



**Driving Transformative Reforms and
Development Action in Africa through
Evidence, Partnerships, and Advocacy**

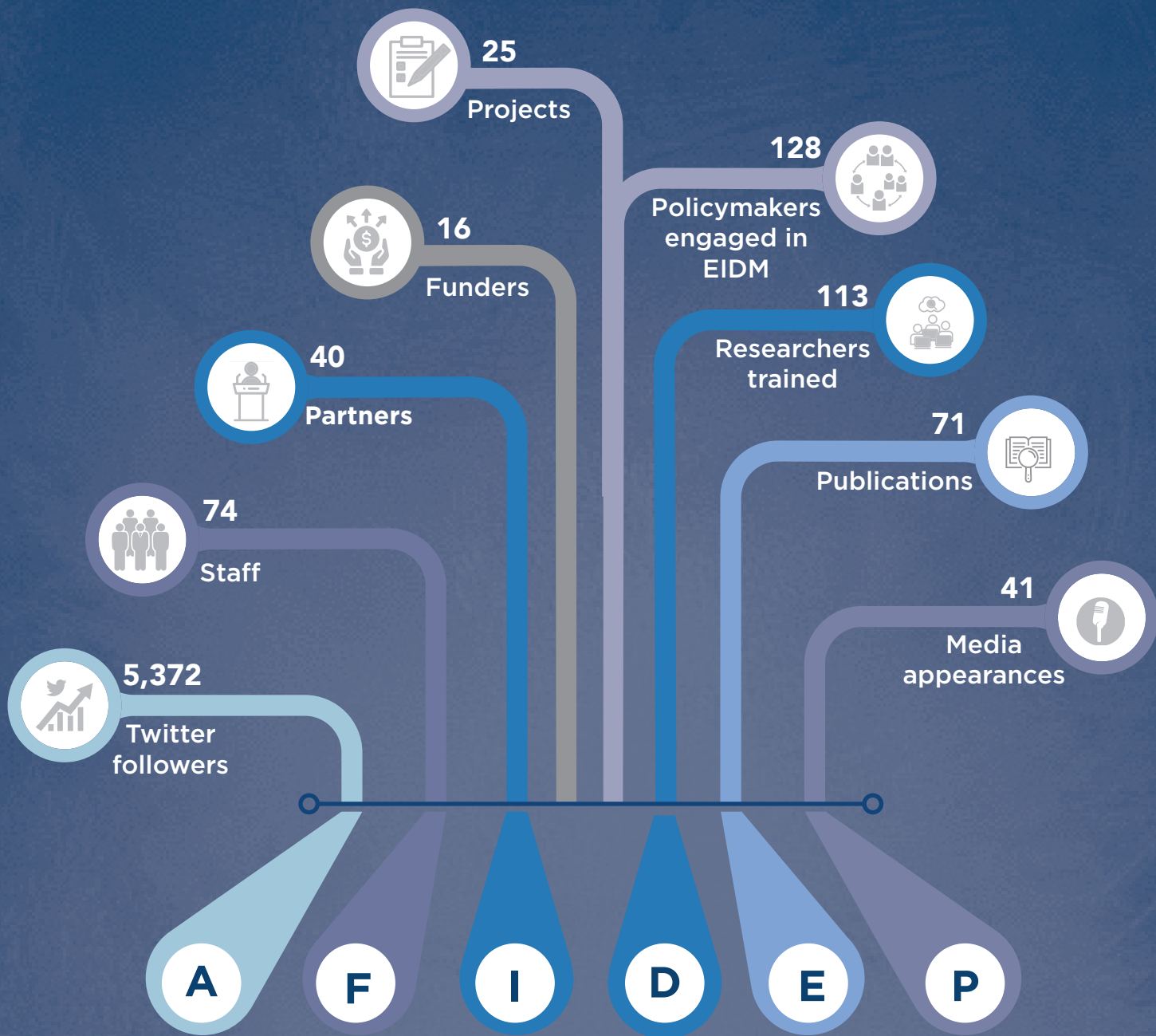
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AFIDEP

African Institute for
Development Policy

**20
21 Annual
Report**

2021 in Numbers



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AFIDEP in Brief

The African Institute for Development Policy (AFIDEP) is a non-profit policy and research institute established in 2010 to bridge the gaps between research, policy and practice in development efforts in Africa.

AFIDEP is registered as a Non-Governmental Organisation in Kenya and Malawi, and as a non-profit institution in the USA, with 501(c)3 status. We seek to contribute to the realisation of the Sustainable Development Goals (SDGs) and other development strategies by supporting the use of evidence in the formulation and implementation of development policies and programmes.

What we do:

1. Strengthen institutional and individual capacity for demand and use of evidence, as well as promote interactions between researchers and policymakers.
2. Provide practical evidence to enable governments move from rhetoric and policy documents to action in addressing various sustainable development goals.

Our five priority focus areas:

1. Population Dynamics and Demographic Dividend
2. Health and Wellbeing
3. Transformative Education and Skills Development
4. Environment and Climate Change
5. Governance and Accountability

The Institute is governed by a Board of Directors comprised of distinguished experts, who provide strategic guidance and institutional oversight.



VISION

An Africa where evidence is used consistently to transform lives

MISSION

We enable the use of evidence in the design and implementation of development policies and programmes

VALUES



Message from the Executive Director



I am pleased to present the highlights of our work in the 2021 Annual Report. This year marked the second year of implementing our 2020-2024 Strategic Plan. Despite the general challenges the development field faced due to the COVID-19 pandemic, we made considerable progress toward achieving our strategic aims.

At AFIDEP, we believe that robust, comprehensive, timely, relevant, and well-packaged evidence should inform all public policy formulation and implementation decisions to achieve optimal development outcomes.

In 2021, we reinforced our efforts in fortifying the community of practice by strengthening individual and institutional capacity for evidence-informed decision-making (EIDM) through hands-on training of policymakers, researchers

and other accountability actors. We trained 128 policymakers and 113 researchers from over 20 African countries.

We stepped up our work to help governments and development partners strengthen institutional capacity for routine use of evidence in decision-making. For example, AFIDEP supported ministries of health in Kenya, Malawi and Uganda to improve the governance and capabilities of technical working groups and other structures to entrench an evidence-use culture.

Embedding EIDM principles in routine training in government institutions is crucial to expanding the community of practice for promoting evidence use in decision-making. We supported the Kenya School of Government in incorporating our EIDM curriculum into their training programme for senior civil servants. We also supported the Kenya Medical Research Institute in setting up and operationalising the Knowledge Management Unit, which contributed to the Institute's qualification as a host for a Cochrane Systematic Review Centre.

We enriched our work in expanding African researchers' leadership in enabling EIDM by training scholars and exploring opportunities to incorporate EIDM in curricula at the Kamuzu University of Health Sciences in Malawi and the Jomo Kenyatta University of Agriculture and Technology in Kenya. We also supported scholars at the universities of Lagos and Port Harcourt in Nigeria to implement EIDM capacity building interventions in government ministries.

We expanded the geographical coverage and scope of our evidence uptake work to help governments address critical bottlenecks to the achievement of the SDGs in the context of the COVID-19 pandemic. AFIDEP also implemented research and technical assistance projects covering a wide range of development issues, including understanding best practices in operationalising demographic dividend roadmaps in Eastern and

Southern Africa; understanding patterns, motivations, and measurement of traditional methods of family planning in the Democratic Republic of Congo, Ghana, Kenya, and Nigeria; informing roadmaps and policy actions to get countries back on track in achieving health-related SDGs in the post-COVID-19 era in Nigeria, Ethiopia, and Kenya; and creating an Africa-wide advocacy platform to promote understanding and use of transformative health technologies.

The Institute also initiated new work to improve results-based performance monitoring and accountability systems in government. We supported the Malawi Government in developing an M&E framework to monitor the country's progress towards achieving its ICPD +25 commitments, and the National Planning Commission in conducting cost-benefit analyses to identify cost-effective interventions in health, education, and other development issues. These cost-benefit analyses informed the priorities in the first Ten-years Implementation Plan (MIP1) for Malawi's development blueprint, Vision 2063.

AFIDEP supported the Children's Investment Fund Foundation (CIFF) and the Government of Ethiopia in developing a monitoring and evaluation framework and generating baseline data for evaluating the impact of an investment to improve electricity, water, and sanitation infrastructure in schools and health facilities in ten districts in the country.

A key milestone in 2021 was the expansion of our work to addressing the interlinkages of population, the environment, climate change and development. We won our first ever five-year global USAID cooperative agreement grant as a prime to strengthen cross-sectoral benefits of family planning and reproductive health and population, environment, and development in Africa and Asia. We also implemented a project to improve our understanding of the linkages between climate change and health in Kenya.

Our project to strengthen the use of evidence and operational effectiveness of the Malawi parliament ended with the landmark enactment of laws to enhance the autonomy of parliament in discharging its core functions of oversight, legislation, and representation. We also

“ In September 2021, the Government of Malawi granted the Institute a landmark diplomatic status that provides tax-free benefits and other immunities. ”

started implementing a Mo Ibrahim Foundation funded project that monitors governance and integrity indicators in all 54 African countries. We continued to build EIDM capacity across African parliaments through co-convening the Network of African Parliamentary Committees of Health.

We continued to strengthen our internal systems and human capacity as we believe these are key to achieving our technical goals. We expanded our funding base and increased our income by 46% from the previous year. We finalised the refinement of

our integrated Enterprise Resource Planning (ERP) system, benchmarked assessments to improve our performance and impact monitoring and learning culture and organisational structure. Our staff complement grew by about 47%, to 74 staff members. We published 71 knowledge products and made 41 media appearances.

In September 2021, the Government of Malawi granted the Institute a landmark diplomatic status that provides tax-free benefits and other immunities. This status presents considerable “in-kind” financial and logistical support, making the Malawi Government one of the major funders and facilitators of the Institute's work in Malawi and across the continent. We are grateful to the Government of Malawi for this gesture and support to the Institute.

I am delighted with AFIDEP's progress and confident that we are on course to exceed the institutional development and programme impact aspirations defined in Strategy 2024. I convey special gratitude to our staff members, our Board of Directors, partners and funders, and policymakers for their untiring contributions that put AFIDEP on an exponential growth path in 2021.

Going into the future, we will build on our achievements and expand our partnerships to amplify our commitment to make evidence count in transforming people's lives throughout Africa.

Eliza Zulu

1

**Improving Governance in Africa through
Landmark Legal Reforms and Evidence**



AFIDEP's Work Leads to Landmark Legal Reforms to Enhance Malawi Parliament's Independence and Performance



Courtesy of the Malawi Broadcasting Corporation (MBC)

“ I would like to thank Dr. Eliya Zulu and AFIDEP and the Norwegian Embassy for the support they gave to parliament and the Parliamentary Service Commission to have these bills prepared. ”

Hon. Catherine Gotani Hara, Speaker of the Malawi Parliament

Parliament has a central role to play in a country's development efforts through its oversight, legislative, and representation functions. Many parliaments in Africa, however, fail to play this role, partly due to lacking or weak or restrictive legal framework that underpins their functions and operations.

This was the case of the Malawi Parliament for many years, where the country's Constitution only recognised Parliament's legislative function, but not the oversight and representation functions; the Parliamentary Service Commission was not recognised by the Constitution which weakened its role and often meant that the Civil Service did not recognise

it; Parliament's budget was not a protected expenditure, which meant that Parliament was at the mercy of the Treasury concerning its budget ceiling and disbursement; and Parliament did not have the autonomy to set its own calendar, among others.

To contribute to addressing this problem, AFIDEP has since 2017, provided technical support towards the strengthening of Parliament's institutional capacity and autonomy geared towards improving parliament's performance in the country's development efforts. 2021 marked a momentous year for this work when the President of Malawi assented to the Constitutional and Parliamentary Service amendment

bills whose aim is to enhance Parliament’s independence in discharging its functions. The bills had been passed by Parliament earlier in the year.

Recognising AFIDEP’s role in the success of these efforts, the Speaker of Parliament, Hon. Catherine Gotani Hara, said, “I would like to thank Dr. Eliya Zulu and AFIDEP and the Norwegian Embassy for the support they gave to parliament and the Parliamentary Service Commission to have these bills prepared.”

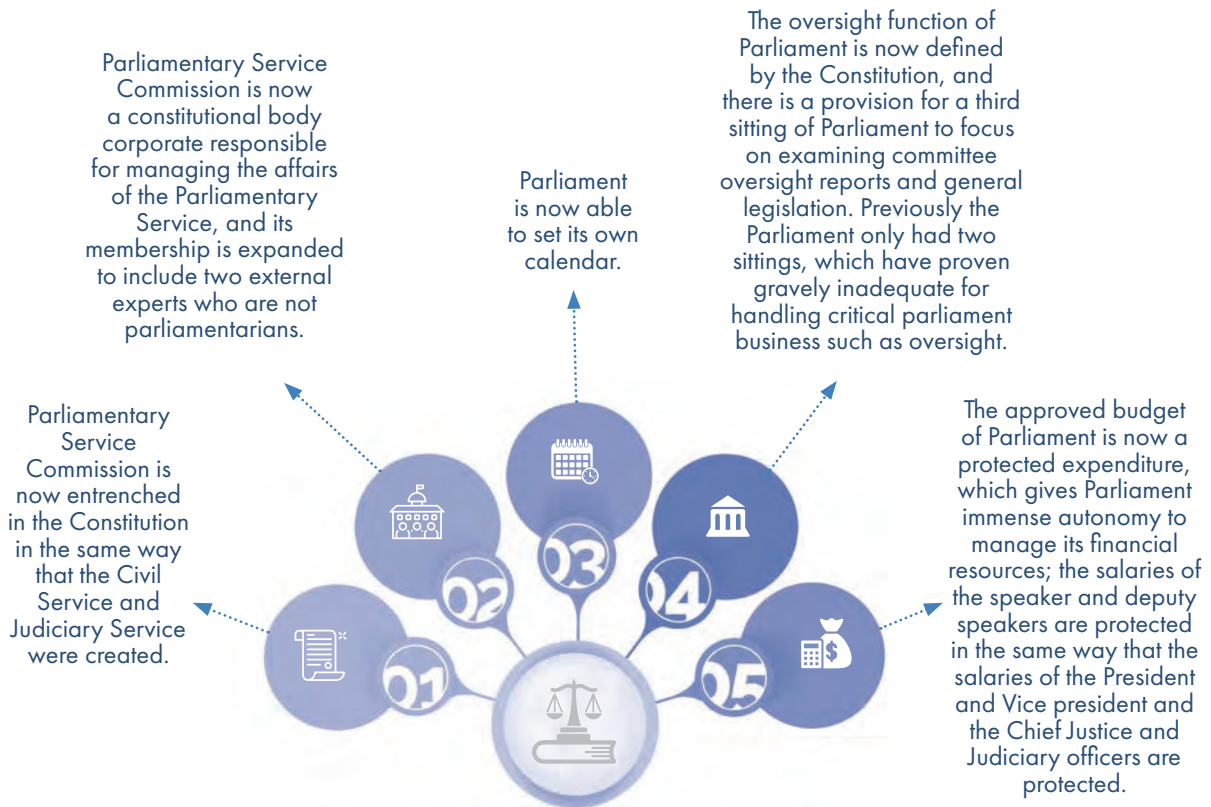
Reiterating the significant role that AFIDEP played in the efforts, the Leader of the House, Hon. Richard Chimwendo Banda, said “I want to thank you the Secretariat, all members of the house for passing these bills. But I will not forget an institution called AFIDEP. AFIDEP, Madam Speaker, has



Malawi Parliament Leader of the House, Hon. Richard Chimwendo Banda.

been with us since 2017 with funding from the Norwegian Embassy, they have given us resources for the autonomy of Parliament.”

The key reforms in the amended laws:



Informing the Malawi Vision 2063 and its Implementation Plan

Malawi is among the world's least developed countries, with the national poverty rate estimated by the World Bank at 50.7% in 2019/20. Given the high burden of poverty, identifying the most effective policy solutions is critical to accelerate poverty reduction. In 2021, AFIDEP's work, "Malawi Priorities," which involved cost-benefit analyses to prioritise the most effective policy solutions that maximise benefits on every Kwacha (Malawian currency) invested, was instrumental in giving direction on some policies for the country's long-term Vision 2063. Furthermore, the work informed the choice of priority interventions included in the country's first 10-year Implementation Plan (MIP1) of the Vision 2063, National Budget, and the Socio-Economic Recovery Plan (SERP), which outlines a short-to-medium term recovery strategy from the impacts of COVID-19.

Malawi Priorities was implemented in collaboration with the Malawi National Planning Commission (NPC) and the Copenhagen Consensus Centre (CCC). 22 cost-benefit analyses were conducted and disseminated that provided the Malawi Government with the most effective policy solutions that maximise social, environmental and economic benefits from every Kwacha invested. The cost-benefit analyses covered education, health, nutrition, industrialisation, youth employment, environmental management and disaster risk reduction in Malawi, to name a few.

The cost-benefit analyses have contributed to the national planning exercises with the MIP1 guidelines explicitly calling for the use of prioritisation based on value and cost-benefit analysis as part of a regulated planning framework. Furthermore, the findings of these analyses have informed the national budget. An example is the technical report on primary education which was presented to the Parliamentary Committee on Education, Science and Technology during budget sessions informing the discussion in the chamber as members deliberated the passing of the 2020/2021 National Budget.



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“The cost-benefit analyses informed the choice of priority interventions included in the country's first 10-year Implementation Plan (MIP1) of the Vision 2063, National Budget, and the Socio-Economic Recovery Plan (SERP), which outlines a short-to-medium term recovery strategy from the impacts of COVID-19.”

Additional examples of how the cost-benefit analyses were used by Government in various decisions:

- The Government used the cost-benefit analyses as guiding tools in its decision-making on the partial lifting of the Maize Export ban in Malawi in 2021.
- The Malawi Family Planning 2030 plan was also informed by the results of the cost-benefit analyses.
- The results of the Malaria Technical Report were used by the National Malawi Control Programme to roll out its initiatives and provided a basis for its further activities. Based on this information, in addition to complementary information generated by the Ministry of Health, a new programme was devised, consistent with the findings of the report.
- The results of the report on land titling informed Parliament's discussions during the development of MIP1 and raised national awareness around the potential costs and benefits associated with implementing a land titling programme. Importantly, land titling is one of the 19 flagship projects because of the results of the cost-benefit analysis on the issue.

2

**Inspiring, Supporting, and Informing
African Governments' Efforts Towards
Achieving Health for All**



Generating Commitment from Parliamentarians to Tackle Non-TB and Post-TB Lung Disease, and Unsafe Abortion

Parliaments can play an important role in tackling persisting and sometimes neglected health problems through their oversight, legislative and representation functions. Given this recognition, AFIDEP co-convenes annual forums of the Network of African Parliamentary Committees of Health (NEAPACoH) to deliberate evidence on priority but often neglected health problems in Africa to enhance parliamentarians' understanding of these problems and stimulate their commitment to specific actions to tackle these issues.

In 2021, we presented and discussed evidence with the NEAPACoH parliamentarians drawn from 16 African countries on non-TB (tuberculosis) and post-TB lung diseases, and unsafe abortion. Research evidence from our International Multidisciplinary Programme to Address Lung Health and TB in Africa (IMPALA) project (a partnership with the Liverpool School of Tropical Medicine (LSTM)) has shown that while many African countries have robust TB programmes, there are no robust programmes or interventions for treating or managing non-TB lung diseases (i.e. chronic lung diseases such as asthma, chronic obstructive lung disease (COPD)), and post-TB lung disease that many TB patients suffer after being cured of TB.

Our research shows that the prevalence and burden of non-TB and post-TB lung diseases have been rising. Despite this, non-TB and post-TB diseases are neglected and health systems in African countries are unprepared to diagnose, treat and/or manage them. Without robust diagnosis, treatment, and management programmes, people with these conditions in Africa are left helpless, suffering persistent ill-health that affects their quality of life and productivity. The discussions with the parliamentarians focused on how parliamentary committees of health can champion and take leadership in tackling this problem.



“Non-TB and post-TB diseases are neglected and health systems in African countries are unprepared to diagnose, treat and/or manage them.”

Following these discussions, the NEAPACoH parliamentarians committed to “advocate for increased budget allocation, strengthening of health systems to address persisting and emerging health challenges such as TB and chronic lung diseases (amongst other issues).”

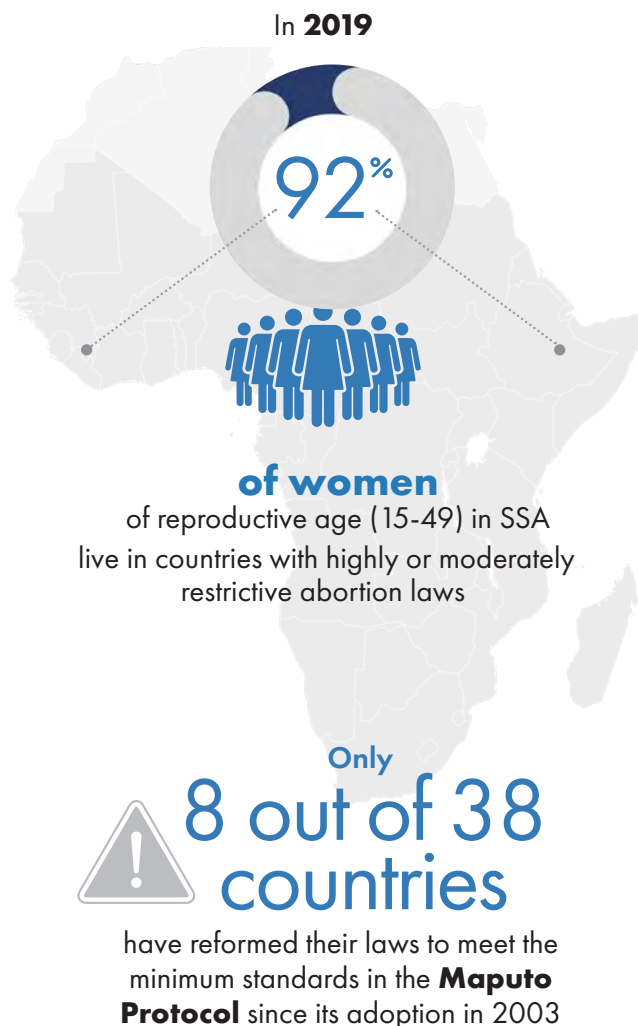
On unsafe abortion, we presented and discussed with the parliamentarians evidence from our work on abortion incidence and legality in sub-Saharan Africa, a collaboration

with the Guttmacher Institute. Our results showed that 92% of women in sub-Saharan Africa (SSA) (255 million) live in countries with highly or moderately restrictive abortion laws. The evidence further showed that there is no correlation between abortion legality and abortion incidence. Countries that have the most liberal laws or the broadest criteria for abortion have some of the lowest abortion rates. Globally, abortion incidence is statistically the same for countries with restrictive abortion laws and those with liberal laws. At the meeting with parliamentarians, Dr. Eliya Zulu, AFIDEP's Executive Director, asserted that "removing legal restrictions does not increase the rate of abortion."

We made various recommendations to parliamentarians including the urgent need to: expand access to modern contraception to prevent unintended pregnancy; fully implement the abortion law under the Maputo Protocol; expand the reach of post-abortion care services to all women; improve the safety of abortion; and disseminate accurate information on how to use misoprostol (a synthetic prostaglandin E1 analogue that is used off-label for a variety of indications in the practice of obstetrics and gynaecology, including medication abortion and management of miscarriage using medication).

Following these discussions, NEAPACoH parliamentarians committed to "develop and pass appropriate laws and policies that ensure safe abortion and post-abortion care." The Chair of the NEAPACoH, Hon. Moshoeshoe Fako, committed to driving efforts against unsafe abortion, promising to talk to the various parliamentary committees of health to advance a joint venture towards preventing unsafe abortion in their countries.

The meeting participants adopted the 2021 Kampala call for action, whose core principles are improved sexual reproductive health (SRH), and family planning (FP) for sustainable development. The call to action explicitly captures the commitments made by the parliamentarians above to tackle non-TB and post-TB lung disease, and unsafe abortion.



“ We commit to driving efforts against unsafe abortion, promising to talk to the various parliamentary committees of health to advance a joint venture towards preventing unsafe abortion in their countries. ”

The Chair of the NEAPACoH, Hon. Moshoeshoe Fako

Stimulating Kenya's Interest in Integrating Gender in its TB Response to Accelerate Progress Towards Ending TB

TB is the leading infectious disease killer in the world. Men account for more than half of the estimated 10 million people who develop TB annually and two out of every three TB cases that go undetected or untreated are in men. Given this fact, AFIDEP, in collaboration with the Liverpool School of Tropical medicine (LSTM), is implementing the 'Leaving no-one behind: transforming Gendered pathways to Health for TB' (LIGHT) programme. As part of this work, we conducted policy analysis in Kenya, Malawi, Nigeria, and Uganda to understand the status of TB policy regarding gender sensitivity. In all four countries, the analyses showed gaps in the countries' policy responses as far as gender sensitivity is concerned.

Taking advantage of Kenya's ongoing review of its National Strategic Plan for TB and Lung Health 2019-2023 to inform the next strategy, we presented and discussed the results of our analysis with the country's TB programme.

The discussions generated a lot of interest and support for the need for the next strategy to take a gendered approach to tackle TB if the country is to accelerate progress towards ending TB. We will continue to work with the country's TB programme to ensure that the next strategic plan translates our results into its strategies and activities.



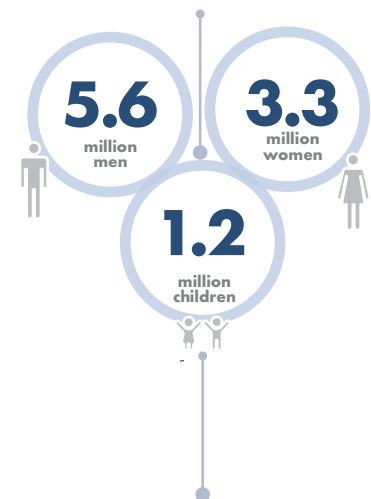
Men at a TB testing booth at Machakos Stadium, Kenya.


In the year
2020

an estimated



fell ill with TB
worldwide



 This calls for gendered policies in tackling TB

Helping Malawi Track Progress Towards its ICPD+25 Commitments: A Monitoring and Advocacy Tool

In 1994, Malawi was among the 179 countries that adopted a landmark Programme of Action (PoA) during the International Conference on Population and Development (ICPD). The PoA transformed how the linkages between poverty reduction and sustainable development were addressed by putting the rights, needs and aspirations of individuals at the centre of sustainable development. The countries committed to striving to achieve universal access to sexual and reproductive health and rights by 2015. 25 years later in 2019, countries met in Nairobi to review progress and recommit to what they called ICPD+25 commitments.

Commitments are an important step in tackling poverty and development challenges. However, if these are not monitored, countries can easily fall back, especially in contexts of limited resources amid competing needs. To help Malawi make progress towards the realisation of its ICPD+25 commitments made in Nairobi in 2019, AFIDEP developed a tool that was

“ To help Malawi make progress towards the realisation of its ICPD+25 commitments made in Nairobi in 2019, we developed a tool that was adopted by the Malawi government for monitoring progress on its ICPD+25 commitments. ”



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(Left) Prof. Nyovani Madise, AFIDEP’s Director of Research for Sustainable Development Policies and Head of Malawi office, commenting on the ICPD+25 monitoring tool to a steering committee of the commitments. The committee is led by Won Young Hong, UNFPA Malawi’s Country Representative (right, standing).

adopted by the Malawi government for monitoring progress on its ICPD+25 commitments. The tool also includes a plan for advocacy to sustain political commitment towards the realisation of these commitments.

Commenting on the value of the tool, Traditional Authority Pitala, a Chief from Mchinji district, stated, “the framework is helpful for me and my constituents. We have young girls getting pregnant and not going to school, and women dying during childbirth and giving birth to unhealthy babies. Initiatives like this enable the government to budget better for such.” She further emphasised the need to take the developed tool to district councils for it to be most effective and report data from all localities easily.

Additionally, Munyaradzi Mutsinze, a visually impaired youth, and a member of the Malawi ICPD+25 National Steering Committee noted that the tool has the potential to improve SRHR for youth and those living with disabilities in Malawi. As a representative of both groups, she stated that “this tool, if used correctly, will greatly impact the youth and those with disabilities. When we talk about family planning and delaying first pregnancy, this can only be done with the youth. If the tool can effectively track access to family planning by young people and young people with disabilities, we are assured of a better future by 2030.”

Initial assessment of progress using the monitoring tool revealed that progress had been made on some indicators over the last two years, whereas on other commitments, the country had either made no progress or had slipped back below the 2019 status. For example, the country had already included SRHR as part of the package in humanitarian situations, and had already implemented the commitment to ensuring that every child gets at least 12 years of schooling.

On the other hand, commitment to increasing budgetary allocation to reproductive, maternal, neonatal, child, and adolescent health to 30% by 2030 had faltered, with the 2019 allocation of 8% declining to 3% in 2021.

The realisation of Malawi’s Agenda 2030 is, to a large extent, dependent on the country’s realisation of its ICPD+25 commitments. Though data availability was a problem, the tool, developed with funding from UNFPA Malawi, will regularly draw the government’s attention to progress and therefore contribute to sustaining political interest and action towards the realisation of these commitments.

Box 1

Government of Malawi ICPD+25 Commitments



- To continue to lower the maternal mortality ratio to 110 per 100,000 live births by 2030.
- To include 30% representation of youth in decision-making bodies.
- To provide 12 years of free quality education for every child.
- To end child marriage by 2030.
- To ensure all humanitarian responses incorporate sexual and reproductive health and rights.
- To achieve 100% of the service points delivering sexual and reproductive health and rights services are youth-friendly.
- To fully digitalise population data collection systems by 2030.
- To reduce unmet needs for all women to below 11% by 2030.
- To increase budgetary allocation to reproductive maternal, neonatal, child and adolescent health to 30% by 2030.
- To end early and unintended pregnancy.

Stimulating Government Action to Reduce Sexual and Gender-Based Violence in the Southern Africa Region

Gender-based violence (GBV) remains a cause for concern globally, with WHO estimating that one in three women experience either intimate partner violence or non-partner sexual violence in their lifetime. East and Southern African regions have high rates of sexual and gender-based violence (SGBV), with around 20% of those aged 15 to 24 years in seven countries reporting sexual violence from an intimate partner according to the United Nations (UN). Such violence is persistent due to various structural issues that result in inequality of rights between women and men.

To eradicate SGBV, regional blocs such as the Southern Africa Development Community (SADC) have, over the years, put in place regional model laws and policies as interventions for member states to adopt and adapt to their contexts and implement. The model laws and policies are, however, only as good as the extent to which member states adopt and implement them.

Commissioned by SADC, AFIDEP conducted an assessment of SADC member states' adoption of the SADC regional model laws and policies to combat SGBV. The assessment revealed gaps, with some countries not having domesticated the model laws, and gaps in SGBV service provision.

In a 2021 convening, AFIDEP discussed the results of the assessment with SADC member states. An important outcome of this convening was that some SADC member states that had not domesticated some of the model laws and policies took immediate action such that within a few months after the



One in three women experience either intimate partner violence or non-partner sexual violence in their lifetime.

convening, they reported having either adopted the laws and policies or were fast-tracking the adoption of the laws and policies.

An example was the model law on child marriage put in place by the SADC Parliamentary Forum in 2016, which required members to harmonise their laws with this law to prevent child marriage. Our assessment revealed that some SADC countries had not adopted the model law and child marriages were still occurring with parental consent. Within a few months, some member states reported that they had passed the law or were fast-tracking the process to pass it.



Women experience either intimate partner violence or non-partner sexual violence



An important outcome of this convening was that some SADC member states that had not domesticated some of the model laws and policies took immediate action such that within a few months after the convening, they reported having either adopted the laws and policies or were fast-tracking the adoption of the laws and policies.



Supporting SADC First Ladies' Action on Mainstreaming Gender in Country Efforts

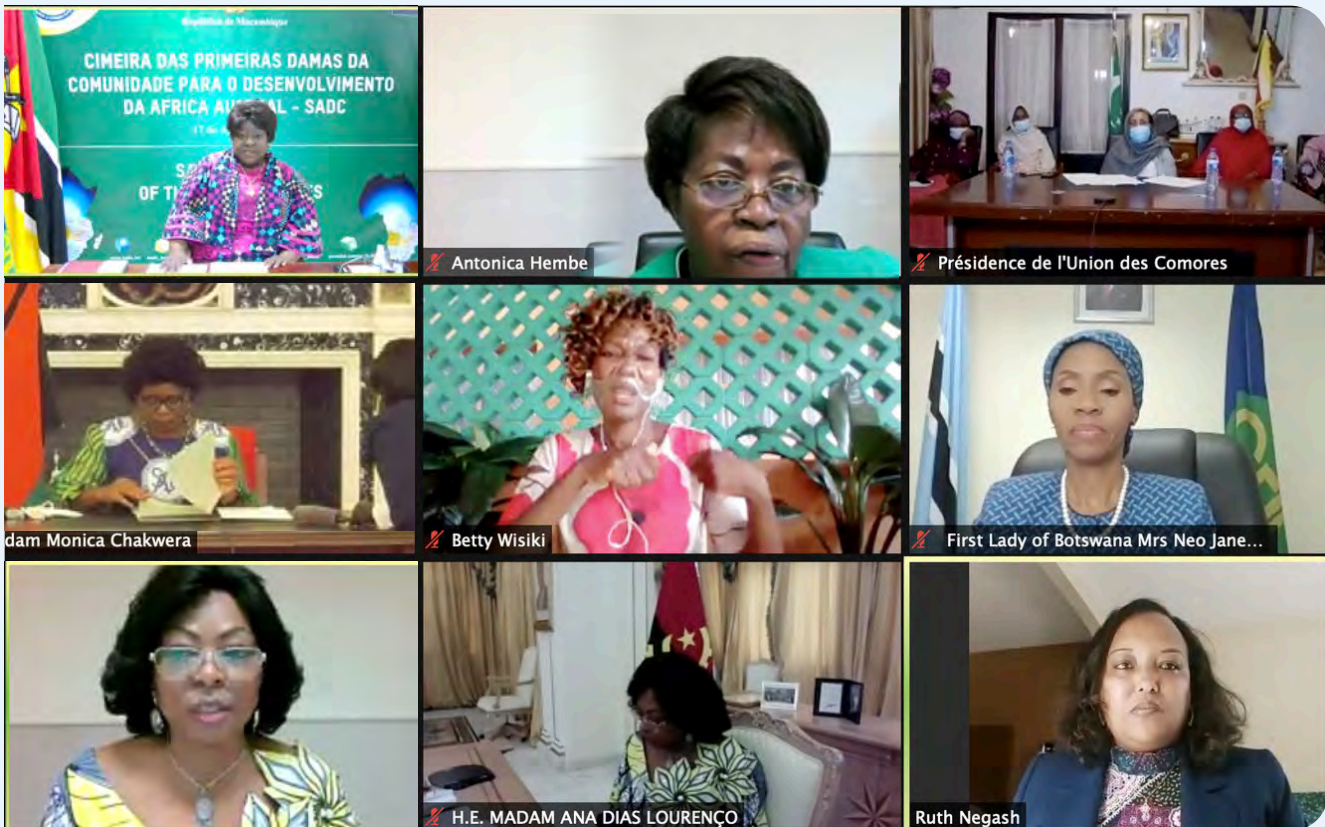
AFIDEP's Prof. Nyovani Madise facilitated a meeting with the First Ladies of the Southern Africa Development Community (SADC) to review and strengthen their efforts in mainstreaming gender in their countries' development efforts. The summit, which was both in-person and virtual, was themed "The Impact of COVID-19 in the SADC region - How recovery can be a gender responsibility." First Ladies from member states shared their initiatives in promoting and ensuring gender integration in their countries' planning processes to enable

more effective interventions that reduce violence against girls and women, and SGBV.

Among the initiatives shared by the First Ladies, the issue of enabling gender-responsive budgeting in the SADC countries stimulated interest. Furthermore, the meeting noted that First Ladies play an important role in championing the achievement of SDG 5 (achieve gender equality and eliminate harmful practices) and that SADC countries can use them more.



Prof. Nyovani Madise, AFIDEP's Director of Research for Sustainable Development Policies and Head of Malawi Office.



SADC First Ladies discussed their initiatives in promoting and ensuring gender integration in their countries' planning processes.

3

Operationalising the Demographic Dividend in Africa



Which African Countries are Taking Action to Harness the Demographic Dividend? What can we Learn from these Countries?

Since 2012, AFIDEP has conducted analyses on the intersection of population and development, which have enabled the African Union (AU) and individual member countries to understand the value of basing their long-term, medium-term and short-term planning and investments on their changing population structures. In 2013, the discussion of these analyses resulted in a resolution by the AU member states at the regional conference on the International Conference on Population and Development (ICPD+20) that noted, “the urgency of actions needed in the areas of health, education, youth development and employment to translate the demographic dividend (DD) for economic growth and development transformation of Africa, (and taking advantage of Africa’s demographic window of opportunity beyond 2014).”

To action this resolution, many AU member states requested technical support from AFIDEP to develop their DD profiles and to determine interventions for harnessing the DD. We conducted analyses that supported more than 15 AU member states to develop their DD profiles and conduct analyses on the demographic dividend and sustainable development.

Our country-level and regional level DD analyses coupled with our strategic engagement with leaders at the AU and regional players resulted in the 2017 AU Summit declaration of DD as the theme for the year. To move this declaration to action, AU member states were urged to adopt and operationalise the AU Roadmap ‘Harnessing the DD through Investments in youth’. To date, AFIDEP has directly or through the UNFPA East and Southern Africa Regional Office (UNFPA ESARO) supported 23 countries in the East and Southern Africa region to domesticate the AU summit’s roadmap.



AFIDEP has directly or through the UNFPA East and Southern Africa Regional Office (UNFPA ESARO) supported 23 countries in the East and Southern Africa region to domesticate the AU summit’s DD roadmap.

As countries continue with the process of adopting and operationalising the AU DD roadmap, it is critical to look back to understand which countries are indeed taking action to harness DD, and what can other countries and stakeholders learn from these countries to bolster their efforts to harness the DD for accelerated economic growth.

With funding from the UNFPA ESARO, AFIDEP assessed 23 countries in the East and Southern Africa Region (ESAR) and examined their implementation and advocacy efforts for DD, the development of context-specific DD guidelines including DD profiles, roadmaps, DD integration in development plans, multi-sectoral DD implementation mechanisms and the presence of monitoring and accountability mechanisms.

Our assessment revealed that of the 23 countries, 14 have both long-term and medium-term development plans that integrate population dynamics. These countries are therefore likely to have programmes and investments that enable them to harness the DD. Of the 23 countries, two countries have long-term development plans that do not integrate population dynamics, but they have medium-term development plans that integrate population dynamics (Zimbabwe and Seychelles). Given that often countries develop programmes and allocate budgets based on their medium-term plans, these two countries may also be likely to have programmes and investments that enable them to harness the DD. Of the 23 countries, two countries have no long-term development plans, but have medium-term development plans that integrate population dynamics (Lesotho and Madagascar). These countries too may be likely to have programmes and investments that enable them to harness the DD.

“The inclusion of DD into a country’s development agenda significantly increases the probability that resources will be dedicated to harnessing the dividend.”

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Other countries either have long-term and medium-term development that do not integrate population dynamics, or we were unable to find the data to confirm whether these plans integrate or do not integrate population dynamics.

The inclusion of DD into a country’s development agenda significantly increases the probability that resources will be dedicated to harnessing the DD. The fact that all the DD pillars touch on existing, well-known development issues presents an opportunity for DD coordinating bodies to leverage these existing plans and resources to provide input into how they can be optimised to achieve DD, address any gaps, and avoid duplication.

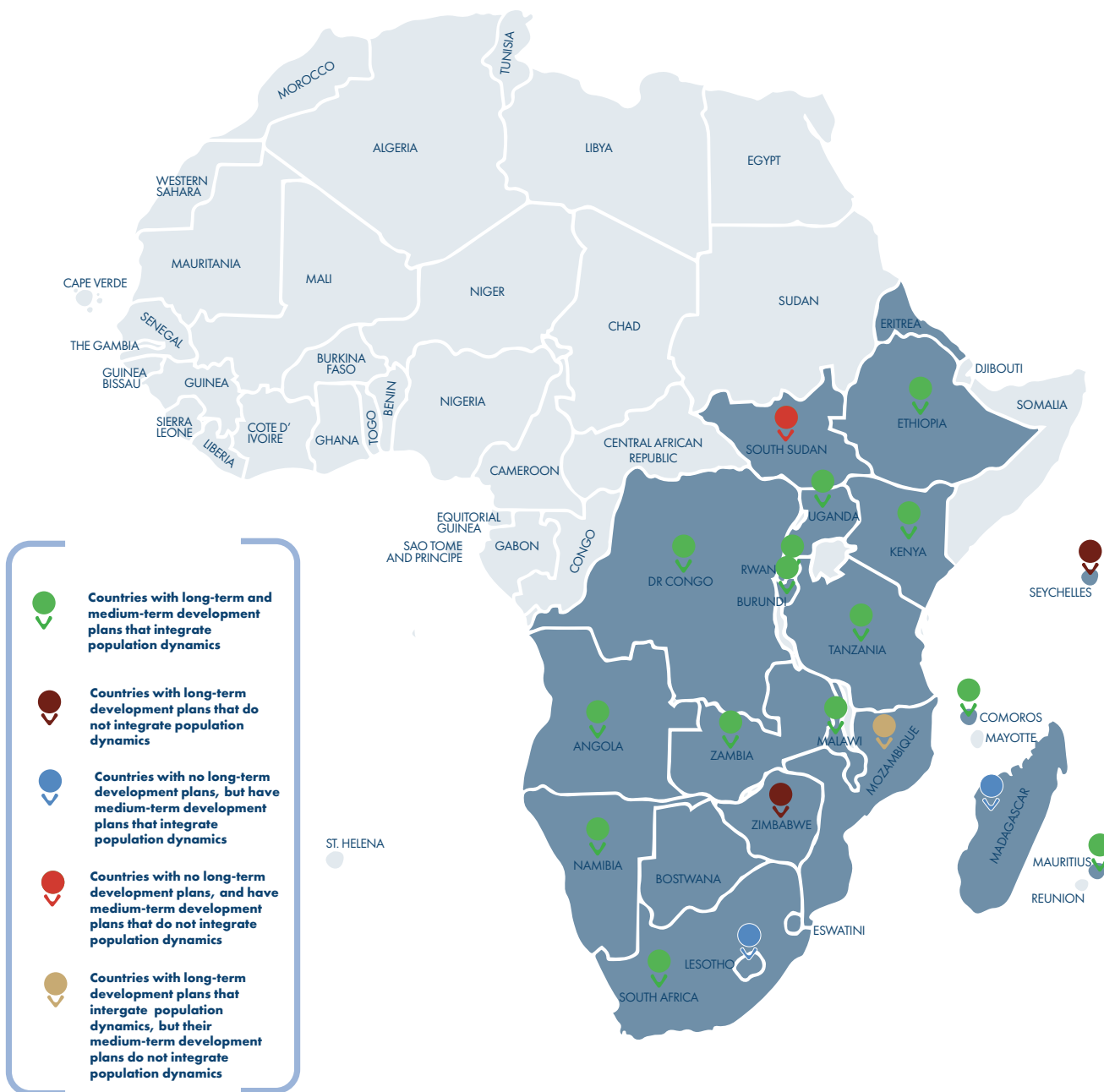
Our assessment found that the best performing countries:

- Incorporated DD into national and subnational budgets
- Developed monitoring and evaluation systems to help them monitor and assess progress.
- Mandated multi-sectoral collaboration

Our most significant finding was that none of the factors listed above would be possible without ongoing targeted advocacy. Establishing and maintaining a co-ordinating body that regularly inputs into key national and sub-national development decisions and works to clearly illustrate to stakeholders how DD can help them achieve their goals is of utmost importance. Of the best-performing countries, Botswana stands out as leading the pack in taking specific actions needed to harness the DD.

The results of this assessment are contained in our report *“Best Practices in Operationalising the Demographic Dividend in Eastern and Southern Africa,”* which was discussed at the UNFPA’s DD ESARO review meeting held on 6 December, 2021. This convening was organised to take stock of progress to date, and identify successes and areas in need of improvement. The report provided data for meeting participants to have a frank discussion of how best to accelerate efforts and where to focus resources. It also provided countries lagging behind with practical examples that they could implement, drawing lessons from best-performing countries.

African countries that have integrated the demographic dividend into their national development plans



Box 2

Botswana moves to translate its commitment to optimise its demographic dividend into investments and programmes

In 2021, the Government of Botswana, through the Ministry of Finance and Economic Development (MFED) and the Botswana National Council on Population and Development (NCPD), engaged AFIDEP to develop the Botswana Demographic Dividend Roadmap and a supporting performance management system to implement the roadmap.

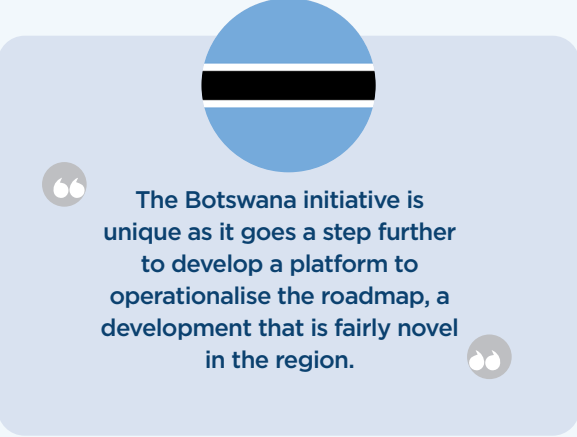
This is a follow-up to the Botswana National Demographic Dividend Study (2018) that was led by AFIDEP in partnership with the University of Cape Town and University of Botswana, and supported by the UNFPA. The study observed that the demographic transition was at an advanced stage in Botswana and as a result, the population age-structure had transformed from one dominated by child dependents, to one dominated by young people in the working ages, putting the country in a favourable position to harness the demographic dividend (DD) by accelerating economic growth through increased productivity, savings and investments. However, the study noted that Botswana was not maximising this opportunity due to

a number of factors including the high unemployment rates in the country and challenges bedevilling human capital development. Therefore, it made a raft of recommendations that could be realised through the development of a DD roadmap.

The project is thus a culmination of the efforts by AFIDEP working with the Government of Botswana to follow through on the study recommendations. High-level advocacy has seen the DD prioritised in the budget policy statements of the country in the last few years, but the efforts towards the development of the roadmap had partly stalled due to the COVID-19 pandemic until now.

The Botswana DD Roadmap is being developed to provide an overarching framework to guide the country's long-term development aspirations to achieve a generational transformation that is expected to be accomplished over several decades, with short and medium-term actions in place to achieve the goal to see Botswana graduate to a high-income country with prosperity for all. Within the roadmap framework, implementation milestones measure performance against the National Development Plans and Botswana Vision 2036.

While some countries in the continent have previously developed roadmaps to harness the dividend, the Botswana initiative is unique as it goes a step further to develop a platform to operationalise the roadmap, a development that is fairly novel in the region. It provides a framework to prioritise interventions that will enable the country to effectively harness the DD through a monitoring and performance management platform that enables measuring, tracking and decision-making, embedded within the Botswana Development Projects Monitoring System (DPMS).



The Botswana initiative is unique as it goes a step further to develop a platform to operationalise the roadmap, a development that is fairly novel in the region.

Generating Evidence to Inform Ethiopia's District Transformation Project

The Government of Ethiopia has an ambitious plan to transform Woredas (districts) across the country using an integrated development approach. As part of this effort, the Government in collaboration with the Children's Investment Fund Foundation (CIFF), has selected eight Woredas to pilot the Woredas Transformation Project and generate lessons for national scale-up. The eight Woredas include Oromia, Amhara, Tigray, SNNPR, Somali, Gambella, Benishangul Gumuz, and Afar.

To inform this ambitious initiative, AFIDEP, with funding from CIFF, conducted an assessment of the water and electricity infrastructure in public schools and healthcare facilities in the eight Woredas to establish a baseline. In addition, we conducted a costing exercise to determine how much it will cost to upgrade the school and health facility infrastructure in the eight Woredas so that they meet global water, sanitation and hygiene (WASH) standards as well as global electricity standards.

Access to WASH and electricity

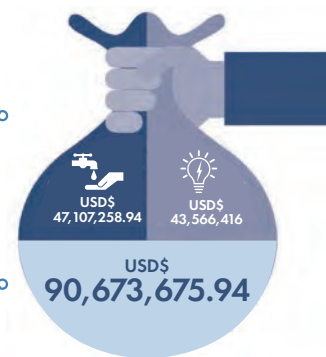
Our assessment revealed notably low levels of access to WASH and electricity in the eight Woredas as summarised in the table below. Specifically:

- Only 1 in 4 schools and health facilities had electricity.
- Only 3 in 10 schools had improved drinking water, but drinking water points were not functional in more than 3 of 10 schools with drinking water points.
- Less than 1 in 5 health facilities had improved drinking water.
- Nearly 8 in 10 schools had sanitation facilities, but the sanitation facilities in more than 3 in 10 schools were dysfunctional.
- 7 in 10 health facilities had sanitation facilities.
- Hand washing facilities were lacking in all schools and health facilities, with only 4% of schools with handwashing services, and about 5% of health facilities with hand-washing facilities.

- Menstrual hygiene management facilities were lacking in schools and health facilities, with only 1 in 10 schools having menstrual hygiene facilities, and only 3% of health facilities providing menstrual hygiene facilities.

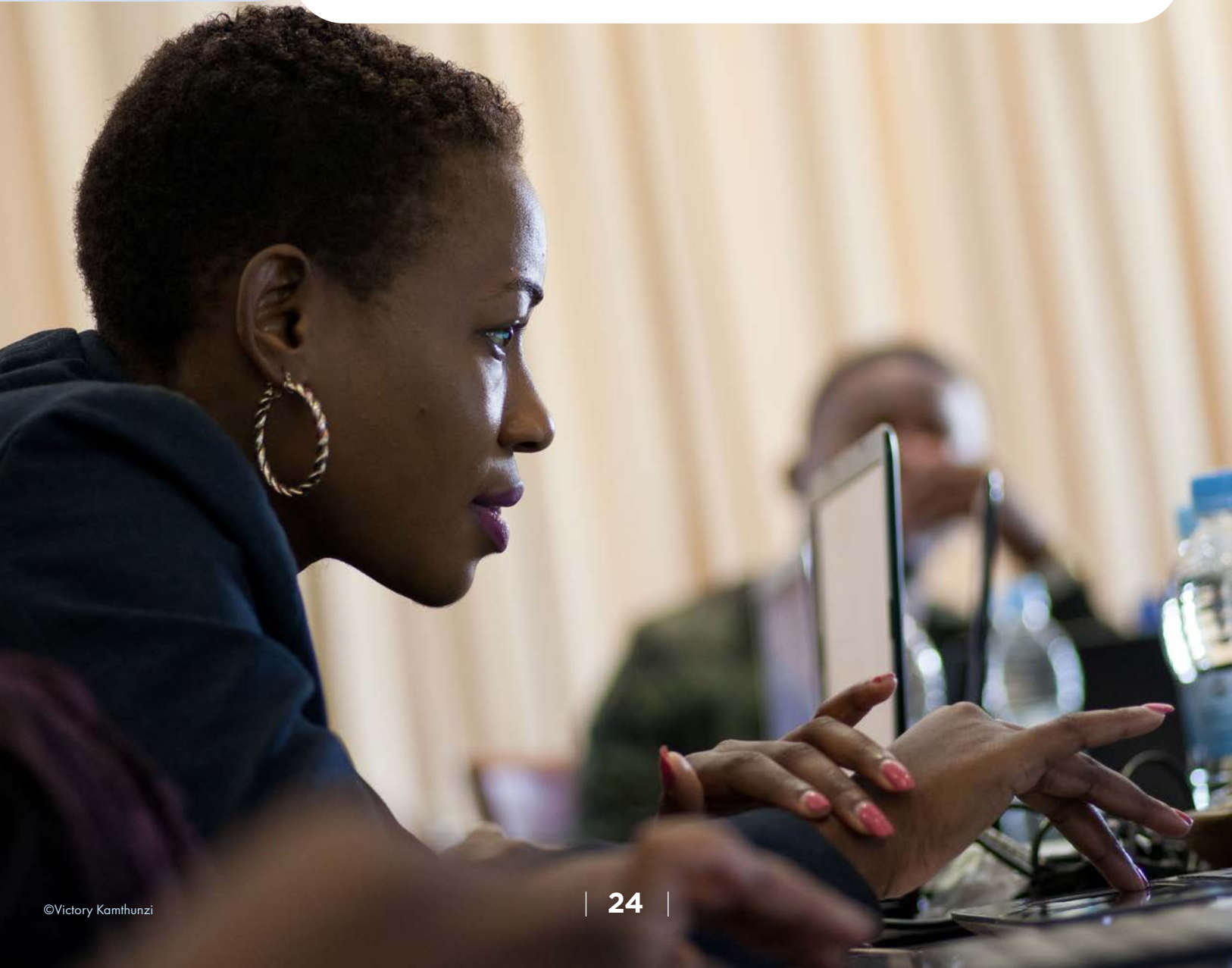
Access to electricity	25% of schools 26% of health facilities
Access to improved drinking water	31% of schools had access to improved drinking water and out of these, 35% were not functional at the time of the survey 23% of health facilities had access to improved drinking water
Access to improved sanitation	79% of schools had access, however, 34% were not functional at the time of the survey 72% of health facilities had access to sanitation
Handwashing	Only 4% of schools had access 96% of staff and 94% of patients/caregivers' latrines in health facilities did not have handwashing stations
Access to menstrual hygiene management	90% of schools did not provide this service 97% of health facilities did not provide this service

What will it cost for Ethiopia to bring the WASH and Electricity services in the 8 Woredas to WHO/JMP and global standards?



4

Developing Capacity for Evidence-Informed Decision-Making in Africa



AFIDEP's Initiative Strengthens Institutional Capacity for Increased Use of Evidence in Health Policy and Programming Decisions in Kenya, Malawi and Uganda

While evidence is a critical ingredient in decision-making, experts agree that until institutional structures and mechanisms are strengthened to promote and enable evidence use, the everyday use of evidence as routine in decision-making will not be realised.

As a thought-leader in the evidence-informed decision-making (EIDM) field, AFIDEP have, in the last two years, implemented an innovative project to strengthen institutional capacity for evidence use in Kenya, Malawi and Uganda health sectors. Implemented in partnership with the Ministry of Health (MoH) in each country and a host of research partners, the project is demonstrating innovative ways to strengthen institutional structures and mechanisms for sustained use of evidence in decision-making.

The project, dubbed Heightening Institutional Capacity for Government Use of Health Research (HIGH-Res), is funded by the Alliance for Health Policy and Systems Research (AHPSR).



Participants at a past training standing from left: David Mathu (KEMRI), Lilian Mayieka (KEMRI), Jennifer Orwa (KEMRI), Rose Oronje (AFIDEP), James Wodera (KEMRI), Steven Onteri (KEMRI), Aggrey Mokaya (KEMRI) and Leylah Abdullahi (AFIDEP). In front: James Kariuki, (KEMRI) and Rose Bosire (KEMRI).

Through the project's engagement with top leadership at the Kenya Medical Research Institute (KEMRI), the Institute has allocated five researchers to its Knowledge Management (KM) Unit. At the start of project, the Unit had no staff except the Head of the Unit.

How we have strengthened institutional capacities in the Ministries of Health in Kenya, Malawi, and Uganda to enable routine use of evidence in decision-making

Technical capacity for evidence synthesis embedded in MoH structures (i.e. evidence synthesis mechanism to support MoH decision-making)



Kenya

17 technical staff at MoH nominated as 'research focal persons' in their divisions, programmes and/or technical working groups (TWGs) have been trained and mentored in rapid evidence synthesis. The staff are actively involved in conducting rapid evidence syntheses to respond to MoH's demands for evidence. So far, they have conducted seven rapid evidence syntheses.

- ❑ One of the rapid synthesis by the MoH staff informed the *Breast Cancer Screening Guidelines 2021-2025*.
- ❑ Another synthesis on COVID-19 vaccination informed the MoH's efforts in countering misinformation and myths around the COVID-19 vaccine to increase uptake.



Uganda

Sustained work with the MoH's Information TWG in contributing to strengthened capacity within the TWG for rapid evidence synthesis and normalisation of evidence synthesis and use practices.

Strengthened structures within MoH championing and facilitating evidence use



Kenya

All five staff in the MoH Research and Innovation division have been trained in rapid evidence synthesis and are actively involved in conducting rapid evidence syntheses

Research and Innovation division has introduced bi-annual evidence-to-policy dialogues in its annual workplans. Division has successfully organised two evidence-to-policy dialogues.

Division took initiative to conduct a mapping of knowledge management efforts and capacities at MoH in 2021 to inform its strategy so as to better support evidence synthesis and use in MoH divisions, departments, programmes, as well as, in counties.



Malawi

Health Research Policy and Health Research Strategic Plan 2021-2025 that integrate EIDM principles, practices and activities have been developed and adopted by MoH.

Health Research TWG has been established, which provides a platform for strengthening and championing an evidence use culture.



Uganda

Development of Governance and Management Structures Guidelines for the MoH. The Guidelines:

- Integrate evidence use principles within the decision-making processes of MoH structures
- Prescribe evidence dialogues as interaction platforms that MoH structures need to establish in order to strengthen decision-making

Evidence checklists and EIDM guidelines developed to operationalise the EIDM provisions in the Governance guidelines once these are launched.



Strengthened evidence synthesis capacity and EIDM leadership in key research institutions (i.e. evidence synthesis mechanism to support government decision-making)



Kenya

Through the project's engagement with top leadership at the Kenya Medical Research Institute (KEMRI), the Institute has allocated five researchers to its Knowledge Management (KM) Unit. At the start of project, the Unit had no staff except the Head of the Unit. Through the project, the researchers have been trained in conducting systematic reviews and rapid evidence synthesis, and are currently actively involved in conducting rapid evidence syntheses to respond to evidence demands from MoH and counties.

Given KEMRI's KM Unit's strengthened evidence synthesis capacity following the project's activities, it was appointed as the Cochrane Centre in Kenya, working closely with Cochrane South Africa.

The KEMRI KM Unit has become an EIDM/Knowledge Translation (KT) leader within KEMRI, championing the need for: increased investments by KEMRI in strengthening capacity of KEMRI researchers in evidence synthesis and KT; and, KEMRI to introduce KT incentives in researchers' career progression requirements to increase the number of KEMRI researchers involved in KT and supporting government decision-making.



EIDM training introduced in existing training institutions to expand EIDM expertise locally



Kenya

Three training institutions in Kenya have adopted the EIDM course as part of their training programmes including the Kenya School of Government (KSG), the KEMRI Graduate School, and the Jomo Kenyatta University of Agriculture and Technology (JKUAT). KEMRI has already started conducting EIDM training, offering this as a short course. The KEMRI Graduate School plans to include the EIDM course as part of its PhD programme.



Malawi

The Kamuzu University of Health Sciences (KUHeS) has adopted the EIDM course and will offer this as a short course to PhD students.

Stimulating Systemic Changes in Government Agencies in Africa for Increased Evidence Use

Through our Evidence Leaders in Africa (ELA) initiative, AFIDEP supported leading African researchers to engage government agencies in their countries to champion institutional capacity strengthening efforts needed to promote and support a culture of evidence use in decision-making.

This work generated notable systemic changes in some government agencies in Nigeria and Tanzania with potential to promote and support routine use of evidence in decision-making, including:

- Establishment of knowledge translation units in three government agencies in Nigeria, namely: Federal Ministry of Environment, Lagos state Ministry of Environment and Water Resources, and Ministry of Science and Technology. These units were mandated to promote and support the mainstreaming of evidence in decision-making processes by the government agencies. The staff dedicated to the units were trained in EIDM and connected with researchers.
- Creation of a community of practice in Nigeria comprising policymakers and researchers on Environmental Evidence Synthesis and Knowledge Translation to support decision-making on environmental issues in Nigeria.
- Establishment of an open access evidence database to support decision-making on environmental issues in Nigeria (Environmental Evidence Portal for Nigeria (EEPoN)). This database has improved access to evidence needed for decision-making on environmental issues in Nigeria.
- Development and adoption of Guidelines for EIDM for the Nigeria Natural Medicines Development Agency (NNMDA). The Guidelines provided an institutional tool for guiding the use of evidence in NNMDA's decision-making processes.
- Strengthened capacity of NNMDA technical staff and leaders in EIDM through training that equipped them with the knowledge and skills in finding, assessing, synthesising, and applying evidence in their work, effectively enabling them to implement the EIDM Guidelines.
- Development and adoption of an Agenda for setting up a centre for evidence synthesis at the Sokoine University in Tanzania. Once established, the Centre will synthesise the evidence needed to support government decision-making in key development sectors.
- The establishment of the Evidence Use in Environmental Policymaking in Nigeria (EUEPiN) programme at the University of Lagos, an initiative that is implementing EIDM activities to support increased use of evidence in environmental decision-making in Nigeria.



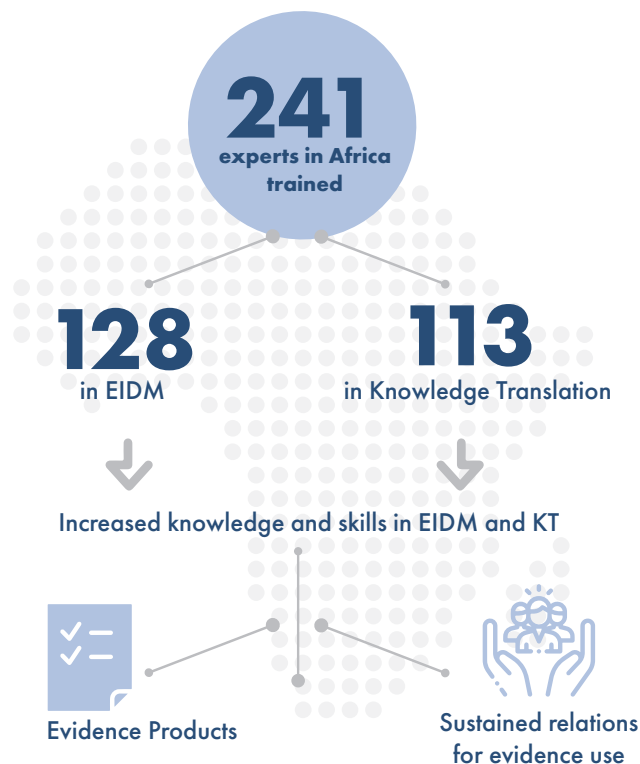
This work generated notable systemic changes in some government agencies in Nigeria and Tanzania with potential to promote and support routine use of evidence in decision-making.

Expanding Capacity for Evidence-Informed Decision-Making in Africa

In 2021, AFIDEP continued with our commitment to develop the capacity of experts in Africa in evidence-informed decision-making (EIDM). We trained a total of 241 experts in Africa, comprising 128 policymakers in EIDM, and 113 researchers in knowledge translation (KT) and policy engagement. The policymakers and researchers trained were drawn from over 10 African countries.

The results of the pre- and post-training assessments showed that trained experts recorded increased knowledge and skills in EIDM and KT. Some of the trained experts have gone on to produce evidence products for informing policy decisions such as policy briefs and media stories, and forming and sustaining relations necessary for enabling use of evidence.

Below, we share what some of the trained experts had to say about the trainings.



Excellent training. I recommend all researchers especially PIs and those involved in research design and project management to take the course.



Training Participant



I will work with the end in mind so that when I'm not just thinking about the results and the publication I'll have in a peer-reviewed journal, but how I can translate these into a policy brief that can actually go out there and make a difference.



Training Participant



I have learned that it is not always about focusing on publishing, but remembering the policy implication. So, for every research, every protocol that I have developed I will be thinking about what is the policy implication for this? How do you want this to end? How many audiences do I want this research to serve? Because if you don't get it right from the onset, then you may find other questions coming up in the end which you didn't have that data to answer those questions.



Training Participant



5

Expanding Our Footprint



In 2021, we continued to expand our scope in institutionalising the use of evidence in decision-making and providing technical assistance aimed at accelerating the achievement of the Sustainable Development Goals (SDGs).

1



Africa Integrity Indicators

In 2021, we entered into a partnership with the Mo Ibrahim Foundation and Global Integrity that will see AFIDEP take over the Africa Integrity Indicators (AII) research project. The AII is a continental project which aims to support African governments and civil society to understand and evaluate governance systems and identify intervention points for subsequent reform efforts.



Building Capacity for Integrated Family Planning and Reproductive Health and Population, Environment and Development Action (BUILD)

2



We are elated to be leading work on a new global USAID project aimed at strengthening the cross-sectoral benefits of family planning. The new project, known as Building Capacity for Integrated Family Planning and Reproductive Health and Population, Environment and Development Action (BUILD), was awarded to AFIDEP and partners in early 2021. BUILD seeks to address the interlinked Population, Environment and Development (PED) challenge for sustainable development in low and middle-income countries to enable integrated FP/RH and PED action using the systems thinking approach.



Putting Countries Back on “The Path to Achieving the Sustainable Development Goals” (Back-On-Track)

3



AFIDEP has been supporting countries in Africa to get back on track to achieving SDGs during and post-COVID-19. The unprecedented global pandemic, COVID-19, has seen the healthcare systems worldwide pay greater attention to the pandemic in a bid to lessen its impact—which has been vast. However, this special attention is sidelining other pertinent health issues and is threatening the progress made and subsequently, the attainment of health outcomes as defined by the SDGs. Back-On-Track seeks to use data and evidence to develop a roadmap of essential interventions that have the greatest potential to change people’s lives and to help countries deliver on SDGs commitments.



The Platform for Dialogue and Action on Health Technologies in Africa (Health Tech Platform)

In 2021, AFIDEP worked with partners to operationalise the Platform for Dialogue and Action on Health Technologies in Africa (Health Tech Platform). The Platform is facilitating informed, objective, inclusive and balanced discussions on the design, development, testing, and use of emerging technologies to address persisting and emerging health challenges in Africa. The platform offers space for Africans, including policymakers, scientists, journalists, business and private sector actors, civil society representatives, citizens and communities, to engage, stimulate and drive action needed to develop, test and/or deploy (where proven safe and effective) emerging health technologies to tackle health challenges in Africa. The Platform is also ensuring that the voices of Africans are heard in global efforts on emerging health technologies so that these technologies respond to Africa's unique needs.

4



Making the Case for Planetary Health in sub-Saharan Africa

AFIDEP entered into a partnership with the London School of Hygiene and Tropical Medicine (LSHTM) to implement a project that will generate evidence for policy action and future investments. The project on planetary health will help fill the evidence gap around ground-truth interactions between climate change and health in Africa. The project seeks to build bridges between the health and climate research and policy communities in Africa around shared evidence and policy goals. The evidence generated by the project will provide a greater understanding of cross-sectoral policy solutions that address the health impacts of climate change that also have climate co-benefits.

5



The Shire Valley Vector Control Project (Shire-Vec)

The Shire-Vec project will focus its research on the Shire Valley Transformation programme (SVTP), a new 40,000-hectare irrigation scheme, which began construction in 2020 based in the districts of Chikwawa and Nsanje in the southern region of Malawi. The Shire-Vec project will investigate how the new irrigation scheme affects vector-borne diseases (VBDs) like malaria and schistosomiasis and their influence on smallholder farming practices. The Shire-Vec project will offer practical solutions to manage the impact of the SVTP across both public health and agriculture.

6



6

Financial Report



Statement of Income and Expenditure and Accumulated Fund Balance

For the Year Ended 31 December 2021

	2021	2020
	US\$	US\$
Grants income	5,288,418	3,606,283
Other operating income	107,969	100,953
	5,396,387	3,707,236
Programme expenses	4,178,330	2,556,737
Administrative expenses	1,026,961	897,035
Total expenditure	5,205,291	3,453,772
Excess of expenditure over income in the year	191,095	253,464
Reconciliation of fund balance		
Fund balance brought forward	355,304	252,142
Excess of expenditure over income in the year	191,095	253,464
Transfer to sustainability fund	(100,000)	(100,000)
Translation difference	-	(50,302)
Fund balance carried forward	446,399	355,304

Statement of Financial Position

As at 31 December 2021

Assets	2021 USD	2020 USD
Non-Current Assets		
Property and equipment	174,216.00	106,305.00
Current Assets		
Receivables	298,041.00	142,754.00
Grants receivable	1,287,113.00	756,207.00
Cash and cash equivalents	3,104,305.00	2,560,183.00
	4,689,459.00	3,459,144.00
Total Assets	4,863,675.00	3,565,449.00
Funds and Liabilities		
Funds		
Accumulated fund	446,398.00	355,304.00
Sustainability fund	400,000.00	300,000.00
	846,398.00	655,304.00
Current Liabilities		
Payables	737,808.00	291,362.00
Deferred income	3,279,468.00	2,618,783.00
	4,017,276.00	2,910,145.00
Total Funds and Liabilities	4,863,674.00	3,565,449.00

7

Informing Discourse



Evidence to policy discourses



1. Countdown to Glasgow
2. UN Climate Change Conference, COP26
3. 4th National Leaders' Conference on Population and Development (NCPD conference)
4. Berlin Demography Days Event – Global Demography Forum
5. Impact Philanthropy Africa Virtual Inaugural Conference
6. On Think Tanks Conference 2021: Think Tanks and Change
7. AFIDEP at the 11th KEMRI Annual Scientific Health Conference
8. Green Transition and COVID-19 Recovery: The African Roundtable Event
9. The 2021 Network of African Parliamentary Committees of Health (NEAPACOH): Sustained Programmes for the Achievement of ICPD Goals and the SDGs: Role of Parliamentarians Localisation in International Development
10. United Nations 2nd Open Science Conference
11. UN Expert Group Meeting on Population and Sustainable Development
12. Health Tech Platform at Pan-Africa Mosquito Control Association (PAMCA) conference to create awareness about the Platform among scientists
13. WHO/IBP Network partners meeting
14. WHO's summit expert panel on an evidence-to-policy translation during COVID-19
15. The Kenya Editors' Guild 4th Annual Editors' Convention
16. Media Breakfast: Role of the Media in Enhancing Public Understanding of Health Impacts of Climate change in Kenya
17. The 29th IUSSP International Population Conference 2021
18. Research for Health Technical Working Group (R4H TWG) Inaugural Meeting
19. The Young African Leaders Initiative (YALI) 10th Anniversary Summit
20. DANIDA Alumni Workshop on Green Growth and Circular Economy
21. Africa Evidence Network Evidence Capacities webinar series
22. Global WHO Evidence-to-Policy (E2P) Summit: Evidence as a catalyst for policy and societal change
23. 8th East Africa Health Scientific Conference
24. 26th UN Climate Change Conference of the Parties (COP26)
25. National TB Stakeholders Networking Conference (Malawi)

Publications



Reports

1. Modelling the Demographic Dividend: A Review of Methodologies`
2. Best Practices in Operationalising the Demographic Dividend in Eastern and Southern Africa
3. Cost-Benefit Analysis of Fisheries Management in Malawi – Technical Report
4. A Cost-Benefit Analysis of Government Services to Support MSMEs in Malawi – Technical Report
5. A Cost-Benefit Analysis of Environmental Management and Disaster Risk Reduction in Malawi – Technical Report
6. A Cost-Benefit Analysis of Interventions to Improve Water Service Reliability in Blantyre Malawi – Technical Report
7. A Cost-Benefit of Interventions to Increase Compliance with the Construction Permits Process in Malawi: Ensuring the Benefits of Urbanisation – Technical Report
8. A Cost-Benefit Analysis of Industrialisation and Youth Employment in Malawi – Technical Report
9. Cost-Benefit Analysis of Upgrading Road Infrastructure for Tourism in Malawi – Technical Report
10. A Cost-Benefit Analysis of National Resource Management in Malawi – Technical Report
11. The Cost-Benefit Analysis of Malaria Control Strategies in Malawi: A Scenario Comparison using the Spectrum-Malaria Impact Modelling Tool – Technical Report
12. A Cost-Benefit Note: Implementing the National Land Policy in Malawi – Technical Report
13. Cost-Benefit Analysis of Expanding and Improving Early Childhood Education in Malawi – Technical Report
14. Cost-Benefit Analysis of Interventions to Boost Girls' Secondary Education and Reduce Early Child Marriage in Malawi – Technical Report
15. Cost-Benefit Analysis of Power Sector Reform for Business Friendliness in Malawi – Technical Report
16. Cost-Benefit Analysis of Food and Nutrition Security in Malawi – Technical Report
17. Analysis of Regional Stakeholders on Vector-borne Diseases and Vector Control in Africa for the Programme for Increasing the Impact of Vector Control (PIIVeC)
18. Cost-Benefit Analysis of Interventions to Encourage Agricultural Exports in Malawi – Technical Reports
19. Cost-Benefit Analysis: Improving the Quality of Primary School Education in Malawi – Technical Report
20. The Costs and Benefits of Commodity Exchange (COMEX) Reform in Malawi – Technical Report
21. Cost-Benefit Analysis of Stimulating Farmer Uptake of Irrigation in Malawi – Technical Report
22. Cost-Benefit Analysis of Increasing Contraceptive Use through Post-partum Counselling and Free, Improved Access to Contraception in Malawi – Technical Report
23. Cost-Benefit Analysis of Interventions to Reduce the Prevalence of Stunting in Malawi – Technical report
24. Cost-benefit Analysis of Expanding HIV Prevention and Treatment Services to Female Sex Workers in Malawi – Technical Report
25. Cost-Benefit Analysis of Improving Neonatal and Maternal Health Outcomes in Malawi – Technical Report

Policy briefs

1. Positioning Health in Climate Change Action Plans
2. The Growing Antimicrobial Resistance from Agricultural Practices
3. Improving Diagnosis, Treatment and Outcomes of Sepsis patients in Low-resource Settings
4. Factors Influencing Full Access and Choice of Contraception Among Young Women in West Pokot
5. Addressing Low Use of Contraceptives among Adolescents and Youth in Wajir County
6. Influencers and Barriers to Contraceptive Method Choice among Young Women in Nairobi County
7. Influences of Contraceptive Choice for Young People in Mombasa
8. Understanding Factors Influencing Access and Choice of Contraceptives among Young People in Migori
9. Male Partner Engagement in Contraceptive Choice among Young People in Kenya
10. Dual Method Use Among Young People in Kenya
11. The Costs and Benefits of Fisheries Management in Malawi
12. The Costs and Benefits of Government Services to Support MSMEs in Malawi
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22. The Cost and Benefit of Interventions to Boost Girls' Secondary Education and Reduce Early Child Marriage in Malawi
23. The Costs and Benefits of Reforming the Power Sector for Business Friendliness in Malawi
24. Water, Sanitation and Hygiene (WASH): A Critical Barrier against Antimicrobial Resistance (AMR) in Malawi
25. The Costs and Benefits of Food and Nutrition Security in Malawi
26. The Costs and Benefits of Interventions to Encourage Agricultural Exports in Malawi
27. A Cost-Benefit Analysis: Improving the Quality of Primary School Education in Malawi

28. The Costs and Benefits of Interventions Related to COMEX Reforms in Malawi
29. Cost-Benefit Analysis of Stimulating Farmer Uptake of Irrigation in Malawi
30. Cost-Benefit Analysis of Increasing Contraceptive Use through Post-partum Counselling and Free, Improved Access to Contraception in Malawi
31. Cost-Benefit Analysis of Interventions to Reduce the Incidence of Stunting in Malawi
32. Cost-Benefit Analysis of Providing HIV Prevention and Treatment Services to Female Sex Workers in Malawi
33. Cost-Benefit Analysis of Improving Neonatal and Maternal Health Outcomes in Malawi

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1. **Alhassan, N., & Madise, N.J.**, 2021, Demand for Family Planning Satisfied With Modern Methods in Urban Malawi: CHAID Analysis to Identify Predictors and Women Underserved with Family Planning Services, *Front Global Women's Health*, doi:10.3389/fgwh.2021.652902
2. Kimani-Murage, E.W., Kimiywe, J., Mutoro, A.N., Wilunda, C., Wekesah, F.M., Muriuki, P., Mwangi, B.M., Samburu, B.M., **Madise, N.J.**, McGarvey, S.T., & Griffiths, P.L., 2021, Effectiveness of the baby-friendly community initiative on exclusive breastfeeding in Kenya, *Maternal and Child Nutrition*, doi: 10.1111/mcn.13142
3. Mutisya, M., Markey, O., Rousham E.K., Chintsanya, J.M.N., Pradeilles, R., Kimani-Murage, E.W., **Madise, N.J.**, Munthali, A.C., Kalimbira, A., Holdsworth, M., Griffiths, P.L., & Haycraft, E., 2021, Improving nutritional status among urban poor children in sub-Saharan Africa: An evidence-informed Delphi-based consultation. *Maternal and Child Nutrition*, doi.org/10.1111/mcn.13099
4. Adegbite, B.R., Edoa, J.R., Rylance, J., Jacob, J.S., **Kawale, P.**, Adegnika, A.A., & Grobusch, M.P., 2021, Knowledge of health workers relating to sepsis awareness and management in Lambaréné, Gabon, *Acta Tropica*, doi.org/10.1016/j.actatropica.2021.105914
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6. Mzumara, G.W., Marlen Chawani, M., Sakala, M., **Mwandira, L.**, Phiri, E., Milanzi, E., Phiri, D.M., Kazanga, I., O'Byrne, T., **Zulu, E.M.**, Mitambo, C., Divala, T., Squire, B., & Tam, P.I., 2021, The health policy response to COVID-19 in Malawi, *BMJ Global Health*, doi: 10.1136/bmjgh-2021-006035.
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Research briefs

1. Co-production of Research Evidence and Development of Knowledge Management Platforms to Guide Policy Actors in the Use of Evidence to Inform Health Decision-making in Kenya
2. Cross-border Control Measures to Contain COVID-19 Pandemic in Kenya
3. Identified Best Practices in Health Service Management in Kenya as Presented in the 11th KEMRI Annual Scientific Conference (KASH)
4. An Overview of Knowledge Management Platforms for Health in Kenya
5. Innovative Approaches to Strengthen Integrated Non-communicable Disease Management in Kenya's Public Health System
6. Role of Communication in Improving Human Papillomavirus (HPV) Vaccination among Adolescents in sub-Saharan Africa: A Systematic Review

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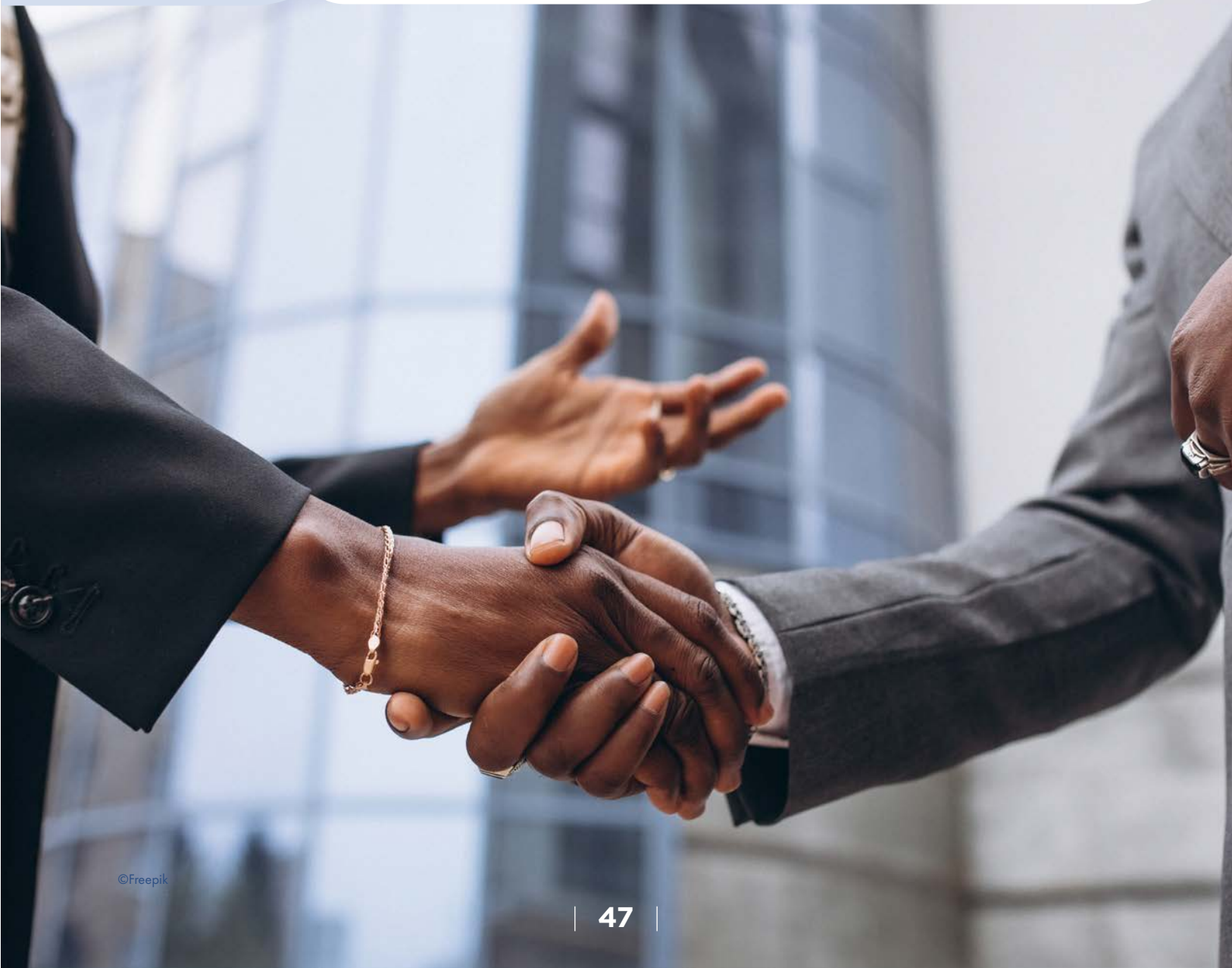


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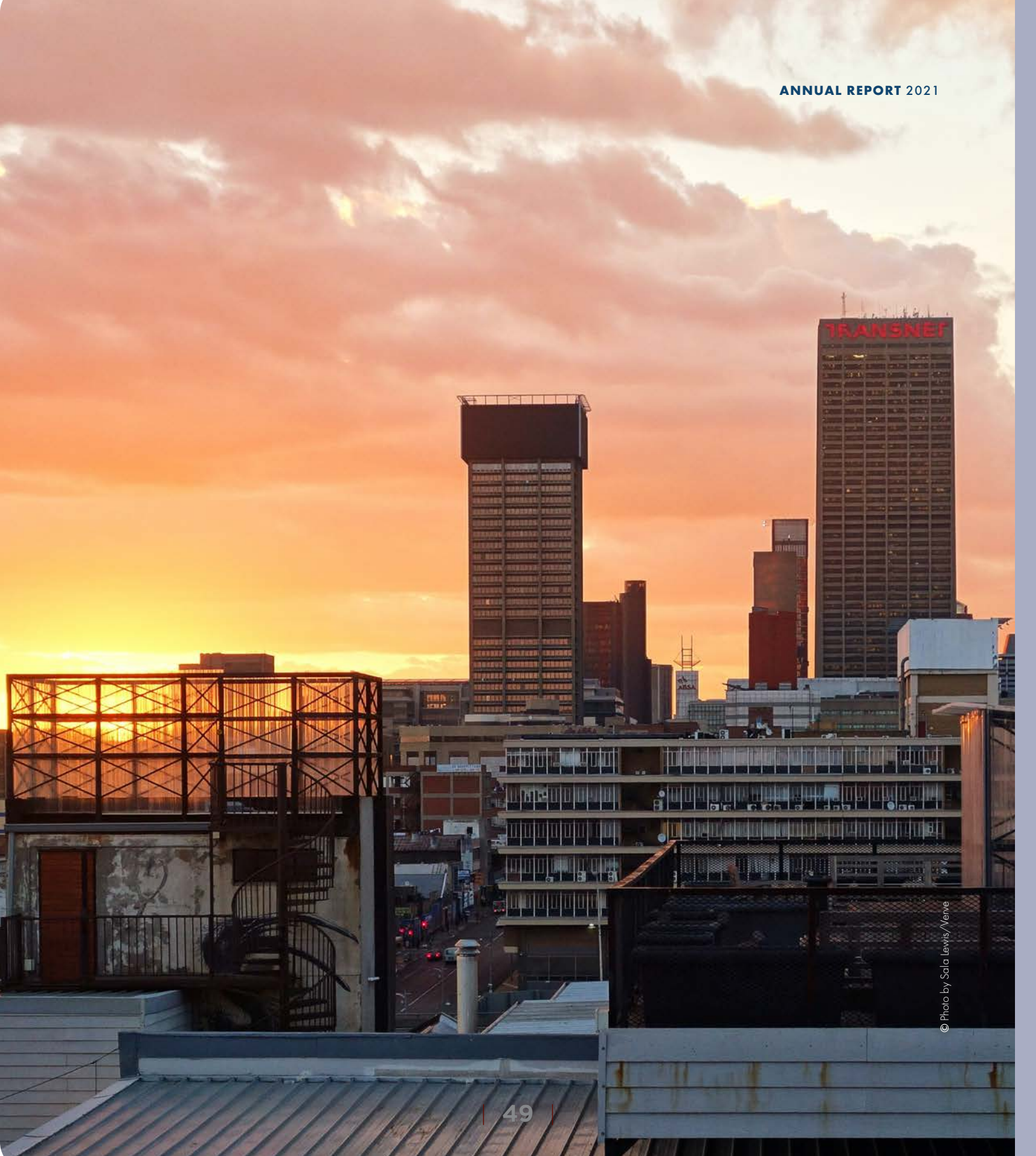
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