



African Population and Health Research Center

BRIEF REPORT | Annual Performance Review 2020

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This brief report gives a summary of the Annual Performance Review Report 2020, highlighting APHRC performance in the year in 2020 in line with the 2017-2021 Strategic Objectives and the four Guiding Principles. Considerable ground has been covered in 2020, as we aim to maximize the Center’s impact, and in our deliberate efforts to position ourselves as a truly African center of excellence.

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

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. 2020 had the highest number of new projects as well as highest number of projects running, as seen in Figure 1.

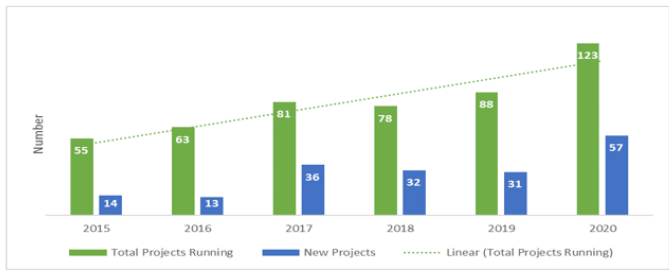


Figure 1: Trends of number of APHRC projects

There were 57 new projects in 2020, 32 projects that closed, and 43 were ongoing from 2019. By the end of the reporting year there were 91 projects; 73 in Research Division, 10 in RCS, 4 in PEC and 4 in Operations.

Out of the 123 projects implemented in the reporting year, 65% (80) were multi-year. Multi-year projects are those that were implemented for more than one year. Any project below one year was considered short-term.

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.



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. Important to note, some projects implemented in other African countries could also have been implemented in Kenya.

The projects that had the most countries: 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

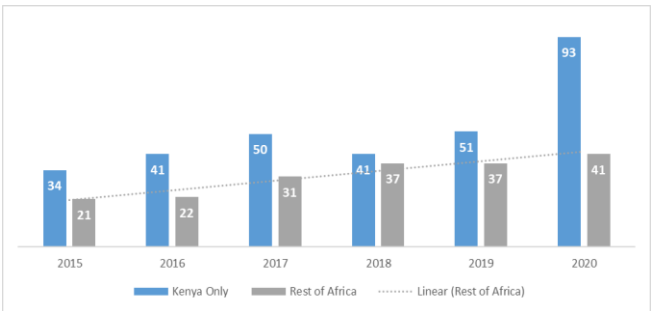


Figure 2: Project implementation trend

countries) and Moving Maternal, Newborn and Child Health projects (6 countries) under PEC Division (The report lists the implementing partners the Center had in 2020).

Prime Awards vs. Sub-awards

In 2020, 58% (71) of the projects were prime awards, an increase from 2019 (55%) and 2018 (50%). EYE unit had all its projects as prime awards as seen in Figure 3. 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.

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 4. 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 operationalization. (The report lists APHRC funders in 2020).

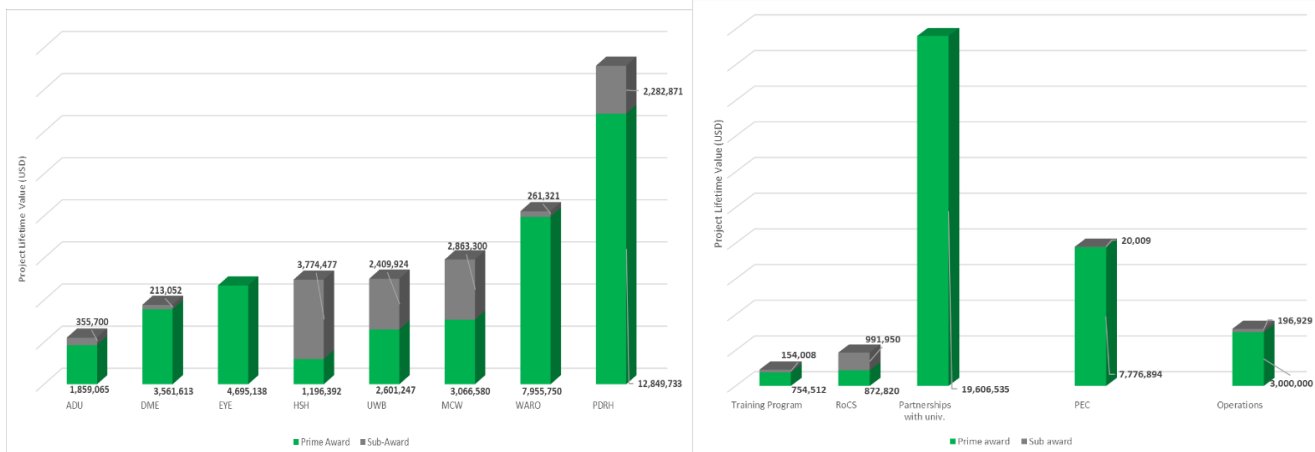


Figure 3: Lifetime value of projects by units/divisions

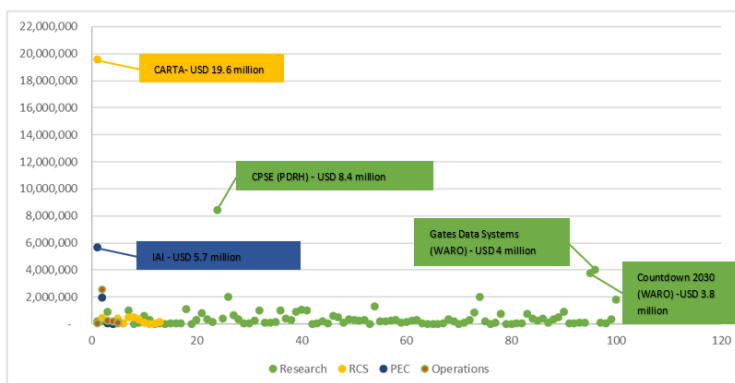


Figure 4: Highest Grossing APHRC Projects in USD

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. Only MCW, PDRH and UWB projects tackled signature, synergy and other issues, as seen in Figure 5. (The signature, synergy and other issues are listed in the report).

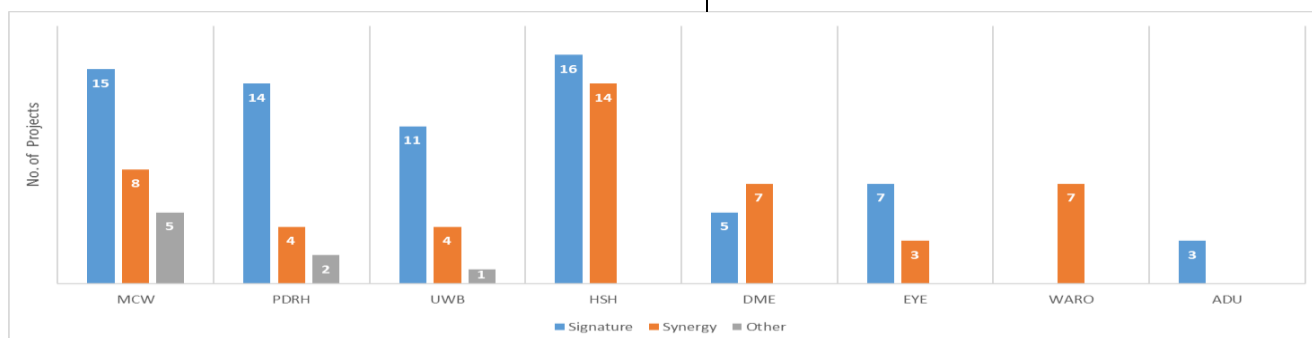


Figure 5: Signature, synergy and other issues by units

Research Outputs

Table 1: 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	118
Policy Briefs	0	1	0	3	2	3	3	1	0	0	13
Technical Reports	0	2	0	0	0	2	1	0	0	0	5
Book Chapters	1	1	0	3	0	0	0	0	0	0	5
Fact Sheets	0	2	1	0	0	0	0	0	0	0	3
Supplements	2	0	0	0	1	0	0	0	0	0	3
Books	0	0	0	1	0	0	0	0	0	0	1
Grand Total	35	34	25	22	11	8	5	2	4	2	148

There were 148 research outputs in 2020 an increase from 122 in 2019 and 89 in 2018. HSH has had the most research outputs three years consecutively as seen on Table 1. Research Division had notably more publications as compared to RCS and PEC since scientific publications are one of its core outputs. (The report includes the list of all the APHRC publications developed in 2020).

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.

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.

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. 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 2.

Table 2: 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%
Center-wide	159	60	50	49	22,723,580	46%	46%	55%	36%	27%	29%

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

$$\text{Proposal Success Rate} = \left\{ \frac{\text{successful proposals}}{\text{successful} + \text{unsuccessful proposals}} \right\} * 100$$

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

Partnerships with Universities and Research Institutions

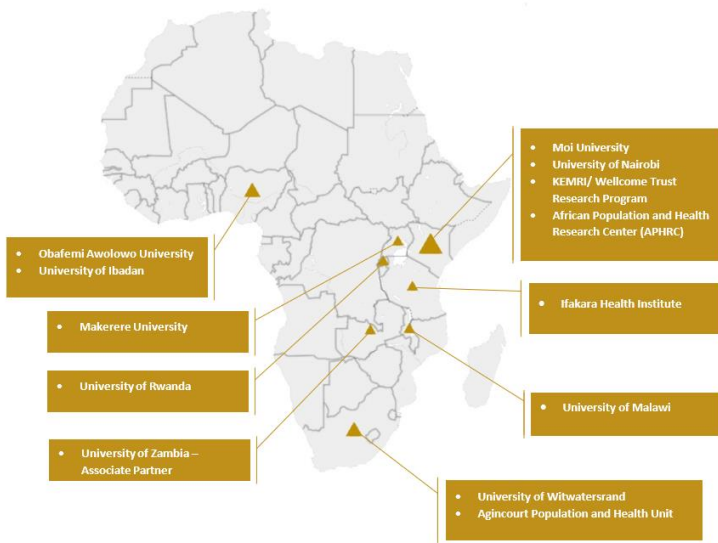


Image 2: CARTA 2020 Partnerships with African Institutions

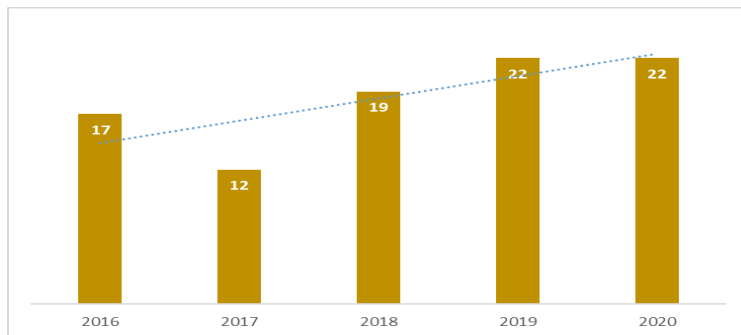


Figure 6: Trend of number of partnerships with universities and research institutions

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.

The 9 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 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.

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.

Fellowships and Internships

The CARTA program had 172 fellows under doctoral, postdoctoral and re-entry grant fellowships in 2020, distributed as seen in Figure 7. 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 begun 135 fellows have completed the fellowship program (97 doctoral, 14 post-doctoral and 24 reentry).

Under the ADDRDF program, there were 33 ongoing doctoral fellowships. However, during this reporting year, no fellows completed their fellowships as seen on Figure 8. 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

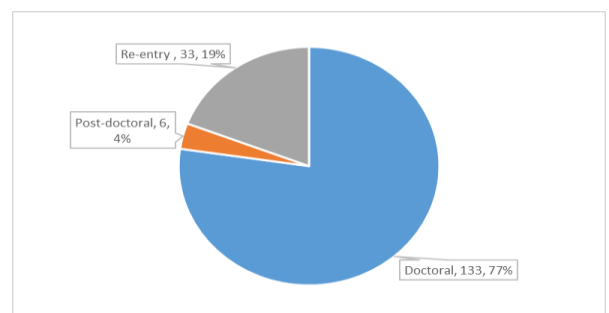


Figure 7: Distribution of CARTA fellows

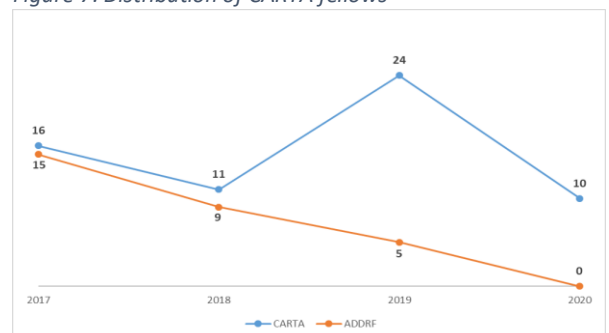


Figure 8: Trend of doctoral fellows who have graduated

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.

Publications and Research Outputs by Fellows

As highlighted in Figure 9, 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 3.

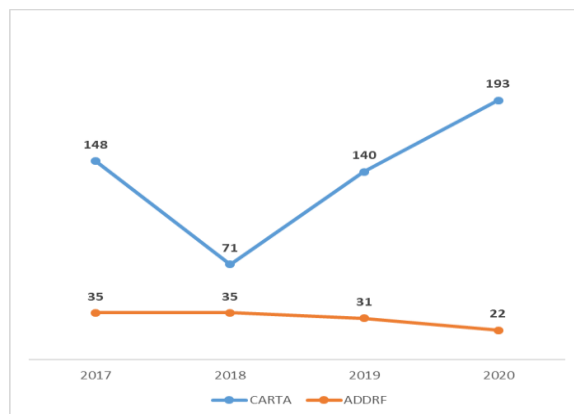


Figure 9: Trend of published papers by fellows

Table 3: 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
Grand Total	60	52	66	62	2,002,794	2,677,613

Brownbag presentations

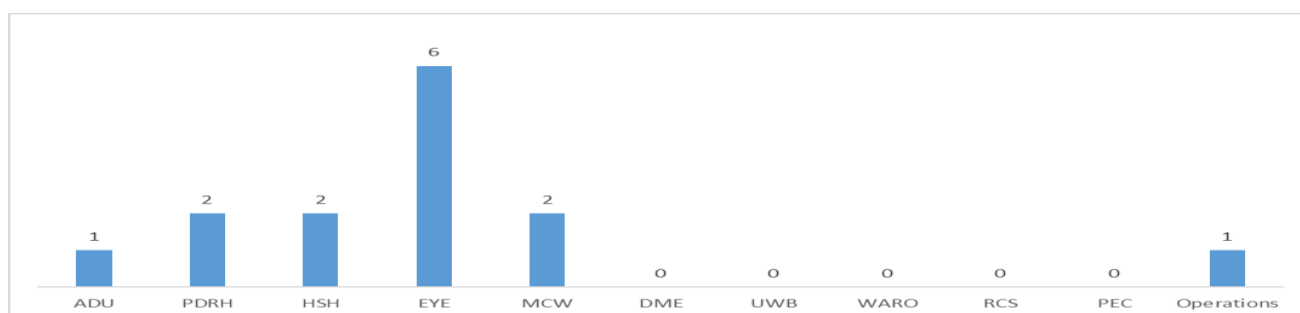


Figure 10: Distribution of Brown bag presentations by units/divisions

Various Brownbag presentations were held in 2020. Brown bags are fora for promoting dialogue and information sharing amongst colleagues within the Center. 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.

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. 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 (NASCP) 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.

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

Collaborations with thought-leaders to develop policy and programs:

- ✚ 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 on.
- ✚ 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.
(Engagement events with policy makers and agents of change by units can be found in the report).

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

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** - 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 and Frameworks** – 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 2nd 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. 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.

Income, Expenses and Burn Rates

In 2020, there was a slight decrease in income and expenses compared to 2019. However, there was an increase in the surplus during the year compared to 2019 as seen in Figure 11. The overall burn rate for the Center was 82% up from 77% in 2019 and 75% in 2018, despite disruptions in projects implementation caused by the COVID-19 pandemic (unit-specific burn rates can be found in the report).

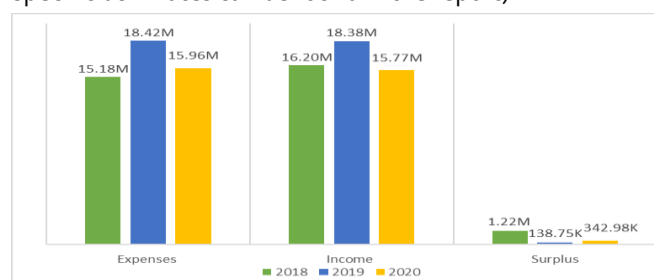


Figure 11: Income, expenses and surplus

Human Resources

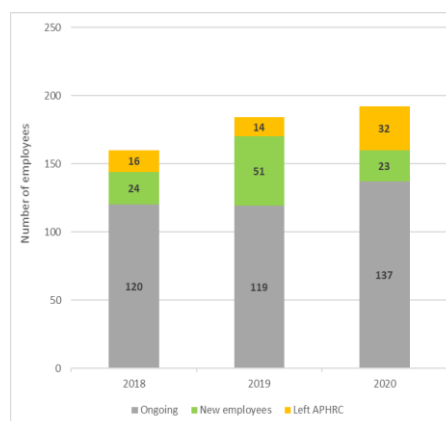


Figure 12: Trend- distribution of total number of employees



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

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 12¹. There were more male than female employees, contrary to 2019 which was reversed, as illustrated in Image 3.

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).

¹ The data excludes consultants, interns and temporary staff.