



African Population and
Health Research Center

2014 Annual Report
Championing Evidence Use
Changing Lives

APHRC AT A GLANCE

RESEARCH

GENERATION AND SYNTHESIS OF SCIENTIFIC KNOWLEDGE



AGING AND DEVELOPMENT



EDUCATION RESEARCH



HEALTH CHALLENGES & SYSTEMS



POPULATION DYNAMICS & REPRODUCTIVE HEALTH



URBANIZATION & WELLBEING

POLICY ENGAGEMENT & COMMUNICATIONS



Communications



Policy Engagement



Knowledge Management

RESEARCH CAPACITY & STRENGTHENING



Training Programs



Partnerships with Universities



Fellowship Programs

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MESSAGE FROM THE CHAIR OF THE BOARD

By 2025, Africa will have the largest population of people of working age (15-64 years); more than China, more than India, more than any other part of the world. If the potential of this huge workforce is well-harnessed, Africa can reap significant dividends. The actions that African leaders take will determine whether this resource delivers the greatest returns by driving Africa's economic development. The time for making these crucial decisions is now! More than ever before, African leaders need timely scientific evidence to guide and inform their choices - on when, where and how to invest in order to reap the highest dividends and sustain growth from this labor force. The role of African researchers in informing these decisions cannot be overemphasized; we must guide our leaders towards finding solutions that work for us and contribute to helping the continent move forward.

APHRC exists for a moment like this. We are uniquely driven by the desire to improve the volume, relevance, and quality of research in Africa by Africans that ultimately improves the wellbeing of Africans. We remain committed to our vision – *that the people of Africa enjoy the highest possible quality of life through policies and practices informed by robust scientific evidence.*

In 2014, we passed the halfway mark of our 2012-2016 Strategic Plan. We have had more national, regional and global impact in this plan period than ever before. Research productivity was at an all-time high, we expanded our regional reach in research and policy engagement and made significant strides in enhancing the capacity of researchers across the region. Notably, the CARTA (Consortium for Advanced Research Training in Africa) Program graduated its first cohort of fellows.

APHRC still has high ambitions, but Africa's needs are bigger than can be met by one organization alone. As we move forward with great fervor towards a continent where all decisions are evidence-guided and evidence-led, we look forward to even greater partnerships with our funders, governments, development partners, and other supporters.

The Board is thrilled about the national, regional and international recognition that the Center is receiving—a testament to the excellent work that APHRC staff have done over the years. We pledge our continued and unalloyed support to the Center as it strives to achieve its mission – *to consistently generate and deliver relevant scientific evidence for policy and action in population, health and education in Africa.*

A handwritten signature in black ink, appearing to read "Abubakar Rose". The signature is written in a cursive style and is positioned in the bottom right corner of the page.

MESSAGE FROM THE EXECUTIVE DIRECTOR

2014, the halfway mark of our 2012-2016 Strategic Plan, was a time for taking stock and re-energizing our efforts towards what we set out to achieve three years ago. We maintained our focus on the Center's three core mandates: evidence generation, engaging policy and other decision makers with research evidence to drive change, and building the capacity of institutions and individuals across Africa to conduct sound and policy-relevant research. I am proud to report steady achievements in each of these core areas of work.

Our notable programmatic achievements include publishing a record 180 peer-reviewed papers by our staff and fellows in our capacity strengthening initiatives and the successful launch of five technical reports. During the year, we also established and launched the APHRC micro-data portal that provides the wider public access to archived data sets from the Center's research over the last ten years. We continued to influence programmatic and policy decisions and discourse at national, regional and global level. The year also saw us graduate the very first cohort of fellows of the Consortium for Advanced Research Training in Africa (CARTA) Program.

In 2014, we had more achievements linked to our strategic objectives on expanding our regional reach and using biomedical approaches to address pertinent public health issues. Our research programs expanded to three new countries, and the number of multi-country research projects increased. Notably, our policy engagement and communications work expanded substantially to include multi-country policy outreach projects and vastly expanded regional networks to support evidence-based change. The Center also opened its very first laboratory as a first step towards strengthening our capacity in biomedical approaches to research.

As the Center considers its next growth phase, plans for the second phase development of the APHRC Campus got a boost with the acquisition of an additional 3.1 acres of land next to our headquarters. The second phase development will include training and residential facilities to be used by our expanding research capacity strengthening initiatives. The development, once completed, will also significantly enhance the Center's unrestricted funding base.

The achievements in 2014 would not have been possible without every single one of our staff, partners and funders. I want to thank you very much for your continued support in our quest to improve the lives of Africans through policies and practices informed by robust scientific evidence.

Alentzgel



2014

ACHIEVEMENTS

Knowledge Generation
Influencing Change in Africa
Strengthening Capacity
Broadening our Partnerships
Regional Outlook
Operations



KNOWLEDGE GENERATION

Evidence generation is the Center's core mandate. Through its five research programs, the Center has produced, published and disseminated 12 landmark reports that continue to shape policy discourse in the region. The Center also produced a record 180 peer-reviewed scientific publications disseminated in international and regional journals.





Aging and Development

Population aging is an emerging focal area for APHRC. The research program on 'Aging and Development in sub-Saharan Africa (AAD),' aims to deliver and broker sound evidence for policy and action, as well as advance scientific debates on old age, health and/or development in the region. The Program specifically seeks to illuminate the nexus between issues of aging and core development objectives in sub-Saharan Africa (SSA). Over the past year, the Program has further developed its national, regional and international contribution to the policy and scientific endeavor on aging through the conduct of high-quality and policy relevant research.

The Program produced a report for HelpAge International on "Relevance of Aging for Post-2015 development in sub-Saharan Africa: Establishing Basic Parameters." This report highlighted the contribution of older people to economic activity, specifically in the agricultural sector, intergenerational connections and potential impacts on the building of human capital in children and adolescents, and potential exposure to age-based inequities in well-being and service access. The report offers a first basis for substantiating and refining policy arguments on the need for a greater consideration of issues of older persons in the post-2015 development agenda.



Education Research Program

Despite gains made in increased access to basic education in the SSA region, challenges of equitable access and quality of education remain. The Education Research Program (ERP) generates evidence on two broad areas of work: i) access to basic education among marginalized groups and the utilization of universal basic education programs; and ii) increasing opportunities to learn and improve critical thinking among pupils.

In 2014, the Program launched the report “Understanding the Dynamics of Access, Transition and Quality of Education in Urban Areas”. The report investigated the patterns of enrollment in urban slums of major cities in Kenya in the context of free primary education (FPE); examined the factors that contribute to low utilization of public schools by poor slum residents, who ideally should benefit more from the FPE policy; and assessed the quality of education in schools accessed by children in these slums. The report was launched in Nairobi with the Ministry of Education Science and Technology (Government of Kenya) at a ceremony graced by the Cabinet Secretary for Education.





Health Challenges and Systems

Sub-Saharan Africa still bears a disproportionate burden of ill-health in the world. Despite significant progress being made in improving health outcomes amongst women and children over the last decade, challenges still remain. These are manifest as weak and unresponsive health systems. The region is also experiencing an increasing burden of non-communicable diseases even as it deals with the unfinished agendas of infectious diseases and maternal, newborn and child health.

The Health Challenges and Systems (HCS) Research Program generates evidence on the i) epidemiology of infectious and non-communicable diseases (NCDs) and their inter-linkages; ii) critical health systems needs and challenges, and iii) global environment change and its health impacts.

The Program developed and launched the Kenya Non-Communicable Diseases Knowledge Sharing portal www.ncdinfo-kenya.org in March. The portal, which acts as a repository for evidence, research, partners, and activities on NCDs in the country, is co-hosted by the Kenya Ministry of Health and the Kenya Medical Research Institute. The Program also contributed to the first ever Global Nutrition Report that highlighted the need to strengthen accountability in nutrition so that progress in reducing malnutrition could be accelerated. Key recommendations of this report included scaling up of nutrition programs especially nutrition-specific and nutrition-sensitive approaches and actions to accelerate coverage and reach. The report will be launched in 2015.





Population Dynamics and Reproductive Health

The Population Dynamics and Reproductive Health (PDRH) Program aims to provide scientific evidence and articulate policy and program priorities for sustainable population growth and improved sexual and reproductive health in the region. The Program's current projects are organized around five strategic areas: i) sexual & reproductive health & rights; ii) family planning, fertility & population growth; iii) maternal, newborn and child health; iv) linkages between population and reproductive health and poverty; and v) linkages between population growth and environmental change.

The Program produced a report on "The Shifting Role of Men in Efforts to Address Sexual and Gender-Based Violence (SGBV) in Kenya". The report highlighted the need for meaningful involvement of men in strategies for gender justice and ending SGBV.

A report was also published on "Understanding Potential Social Harms and Abuses of Oral HIV Self-Testing in Kenya". The report findings will directly feed into the development of pilot programs using HIV oral self-tests in Kenya by the National AIDS and STI Control Program (NASCOPI).

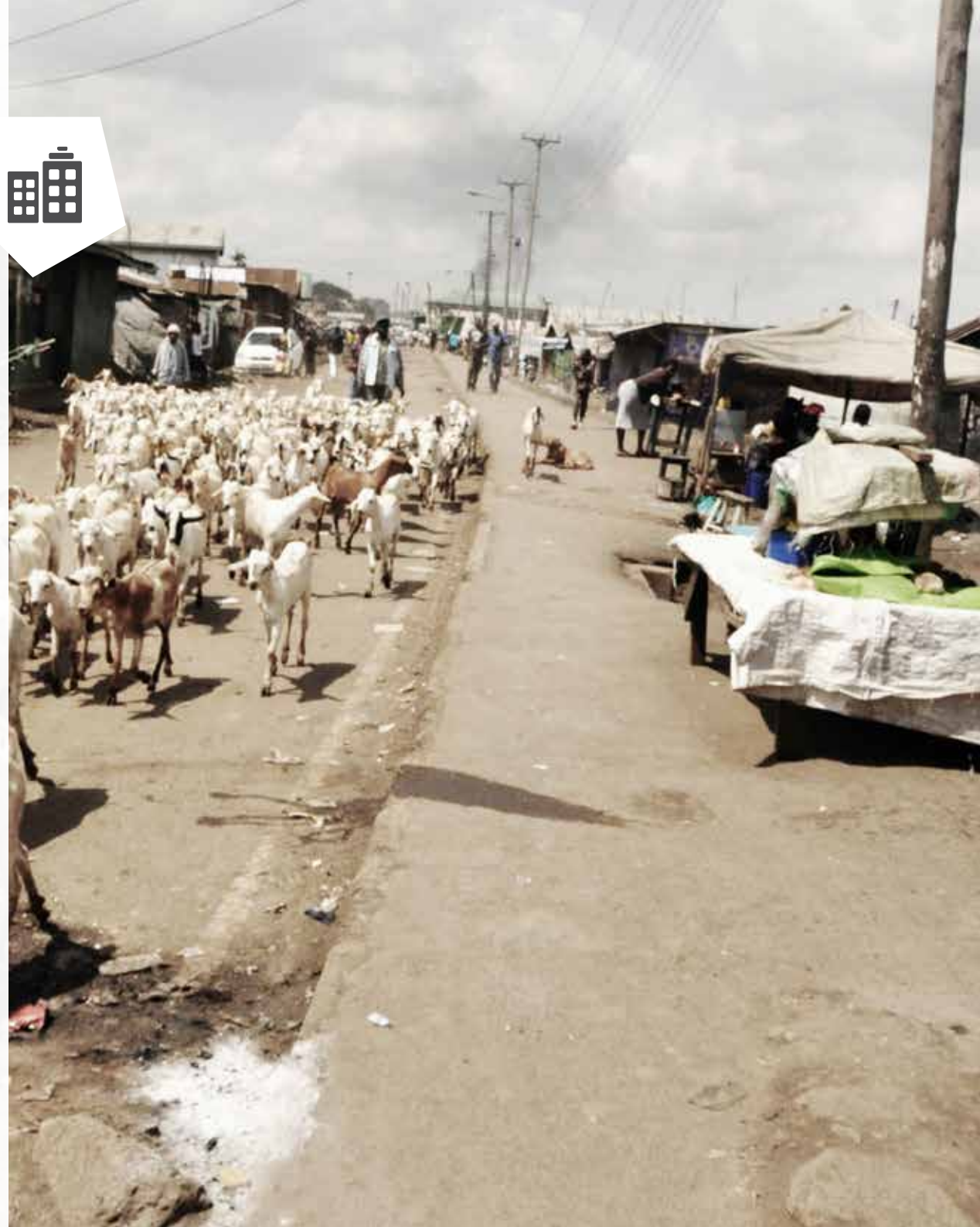


Urbanization and Wellbeing

The Urbanization and Wellbeing (UWB) Research Program at APHRC strives to be a pace-setter in defining research priorities on urban issues in Africa. The Program aims to: i) investigate the processes, causes and consequences of urbanization in Africa; ii) examine inter-linkages between urban health and the physical environment; and iii) assess urban vulnerabilities and livelihoods, with a particular focus on urban vulnerability metrics; and the dimensions, dynamics, determinants and consequences of urban poverty.

The Program published and launched the report on "Population and Health Dynamics in Nairobi's Informal Settlements: Report of the Nairobi Cross-sectional Slums Survey (NCSS) 2012". This report highlighted the changes and continuities in population and health indicators among the urban poor between 2000, when the first cross-sectional survey was conducted, and 2012.

In addition, the Program published a report with the International Organization for Migration (IOM), Africa Regional Office, on the regional profile of mobile/migrant populations in urban areas of East and Southern Africa and their health challenges. The report highlighted the key migrant categories across East and Southern Africa region, their key health challenges including poor access to health services. Cross-border and regional approaches are needed to effectively address these challenges.





The Statistics and Surveys Unit

The main function of the Statistics and Surveys Unit (SSU) is to develop and maintain a strong and locally-owned data management and processing system as well as develop a rigorous system of measuring program inputs, outputs, outcomes and impacts in SSA.

Internally, the primary role of the SSU is to effectively support APHRC programs in data collection, documentation and analysis. The SSU performs its external functions by providing a variety of demand-driven research consultancy services to external clients.

The Unit contributed to knowledge generation by establishing and launching the APHRC micro-data portal. The portal hosts documented and archived data sets from the Center's research over the last ten years that the wider public can access.



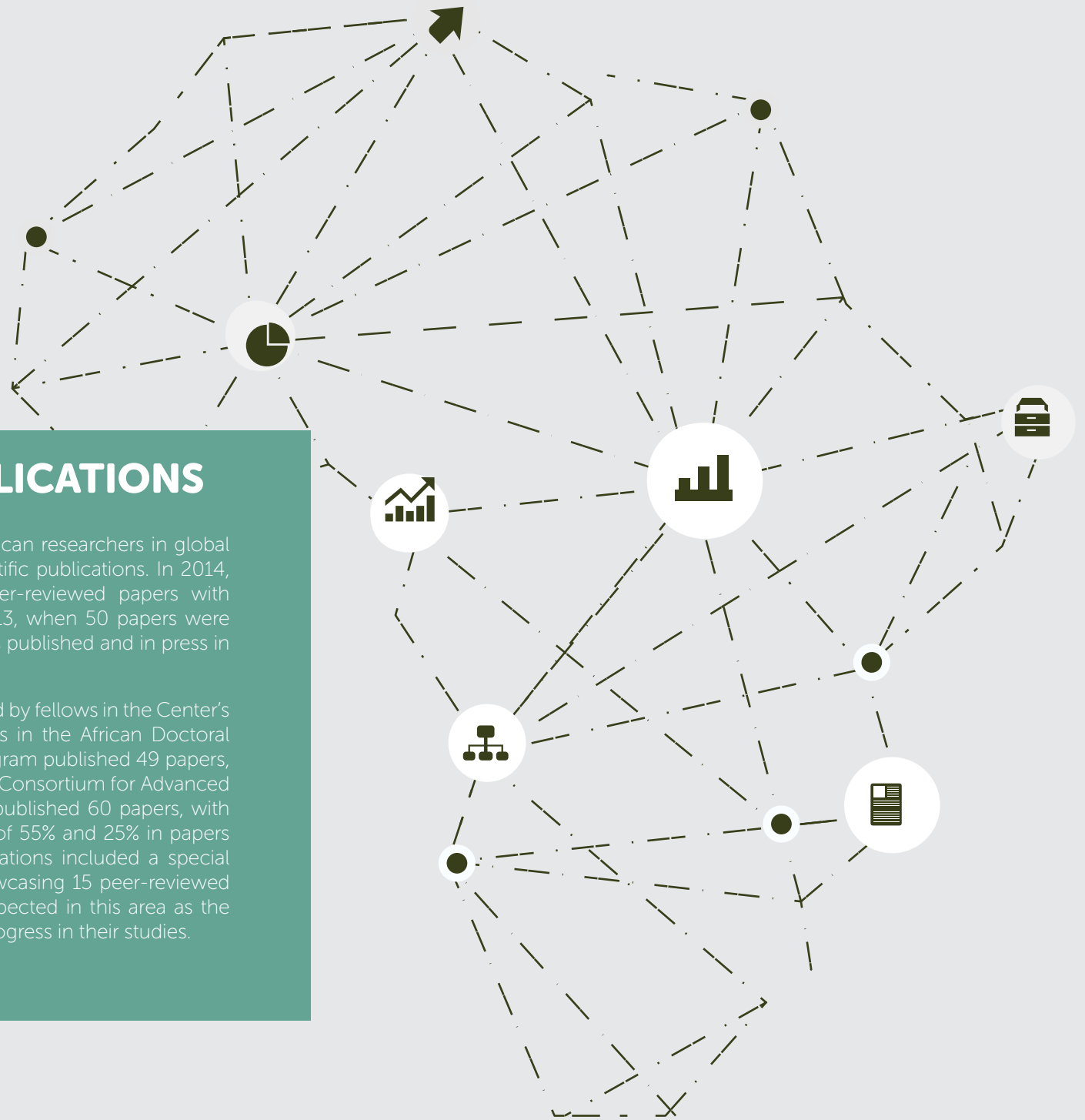
The APHRC micro-data portal hosts documented and archived data sets from the Center's research over the last ten years



PEER-REVIEWED PUBLICATIONS

The Center aims to increase the voices of African researchers in global academic and policy discourse through scientific publications. In 2014, researchers at the Center published 62 peer-reviewed papers with 9 in press. This was a 40% increase from 2013, when 50 papers were published. Seventy-eight percent of the papers published and in press in 2014 were led by APHRC researchers.

Peer-reviewed publications were also produced by fellows in the Center's two capacity strengthening programs. Fellows in the African Doctoral Dissertation Research Fellowship (ADDRF) program published 49 papers, with 92% led by the fellows, while those in the Consortium for Advanced Research Training in Africa (CARTA) program published 60 papers, with 54% led by the fellows. This was an increase of 55% and 25% in papers published from 2013 respectively. The publications included a special issue of the Pan African Medical Journal showcasing 15 peer-reviewed articles by ADDRF fellows. More growth is expected in this area as the number of fellows increases and they make progress in their studies.





Nairobi County Cabinet Secretary for Health - Dr Timothy Kingondu, Dr. Manu Chandaria - a Kenyan Industrialist and the APHRC team - Joyce Mumah, Blessing Mberu and Alex Ezeh at the launch of the 2012 Nairobi Crosssectional Slum Survey Report

INFLUENCING CHANGE IN POLICIES AND PRACTICE

The Policy Engagement and Communications (PEC) Division ensures that the research or evidence generated by APHRC and other researchers in the region is widely disseminated to audiences beyond academic and research circles, and that as much as possible, it gets to different types of decision makers: national ministries, departments, local government, program implementers, the media, development partners, and funders. Our research has contributed and continues to contribute to discussions and decisions made at national, regional and global levels. Our researchers, were involved in high-level technical panels and committees, and invited to participate in numerous decision-making forums at national and global level. The researchers also continued to engage with local, national and international media. Below, we highlight key policy impacts of 2014.

Regional Policy Influence

The AAD Research Program developed a Monitoring and Evaluation (M&E) Framework for the African Union Plan of Action on Aging (2002). The framework is intended for use in a periodic (5-year) exercise to appraise progress in the AU Plan implementation.

Activities under the Working Group on Aging and Achieving a First Demographic Dividend are ongoing. The working group is a partnership initiative of APHRC, the African Union Commission (AUC) Department of Social Affairs, and the UN Economic Commission for Africa (UNECA) Social Development Policy Division. It is engaged in evidence generation on a potential relevance of Africa's older population to a full realization of a first demographic dividend in the region – and potential approaches to harnessing it. The team continues to engage in policy forums with findings from the initial evidence synthesis and conceptual analysis.

Global Policy Influence

The Data for African Development (DfAD) working group report, produced in collaboration with the Center for Global Development in Washington DC, was launched at the 7th Joint AU Conference of Ministers of Economy and Finance and the Economic Commission for Africa (ECA) Conference of African Ministers of Finance, Planning and Economic Development. Its recommendations have formed the basis of numerous data revolution activities including the ratification of the very first African Statistical Charter by 16 countries in May 2014. Recommendations from the DfAD working group report were reflected in the UN's A World That Counts report, the Organization for Economic Co-operation and Development's (OECD) Informing a Data Revolution report. The report's authors continue to participate in high level panels at regional and global level on the data revolution and what it means for Africa.

Other Changes Influenced

The Center was contracted to support the African Constituencies to The Global Fund Board in preparing for Committee and Board meetings. The support entails synthesizing documents and articulating positions, supported by evidence that will benefit Africans in the long term. This support has armed the African Constituencies with arguments that have been used to build consensus with other constituencies on operational issues while setting the stage for more strategic discussions. This support will be crucial as the Global Fund develops its next strategy 2017-2021.

Researchers from the ERP Research Program engaged with DfID on the findings of the study Quality and Access to Education in Urban Informal Settlements in Kenya in 2013. This study, conducted in the slums of all major cities in Kenya showed that close to half (47%) of all primary school children attended fee-charging low cost private school despite the government's free primary education program. This engagement partly informed DfID's decision to launch a fee funding intervention "Supporting Complementary Schools for Equitable Education in Informal Settlements of Nairobi" to provide school fees to children from poor households and improve quality in low cost private schools in urban areas.

Research findings from APHRC were extensively cited in the rationalization for the USAID-funded AFYA JIJINI and AFYA PWANI program targeting Nairobi and the Coast regions in Kenya respectively. The program aims to improve and increase access and utilization of quality health services through strengthened service delivery and institutional capacity of county health systems. The strong emphasis of this initiative on slum populations as marginalized and hard-to-reach is largely derived from research conducted by APHRC over the years.

The Healthy Heart Africa initiative launched in Kenya by Astra Zeneca relied heavily on research done on cardiovascular diseases by researchers in the HCS program. The initiative aims to increase public awareness, screening opportunities and treatment for hypertension in Kenya and later in Africa and is modelled along the SCALE- UP project implemented by APHRC in the two slums of Korogocho and Viwandani.

STRENGTHENING RESEARCH CAPACITY

APHRC strives to improve the skills of academics in the region to conduct high quality research. The overarching of our research capacity strengthening initiatives is to cultivate scholars who can generate policy-relevant evidence on key development issues facing the region and build careers in research. The Research Capacity Strengthening (RCS) Division spearheads APHRC's efforts to strengthen individual and institutional research capacity.

The Division adopts a three-pronged approach in its work:

- Formal partnerships with universities to improve doctoral training;
- Provision of fellowships and internships to African researchers or non-Africans working on African issues and;
- Conducting training workshops to build capacity for research among various audiences.



Partnerships with Universities to Improve Graduate Training in Africa

The Consortium for Advanced Research Training in Africa (CARTA) Program is an Africa-based, African-led initiative to rebuild and strengthen the capacity of African universities to locally produce well-trained and skilled researchers and scholars. The program addresses an important challenge facing the African academy: the scarcity of a robust research and training infrastructure capable of offering the type of vibrant and sustained doctoral training necessary to attract, train and retain the continent's brightest minds.

CARTA is structured to fast-track the career development of the next generation of academics; build communities of fellows and mentors, reduce their isolation, and provide them a nurturing environment. In the period under review, CARTA recorded several achievements.

Below, we highlight some of them:

- Twenty-five new fellows joined the program bringing the total supported so far to 115.
- The first cohort of fellows graduated from the program and eight fellows completed their PhD studies and graduated.

100 faculty and administrators participated in the 5th CARTA Faculty and Administrators' (FAS) Workshop which aims to strengthen the capacity of staff of CARTA member-institutions in research management and governance, use of information technology, supervision and mentoring of graduate students, grant writing, and librarianship.



Our programs have supported over 270 PhD fellows.



The African Doctoral Dissertation Research Fellowship (ADDRF) Program's goal is to nurture and retain a critical mass of the next generation of locally trained and skilled African researchers and scholars committed to the reconstruction of the African academy, and to facilitate rigorous evidence addressing policy-relevant research on health systems, governance, equity, and population-related issues in the region.

In the period under review, the ARDRF Program recorded the following achievements:

Seventeen new fellows joined the program bringing the total supported so far to 150. Twenty five fellows graduated in the course of the year.

The Program moved into the next phase and began supporting postdoctoral fellowships and re-entry grants for ARDRF graduates. Three re-entry grants were awarded to alumni of the program. In addition, the program started its expansion into French-speaking countries by organizing a pre-application workshop following the announcement of the 2015 call for applications.

A post-PhD workshop for 20 ARDRF graduates was held to expose recent graduates of the Program to the essentials of life after PhD including research and academic leadership, proposal development, and research management.



**42 new fellows
joined our
program**





Fellowships, Visiting Scholarships, and Internships

In 2014, the Center hosted three visiting scholars and ten interns. Five of the interns were pursuing their Masters' degree while three were studying for their PhD. The Center also hosted four post-doctoral fellows, two continuing with their fellowship and two recruited.

The Center, as part of efforts to build internal capacity, supports staff to undertake graduate studies. Nine staff members were enrolled in PhD programs in 2014. Ten were enrolled in Masters Programs and one graduated.

BROADENING OUR PARTNERSHIPS

To achieve the Center's mission to become a global center of excellence that consistently generates and scientific evidence for policy and action, we have forged strategic partnerships with research and academic institutions, governments, funders and communities where we work. In 2014, we broadened our partnerships into new geographical areas, fields of research and areas of work.

We formed partnerships with the World Health Organization Department of Ageing and Life-course, the United Nations High Commissioner for Refugees (UNHCR) Regional Support Hub for East and Horn of Africa, and the Centre for Research on Ageing, University of Southampton to expand our work on Aging and Development.

A partnership was established with the "Co-ordination and Harmonisation of Advanced e-Infrastructures for Research and Education Data Sharing (CHAIN-REDS)" project in South Africa to widen and simplify access to the APHRC data sharing portal across different e-Infrastructures and continents.

Our ties with East Central and Southern Africa Health Community (ECSA-HC) and Network of African Parliamentary Committees on Health (NEAPACOH) were strengthened to facilitate research uptake in these regional agenda setting forums.

A MoU was signed with the Iganga-Mayuge Health and Demographic Surveillance System (HDSS) in Uganda to facilitate sharing of primary data collected in the HDSS. The Center is also pursuing a MoU with the Ministry of Education and Sports in Uganda to facilitate the conducting of research in the country as well as research uptake.



APHRC signs MOU with AMREF



REGIONAL OUTLOOK

Expanding our regional reach and influence is one of the key objectives of the Center's current strategy. 2014 saw APHRC make strides in meeting this objective. Our research capacity strengthening initiatives have always been regional in nature and so progress was made in our research and policy engagement work. More multi-country research projects were initiated and more research was undertaken in countries other than Kenya. Our policy engagement work now involves multiple countries and is done through platforms which the Center has previously not had access to.

SOCIAL IMPACT THROUGH RESEARCH

The APHRC Strategic Plan 2012-2016 focuses on impact instead of outputs as a measure of success. Putting more emphasis on research that provides solutions rather than just identifying problems is one way in which we hope to be more impactful. Here, we profile two of our intervention research projects that are making a difference in the lives of disadvantaged children, young women and girls in Nairobi, even as we generate scientific evidence.

Nairobi County Governor, Hon. Evans Kidero, officiated the opening of the Korogocho Health Center, one of the facilities equipped to provide services to the slum residents





Improving Learning Outcomes and Transition to Secondary School Initiative (Korogocho and Viwandani) – GEC Project

Despite gains made in increasing primary school enrollment rates, many children still fail to progress to secondary school. Kenya Ministry of Education data for 2009 showed that the secondary school transition rate was about 67%. For pupils residing in Nairobi slums, the rate was 59%.

The goal of this project is therefore to improve learning outcomes and enhance transition to secondary school among disadvantaged girls in urban informal settlements. The intervention approaches include increasing girls' opportunity to learn, increasing parents and community leaders' awareness about the challenges of girls' education, reducing socio-cultural barriers to learning and contributing to the direct financial costs (that would have been borne by the family) of joining secondary school. The project seeks to understand whether additional support with homework, increasing parental support for girls' education and a financial incentive pegged to good performance will improve learning outcomes, specifically transition to secondary school, among disadvantaged girls living in two Nairobi slums.

The project is generating evidence on whether and how the proposed model works. Working with the study communities and various decision makers, the team is developing a more effective and sustainable model and working to change policies on marginalized girls' education.

During the reporting period, 73 girls were awarded a school overhead subsidy of USD 113 each to support them transit to secondary schools.

One of the girls was admitted to Alliance Girls High School – one of the best national schools in Kenya.

Three girls in the program from Korogocho were also awarded the Wings to Fly Scholarship through the Equity and MasterCard Foundations.

There was an 11% increase in the proportion of girls who attained at least 250/500 marks at the end of primary school, thereby increasing their chances of transiting to secondary school.

Girls from a primacy school in Korogocho slum during playtime. The GEC project is helping young girls in disadvantaged slum communities to transition to secondary school



Harnessing public-private Partnerships to Improve Maternal, Newborn and Child Health in Nairobi Slum Settlements (PAMANECH)

Slums are generally underserved by public social services such as healthcare. As a result, private health providers dominate and are therefore the ones mostly used by slum residents. Health care services provided by private providers in slums are not always of high quality partly due to lack of oversight, training opportunities and knowledge of current service guidelines.

The PAMANECH service delivery model brings together private and public healthcare providers, local health managers, and community volunteers to provide maternal, newborn and child health (MNCH) services that are of high quality, affordable, accessible, and convenient for slum residents. The project aims to generate evidence on whether investments in credible private health care providers in marginalized settings can result in improved access to MNCH services and sustainable improvements in quality of care. The model has the following key elements: infrastructural upgrades, provision of equipment, training of health workers in service guidelines, support to local health managers to provide supervision and oversight. A network of 180 community health volunteers conducts home visits to create demand for the services and identify mothers and women in need of preventive and curative health care. Other community volunteers include 16 youth groups that escort women and children in need of care at times when it may not be safe to walk to the health facility alone.

In 2014, the intervention was launched after three of the planned five health facilities in two slums were upgraded and equipped and the network of community health volunteers established. Key achievements for the year include:

- An increase by 1000 of deliveries conducted at the three upgraded facilities
- 320 more children vaccinated against measles
- 984 more women having four antenatal care visits as recommended
- 4527 more women having blood pressure measurements taken during ANC visits
- 69 women and children escorted at night to access much-needed health care

Mary is the owner of Cana Maternity Clinic in Viwandani slum which was upgraded through the PAMANECH project. She can now deliver more women and offer more and better quality services to a community she has served for more than 20 years

OPERATIONS

APHRC's success over the years has been underpinned by robust systems established and maintained by the Operations Division. The Division is constantly seeking ways to stay current and adopt best business practices. In 2014, there were two significant developments in the Division:

Internal Audit

The Center constituted an internal audit unit to support the implementation of the Risk Management Framework established in 2011. After outsourcing the internal audit function in 2012 and 2013, the newly established unit has embarked on a review of policy and procedure manuals and conducted program and unit audits. The unit has also conducted audits of selected Center sub-grantees.

Proposed Phase II Development

In 2014, the Center acquired an additional 3.1 acres of land next to its current headquarters that will be used for the second phase of the Campus development. The second phase will include training and residential facilities to be used by our expanding PhD fellowship and the new training programs. Through the training program, APHRC will be launching three Masters' degree programs in collaboration with Moi University, Eldoret Kenya, University of Gothenburg, Sweden, University of Amsterdam and University of Warwick, UK.

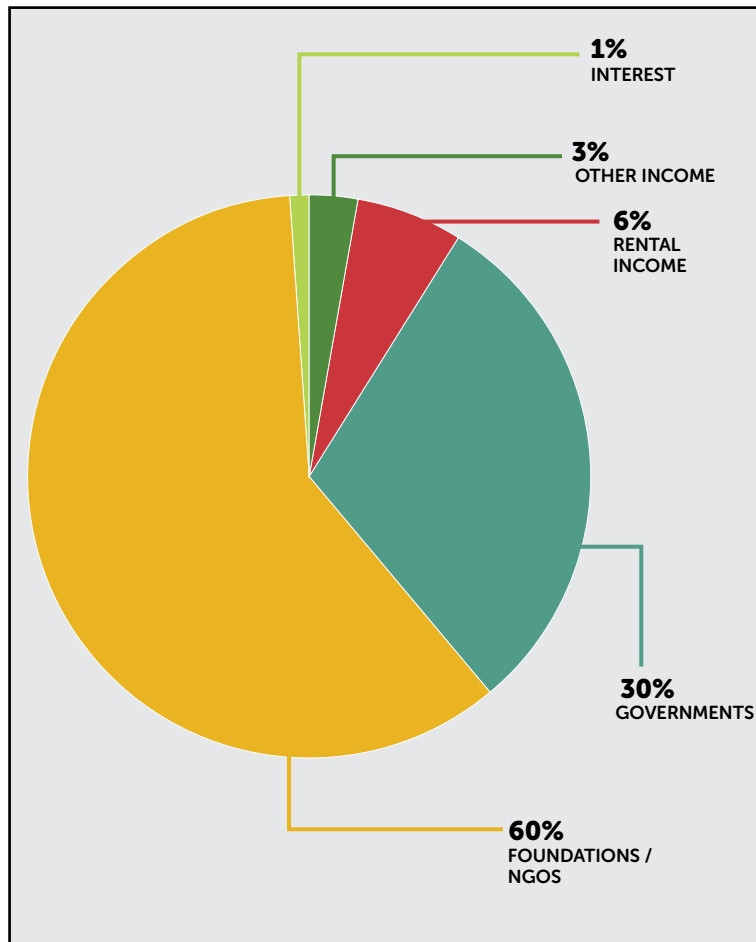
A comprehensive feasibility study was undertaken for the Phase II Development. The viability appraisal was done using Net Present Value (NPV) and Internal Rate of Return methods. APHRC training activities will provide 20-30% demand for the envisaged facilities. With such a high internal demand, the NPVs were positive for all the scenarios analyzed meaning that the proposed development is viable.

The Phase II development once completed will mark a new phase in the Center's drive towards greater impact in its capacity building efforts. It will also take the Center a step closer to increasing its unrestricted funding base.

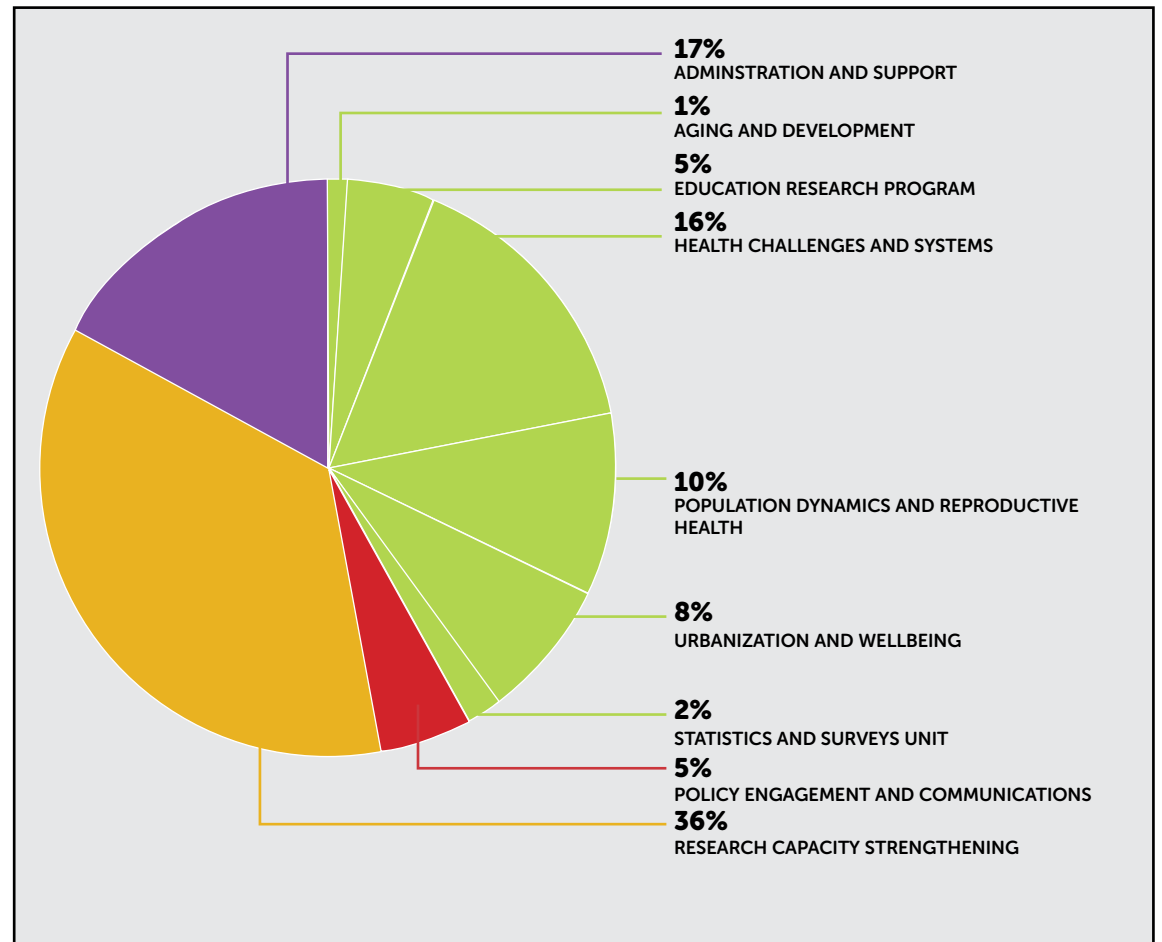
FINANCIAL REPORT 2014

We experienced a 12% drop in income and expenditure from US\$14.5m in 2013 to US\$ 13m in 2014. The decrease in income and expenditure was largely attributed to unusually slow starts to several research projects occasioned by delays in obtaining ethical approvals. The charts of this page detail our income sources and the breakdown of expenditure into the main programs of the Center.

SOURCES OF SUPPORT



USES OF FUNDS



STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 DECEMBER 2014

	2014 Restricted Income (US\$)	2014 Unrestricted Income (US\$)	2014 TOTAL US\$	2013 TOTAL US\$
INCOME				
GRANT INCOME	9,633,864	1,944,676	11,578,540	13,016,090
OTHER INCOME	-	474,147	474,147	654,609
KITISURU BUILDING RENTAL INCOME	-	723,867	723,867	732,635
SERVICE CHARGE INCOME	-	123,802	123,802	168,023
TOTAL INCOME	9,633,864	3,266,492	12,900,356	14,571,357
EXPENDITURE				
DIRECT PROGRAMME EXPENSES	9,633,864	958,010	10,591,874	11,566,226
ADMINISTRATION & SUPPORT COSTS	-	1,893,817	1,893,817	1,658,515
APHRC CAMPUS DEVELOPMENT	-	181,264	181,264	337,630
APHRC CAMPUS ADMINISTRATION EXPENSES	-	237,799	237,799	194,037
TOTAL EXPENDITURE	9,633,864	3,270,890	12,904,754	13,756,408
(DEFICIT)/SURPLUS FOR THE YEAR	-	(4,398)	(4,398)	814,949
OTHER COMPREHENSIVE INCOME				
FAIR VALUE LOSS ON AVAILABLE FOR SALE FINANCIAL ASSETS	-	(5,557)	(5,557)	(24,875)
TOTAL COMPREHENSIVE (LOSS)/INCOME FOR THE YEAR	-	(9,955)	(9,955)	790,074

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2014

	2014 US\$	2013 US\$
ASSETS		
Non-current Assets		
PROPERTY AND EQUIPMENT	6,856,128	5,533,555
PREPAID OPERATING LEASE	1,562,045	279,957
INTANGIBLE ASSETS	5,971	14,419
	8,424,144	5,827,931
Current Assets		
GRANTS RECEIVABLE	11,647,512	12,833,282
INVESTMENTS	380,701	386,258
DEBTORS AND DEPOSITS	362,442	343,485
CASH AND BANK BALANCES	11,817,751	10,190,884
Total Current Assets	24,208,406	23,753,909
Total Assets	32,632,550	29,581,840
Funds and Liabilities		
FUND BALANCE	9,413,724	6,805,245
Non-current liabilities		
PROGRAM RELATED INVESTMENT LOAN	444,448	888,892
Current liabilities		
CREDITORS AND ACCRUALS	6,317,607	5,549,799
DEFERRED GRANTS	16,012,327	15,893,460
PROGRAM RELATED INVESTMENT LOAN	444,444	444,444
Total Current Liabilities	22,774,378	21,887,703
TOTAL FUNDS AND LIABILITIES	32,774,378	29,581,840

BOARD OF DIRECTORS

In November 2014, the board elected Philip Kinisu as the new Deputy-Chair.



Agyeman Akosa
Board Chair

Professor of Pathology at the University of Ghana Medical School and Executive Director of Healthy Ghana



Philip Kinisu
Deputy Board Chair

Philip Kinisu has been non-Executive Vice Chairman of APHRC since November 2014. A former partner and former Chairman PwC Africa (2014), he is currently an independent consultant and businessman in Nairobi.



Akpan Hogan Ekpo
Member

Director General and Chief Execucutive of the West African Institute for Finacial and Economic Management (WAIFEM).



Göran Bondjers
Member

Emeritus Professor of Cardiovascular University of Gothenburg as a Northern partner in Research at the University of Gothenburg, Chairman of the European Vascular Biology Association and Program leader at Univer



James Ole Kiyiapi
Member

Associate professor Moi University, Kenya and former Permanent Secretary, Ministry of Education in Kenya. Professor Ole Kiyiapi has also served as a senior research fellow, faculty of environmental studies, at York University, Canada.



Patricia C. Vaughan
Member

General Counsel and Corporate Secretary of the Population Council.



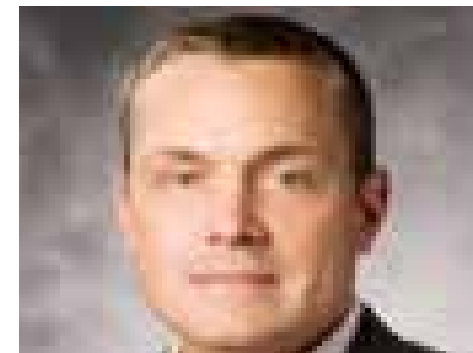
Tade Aina
Member

Tade is currently the Executive Director of Partnership for African Social and Governance Research (PASGR). Previously, he was the Program Director, Higher Education and Libraries in Africa for the Carnegie Corporation of New York. He has also served as a Consultant for many agencies including UNDP, UNICEF, UN-HABITAT, United Nations University and the World Bank on a wide range of development issues such as urban poverty, higher education reform, governance, environment and development.



Tamara Fox
Member

Tamara is the Director Research, Monitoring, and Evaluation at The Helmsley Charitable Trust. Previously, she was the Senior Director for Research, Monitoring, and Evaluation at the ELMA Philanthropies Services in New York, which focuses on improving education and health outcomes for children and youth in southern and eastern Africa.



Timothy A. Stiles
Member

Partner in Charge of the Global Grants Practice since 2002; previously he was the Director of the West Region Exempt Organizations (EXOTAX) practice, over-seeing the delivery of services to all not-for-profit clients in 13 states throughout the western United States. Tim is also Advisory member, KPMG disaster Relief Fund; Board member, KPMG National



Trudy Harpham
Member

Professor of Urban Development and Policy at the London South Bank University. Honorary professor at the London School of Hygiene and Tropical Medicine



Alex Ezeh
APHRC's Executive Director

Director of the Consortium for Advanced Research Training in Africa (CARTA) and Honorary Professor of Public Health at the University of the Witwatersrand, South Africa.

SOURCES OF SUPPORT

APHRC is grateful to each of the funders who make our work possible. We appreciate the funding partnerships from government agencies, foundations, and partner organizations that have kept our work going and our mission alive over the years. We value the continued relationship with some of our longstanding funders and warmly welcome the new ones.

Anonymous donors

AMC Foundation, Netherlands

Bill & Melinda Gates Foundation

Carnegie Corporation of New York

Children's Investment Fund Foundation (CIFF)

Comic Relief, UK

David and Lucile Packard Foundation

Department for International Development (DfID/UKAid)

Economic Research Council

Fidelity Charity Gift Program

Ford Foundation

Individuals

International Development Research Centre (IDRC)

International Initiative for Impact Evaluation (3ie)

MacArthur Foundation

National Institutes of Health (NIH)

New Venture Fund

Rockefeller Foundation

Swedish International Development Agency (Sida)

United Nations Population Fund (UNFPA)

United States Agency for International Development (USAID)

World Health Organization (WHO)

Wellcome Trust, UK

William and Flora Hewlett Foundation



PARTNERS

At APHRC, we are grateful to the partnerships we enjoy from government agencies, universities, research institutions, local, national and international nongovernmental organizations, multilateral agencies and our study communities. The following is a list of partners that we worked with in 2014.

Absolute Return for Kids (ARK), UK
Adam Smith International, UK
African Union Commission, Department of Social Affairs
Aga Khan University Hospital, Kenya
Agincourt Health and Population Unit, South Africa
Amsterdam Health and Technology Institute (AHTI), Netherlands
Amsterdam Institute of Global Health and Development (AIGHD), Netherlands
AMREF Health Africa, Kenya
Aspen Institute, USA
Boston University, USA
CARE, Kenya
Center for Global Development (CGD), USA
Columbia University, USA
Council for Scientific and Industrial Research, South Africa
County Government of Busia, Kenya
County Government of Siaya, Kenya
County Government of Nairobi City, Kenya
East, Central and Southern Africa Health Community (ECSA-HC)
ESE:O, Chile
Family Health Options, Kenya (FHOK), Kenya
Futures Group, USA
Government of Kenya, Ministry of Labour, Social Security and Services, Kenya
Government of Kenya, Ministry of Education, Science and Technology (MoEST), Kenya
Government of Kenya, Ministry of Health, Kenya
Government of Uganda, Ministry of Education and Sports (MoES), Uganda
Great Lakes University of Kisumu (GLUK), Kenya
Gutmacher Institute, USA
HelpAge International, UK
Hindu Religious Council, Kenya
Ifakara Health Institute (IHI), Tanzania
Iganga Mayuge HDSS, Uganda
INDEPTH Network, Ghana
Institut Supérieur des Sciences de la Santé (ISSP), Burkina Faso
Institute of Development Studies, UK
Institute of Infection and Global Health, University of Liverpool, UK
International Council of Research on Women, USA
International Food Policy Research Institute (IFPRI), Kenya
International Organization of Migration (IOM), Kenya
International Rescue Committee (IRC), Kenya
International Planned Parenthood Federation (IPPF), USA

IPAS, USA
KEMRI/Wellcome Trust Research Programme, Kenya
Kenya Medical Association, Kenya
Kenyatta National Hospital, Kenya
Kenya Obstetrical and Gynecological Society, Kenya
London School of Hygiene and Tropical Medicine (LSHTM), UK
Loughborough University, UK
Makerere University, Uganda
Management Sciences for Health, USA
Marie Stopes, Kenya
McGill University, Canada
Media for Environment, Science, Health and Agriculture (MESHA), Kenya
Miss Koch, Kenya
Moi University, Kenya
Monash University, Australia
National Academy of Sciences (NAS), USA
National Institute of Nutrition, India
National University of Rwanda, Rwanda
University of Maryland, USA
Netherlands Interdisciplinary Demographic Institute (NIDI), Netherlands
Obafemi Awolowo University, Nigeria
Pathfinder International, USA
Partners for Population and Development, Uganda
Population Council, Kenya
Promoting Equality in African Schools (PEAS), UK
Provide International, Kenya
Save the Children, Kenya
Technische Universität Berlin, Germany
Umea University, Sweden
United Nations Economic Commission for Africa, Social Development Policy Division
United Nations Population Program (UNFPA)
University of Gothenburg, Sweden
University of Edinburgh, UK
University of Ibadan, Nigeria
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University of Malawi, Malawi
University of Maryland, USA
University of Southampton, UK
University of Warwick, UK
University of the Witwatersrand, South Africa
U-Tena Youth Group, Kenya
World Bank
World Friends, Kenya
World Health Organization, Department of Ageing and Life Course, Geneva
World Health Organization Centre for Health Development, Kobe, Japan

2014 Published Peer Reviewed Journal Articles APHRC

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Forthcoming

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65. **Beguy, D., Elung'ata, P., Mberu, B., Oduor, C., Wamukoya, M., Nganyi, B., and Ezeh, A.** (In Press) HDSS Profile: The Nairobi Urban Health and Demographic Surveillance System (NUHDSS). *Int J Epidemiol*.
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APHRC 2014 Activities



1



3



2

1 Catherine Kyobutungi talks with guests to an APHRC Friendraiser in New York last year

2 Kenya's Parliamentary Health Committee and the APHRC team after a hearty discussion on how best to implement family planning policies in the country

3 Sharon Fonn of University of Witwersrand and Alex Ezeh, APHRC's Executive Director, present Joshua Akinyemi, a CARTA Fellow, with a certification of completion. CARTA graduated its very first cohort in 2014

Acronyms

ADDRF - African Doctoral Dissertation Research Fellowship
AAD - Aging and Development Program
AU - African Union
APHRC - African Population and Health Research Center
BFCI - Baby Friendly Community Initiative
CARTA - Consortium for Advanced Research Training in Africa
CHAIN-REDS - Co-ordination and Harmonisation of Advanced e-Infrastructures for Research and Education Data Sharing
DfAD - Data for African Development
DFID - Department for International Development
FP - Family Planning
RH - Reproductive Health
E2A - Evidence to Action for Strengthened FP and RH Services for Women and Girls
ECSA-HC - East Central and Southern Africa Health Community
ERP - Education Research Program
FPE - Free Primary Education
HCS - Health Challenges and Systems
HDSS - Health and Demographic Surveillance System
IOM - International Organization for Migration
MDG - Millennium Development Goals
MIYCN - Maternal Infant and Young Child Nutrition
MNCH - Maternal, Newborn and Child Health
MoEST - Ministry of Education, Science and Technology
MoH - Ministry of Health
NCDs - Non Communicable Diseases
NCSS - The Nairobi Cross-sectional Slum Survey
NEAPACOH - Network of African Parliamentary Committees of Health
NPV - Net Present Value
NUHDSS - Nairobi Urban Health and Demographic Surveillance System
PAMANECH - Partnership for Maternal, Newborn, and Child Health
PDRH - Population Dynamics and Reproductive Health
PEC - Policy Engagement and Communications
PPD - Partners in Population and Development
RCS - Research Capacity Strengthening
SGBV - Sexual and Gender-Based Violence
SSA - Sub-Saharan Africa

SSU - Statistics and Surveys Unit
STEP UP - Strengthening Evidence for Programming on Unintended Pregnancy
TSC - Teachers Service Commission
UNECA - UN Economic Commission for Africa
UNICEF - United Nations Children's Fund
UN-HABITAT - United Nations Human Settlements Programme
UNHCR - United Nations High Commissioner for Refugees
USAID - United States Agency for International Development
UWB - Urbanization and Well being
WHO - World Health Organization

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