Unit-specific challenges and lessons learnt can be found in the Unit-specific planning reports 2020:

Challenges	Lessons learnt
1. COVID-19 pandemic posed general challenges in units' operations. Some project activities had to be halted and postponed.	<ul style="list-style-type: none"> <li>- Continue intervention/activities within the new normal through embracing alternative data collection methods to avoid in-person interaction.</li> <li>- Need to embrace virtual communication, meetings and digitalized content as innovative ways of overcoming face-to-face activity.</li> <li>- Diversification of outreach methods is crucial, especially in relation to multimedia products.</li> <li>- Set clear contingency plans.</li> <li>- It is vital for researchers to get involved not only in the planning but also in the implementation of the 'new normal' activities.</li> <li>- Always ensure that the proposed activities are thought through and budgeted for.</li> <li>- Funders are flexible and open to ideas to cope with the COVID-19 disruptions as long as they are well informed and the idea is innovative.</li> <li>- Learning from peers and all concerned to come up with solutions.</li> </ul>
2. Adapting to the new normal of working from home was challenging to staff in many ways	<ul style="list-style-type: none"> <li>- It is best to embrace change when it happens.</li> <li>- improvised working space, a routine while working from home and regular check-ins are helpful in supporting staff on both personal and work-related issues.</li> </ul>
3. Lower burn rate than planned, mainly due to COVID-19 related delays and challenges.	<ul style="list-style-type: none"> <li>- Continuously engage projects teams and expedite the new normal plans.</li> <li>- Quickly embracing working in the new normal.</li> <li>- Adjusting project budgets to line with what is possible in the new normal.</li> </ul>
4. Reshuffling within the counties/sub-counties sometimes can delay planned activities because of the handover process and many projects requiring County/Sub-county involvement.	<ul style="list-style-type: none"> <li>- Project teams should meet with incoming officials early enough with the help of outgoing officials to ensure smoother transitions and a better understanding of the projects.</li> <li>- Having several networks at both the County and national government who can push project agenda forward in case the city liaisons are rendered inactive.</li> <li>- Develop a newsletter/write up every 3 or 6 months that summarizes all the projects in the center and progress on activities so that it is easier for stakeholders to keep track.</li> </ul>
5. Difficulties obtaining approvals for institutions-based programs/projects.	<ul style="list-style-type: none"> <li>- The need to adequately prepare for future unforeseen circumstances given the strict regulations with institutions-based programs.</li> <li>- Need to come up with comprehensive strategies for implementing institutions-based surveys or programs. For example, schools-based programs' plans must include partnerships/agreements with the Ministry of Education.</li> </ul>
6. Implementation research projects with implementation partners are highly demanding and sometimes demands may go beyond the budget/contract limits.	<ul style="list-style-type: none"> <li>- It is important to balance partner-led implementation studies with APHRC-led studies to avoid exhaustion of the demands from partners.</li> <li>- Need to also learn to find ways of better management of the demands from partners.</li> </ul>
7. Staff taking new roles or departing thus increased workload on remaining staff	<ul style="list-style-type: none"> <li>- Need for quick turnaround for replacement of staff who have left the Center.</li> <li>- Use of temporal staff and interns in the meantime.</li> </ul>
8. Recruiting facilitators for short courses offered by APHRC continues to be a challenge	<ul style="list-style-type: none"> <li>- Creating a pool of potential facilitators including consultants.</li> </ul>
9. ERP- User changing needs during implementation and users not following due process/working off the system and therefore rendering the system redundant	<ul style="list-style-type: none"> <li>- Adhering to the system implementation requirements document and setting up new needs as new features.</li> <li>- There needs to be a top-down uptake of the system</li> </ul>

## CHAPTER 7

### Key Priorities for the Year 2021

Each unit identified the following key priorities for the year 2021<sup>6</sup>:

#### Research Division

##### Data Measurement and Evaluation Unit

1. Roll out the M&E platform
2. Staffing, hire a consultant demographer to redesign the HDSS
3. Strategic fundraising for DME thematic areas
4. Surveys, Surveillance, and Evaluations - continue to develop a recognized niche position in policy-relevant evaluations, establish new standards for monitoring, evaluation, and reporting (MER) indicator surveys, as well as data quality assessments and establish a public profile in evaluation and aim to make APHRC a partner of choice in a range of evaluations.
5. Robust Data Systems - Continue to lead efforts to establish a regional microdata repository for Population and Health Statistics and Surveys. Priorities for robust data systems in 2021 and further into the period of the strategic plan include GIS capabilities, as described for the NUHDSS, as well as setting up data collection, management, and feedback systems involving mobile phone applications and introducing data visualization to facilitate information use. DME will explore how the Center's data systems can be commercialized.
6. DME continues to seek to expand the Center's work in data use and discoverability by building on our experiences to improve the functionality of APHRC's micro-data portal and establishing a regional data repository underpinned by building capacity for data generation, use and reuse will continue to be pursued.
7. Invest efforts in Standard Operating Manual for all APHRC Projects (SOMAP), development of a locally hosted data visualization dashboard, setting up systems for mobile phone applications (e.g., USSD data collection), piloting GIS/Geocoded data collection and documentation of all data from all projects that have closed by December 2017 and development of a meta-data for all studies. Establishment of systems for continued Data Quality and Management

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<sup>6</sup> Further details on priorities can be found in the unit-specific annual planning report 2020

8. Statistical Modeling and Data Analysis - continue to spearhead the role of investing human resources in data mining, statistical learning, knowledge discovery, and data analytics.

#### **Health Systems for Health Unit**

1. 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. We aim to do this through our proposed work in the NCD, Health systems, and major infectious diseases. This year we won a grant we applied for collaboratively with UWB to study the statistical dynamics of infection transmission among children. We have also received funding on a collaborative project on COVID-19 and its impact on NCD care and treatment working with Ifakara Health Research Institute.
2. We aim to expand our regional reach. Although this was an objective in 2020, we were not very successful in the effects of the COVID-19 pandemic, however, we managed to get funding for two projects outside of Kenya- Tanzania and Ghana.
3. With core funding support, we intend to recruit at least one postdoc/ARS to support the management of projects and fundraising

#### **Maternal and Child Wellbeing Unit**

1. Continued implementation of existing projects, adopting the new normal.
2. Evidence generation and regional advocacy on maternal mental health Food Systems towards ending hunger and all forms of malnutrition in Africa; and, Child care in difficult situations.
3. Fundraising for big ideas on MIYCN, ECD and MNCH for implementation majorly in East and Southern Africa and start entering West and Central Africa.
4. Collaborative- continue exploring partnerships with different Units at APHRC in project implementation and fundraising and continue building on existing local and international partnerships and explore new partnerships.
5. Innovative- continue to explore and employ innovative approaches including the use of mobile technologies, public engagement. We are also exploring innovative solutions to problems faced by communities - including innovative urban farming and food rescue system.
6. Truly African - continue to focus to expand our work in East and Southern Africa - as we start exploring the West African region. Proposals that we have submitted and those that we are working on take this into consideration.
7. Impact oriented - continue to take opportunities to engage the public and the policymakers for impact. For example, we plan for activities around key events and global days to create visibility of our work and create impact - including around the World Breastfeeding Week and World Food Day.

## Population Dynamics and Sexual and Reproductive Health Rights Unit

1. Develop a proposal for large funding to focus on implementation science and intervention research

## Urbanization and Wellbeing Unit

1. Implementation of ongoing projects
2. Launching of newly funded projects
3. Review of technical reports and production and co-production of scientific publications and the development of knowledge products

## Education and Youth Empowerment Unit

1. Making education systems in Africa more inclusive and equitable

Collaborative through two new funding partners identified for a multi-year project on inclusive and equitable education, partner with sister units at APHRC and other like-minded institutions/units to work on a research project within and outside East Africa and establish a partnership with a national and or regional policy partner for enhanced policy influence. Innovative through implement the use of at least one modern technology-based model for improving education practice e.g. Use of technology in data collection. Truly African through design and implement a research project in at least one SSA country outside East Africa, recruit at least 2 research staff, at the level of post-doc or above, with a preference of nationalities outside Kenya. Impact oriented through 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

Collaborative through a new funding partner identified for a multi-year project to investigate pathways to productive human capital in Africa, partner with like-minded institutions/units to work on a research project on youth development and establish a partnership with a national and or regional policy partner for enhanced policy influence. Innovative through design and implement at least one research idea on youth development e.g. empowering youth to create employment. Truly African through focus on youth development issues in Africa. Impact oriented through evidence on youth development utilized for decision making and policy influence

3. Alignment of education policies to national development goals

Collaborative through collaborating with internal and or external partners to initiate work on tertiary education. Innovative through generating evidence on the linkages between education policies and national development agenda. Truly African through working with RCS to design and implement projects with Universities within SSA and Impact oriented through evidence on higher education utilized for decision making and policy influence (references/ citations, quotations, and mentions of research work)

## Research Capacity Strengthening Division

1. As a response to COVID-19 and in order to adapt to the new normal in an innovative manner, CARTA will transition to a blended learning approach during 2021. For this, three main activities will be digitization, transition to virtual and training of Trainers (ToT) with the view of decentralizing the delivery of its interventions, thus having greater impact in the partner institutions

## Policy Engagement and Communications Division

1. Alignment to the 2017-21 strategy, including the principles and values: Collaborative, Innovative, Truly African and Impact Oriented.
2. Events and campaigns to mark: International Women's Day, World Breastfeeding Week, Day of the African Child, World Population Day, International Day for Older Persons, Targeted strategic media engagement such as more op-eds and feature stories, Oped on the Right to Food - for World Food Day/Right to Food Media tour.

## Operations Division

### Business Development Unit

1. Strategic Fundraising (including proposal aesthetics and grant writing enhancement)
2. Centralized Partnership Management (database automating in the ERP, complete with alerts for due diligence renewal)
3. M&E Platform institutionalization, training etc.
4. ERP Operationalization.
5. 2017-2021 Strategic plan evaluation preparations
6. APHRC 20-year milestone activities and communication to funders etc.

### Internal Audit Unit

1. Internal Audit: Assurance & Compliance activities: -Recruitment Audit, Compliance with Ethical Protocols, Procurement Audit, ERP Post Implementation Review, Field Office Training and Meetings Audit, Asset Management Audit, Program partners/Collaborator Audit and Legal Audit
2. Risk management- Provide risk training to projects/programs, facilitating review and updating of the Center Risk registers, facilitating project and program level risk assessment on request. Developing the Center Internal Control Framework is the Management responsibility.
3. Audit follow up to ensure implementation of the corrective action/audit recommendation.
4. Board Follow Ups to tracking implementation of Board's decisions
5. Consultancy - compliance with GDRP Guidelines/Kenya Data Protection and Privacy Act

6. Reporting to the management and FRMC- Reporting on the status of the governance risk and control processes to the Board Finance and Risk Committee

### Information Technology (IT) Unit

1. Auditorium audio visual upgrade
2. ERP full rollout
3. ERP moved to cloud.
4. Phone based data collection and storage

### Finance Unit

1. Support the conduct of the following Audits: APHRC-I, various project audits, APHRC internal audit, APHRC campus audit.
2. Projects reports to donors and to management.
3. Budget preparations and financial transactions support
4. Updating accounting and procurement manuals
5. Enhance management and project reports
6. Make relevant returns to statutory authorities.
7. Program accounting staff to attend training.
8. To improve the quality of internal financial reports and timeliness.
9. Improve organizational adherence to policies and procedures.
10. Improve timesheet system completeness and timeliness.
11. System improvement through continued implementation of the new ERP system
12. Financial review visits to partners
13. Support to Ulwazi Place
14. Support to the Strategic Planning Process
15. Support through the COVID-19 Response team
16. Support to Senegal Office

### 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 both in Kenya and Senegal
4. Staff welfare – ensure staff are adequately insured.

### Facilities and Admin

1. Insurance
2. Lease Administration
3. Project Management



## CHAPTER 8

### Conclusion

This reporting year 2020 has been one of many achievements despite the emerging pandemic COVID-19. Through the projects across the 4 Divisions, there has been project activity implementation in 41 African countries, an increase from 2019 that had 29 countries. The newly formed West African regional office also widely expanded with seven projects housed there. The Center continued to form partnerships with universities, research institutions and other organizations to generate evidence, nurture the next generation of African researchers and engage policy to inform action on population health and wellbeing. APHRC has also collaborated with policy actors in various sectors to address policy relevant issues and inform programs.

Granted COVID-19 also brought challenges such as project activities having to be halted and postponed, new normal of working from home, these were quickly mitigated and resolved mainly through introducing new ways of operating. Priority for the year 2020 shall be to continue with the same momentum of striving for excellence in its quest to address the strategic 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/Peer reviewed articles

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## Annex 2: APHRC Blogs and articles 2020

1. The homestretch: the decade of action for quality education by Carol Thiong'o
2. Knowledge of safe contraception is patchy among young Nigerian students by Anthony Ajayi and Meggie Mwoka
3. What needs to happen for better cancer prevention and control in Kenya by Gershim Asiki
4. We need to have more dialogue between parents and caregivers, and adolescents on sexual and reproductive health by Jane Osindo
5. Occupational health of sanitation workers; does their health matter? by Ivy Chumo
6. Some Kenyan schools are dangerously overcrowded. What must be done by Maurice Mutisya
7. What mothers told me about Nigeria's free maternal health services by Anthony Ajayi and Meggie Mwoka
8. What is the fate of teenage mothers in their quest to access education in Kenya? by Catherine Asego
9. Why chemistry is essential to conquering the politics of water by Emily Juma
10. Supporting communities living in urban informal settlements to protect themselves from COVID-19 by Elizabeth Mwaniki
11. Meeting the world's need for 9 million more nurses and midwives before 2030 by Pauline Bakibinga
12. A Clarion Call to Care for Africa's Nurses and Midwives by Peter Kibe
13. Africa can't let maternity care slide during the coronavirus pandemic by Amanuel Abajobir
14. Delivery of childhood immunization services for migrant populations and host communities in Kenya by Peter Otieno
15. Girl's education is important: We need research to inform government policies by Ndeye Awa Fall
16. Amidst the COVID-19 Pandemic, blood pressure control is important by Shukri Mohamed
17. Using justice to safeguard children's wellbeing by Volla Ochieng'
18. Double -tragedy for learners in informal settlements amidst pandemic by Catherine Asego
19. The new normal: how to adapt to new data collection methods by Carol Wainaina
20. Right to food: The untapped power of our voices by David Osogo
21. Potential impact of COVID-19 on teen pregnancy in Kenya by Anthony Ajayi and Meggie Mwoka
22. The 'Gig Economy': What a halt in travel and tourism means for the youth in Africa by John Muchira
23. Blood transfusion during the COVID-19 pandemic by Abdhahah Ziraba
24. Breastfeeding in sickness and in health by Liz Mwaniki
25. ICT still holds the promise for Kenyan youth by Volla Ochieng'
26. Conducting phone interviews: Experiences and lessons from 'In Their Hands' projects by Sally Odunga
27. Insights into how the US abortion gag rule affects health services in Kenya by Boniface Ushie, Ken Juma, Grace Kimemia
28. Useful soft skills for students during COVID-19 pandemic by Nelson Muhia
29. Working from home during pandemic a plus for breastfeeding mothers by Florence Sipalla
30. Youth employment in a post-COVID-19 period by John Muchira
31. COVID-19: Keeping anti-microbial resistance in check in the face of a pandemic by Elvis Wambiya

### Annex 3: APHRC Funders/Donors

1. Africa Research Excellence Fund (AREF)
2. African Academy of Sciences (AAS)
3. Amsterdam Institute for Global Health and Development (AIGHD)
4. Bill & Melinda Gates Foundation
5. British Academy
6. Canadian International Development Agency- Canadian Network of Maternal and Child Health (CIDA-CanMNCH)
7. Cardiff University
8. Carnegie Corporation
9. Center for Global Development (CGD)
10. Children's Investment Fund Foundation (CIFF)
11. College of William and Mary
12. Columbia University
13. Comic Relief
14. DAAD: German Academic Exchange Service
15. Danish International Development Agency
16. Department for International Development (DFID)
17. Drexel University
18. Duke University
19. Echidna Giving
20. Economic and Social Research Council (ESRC)
21. ELMA Philanthropies
22. Engineering and Physical Sciences Research Council
23. Episcopal Relief Development (ERD)
24. European Union/Commission (EU)
25. Forum for African Women Educationalists (FAWE)
26. Global Challenges Research Fund (GCRF)
27. Harvard University
28. Hewlett
29. Hivos
30. Ibis Reproductive Health
31. International Association of Gerontology and Geriatrics (IAGG)
32. International Development Research Center (IDRC)
33. International Rescue Committee (IRC)
34. International Union for the Scientific Study of Population (IUSSP)
35. Ipas
36. John Hopkins University
37. Liverpool School of Tropical Medicine (LSTM)
38. London School of Hygiene and Tropical Medicine (LSHTM)
39. Loughborough University
40. Luke University
41. Lund University
42. Marie Stopes Kenya
43. Mastercard Foundation
44. Medicines for Malaria Venture (MMV)
45. National Human Genome Research Institute -NIH
46. National Institute for Health Research (NIHR)
47. National Institutes of Health (NIH)
48. Network of African Science Academies (NASAC)
49. Newcastle University
50. Overseas Development Institute (ODI)
51. Oxfam International
52. Oxford University
53. Path International
54. PharmAccess,
55. Pivotal Ventures
56. RTI International
57. Rutgers International
58. Sanofi Foundation
59. SEO Amsterdam
60. Stichting Foundation
61. Swedish Research Council
62. The College of William and Mary
63. The David and Lucile Packard Foundation
64. The Ford Foundation
65. The Rockefeller Foundation
66. The Royal Society
67. The Susan Thompson Buffet Foundation
68. The Swedish International Development Agency (SIDA)
69. UCL Consultants Limited
70. UK Medical Research Council (MRC)
71. UK Research and Innovation (UKRI)
72. UN Women
73. United Nations Children's Fund (UNICEF)
74. United Nations Office for Project Services
75. United Nations University
76. United States Agency for International Development (USAID)
77. University College London
78. University of Ghana
79. University of Iowa
80. University of Manitoba
81. University of Maryland
82. University of Queensland
83. University of South Carolina
84. University of Swansea
85. University of Twente
86. University of Warwick
87. University Research Co. (URC)
88. Uppsala Monitoring Center (UMC)
89. Uthabiti Africa
90. Wellcome Trust
91. Wellspring Philanthropic Fund (WPF)
92. William and Flora Hewlett Foundation
93. World Health Organisation (WHO)
94. York University

## Annex 4: APHRC Partners

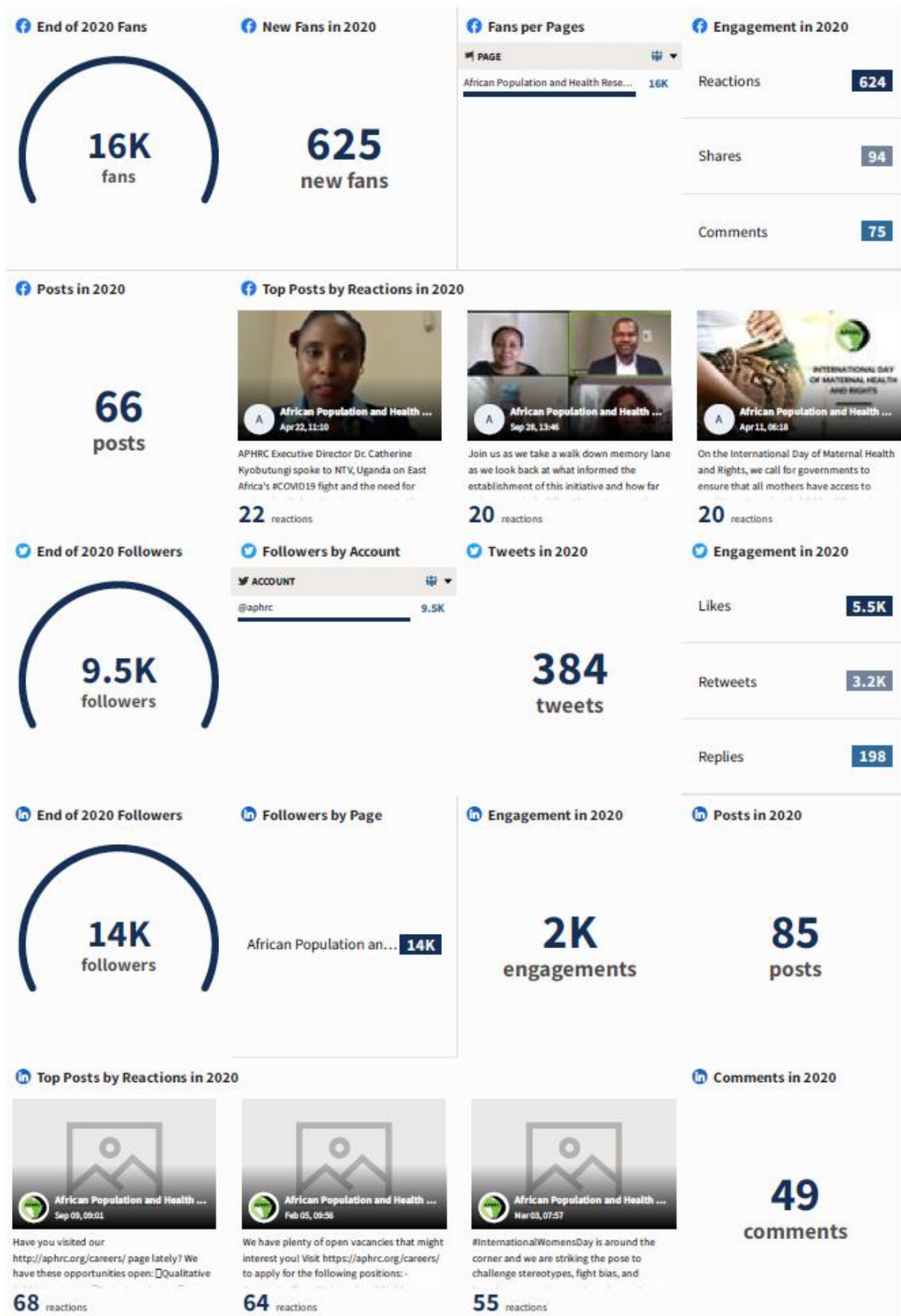
1. 3iE
2. Academy for Health Development (AHEAD) – Nigeria
3. Adrian Jjuuko (Consultant)Uganda
4. AfDB and 'AICS Thinking Partners'
5. AFIDEP
6. African School of Economics through Institute of Empirical Research in the Political Economy (Benin)
7. African Union Development Agency (South Africa)
8. Agency for Research and Development Initiative
9. Ardhi University
10. Busara Center for Behavioral Economics, Inc, (Kenya)
11. Centre de Recherche en Santer de Nouna (CSRSN)- Burkina Faso
12. Coalition of NGOs in Health (GCNH).
13. Community Health Center Busabala
14. Community Health Partners
15. Drexel University, USA
16. East, Central and Southern Africa Health Community
17. Ebony State University- Nigeria
18. Economic Policy Research Centre
19. Elimu Yetu Coalition
20. ESE:O, Santiago (Chile).
21. Fawe Senegal
22. FENOS-CI
23. Guttmacher Insitute
24. HakiElimu
25. Health NGO's Network (HENNET)
26. Hope for Future Generations (HFFG), Ghana
27. HRP Alliance Research Grantees
28. I-day Uganda
29. Ifakara Health Institute
30. Independent University Bangladesh
31. Institut Superieur des Sciences de la Population (ISSP)
32. Institute for Public Finance Kenya
33. International Center of Research on Women (ICRW)
34. Jimma UniversityEthiopia
35. Katiba
36. Kehinde Olaoluwa Okanlanwon (Consultant)- Nigeria.
37. Kenya Paediatric Research Consortium.
38. Kidogo Innovations
39. Kpassagou Bassantea Lodegaena (Consultant) – Togo
40. Kwame Nkurumah University of Science and Technology
41. Lancaster University
42. Langata Hospital
43. London School of Hygiene and Tropical Medicine (UK)
44. Lund University and Makerere University
45. LVCT Health
46. Makerere University (Uganda)
47. Malawi Polytechnic
48. Marie Stopes Kenya
49. Mazingira Institute
50. MEIRU
51. Melchizedek Hospital
52. Miss Koch
53. National Research Institute for Sustainable Development
54. Newcastle University
55. NIMR
56. North-West University (South Africa)
57. Partners in Population and Development Africa Regional Office (PPD-ARO),
58. Pharmaccess
59. Population Council
60. Raising Voices Uganda (Uganda)
61. Science Africa
62. SEND Ghana
63. SIDAREC
64. Slum TV
65. SLUMCHILD Foundation
66. Southern Hemisphere
67. St. John's Hospital Githurai
68. Stellenbosch University (South Africa)
69. TenMet
70. The Aga Khan University
71. The Ghana Health Service
72. to Community Empowerment and Media Initiative (CEMI-K)
73. Triggerise
74. Uganda Society for Disabled Children
75. University College, London (UK)
76. University of Amsterdam
77. University of Cape Town (South Africa)
78. University of Carlifonia Berkeley (USA)
79. University of Dodoma (Tanzania)
80. University of Ghana
81. University of Health & Allied Sciences,
82. University of Ibadan (Nigeria)
83. University of Keele
84. University of Kwazulu-Natal (South Africa)
85. University of Ouagadougou Burkina Faso
86. University of Oxford (UK)
87. University of Rwanda (Rwanda),
88. University of the Witwatersrand, South Africa
89. University of Warwick
90. University of Western Cape (South Africa)
91. University of Zambia (Zambia)
92. U-Tena Youth Organization
93. Val Partners
94. Water Aid Regional Office for EA
95. Well Made Strategy
96. Well-Told Stories

## Annex 5: Media Hits Tracker

1. Santé en Afrique: Comment bénéficier de la révolution du Big Data? by Mbuthia M., Kabaria C. and Kadengye D. in Liberation
2. Why mothers are killing their children by Estelle Sidze in Daily Nation
3. Looming darkness over the fate of bright and needy students by Catherine Asego in The Standard
4. Knowledge of safe contraception is patchy among young Nigerian students by Anthony Ajayi and Meggie Mwoka in Modern Ghana
5. Perspectives from Kenya and Ghana on coronavirus preparations by Abdhalah Ziraba in The Conversation Africa
6. Perspectives from Kenya and Ghana on coronavirus preparations by Abdhalah Ziraba in Modern Ghana
7. Africa: Perspectives from Kenya and Ghana On Coronavirus Preparations by Abdhalah Ziraba in AllAfrica
8. How prepared is Kenya to deal with the coronavirus outbreak? by Abdhalah Ziraba in CNBC Africa
9. How African countries should deal with Coronavirus by Abdhalah Ziraba in KTN
10. Perspectives from Kenya and Ghana on coronavirus preparations by Abdhalah Ziraba in Nairobi News
11. Kenyans unaware of safe condomless sex with HIV+ partner by Grace Kimemia in The Star
12. What needs to happen for better cancer prevention and control in Kenya by Gershim Asiki in The Conversation Africa
13. What needs to happen for better cancer prevention and control in Kenya by Gershim Asiki in Medical Xpress
14. Kenya: What Needs to Happen for Better Cancer Prevention and Control in Kenya by Gershim Asiki in AllAfrica
15. Study reveals over 500,000 abortions are done yearly across the country by Kenneth Juma in Daily Nation
16. Crèche initiative helping vulnerable urban mothers strike a work-life balance by APHRC/MCW/WCSP team in Mukamimu.blogspot.com
17. Deadly secrets and rise of abortion in marriages by APHRC in Daily Nation
18. Some Kenyan schools are dangerously overcrowded. What must be done by Maurice Mutisya in The Conversation Africa
19. Some Kenyan schools are dangerously overcrowded. What must be done by Maurice Mutisya in Sierra Leone Times
20. Leading Sanitation Organizations Launch Pan-African Media Fellowship by APHRC in Africa.com
21. Inside Story: Is the spread of Coronavirus out of control? by Abdhalah Ziraba in Al Jazeera
22. Are Kenyans Depressed? Worrying Trends in Suicide by Frederick Wekesah in Kenyans.co.ke
23. Alarm over rising number of mums killing their babies by APHRC in The Standard
24. Some Kenyan schools are dangerously overcrowded. What must be done by Maurice Mutisya in Modern Ghana
25. Being the best mum or worker is not you, find a bigger purpose by Catherine Kyobutungi in Nation (Sat Mag)
26. What gives Nigerian students the confidence to use condoms by Anthony Ajayi in Modern Ghana
27. Infanticide: Alarm over rising number of mums killing their babies by APHRC in Eve Digital (Standard Media)
28. Preparedness key to coronavirus prevention by Abdhalah Ziraba in The Star
29. Are Africans immune to coronavirus? by Abdhalah Ziraba in The Star
30. Perspectives from Kenya and Ghana on coronavirus preparations by Abdhalah Ziraba in The Herald
31. KQ dedicates three special flights to commemorate women by Benta Abuya in Citizen TV
32. ALOT change beneficiary featured for IWD by Gladys Liziki, ALOT Change beneficiary in Sunday Nation
33. You must fight to win in science by Catherine Kyobutungi in Daily Nation
34. Africa's policies hold key to LGBT rights on the continent: here's how by Boniface Ushie; Frederick Wekesah in The Conversation Africa
35. Africa's policies hold key to LGBT rights on the continent: here's how by Boniface Ushie; Frederick Wekesah in Modern Ghana
36. Leading sanitation organizations launch Pan-African Media Fellowship by APHRC in Africa.com
37. What mothers told me about Nigeria's free maternal health services by Anthony Ajayi in Modern Ghana
38. What mothers told me about Nigeria's free maternal health services by Anthony Ajayi/Meggie Mwoka in The Conversation Africa
39. Kenya split over campaign to give women the right to safe abortions by APHRC in The Guardian
40. How to separate facts from fake news about coronavirus. by Abdhalah Ziraba in CNBC Africa
41. How youth skills training in Kenya can reduce inequality by Moses Ngware in The Conversation Africa
42. How youth skills training in Kenya can reduce inequality by Moses Ngware in Modern Ghana
43. Buhari, other African leaders stand with WHO chief after Trump attack by Catherine Kyobutungi in Premium Times
44. How the spread of coronavirus is testing Africa by Abdhalah Ziraba in BBC Africa
45. Behavioral Issues, Infrastructural Gaps Major COVID-19 Risks for Africa – Health Chief by Catherine Kyobutungi in Sputnik News/ Pakistan Post
46. Africa Trying to Fight COVID-19 But Response Measures Vary Across Continent - Health Chief by Catherine Kyobutungi in Sputnik News/ Urdu Point
47. How the spread of coronavirus is testing Africa by Abdhalah Ziraba in Nehanda Radio
48. COVID-19 reversing maternal gains by Estelle Sidze and Caroline Kabiru in Daily Nation
49. African States Lacking Epidemics Experience Most at Risk From COVID-19 – Health Chief by Catherine Kyobutungi in Sputnik News/ Urdu Point
50. African Leaders Stand with WHO Boss Tedros After Trump Attack by Catherine Kyobutungi in AllAfrica
51. Africa can and must do more to support nurses and midwives by Pauline Bakibinga in The Conversation Africa
52. Africa can and must do more to support nurses and midwives by Pauline Bakibinga in Modern Ghana

53. South Africa flattens its coronavirus curve—and considers how to ease restrictions by Catherine Kyobutungi in Science
54. Delivering education online: coronavirus underscores what’s missing in Africa by Moses Ngware in The Conversation Africa
55. Africa can't let maternity care slide during the coronavirus pandemic by Amanuel Abajobir in The Conversation Africa
56. East Africa's COVID-19 fight enters critical phase by Catherine Kyobutungi in NTV Uganda
57. ‘If you don’t work you don’t eat’: Where lockdowns have extra sting by Elizabeth Kimani-Murage in Christian Science Monitor
58. Africa can't let maternity care slide during the coronavirus pandemic by Amanuel Abajobir in Modern Ghana
59. Delivering education online: coronavirus underscores what’s missing in Africa by Moses Ngware in Modern Ghana
60. COVID-19 should not hurt maternal health by Estelle Sidze in The Standard
61. The COVID-19 Riddle: Why Does the Virus Wallop Some Places and Spare Others? by Catherine Kyobutungi in New York Times
62. The COVID-19 Riddle: Why does the virus wallop some places and spare others? by Catherine Kyobutungi in Economic Times
63. The COVID-19 Riddle: Why does the virus wallop some places and spare others? by Catherine Kyobutungi in Al-Khaleej
64. Africa can and must do more to support nurses and midwives by Pauline Bakibinga in Parent24
65. Unproven herbal remedy against COVID-19 could fuel drug-resistant malaria, scientists warn by Catherine Kyobutungi in Science
66. What we can do to enhance learning during this crisis by Moses Ngware in The Standard
67. Here is how to keep children from poor families in school by Benta Abuya in Daily Nation
68. Unproven COVID-19 remedy could fuel drug-resistant malaria by Catherine Kyobutungi in Daily Trust
69. Coronavirus: Why Africans should take part in vaccine trials by Catherine Kyobutungi in BBC Africa
70. by Abdhahah Ziraba in France 24
71. Forget critics, education is still key to success by Benta Abuya in Daily Nation
72. Periods in a pandemic: women and girls in low-income settlements need more support by Caroline Kabiru in The Conversation Africa
73. Periods in a pandemic: women and girls in low-income settlements need more support by Caroline Kabiru in Modern Ghana
74. Periods in a pandemic: women and girls in low-income settlements need more support by Caroline Kabiru in Down to Earth
75. Young, Gifted and...Pregnant by 2017 APHRC/Guttmacher study in The Elephant
76. Here's why youth could be the answer to COVID-19 recovery by John Muchira in The Standard
77. Sex awareness: Sex education in schools still remains an extremely divisive debate by Meggie Mwoka in NTV Kenya
78. COVID-19 and the Africa rural population by Catherine Kyobutungi in BBC Africa
79. Why managing blood pressure matters during COVID-19 pandemic by Shukri Mohamed in The Conversation Africa
80. Why managing blood pressure matters during COVID-19 pandemic by Shukri Mohamed in Modern Ghana
81. Queen mothers urged to develop interest in immunisation of children by APHRC/ IAI in News Ghana
82. Why managing blood pressure matters during COVID-19 pandemic by Shukri Mohamed in eNCA
83. COVID-19 and Gender: Who’s taking the beating? by Cheikh Faye in BBC Africa
84. Global Experts Call for a Radical Health Policy Shift in Post COVID-19 Africa by APHRC in The Daily Observer
85. Strengthening the capacities of parliamentary staff in sub-Saharan Africa by APHRC/ Countdown in EIN Presswire
86. Testing strategies to help Kenya’s urban poor get access to food by Elizabeth Kimani-Murage in The Conversation Africa
87. Testing strategies to help Kenya’s urban poor get access to food by Elizabeth Kimani-Murage in Modern Ghana
88. Kenya is having another go at passing a reproductive rights bill. What's at stake by Anthony Ajayi/ Meggie Mwoka in Modern Ghana
89. Kenya is having another go at passing a reproductive rights bill. What's at stake by Anthony Ajayi/ Meggie Mwoka in The Conversation Africa
90. Why managing blood pressure matters during COVID-19 pandemic by Shukri Mohamed in The Standard
91. A review of Kenya’s 2019 Data Protection Act: Insights for Data Controllers in Africa by Henry Owoko/ Damazo Kadengye in Africa Evidence Network
92. A hard journey to a future free of hepatitis in Africa by Pauline Bakibinga in The Conversation Africa
93. There are many myths about breast milk: I am busting them by Liz Kimani in Saturday Nation
94. A hard journey to a future free of hepatitis in Africa by Pauline Bakibinga in Food Focus Africa
95. Dandora dumpsite a ticking time bomb by APHRC/ Kanyiva Muindi in Daily Nation
96. What is the fate of teenage mothers in their quest to access education in Kenya? by Catherine Asego in Gender and Education Association
97. The Rockefeller Foundation Announces 10 Finalists for the Food System Vision Prize by APHRC in PR Newswire
98. The power of positive parenting during pandemic by Nelson Muhia in Daily Nation
99. Why Kenya is banking on cashless transactions to help stop coronavirus by Abdhahah Ziraba in Africa Factcheck
100. Kenya among Rockefeller Foundation’s Food System Vision Prize Finalists by Elizabeth Kimani-Murage in Science Africa
101. Lessons from a diabetes clinic in Malawi: why everyone should follow a healthy diet by Chimwemwe Banda (CARTA fellow) in Modern Ghana
102. COVID-19: Widely read newspaper incorrect that 2 in 5 Kenyans are obese by Gershim Asiki in Africa Check
103. Global Gag Rule Threatens Reproductive Health in Kenya: Study by APHRC in Columbia University
104. Low COVID-19 impact on Africa baffles scientists by Catherine Kyobutungi in Daily Nation
105. Low COVID-19 impact on Africa baffles scientists by Catherine Kyobutungi in AllAfrica

106. GLOBAL PARTNERS LAUNCH COMPREHENSIVE, OPEN ACCESS COVID-19 DASHBOARD ON SEX & GENDER by APHRC in ICRW
107. More learners at risk of mental health issues by Vollan Ochieng' in Standard
108. "Public enrolled in Ghana disease fight
109. by Pauline Bakibinga in SciDev"
110. "Public enrolled in Ghana disease fight
111. by Pauline Bakibinga in Medical Xpress"
112. We lack an essential component to power COVID-19 response by APHRC/ GH5050/ ICRW in Devex
113. Ghana's community-based surveillance is enabling early detection of preventable diseases by Pauline Bakibinga in News-Medical
114. Is Africa at a risk of a second wave of Corona Virus Disease? by Abdhahah Ziraba in BBC Africa
115. What can be done to better support women pursuing their PhDs in Africa by Anne Khisa in Modern Ghana
116. What can be done to better support women pursuing their PhDs in Africa by Anne Khisa in The Conversation Africa
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