

Annual Report 2016

Shaping Africa's Future through
Evidence-Informed Policies



AFIDEP

African Institute for
Development Policy

Bridging Development Research,
Policy and Practice



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Message from the Executive Director

Evidence, including rigorous data and research, is critical to inform the reforms and investment decisions that African countries need to make to reinforce the ongoing renaissance. Our work at AFIDEP focuses on ensuring that African governments and other development actors have access to and consider the most relevant and robust evidence. This is especially critical as they chart the directions that countries should take to spur rapid, inclusive and sustainable socio-economic transformation. We translate and enable the use of evidence in decision-making. This report shares examples of the difference that our work made in 2016, with emphasis on testimonials from some of our direct beneficiaries.

A major opportunity that can turn Africa's youthful population into a driver for socio-economic transformation is the demographic dividend. We are proud to have been at the centre of collaborative efforts to support African governments and other development actors translate evidence to clarify the potential contribution of the demographic dividend in achieving the African Union's Agenda 2063, the sustainable development goals (SDGs) and national development plans. The designation of "harnessing the demographic dividend through investments in youth" as the 2017 theme of the African Union Summit was clear testimony of how smart evidence-informed advocacy can play a critical role in shaping mindset shift and reforms that can help address Africa's pervasive and sometimes sensitive development challenges. We supported 15 African governments come up with policy actions and strategies for harnessing the demographic dividend and some countries like Malawi, Zambia, Uganda and Namibia, went further to integrate demographic dividend interventions in their national development plans.

We also reinforced the impact of our work in strengthening capacity for evidence use by decision-makers and enabled African parliamentarians appreciate the role of evidence in fulfilling their three critical roles of oversight, legislation and representation.

As I look back at our achievements in 2016, I acknowledge that we could not have made the difference we realised without the guidance and support of our Board of Directors, funding support from various funders, and technical support and partnerships with many organisations and government officials in the countries where we worked. To each of you, we say 'thank you!'

As we move into 2017, we recognise the challenges posed by increasing conservatism, the onslaught on globalisation and associated changes in the funding landscape for international development. In our quest to double efforts to help governments apply evidence to close the know-do gap, we call upon increased local investments by African governments and philanthropists to fund the continent's development agenda. This should include funding for generation and use of quality evidence in decision-making processes.

We are counting on working closely with all of you to ensure that together we help in enabling decisive action to move the African continent towards fulfilling inclusive and sustainable development.

Dr. Eliya Zulu
Executive Director, AFIDEP

AFIDEP in Brief

The African Institute for Development Policy (AFIDEP) is an African-led, regional non-profit policy think tank established in 2010 to help bridge the gaps between research, policy and practice in development efforts in Africa. AFIDEP works in four areas: population change and sustainable development; reproductive, maternal, child, and adolescent health; education and skills development; and strengthening capacity to use evidence in policymaking spaces. AFIDEP contributes to sustainable development by enabling the formulation of policies and programme interventions that are informed by sound data and research evidence. We focus on using evidence and advocacy to strengthen political commitment, increase financial investments and inform the design and implementation of effective intervention programmes for tackling development challenges in Africa. The Institute is governed by a Board of Directors comprised of distinguished experts, who provide strategic guidance and institutional oversight.

AFIDEP has **3**
overarching objectives



3

Annual Report 2016



AFIDEP contributes to sustainable development by enabling the formulation of policies and programme interventions that are informed by sound data and research evidence

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VISION

To make research evidence matter in African-driven development.



VALUES

AFIDEP staff adhere to a set of shared core values that guide our work and relationships with colleagues, clients and partners.

Among ourselves, we are:

- Focused, committed and rigorous with our work.
- Fair, friendly, energetic and supportive of each other.

In relation to the environment in which we operate:

- We are client-oriented and impact-led.
- We are results-oriented and aim to exceed our clients' expectations.
- We value integrity and complete accountability in the use of financial and other resources that enable us do our work.
- We believe strongly in partnering with a range of actors in government, academia, implementation agencies and development partners at national, regional, and international levels so that together we can have greater impact.
- We expect that our work will make a significant contribution to Africa's equitable development.



MISSION

To translate and enable utilisation of evidence in policymaking, primarily in the fields of population change and sustainable development; reproductive, maternal, child, and adolescent health; and education and skills development.

How We Bring About Change

To achieve our objectives, we use five approaches:

1. **Conducting and synthesising research in order to inform national policies and programmes with evidence**

We analyse existing data, policy and programme environments, undertake in-depth work focused on specific countries, and conduct comparative transnational and regional data analyses. This is in a bid to ensure that decision-makers have the evidence they need to formulate and evaluate effective population and development policies and programmes. In particular, we seek to identify opportunities to improve the quality and reach of social services, especially to under-served populations.

2. **Bringing evidence directly to decision-makers in clear, usable formats**

AFIDEP goes beyond the conventional research dissemination model to provide direct technical assistance to government teams that design policies and programmes. For instance, we have helped several African governments and development partners develop integrated population and development policies, define roadmaps for achieving their development commitments, and revise their data collection tools to ensure they collect the data they need for decision-making. We also train researchers in effective writing and communication skills so they are better equipped to deliver their research findings in accessible and usable formats to decision-makers.

3. **Connecting researchers and end-users at national and regional levels**

We work hand-in-hand with decision-makers while providing technical assistance. As a result, we know the kinds of evidence they want and need. This understanding extends beyond our focal countries to the regional level through our involvement in, and partnership with key regional networks and organisations. These include the African Union Commission (AUC); Partners in Population and Development-Africa Regional Office (PPD-ARO); regional economic blocks for Eastern, Southern and Central Africa; and the East, Central and Southern African-Health Community (ECSA-HC).

4. **Building capacity for research translation and use across the continent**

To augment our impact, we help policymakers, civil society organisations and other end-users of evidence understand the value of data and research evidence, and how to access, evaluate, analyse, interpret and use it effectively. We achieve this through technical assistance and comprehensive training and mentorship programmes. We also strengthen the capacity and skills of researchers and knowledge intermediaries in undertaking evidence synthesis, policy analyses, scenario building and forecasting, through training workshops, seminars and internships.

5. **Strengthening the African voice in global development discourses**

We draw on the analyses we carry out and experiences working with decision-makers in Africa to inform the international development community's policies and investments in Africa. AFIDEP experts participate in international conferences, high-level development panels and one-on-one meetings with key development partners, to ensure that their priorities for the continent take the perspectives of African professionals into account. This includes participating in global expert panels and organising national and regional conferences on our focus topics to galvanise evidence-based discourses on policy and programme options for addressing Africa's development challenges.

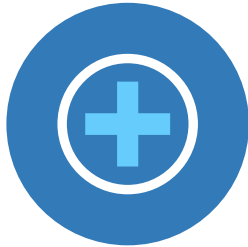
THE DIFFERENCE WE MADE IN 2016

1



Using Demographic Dividend Evidence to Focus Africa's Development Trajectory

2



Contributing to Stronger Health Systems in Africa.

3



Enabling African Parliaments to Tackle Development Challenges

4



Reinforcing the African Voice in Global Development Discourses



1

Using Demographic Dividend Evidence to Focus Africa's Development Trajectory



©UN Photo/Eskinder Debebe

A major part of our work focuses on clarifying the implications of the on-going phenomenal population changes on Africa's development prospects. We seek to captivate political will and policy responses to prioritise the incorporation of population dynamics in development planning. Since 2012, our work has contributed to increasing understanding and generating interest among Africa's top leadership on how strategic reforms and investments can enable countries to harness notable demographic dividends that will transform the continent's socio-economic prospects. The demographic dividend is the economic benefit arising from a significant increase in the ratio of working-age adults relative to young dependents, that results from a significant decline in death and birth rates.

Informing countries' long-term planning to spur rapid socio-economic development

In 2016, we continued to work with the United Nations Population Fund (UNFPA) (East and Southern Africa Regional Office as well as country offices) and governments of eight African countries to provide the evidence that these governments need to inform their strategic development decisions that will enable them to harness sizeable demographic dividends. In Malawi and Senegal, we completed country analyses on prospects for harnessing the demographic dividend. We also discussed the results with the two countries' ministers of finance among other stakeholders. The involvement of ministers of finance in these dialogues demonstrated the high political commitment (generated by our evidence in these countries) to harnessing the demographic dividend. "As a country, we have embraced the demographic dividend because it will guide us on how to invest in our youthful population in order to propel economic growth in the

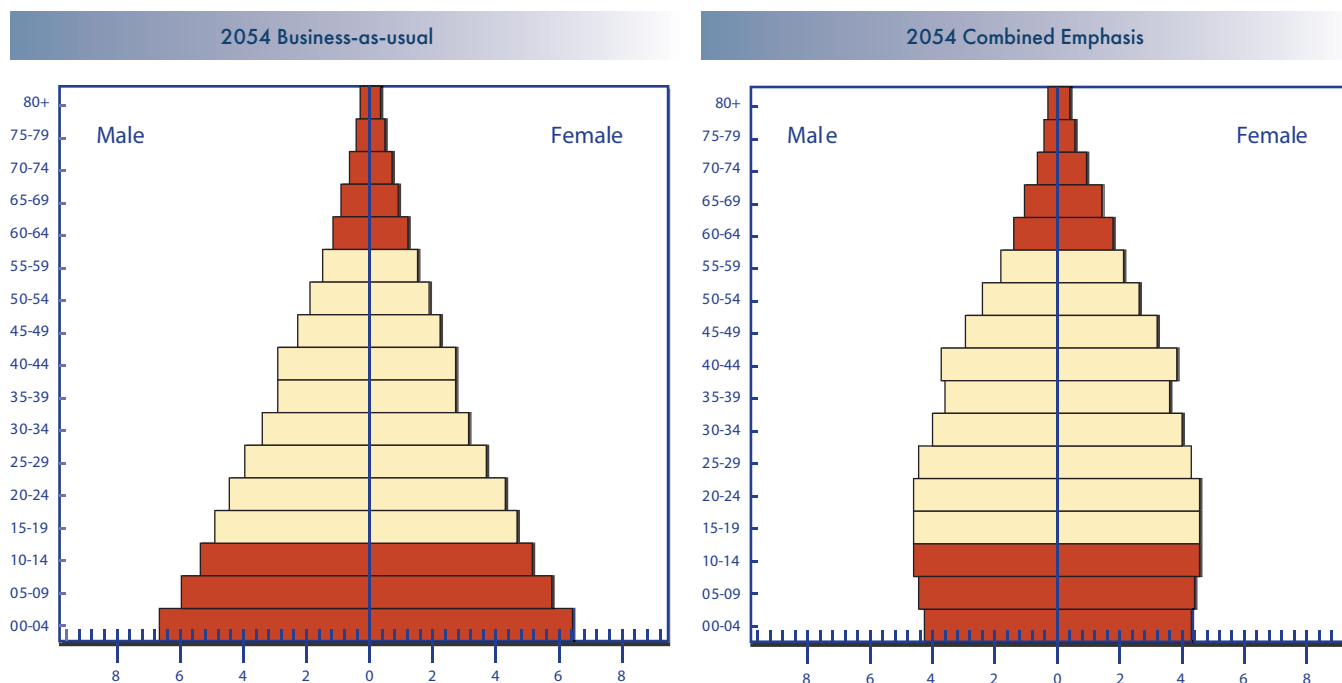
country," said Hon. Goodall Gondwe, Malawi's Minister of Finance, in September 2016. He made these remarks while launching the country's research results on its prospects for harnessing sizeable demographic dividends.

In Malawi, our analyses showed that the demographic dividend paradigm offers a pathway through which the country could attain its aspirations to become a technology-driven upper middle-income country. However, to achieve this, the country must simultaneously prioritise investments to increase access to and uptake of family planning to accelerate fertility decline; reform and increase investments in its education sector to improve human capital; reform the economy to create jobs for its growing working-age population; and enhance governance and accountability.

If Malawi takes these actions, it will, by 2054, reduce its birthrate to 2.1 children per woman (from the current 4.1 children per woman), reduce the percentage of the population aged below 15 years to 26 percent from the current 46 percent, thereby reducing dependency and increase its per capita GDP to USD 9,351 from USD 397 in 2014. Malawi's population will grow to 33 million (from the current 17.2 million) (See Figure 1).

On the other hand, if the country continues with the current slow fertility decline, ineffective education sector and slow economic reforms, it will, by 2054, still have a high fertility of 3.9 children per woman and a high percentage of its population (35 percent) aged below 15 years. This will sustain the current high dependency ratio. Its per capita GDP will increase negligibly to USD 645 from the current USD 397. Further, its population will grow exponentially to 43 million. With this scenario, the country will still face the many challenging development issues it faces today, forty years from now.

Figure 1: Projected age-sex distribution of the Malawi population by 2054



In Senegal, our analyses found that the demographic dividend paradigm offers a pathway through which the country could shift from its currently sluggish economic growth to a vibrant, rapidly growing economy. However, to achieve this, Senegal must simultaneously prioritise investments in family planning to accelerate fertility decline, reform and invest in its education system from early childhood to tertiary levels, including technical and vocational training, and intensify investments in job creation and economic reforms. If Senegal takes these actions, it will, by 2053, reduce its birthrate to 2.36 children per woman (from the current 5 children per woman), reduce the percentage of its population aged below 15 years to 30 percent from the current 42 percent thereby reducing dependency, and increase its per capita GDP to USD 12,547 in 2053 from USD 1,065 in 2013. Its population will only increase to 32.4 million (from the current 13.5 million).

On the other hand, if Senegal continues with the current slow economic reforms and slow fertility decline, it will, by 2053, still have a high fertility of 5.11 children per woman and a population of 44.6 million. The dependency ratio will increase from the estimate in 2013 of 84 dependents for every 100 persons in the working ages 15-64 years, to 86 dependents per 100 in the working ages in 2053. What is worse, its per capita GDP will decrease to USD 847 from the current USD

1,065. With this scenario, the country will face worse development challenges than it is facing today, forty years from now.

Low fertility countries need a different method of analysis

Africa is diverse. While many countries have high fertility, a few countries have reduced their fertility considerably, including most countries in Southern and Northern Africa. For the low-fertility countries, the analysis needed to generate their demographic dividend prospects requires a different methodology (from the DemDiv Model that is targeted for use in the context of high-fertility countries). In response to this, we partnered with the University of Cape Town to conduct demographic dividend analyses for four Southern African countries with relatively low fertility levels (including Botswana, Namibia, Swaziland and Zimbabwe) using the National Transfer Accounts (NTA) method. The NTA analysis helps understand how changes in the age structure of a country interact with actual income and actual consumption to impact on economic growth. Findings from these studies are to be used by the respective country governments to inform their strategies to maximise their demographic dividends and boost socio-economic development.

From evidence to action

The countries, which we supported to generate demographic dividend evidence in previous years, focused on moving from evidence to action in 2016. These include Kenya, Malawi, Uganda and Zambia. We therefore provided technical support to these countries' efforts to develop demographic dividend roadmaps and/or translate and incorporate demographic dividend evidence into their national development plans or medium-term development strategies. In Kenya and Uganda, we contributed to the multi-sectoral efforts towards the development of national roadmaps that outlined how the countries will move political commitments to harnessing sizeable demographic dividends to actual investments and programmes. In Malawi, we provided inputs in the development of the Third Malawi Growth and Development Strategy (MGDS III). In Zambia, findings and policy recommendations from the national study on the demographic dividend that AFIDEP conducted in 2014 were incorporated in the 7th National Development Plan.

Sustaining commitment and stimulating action through advocacy

Beyond country-specific activities, we were centrally involved in regional and international advocacy efforts aimed at challenging leaders as well as providing guidance on how African countries can move from commitment to effecting reforms, investments and programmes in order to actualise their aspirations for harnessing sizeable demographic dividends. In one of these activities, we collaborated with Kenya's National Council for Population and Development (NCPD) to organise a dialogue on harnessing the demographic dividend in Africa at the 6th Tokyo International Conference on African Development (TICAD) held in Nairobi in August 2016. TICAD is a high-level policy dialogue platform through which Asian and African leaders collaborate to promote development in Africa.

We also engaged Members of Parliament (MPs) from 22 African parliaments in a discussion on the demographic dividend paradigm. This was through the Network of African Parliamentary Committees of Health (NEAPACOH) that we co-convene annually. The dialogue increased MPs' understanding of the demographic dividend paradigm and their countries' commitment to harnessing the dividend. This understanding strengthens MPs' oversight role over their governments' development efforts.

From evidence to action

“ At UNFPA Zambia, we got to know about AFIDEP through our regional office in 2014. We wanted to undertake a study on the demographic dividend and we were looking for a technical expert. We were not sure of what methodology to use; we had a concept note but were not sure of how to operationalise this and therefore we reached out to our regional office. It was not AFIDEP's expertise that was put forward [alone] but also the quick turn-around. [Therefore], it was not just the technical expertise that AFIDEP brought to the table but also their ability to navigate the landscape that required quick results. From then on, for us at UNFPA Zambia, it has been a brilliant partnership.

We've benefited from [this partnership] in the sense that we have created awareness not only for the Government of Zambia but also for UNFPA. Since then going forward, one of the contributions that AFIDEP should be very proud of is the fact there has been some sort of demographic dividend movement in Zambia since we [conducted] the [demographic dividend] study, that has caught on like wild fire. Everybody speaks about [the demographic dividend]. [In addition], the documentation, which is the report and policy briefs that AFIDEP helped [produce] have been used widely. At every forum, [for instance] at the AU [African Union], at the global level, Zambia proudly takes it [the documentation] forward. I also understand that this is the only demographic dividend [study] report that has been signed by a President and he takes it around with him everywhere he goes. These are all contributions from AFIDEP.

Further, AFIDEP should also claim space to the [Zambia] 7th National Development Plan which has now been signed and released by the President and builds totally on the demographic dividend. He [the President] mentions and references it always. [In addition], the pillars of the 7th National Development Plan mirror the pillars of the demographic dividend. ”



Chinwe Ogonna
Deputy Representative
United Nations Population Fund (UNFPA)
Zambia

Sustaining commitment and stimulating action through advocacy

“ The government of Kenya has recognised and developed a framework to work with non-state actors because we know that to deliver to the people of Kenya we need everybody on board. Working with AFIDEP has been beneficial to NCPD [National Council for Population and Development]. As policymakers, we have relied on AFIDEP for technical expertise on various population issues, top among these being the demographic dividend. In the last two years, AFIDEP has given us very good support in the form of evidence and technical advice to inform our efforts in ensuring that Kenya makes the right policy and investment decisions to harness a sizeable demographic dividend.

In 2015, AFIDEP provided very critical technical support towards the organisation of the regional symposium on the demographic dividend, which NCPD hosted here in Nairobi for the East and Southern African region. AFIDEP’s technical guidance in the design and delivery of the symposium went a long way in enabling NCPD to realise the success we recorded with this symposium. In 2016, AFIDEP contributed to our thinking and planning for the 6th Tokyo International Conference on Africa’s Development (TICAD). We hosted a side session on the demographic dividend at this conference and AFIDEP contributed in making this session a success.

AFIDEP has also contributed both technically and financially in the design and conduct of the Kenya National Adolescent and Youth Survey (NAYS). We conducted [this survey] in 2015 and 2016 to inform the country’s efforts in tackling the challenges facing youth in regard to health, education and employment opportunities, which are holding back the potential of county governments to harness the demographic dividend. In Kenya now, the action for investment decisions has moved to the counties. [Therefore] as NCPD, we are also focusing on building capacity of the county leadership and we hope that AFIDEP will continue providing us with the technical expertise to ensure that county investments and programming decisions are based on sound policy advice. ”

Dr. Josephine Kibaru-Mbae
Director-General
National Council for Population and
Development (NCPD)
Kenya



Reforming and increasing investments in the education sector is one of the priority actions that African countries must take if they are to reap sizeable demographic dividends.

Increasing understanding and commitment to harness the demographic dividend in Malawi

Although Malawi’s President (H.E. Peter Mutharika) is the United Nations demographic dividend champion for Africa, our interactions and experiences in Malawi in 2016 revealed that the understanding of the demographic dividend paradigm among many government leaders and stakeholders was not unified and was at times misinterpreted. To contribute to addressing this gap, we co-convened the Malawi Population and Development Conference in September 2016 to provide a platform for deliberating evidence on the demographic dividend and other population issues. The conference attracted top government officials including the Minister of Finance and MPs. Our keynote at this conference stimulated discussions on how the country can move towards developing integrated solutions to development. These are solutions that embrace all the pillars of the demographic dividend (i.e. family planning, education and skills development, economic reforms and job creation, and governance).

At the conference, the government committed to, among others, mainstream the demographic dividend interventions and investments in the country’s forthcoming medium-term development plan, district development plans, all public budgeting processes, the Sustainable Development Goals (SDGs), and other long-term development strategies. The government also committed to mobilise financial and technical resources to fully implement Malawi’s FP2020 commitments and the costed family planning strategy. It is at this conference that the Malawi Minister of Finance launched the demographic dividend study report that we prepared for the country.

Providing evidence needed to reform education systems in Africa

Reforming and increasing investments in the education sector is one of the priority actions that African countries must take if they are to reap sizeable demographic dividends. In 2016, we conducted two studies and two dialogues to provide evidence to inform countries' efforts aimed at improving human capital. The first study revealed how African governments were starting to integrate transferable skills into formal education systems, using case studies from Kenya, Nigeria and Rwanda.

Transferable skills are defined as higher order cognitive and non-cognitive skills that individuals use to be successful across different situations in work and life. Examples of transferable skills include problem solving, team work, communication skills, planning and time management. Recent scholarship has shown these skills to be correlated with improved outcomes in school, life and work. The study found the following as the factors that enabled scale-up of transferable skills programmes piloted in the three countries: an enabling policy environment that is supportive of education reforms; evidence of impact on youth employment and entrepreneurship;

strong political champions; wide stakeholder engagement; and flexible funding. These are important lessons for African countries as they move towards integrating transferable skills in their education systems.

The second study characterised the policy and programmatic priorities of policymakers and other stakeholders seeking to improve the quality of public, government-aided and low-cost private secondary education in Kenya, Uganda, Tanzania and Malawi. The results of the study informed a call for proposals to improve quality of secondary education in Eastern Africa by the Partnership to Strengthen Innovation and Practice in Secondary Education (PSIPSE). The two studies were funded by the Mastercard Foundation.

We also facilitated two dialogues, one in Kenya and the other in Malawi, each discussing the opportunities for mainstreaming transferable skills in the education and training system in the two countries. The dialogues, which convened policymakers and other stakeholders, outlined actions that the countries need to take in order to effectively and rapidly integrate transferable skills in their education systems.

Sustaining commitment and stimulating action through advocacy

“Our journey [with AFIDEP] on the demographic dividend began in 2010/2011. AFIDEP was one of the first (if not the first) regional research institutions to get involved in this line of work. This was not only with UNFPA but also the African Union. UNFPA brought AFIDEP on board to support in global and regional activities on the demographic dividend. After this, we went into country-specific [programmes]. Globally, there have been several activities, for instance, side events at the United Nations General Assembly [UNGA] in New York and continental meetings in Addis Ababa [Ethiopia]. We have also had regional engagements in East and Southern Africa, and West and Central Africa. AFIDEP has therefore been [a key partner] in UNFPA's work globally, regionally and nationally. Where we are coming from is that population is central to development. It is therefore not surprising that 2017 was considered as the year where we shall work towards harnessing a demographic dividend [in Africa] through investments in youth. This is the African Union (AU) theme for 2017, that is; harnessing the demographic dividend through investments in youth. This [2017 AU

theme] firms up our joint efforts and AFIDEP has played a key role in this. At the regional level, we have done a lot in terms of documenting country experiences, improving the methodologies and other aspects relating to partnerships among regional academic and research institutions. We have received very high quality contribution from AFIDEP as our technical partner in our work on the demographic dividend at global, regional and national level. In order to take the [demographic dividend] work forward, we need to build capacities at regional level as most of our efforts have been focused on building capacities at national level.”

Dr. Mady Biaye
Resident Representative,
United Nations Population Fund
(UNFPA)
Equatorial Guinea





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Contributing to Stronger Health Systems in Africa



Weak health systems that fail to respond to the many health challenges in Africa remain a major development challenge for the region. Part of our work focuses on using evidence to strengthen the functioning of health systems in Africa. We translate evidence and promote its use in decision-making at different levels of the health system, and strengthen capacity to enable increased demand and use of evidence in decision-making.

Stronger capacity for evidence use in health sector decision-making in Africa

Kenya and Malawi governments adopted guidelines for evidence use

With funding from the UK Department for International Development (DFID), we worked with the Ministry of Health in Kenya and Malawi to develop guidelines for evidence use in decision-making. In 2014, the institutions had identified the lack of such guidelines as one of



76 STAFF TRAINED

A total of 76 staff were trained in Kenya and Malawi, and as part of the mentorship process, they developed 26 policy briefs addressing urgent health policy issues in their countries.

the barriers to better and increased use of evidence in decision-making. The institutions are using the guidelines as a tool to promote and entrench evidence use within their work and procedures, as well as, to guide the actual use of evidence in decision-making.

Provided a training curriculum for evidence-informed decision-making

In 2016, we made a mark on the global scene by launching a comprehensive training curriculum on evidence-informed decision-making. This is a valuable tool for strengthening capacity for evidence use globally. The launch attracted global participation and interest, demonstrating the important gap that the training curriculum will fill in global efforts to increase the use or consideration of evidence in decision-making. The curriculum was developed and piloted in Kenya and

If we have a critical mass of individuals coming out of the medical schools who are trained in evidence use... [then] we entrench a culture of evidence use in the health sector in the country

Dr. Damson Kathyola
Ministry of Health,
Malawi

Malawi as part of a DFID-funded project on strengthening capacity for evidence use. The Kenya Ministry of Health has adopted the curriculum and is using it in its own capacity building efforts for enabling better and increased use of evidence in decision-making. Many training institutions in Kenya, Malawi and in other African countries have expressed interest in incorporating the curriculum in their training programmes. We will work with these institutions in 2017 to develop modules that will be incorporated in existing training programmes. The curriculum is available open access on the AFIDEP website.

Governments of Kenya and Malawi benefit from stronger capacity and leadership in evidence-informed decision-making

We worked with the Ministries of Health in Kenya and Malawi to train and mentor

Stronger capacity for evidence use in health sector decision-making in Africa

“ The SECURE Health programme [the Strengthening Capacity to Use Research Evidence in Health implemented by AFIDEP 2013-2017] has raised awareness within the health community about the importance of using evidence in decision-making. Secondly, the programme has helped my department, the Research Unit, to contribute to decision-making in a very concrete way with tangible products. The production of guidelines for use of evidence in decision-making is such an example. To me, this is a really tangible achievement.

I think if we have a very clear and actionable implementation plan for the guidelines, we should be able to disseminate and see the impact of the guidelines in enabling evidence use in actual decision-making. If you plant a tree today, you don't expect to see the fruits tomorrow. So our challenge now is how we will ensure that the guidelines are put to use.



Dr. Damson Kathyola
Director of Research
Ministry of Health
Malawi

We also need to institutionalise these guidelines in pre-service training. If we have a critical mass of individuals coming out of the medical schools who are trained in evidence use and are sensitive to take a reflection on evidence in whatever decision they make everyday, we [shall] entrench a culture of evidence use in the health sector in the country.

What AFIDEP needs to do in future programmes is to also take the training on evidence use to the lower levels of decision-making in the health sector. The SECURE Health programme concentrated very much on the national level, yet decision-making is also happening at the lower levels.

My main take away from the SECURE Health programme is that the programme has demonstrated that development aid works. If development aid does not align to the needs of the users, if it doesn't align to the priorities of the users, it wastes a lot of money. SECURE Health has addressed our priorities at the Ministry and that's why the programme has been successful. ”



Malawi Ministry of Health officials at their graduation from the Evidence-Informed Policymaking training conducted by AFIDEP's SECURE Health programme between March 2015 and April 2016.



Stronger capacity for evidence use in health sector decision-making in Africa

Ms. Catherine Chiwaula
Principal Nursing Officer
Ministry of Health, Malawi

“The [Evidence-Informed Decision-Making] training has been useful to me because part of my work is to oversee policy formulation and implementation in the Ministry [of Health], especially in the area of school health and nutrition programme. The knowledge and skills I gained from the training helped me improve on the formulation of the school health and nutrition policy. I attended the training when we were formulating the school health and nutrition policy. Actually we were in the process of gathering evidence on school health and nutrition to guide the policy. And so the knowledge and skills from the training helped me very much because it became very easy for me to search and find the evidence on school health interventions and the studies that have been done on school health and nutrition policy. This enriched my contribution to this policy.”

Stimulating and informing policy reforms and other efforts in the health sector

“It was a successful project [AFIDEP's SECURE Health programme], now we need to make it a programme that will ensure that evidence-informed decision-making is the norm.”



Dr. David Soti
Deputy Director of Medical Services & Head, Department of Preventive and Promotive Health Ministry of Health, Kenya

senior to middle-level technical staff in evidence-informed decision-making (EIDM). A total of 76 staff were trained in both countries. As part of the mentorship process, they developed 26 policy briefs addressing urgent health policy issues in their countries. Besides the policy briefs, some of the trained government officials have gone ahead to develop strategies informed by the evidence syntheses they conducted as part of the training and mentorship programme in order to address urgent policy issues. They have also used their policy briefs to raise funds for tackling the issues the policy briefs focused on. The trainees have also been conducting regular peer-review sessions for colleagues to continue improving the quality of evidence used in decision-making.

Stimulating and informing policy reforms and other efforts in the health sector

AFIDEP led regular dialogues in Kenya and Malawi that deliberated evidence on urgent health policy issues in the two countries and these stimulated reforms or reform processes. In Kenya, the government announced a policy shift in the funding mechanism for the free maternity

services policy in August 2016. This was an adoption one of the recommendations proposed by our policy dialogue conducted in March 2015. Following this dialogue, top government officials in the Ministry of Health requested for the recommendations made by the dialogue. In Malawi, our dialogue on bridging the research to policy and practice gap conducted in November 2015, stimulated reform efforts in 2016 to operationalise local funding mechanisms for health research in the country.

Strengthening accountability, prioritisation and implementation of adolescent sexual and reproductive health interventions in Kenya and Malawi

With funding from the Norwegian Agency for Development Cooperation (NORAD), we continued to work in Kenya and Malawi to improve accountability, prioritisation and implementation of interventions that address the most pressing adolescent sexual and reproductive health issues in the two countries. We worked collaboratively with the ministries of health in each country in the implementation of this work.

Informing interventions to effectively tackle adolescent sexual and reproductive health challenges in Kenya

In Kenya in 2016, we focused on providing the evidence that decision-makers at different levels of the health system need to make effective decisions in tackling adolescent sexual and reproductive health challenges. We engaged national leaders and other stakeholders with the results of a National Adolescent and Youth Survey conducted in 2015, to define what needs to be done in order for adolescents to play an active role in development efforts in the country. The study identified high teenage pregnancy rates, corruption and youth unemployment as the most pressing issues hampering young people's contribution to development efforts, among others. Study results and recommendations are informing Kenya's roadmap for actualising the demographic dividend and adolescent sexual and reproductive health programming.

We also developed and produced county factsheets on adolescent sexual and reproductive health based on the results of the 2014 Kenya Demographic and Health Survey (KDHS) and other data for each of the 47 counties in Kenya. The lack of county-specific data is one of the main barriers to evidence use in decision-making at county level. As such, these factsheets, the first of their kind, have become an important reference point for decision-making by county governments and their development partners. Non-governmental implementers such as Ipas

Africa Alliance and Pathfinder International have noted the importance of these factsheets in informing their programming and advocacy efforts in specific counties. The Ministry of Health, on its part, is using the county factsheets to lobby counties to allocate resources for tackling the major adolescent sexual and reproductive health challenges.

Enabling the Kenya Ministry of Health collect relevant data on adolescents

In 2015, we worked with the Ministry of Health to introduce new indicators in its adolescents sexual and reproductive health data collection tool to include indicators for younger adolescents (ages 10-14). In 2016, we built on this achievement to ensure that the new indicators are incorporated in all reproductive health registers at the Ministry. We also initiated efforts to get these incorporated into the County Reproductive Maternal Neonatal Child and Adolescent Health Scorecard, which is being used to monitor health sector performance in the provision of these services.

Eradicating harmful traditional practices in Kenya: What works?

Harmful traditional practices, including early marriages, female genital mutilation, remain major challenges to adolescent sexual and reproductive health in Kenya. To focus the government and stakeholders on solutions to these challenges, we discussed evidence on what works in eradicating harmful traditional practices that affect adolescents. This was at the launch of the 2016 *State of the World Population Report* on 1 November 2016. This discussion generated a lot of interest which resulted in some development partners inviting us to discuss this evidence in their meetings in order to inform their strategies in tackling these issues in the country. The discussion further resulted in a request from NCPD for partnership in its county advocacy efforts to eradicate harmful traditional practices.

Getting Malawi to prioritise adolescents' access to contraceptives in its FP2020 commitments

In 2016, our work in Malawi mainly involved the use of evidence to advocate for accountability and prioritisation of adolescent sexual and reproductive health challenges.

We engaged the leadership of the Ministry of Health and MPs with evidence on pressing adolescent sexual and reproductive health issues including early marriages and teenage pregnancies, which affect adolescent girls' health, schooling and other development prospects. We also discussed this evidence at the Malawi Population and Development conference held in September 2016. Our discussions informed the decisions that the government made following the conference, one of which was the commitment to prioritise adolescents' access to contraceptives in the country's FP2020 efforts.

Informing interventions to effectively tackle adolescent sexual and reproductive health challenges in Kenya

Dr. Jeanne Patrick

Programme Manager

Adolescent Sexual & Reproductive Health

Ministry of Health

Kenya

“AFIDEP has had a big impact on the Ministry [of Health] through its focus on building our capacity to use evidence to make decisions. AFIDEP supported us to incorporate additional ASRH [Adolescent Sexual and Reproductive Health] indicators into the DHIS [District Health Information System] to help us track progress on ASRH. Now, we have more ASRH data being reported. The other day, we presented the data to top officials at the Ministry and they were excited to see the amount of data being generated on ASRH. We are using the data to advocate for more resources to support the national ASRH programme.

Last year [2015], AFIDEP was part of the Task Force that helped develop the National Adolescent SRH Policy. AFIDEP and other partners that are strong in research and policy brought together evidence that we needed to support the priority areas for the ASRH programme. Now, we are disseminating the ASRH Policy to counties and AFIDEP has continued to support us through the development of county-specific ASRH factsheets, which we are using in the dissemination process. We have been sharing the evidence with MCAs [Members of County Assemblies] who are responsible for resource allocation for health in the counties. The MCAs are happy to look at their own data and see what the evidence is revealing about ASRH in their counties and are using it to make decisions on where

to focus. This is very important to us because health service provision is now devolved and it is up to the counties to make decisions on where to direct resources with regards to ASRH.

AFIDEP also worked with the Ministry to organise the first national Adolescent Health Symposium where evidence was presented on a range of health and other cross-cutting issues that affect adolescents including sexual and reproductive health, accidents, drugs and substance abuse, obesity and nutrition. As a result, the Ministry is now developing an Adolescent Health Policy that is focusing on addressing these priority issues altogether.

Moving forward, we still need a lot of capacity building in research evidence and data use both at the national and county level. Our main role at the national level is policy formulation, capacity building and providing technical assistance to counties. We lack enough skilled manpower and infrastructure for use of research evidence at both levels. For instance, in RMHSU [Reproductive and Maternal Health Services Unit], we only have two officers who were trained through the AFIDEP programme on the use of research evidence. We need more staff in the Unit to be trained on this. In addition, when we want data from DHIS, we have to request for the analysis from the HMIS [Health Management Information System] department and this can take a while to get because they [staff] are also very few and have requests from other Units.

We need more staff trained on how to analyse the DHIS data so that we have timely access to information. At the county level, there is need for staff capacity building to ensure they are able to use the data they generate to make decisions.”



3

Enabling African Parliaments to Tackle Development Challenges



Kenya women parliamentarians engage during a luncheon hosted by the Parliamentary Caucus for Evidence-informed Decision-making (PC-EIDM) and AFIDEP in July 2016.

Parliaments have an important role in Africa's development efforts through their functions of oversight, resource allocation, legislation and representation. While evidence is critical in the delivery of these functions, African parliaments are struggling to support and enable MPs to use evidence in their work. Indeed, through our experience working with various African parliaments in Kenya and Malawi, and through regional parliamentary networks, we have found that the barriers to evidence use are worse off in Parliament compared to the 'executive' agencies such as government ministries and departments. Weak institutional and individual capacities compound the challenges posed by the diverse composition of MPs and high levels of party politics and interests. Consequently, this greatly reduces opportunities for evidence use in parliamentary decision-making in Africa. To contribute to increasing the use or consideration of evidence in decision-making in African parliaments, we worked with the Kenya and Malawi parliaments, as well as with the Network of African Parliamentary Alliance of Committees on Health (NEAPACOH). Our work with African parliaments was funded by the William and Flora Hewlett Foundation and the UK Department for International Development (DFID).

Strengthening leadership and capacity for evidence use in African parliaments

In 2016, our work addressed leadership, technical and institutional barriers to evidence use in parliaments in Kenya, Malawi and other African countries as summarised below.

Kenyan MPs champion and enable evidence use in Parliament

In 2015, an MP in the Kenya Parliament championed the formation of a caucus of MPs to promote the prioritisation of evidence and support systems that enable evidence use within Parliament; i.e. the Kenya Parliamentary Caucus on Evidence-Informed Oversight and Decision-Making. This was partly a result of her participation in our forums on evidence use for MPs as well as in the regional African Parliamentarians' Network on Development Evaluation (APNODE).

In 2016, we worked with the Caucus to facilitate evidence discussion forums for MPs. One of these forums discussed evidence on strategies that Kenya could adopt to enable universal access to health care. The evidence and discussions at this forum informed a number of Bills that MPs were working on to address the user fees barrier to access to health care by all Kenyans (including a Medical Fund Bill, Social Insurance Bill, and an amendment to the National Health Insurance Fund, NHIF). This forum was requested by the Parliamentary Committee on Health and attracted members of the Committee as well as other MPs interested in health issues.

In another forum, we facilitated an evidence session for women MPs that discussed the role of evidence in their work in Parliament. The forum also deliberated where and how they can easily find evidence to boost their debates in Parliament and contributions in committee meetings. The forum identified specific ways in which MPs can be encouraged and supported to focus their work in Parliament on evidence.

Kenyan MPs champion evidence use in Parliament

“The goals of Parliament of legislation, oversight and representation have benefited immensely from AFIDEP’s work. AFIDEP’s continuous sensitisation of MPs on evidence use has increased research uptake by MPs, although more still needs to be done. The capacity building of research and policy analysts in Parliament has translated into improved quality of technical advice provided to MPs, which in the long run will influence the quality of debates in Parliament. The capacity building for the policy analysts has also improved the quality of analysis that staff are conducting on draft Bills and this is helping ensure that Bills are backed by evidence.

Another benefit of our work with AFIDEP has been the support AFIDEP has provided to the Parliamentary Caucus on Evidence Use, which I chair, since its formation in 2015. One of the Caucus activities that AFIDEP supported was a policy dialogue on Universal Health Coverage (UHC) organised by the Caucus in collaboration with the Health Committee of the National Assembly in June 2016. The policy dialogue increased awareness and momentum on UHC among Health Committee Members and Caucus Members. The policy dialogue was requested by the Health Committee and other MPs in order to inform the various efforts by MPs to address the gap in UHC in Kenya.

These efforts included the drafting of two pieces of legislation aimed at implementing UHC. These are the Social Health Insurance Bill 2015 and the Medical Fund Bill 2016. Following this dialogue, the Health Committee followed through with its commitment to strengthen NHIF capacity to roll out UHC by proposing amendments to the NHIF Act geared towards ensuring institutional reforms. The Committee plans to table the Amendments before the House. [In addition], following the dialogue and the overwhelming evidence on the gap in UHC in the country, the Health Committee adopted a recommendation in the Budget Policy Statement of 2017/2018 directing that Free Maternity funds be channeled through NHIF.”

Hon. Dr. Susan Musyoka
Member of Parliament, Kenya &
Chair of the Kenya Parliamentary
Caucus on Evidence-Informed
Oversight and Decision-Making



These include intensive evidence orientation sessions at the start of a new Parliament, mapping issues that MPs are discussing in Parliament and providing evidence on these issues, or linking MPs with experts. The forum was convened at the request of the Kenya Women Parliamentarians Association (KEWOPA) and hosted in collaboration with the evidence caucus.

Kenya and Malawi parliaments report improved quality of evidence and stronger capacity of staff to provide evidence

In 2016, we continued to mentor technical staff working in the Kenya and Malawi parliaments on finding, assessing quality, synthesizing and packaging evidence for MPs. The staff had undergone intensive training on evidence-informed policy analysis and decision-making in 2015. In 2016, our efforts were focused on supporting the staff at individual level on applying the knowledge and skills acquired from the training. The leadership of the Kenya and Malawi parliaments reported improved quality in the evidence briefs that the trained staff are providing to MPs. Given the difference that the training and mentorship made, the Kenya Parliament requested us to train all its research and other technical staff on evidence-informed policy analysis and decision-making. We will respond to this request once we secure more resources.

Besides improved quality of evidence, trained staff have reported high-levels of enhanced technical capacity to find, synthesize and package evidence for MPs. Some of these staff have also become evidence champions advocating for increased focus on evidence use. They are also advocating for the need to prioritise investments in systems that enable evidence use and hosting peer-support and training forums on evidence use for staff who did not take part in our training programme.

Kenya and Malawi parliaments adopt institutional guidelines for evidence use

To enable actual evidence use, strengthening individual technical capacity (reported above) must go hand-in-hand with strengthening institutional support policies, guidelines and mechanisms for promoting and enabling evidence use.



Technical staff from the Kenya Parliamentary Research Services (PRS) graduate following a year-long training on evidence-informed policymaking (EIPM).

In 2016, we supported the Kenya and Malawi parliaments to develop and launch the *Guidelines for Evidence Use in Policy Analysis and Decision-Making*. The need for guidelines for evidence use had been identified in 2014. The Guidelines provide an important institutional tool for promoting and entrenching a culture of evidence use within the two parliaments. It also provides a sustainable mechanism for continued strengthening of technical capacity in finding, appraising, synthesizing and packaging evidence for decision-making within these parliaments.

Kenya and Malawi parliaments adopt institutional guidelines for evidence use

Mr. Bonnie Mathooko
Head of Research Services,
Parliament of Kenya



“The partnership with AFIDEP has made it possible for us to crystallise our evidence-informed decision-making dream.”

Other African parliaments benefit from training on evidence-informed decision-making

Our experience with Kenya and Malawi parliaments and interactions with other African parliaments has shown that weak capacity among technical staff in parliaments in Africa to find, synthesize and package evidence for MPs is one of the key barriers to increased evidence use by MPs. In 2016, we expanded our training on evidence-informed decision-making for parliament staff beyond Kenya and Malawi to train 16 staff from 10 different African parliaments. The staff were drawn from the following parliaments: the Gambia, Ghana, Kenya, Malawi, Mozambique, Namibia, Nigeria, Swaziland, Uganda and Zimbabwe. The training was conducted preceding the annual NEAPACOH forum convened in Uganda in 2016. The immediate assessment of the effects of the training revealed a notable increase in knowledge and skills in evidence-informed decision-making. Trained staff recommended the training as critical for all the technical staff who work in African parliaments with the responsibility for providing technical support and advice to MPs.

Focusing 22 African parliaments on tackling urgent health and other development challenges

Part of our efforts working through the continental network of African MPs, NEAPACOH is to provide readily usable evidence to MPs to inform the decisions and commitments they make every year to tackle a wide range of health challenges in Africa. We also sensitise MPs on championing reforms within their parliaments that will strengthen the support systems put in place to enhance MPs' access to credible data and research evidence. We facilitated three sessions at the NEAPACOH forum held in Uganda on 29-30 June 2016.

One of these sessions discussed evidence on the sexual and reproductive health challenges facing adolescents in African countries. An immediate outcome of this session was that MPs from four countries attending the meeting made commitments to tackle the challenges facing adolescents in their countries as far as sexual and reproductive health is concerned. The Ghana Parliament committed to increase investments in young people's health; Namibia committed to review the country's sexual and reproductive health policies in order to improve access to sexual and reproductive health information and services to young people; Swaziland committed to improve access to family planning services to adolescents; and Chad committed to disseminate the country's law on child marriage in efforts to reduce child marriage in the country. Apart from these commitments directly tackling adolescent sexual and reproductive health challenges, other countries made various commitments to improve sexual and reproductive health generally, which will also enhance the health outcomes of adolescents, if implemented.

The second session focused on creating awareness and increasing MPs' understanding of the demographic dividend paradigm. The African Union and many African countries have committed to using the demographic dividend paradigm to steer transformational socio-economic development in Africa. However, the demographic dividend is a complex concept and many MPs lack adequate understanding of this development paradigm. In addition, most MPs are largely unaware of their countries' commitments and efforts to harness demographic dividends. Yet, this understanding is important if MPs are to effectively play their oversight role in their countries' development efforts. This session engaged MPs in a discussion on the meaning of the demographic dividend concept and the commitments made by the African

Focusing African parliaments on tackling urgent health and other development challenges

“AFIDEP's work has been valuable to Malawi Members of Parliament particularly in helping us organise evidence. Our role is to deliberate different development issues that we have, and without evidence it becomes a challenge. AFIDEP has come in and provided information especially on different issues that are affecting our nation. [For instance] right now the population is quite big in Malawi. So we have all these MPs who did not really understand about issues of population and understand the fact that our population is growing very fast. [MPs had] challenges putting into perspective the fact that most of the challenges we are facing in Malawi are due to our rapidly growing population. Therefore, the interaction with AFIDEP has been an eye opener to the MPs. In addition, AFIDEP conducts its work with a sense of urgency and has also been very flexible while working with Parliamentarians who have several demands on their time.

AFIDEP has also opened up new opportunities with other partners now expressing interest to work with Parliamentarians. This interaction has also helped Parliamentarians get a sense of models that would work for us when working with other organisations. Within the Parliamentary Committee on Health, we have worked on family planning issues in partnership with AFIDEP and Palladium to get evidence to [aid] members in debating these issues effectively. The engagements with AFIDEP have also stimulated members of the Parliamentary Committee on Health to form a [parliamentary] Caucus in order for other MPs to benefit. This has opened up an opportunity for members of the Parliamentary Committee on Health to collaborate with other MPs to deliberate on population issues. Going forward, it is important for us to come up with an action plan so that we can take the discussions beyond the Parliament corridors. It will be important for us to take the evidence and lessons learned down to the communities. This is important for both Parliamentarians and AFIDEP. It will also be important for us to explore broader partnerships beyond AFIDEP since [population] issues are broad.”



Hon. Juliana Lunguzi
Member of Parliament, Malawi &
Chair, Parliamentary Committee
on Health, Malawi Parliament

Union as well as many African countries to harness the demographic dividend. The session was greatly valuable as many MPs reported not being aware of the commitments made by the African Union and their countries on harnessing the demographic dividend.

The final session focused on sensitising MPs on specific actions they need to take in their parliaments in order to support systems and services that enable them to easily access and use evidence in their debates and committee meetings. We facilitated a discussion of the individual and institutional barriers to evidence use within African parliaments based on the studies we have conducted and observations from working with different African parliaments. The session enabled MPs to identify the actions they need to undertake in order to increase the use of evidence in decision-making in their parliaments.

Most MPs are largely unaware of their countries' commitments and efforts to harness demographic dividends. Yet, this understanding is important if MPs are to effectively play their oversight role in their countries' development efforts.



Lack of access to quality education is one of the major challenges facing African countries.



4 | Reinforcing the African Voice in Global Development Discourses



Dr. Rose Oranje (Director, Science Communications and Evidence Uptake, AFIDEP) at the *Evidence Works 2016: A Global Forum for Government*, in London in September 2016.

Providing thought leadership in global discourses on the evidence-to-policy pathways

The innovation in our approaches to promoting and enabling evidence use was evident in the invitations we received to speak at global forums. In September 2016, our experts were panelists at two global forums on evidence use convened in London. At the *What Works Global Summit*, our experts discussed key lessons from the Institute's work on capacity strengthening to enable evidence use in Kenya and Malawi in a panel session. In another session at the Summit, AFIDEP experts discussed the challenges that poor countries in sub-Saharan Africa face in their attempts to translate research into evidence, and opportunities that exist for these countries to effectively enable evidence use. At the *Evidence Works 2016: A Global Forum for Government*, AFIDEP experts discussed lessons from sub-Saharan Africa on building a culture of evidence, as well as efforts and lessons for better accountability and outcomes in the region.

In November 2016, our experts engaged at the *4th Health Systems Global Symposium* in Vancouver, Canada where they participated in two panel sessions on *Reflections on institutionalising and sustaining evidence use from different regional contexts* and *Learning from doing: Knowledge translation experiences and lessons from Africa*. The experts also discussed lessons and opportunities for effective training and mentorship programmes on evidence use for technocrats working in African governments.

Other forums where we engaged on evidence to policy include: the *Evidence 2016* conference in South Africa in September 2016; *Knowledge Translation Network (KTN) Africa Annual Meeting* in Kampala, Uganda in August 2016; and the USAID-funded *Regional Knowledge Share Fair* in Arusha, Tanzania in April 2016.

UN Expert Group Meeting on Demographic Transition

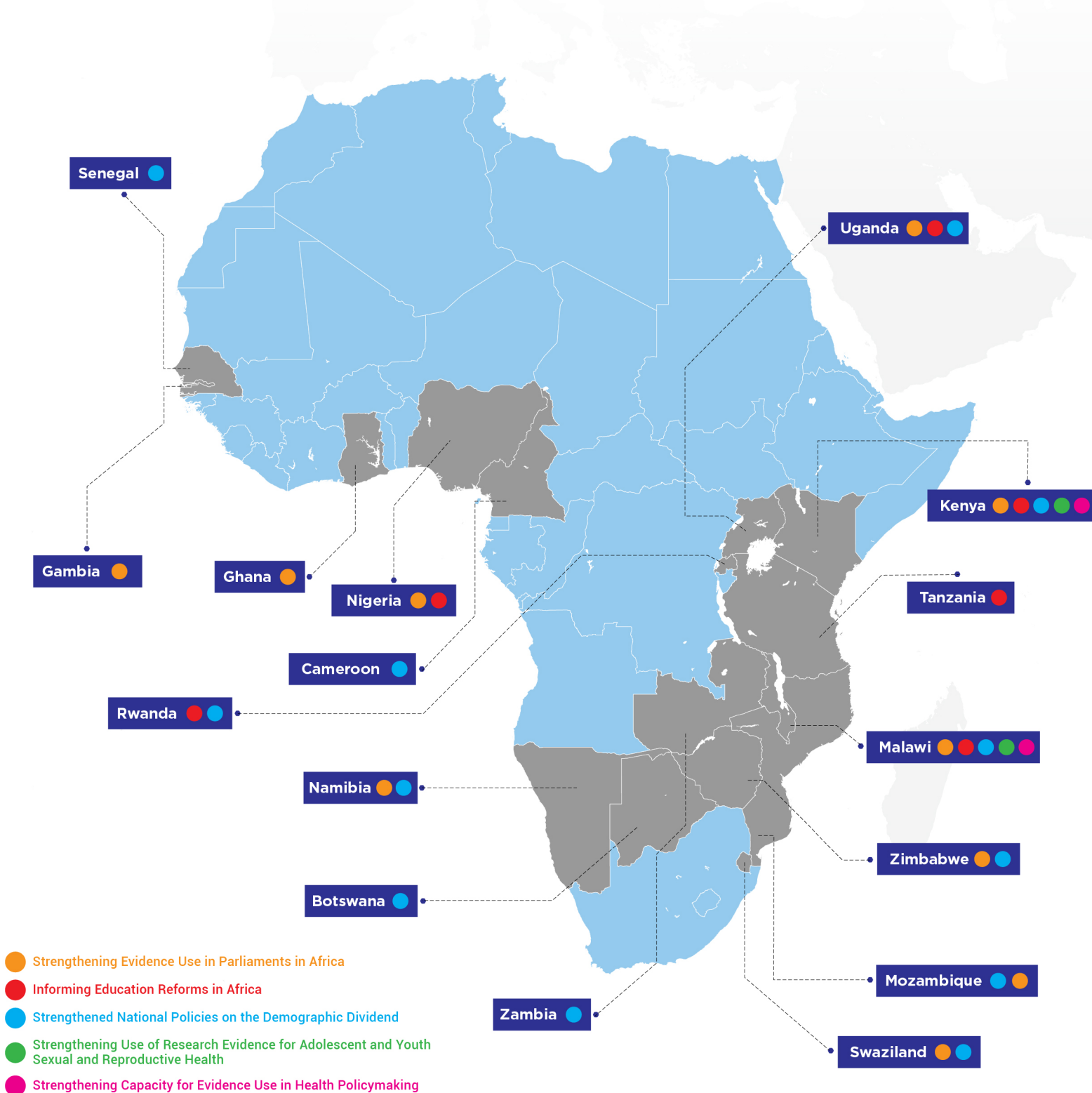
In October 2016, our experts discussed evidence and lessons from our groundbreaking demographic dividend work in Africa. The objective of the meeting was to keenly examine new evidence in this area and analyse the drivers and consequences of the changing age distribution of the population. Experts at the forum also discussed how the shifts in the population age distribution impact government policies on health, education, work, social protection and intergenerational support. They further analysed the implications of changes in population age distribution on implementation of the Sustainable Development Goals (SDGs). Global experts from, among others, the International Labour Organization (ILO), World Bank, World Health Organization (WHO) and UNFPA were in attendance.

Other global forums where our experts discussed evidence on the demographic dividend include the *10th Annual Conference on Population, Reproductive Health and Economic Development* in Washington D.C. in September 2016; the *Population Association of America* conference in Washington D.C. in April 2016; and the *International Family Planning Conference* held in Nusa Dua, Indonesia, in February 2016.

The Inter-Ministerial Conference on Population and Development

AFIDEP experts discussed evidence at the *13th Inter-Ministerial Conference on Population and Development* held in Dakar, Senegal, in November 2016. The theme of the conference was *Priority population and development challenges in the context of the SDGs*. AFIDEP gave a keynote address on *Creating greater understanding and addressing the relationship between reproductive health and poverty*. Our address drew from the lessons of our work, which seeks to ignite policy actions to prioritise investments in reproductive, maternal and child health for Africa to achieve integrated social and economic development. The address provided greater understanding required to address the relationship between poverty and health in order to streamline the SDGs on poverty and health (Goals 1 and 3).

AFIDEP'S FOOTPRINTS ON THE CONTINENT IN 2016



➔ Conference Presentations

- 1 **International Conference on Family Planning**
25-29 January 2016 | Nusa Dua, Indonesia
 - Catapulting Tanzania into a middle-income country: Demographic dividend study
 - Harnessing Zambia's demographic dividend
Integrating family planning, maternal and child health, and HIV/AIDS programmes: Experiences, challenges and opportunities in DRC, Malawi, Tanzania and Zambia
 - Policy hurdles and opportunities for harnessing the demographic dividend in Africa: National perspectives from East and Southern Africa
 - The context that shapes adolescent sexual and reproductive health policy decisions in Kenya has changed little since the 1990s
 - Correlational analysis between teenage pregnancy and maternal mortality in Malawi
 - Estimating the causal effect of fertility on women's employment in Africa using twins
- 2 **7th Africa Conference on Sexual Health and Rights**
8–12 February 2016 | Accra, Ghana
 - Demographic dividend in Africa and Agenda 2063 (High level plenary roundtable session)
- 3 **Population Association of America (PAA) 2016 Annual Meeting**
31 March-2 April 2016 | Washington, D.C., USA
 - Understanding the atypical relationship between level of contraceptive use and fertility rate decline in sub-Saharan Africa
 - Correlational analysis between teenage pregnancy and maternal mortality in Malawi
 - Estimating the causal effect of fertility on women's employment in Africa using twins
- 4 **Regional Leadership Summit on the African Demographic Dividend**
7-9 March 2016 | Abuja, Nigeria
 - Diagnosing national status and needs for the demographic dividend
- 5 **PRB & POPPOV Breakfast briefing on "Invest in Adolescent Girls for Health & Sustainable Development: Evidence from Sub-Saharan Africa and Latin America"**
31 March 2016 | Washington D.C., USA
 - Longer-term outcomes associated with adolescent childbearing
- 6 **Knowledge Management Share Fair**
13-14 April 2016 | Arusha, Tanzania
 - The knowledge translation approach adopted by AFIDEP's Strengthening Capacity to Use Research Evidence in Health Policy (SECURE Health) programme
- 7 **14th IFEH World Environmental Health Congress**
3-6 May 2016 | Lilongwe, Malawi
 - Enhancing the role of environmental health towards achieving the sustainable development goals: A call for inter-sectoral collaboration in interventions programming. (Science-café session)
- 8 **Network of African Parliamentary Committees of Health (NEAPACOH) Meeting**
28 June-1 July 2016 | Kampala, Uganda
 - Investing in young people will accelerate harnessing the demographic dividend in Africa
 - Strengthening evidence use in parliament: Role of MPs
 - Enhancing the demographic dividend for socio-economic transformation in Africa

- 9 **Higher Institute of Population Sciences (ISSP) 2016 Conference**
18-22 July 2016 | Ouagadougou, Burkina Faso

 - Communicating research to policymakers (panel session)

- 10 **Knowledge Translation Network (KTNNet) Africa Annual Meeting**
29-30 August 2016 | Kampala, Uganda

 - Showcasing AFIDEP's knowledge translation approach, how it has promoted evidence uptake and lessons learned

- 11 **Malawi National Population and Development Conference**
6-8 September 2016 | Lilongwe, Malawi

 - Maximising the value of Malawi's youthful population to harness the demographic dividend

- 12 **10th Annual Conference on Population, Reproductive Health and Economic Development**
7-9 September 2016 | Washington, D.C., USA

 - The role of family planning in harnessing the demographic dividend in Malawi

- 13 **EVIDENCE 2016 Conference**
20-22 September 2016 | Pretoria, South Africa

 - Training as an intervention for building capacity for evidence use: Experiences from Kenya and Malawi
 - The EIDM rapid landscape review map in Malawi's health sector

- 14 **What Works Global Summit 2016**
26-28 September 2016 | London, England

 - Strengthening capacity to use research evidence in health policy decisionmaking: Lessons and reflections from Kenya and Malawi (Panel session)
 - Results from Kenya and Malawi demonstrate how training can be made more effective in building capacity for research evidence use in health systems strengthening
 - Global perspectives on the use of evidence

- 15 **Evidence Works 2016: A Global Forum for Government**
29-30 September 2016 | London, England

 - Challenges in research to evidence in sub-Saharan Africa: Why are poor countries' efforts to overcome barriers to research use bearing little result? The case of Kenya and Malawi
 - Challenges faced in implementing policies and programmes to promote evidence-informed policymaking

- 16 **UN Expert Meeting on Demographic Transition**
13-14 October 2016 | New York, USA

 - Africa's demographic transition and demographic dividend

- 17 **State of the World Population (SWOP) Report Launch**
1 November 2016 | Nairobi, Kenya

 - Opportunities for strengthening efforts to eradicate harmful traditional practices in Kenya

- 18 **4th Global Symposium on Health Systems Research**
14-18 November 2016 | Vancouver, Canada

 - Reflections on institutionalising and sustaining evidence use from different regional contexts
 - Learning from doing: Knowledge translation experiences and lessons from Africa

- 19 **HIV and AIDS Research and Best Practices Dissemination Conference in Malawi**
24 November 2016 | Lilongwe, Malawi

 - Integrating research evidence into decision-making processes

- 20 **13th Inter-Ministerial Conference on Population and Development**
28-29 November 2016 | Dakar, Senegal

 - Creating greater understanding and addressing the relationship between reproductive health and poverty

Resources

➔ Research Publications



● Policy Guidelines

1. Ministry of Health, Malawi. (2016). Guidelines for Evidence Use in Policy Analysis and Decision-Making
2. Ministry of Health, Kenya. (2016). Guidelines for Evidence Use in Policy Analysis and Decision-Making
3. Parliament of Malawi. (2016). Guidelines for Evidence Use in Policy Analysis and Decision-Making
4. Parliament of Kenya (In press). Guidelines for Evidence Use in Policy Analysis and Decision-Making

● Journal Articles

1. Shah, C.M., Griffith, A., Ciera, J., Palermo, T., & **Zulu, E.M.** (2016) Equity and achievement in access to contraceptives in East Africa between 2000 and 2010. *International Journal of Gynecology & Obstetrics*. 133(1), 53–58
2. **Warira, D., Mueni, E.,** Gay, E., & Lee, M. (In press). Achieving and sustaining evidence-informed policymaking: Effective communication and collaboration can go a long way. *Science Communication*

● Reports

1. AFIDEP & CREFAT (In press). *Examining the demographic dividend as an opportunity for socio-economic transformation: A synthesis*.
2. AFIDEP. (2016). *Mid-term review of the performance of the National Health Research Agenda*. Lilongwe: AFIDEP.
3. AFIDEP. (2016). *Status of evidence use in health policy formulation in Malawi: Results from three policy analysis case studies*. Lilongwe: AFIDEP.
4. Botswana Ministry of Finance and Economic Development (In press). *Opportunities and policy actions to maximise the demographic dividend in Botswana*.
5. Cameroon Ministry of Economy, Planning and Regional Development. (In press). *Harnessing the demographic dividend to accelerate socio-economic transformation and economic development in Cameroon*.
6. Kenya Ministry of Health & AFIDEP (2016). *Report of the baseline survey on the context and status of research use in*

policy formulation at the Ministry of Health in Kenya. Nairobi: AFIDEP.

7. Malawi Ministry of Finance, Economic Planning and Development. (2016). *Harnessing the demographic dividend to accelerate socio-economic transformation and economic development in Malawi*. Lilongwe: Ministry of Finance, Economic Planning and Development.
8. Senegal Ministry of Economics, Finance, and Planning. (In press). *Towards reaping a demographic dividend in Senegal*.
9. Zambia Ministry of Finance. (2016). *Harnessing the demographic dividend: The future we want for Zambia*. Lusaka: Ministry of Finance.
10. **Zulu, E.M.** (2016, October). *Africa's demographic transition and demographic dividend*. Presentation made at the UN Expert Group Meeting on Changing population age structure and sustainable development, New York
11. **Zulu E.M.** contribution to - *Recent fertility trends in Sub-Saharan Africa*. Workshop Summary. Committee on Population; Division of Behavioral and Social Sciences and Education; National Academies of Sciences, Engineering, and Medicine, Washington (DC): National Academies Press. <https://www.nap.edu/catalog/21857/recent-fertility-trends-in-sub-saharan-africa-workshop-summary>

● Policy Briefs

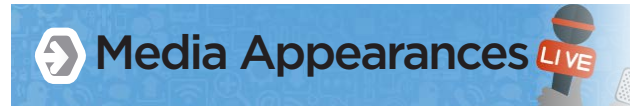
1. AFIDEP. (2016). Contributions of a science-policy café to a shift in Kenya's Free Maternity Services Policy.
2. AFIDEP. (2016). What Kenya can do to achieve universal health coverage.
3. Malawi Ministry of Finance, Economic Planning and Development. (2016). Accelerating fertility decline to open the window of opportunity for harnessing the demographic dividend in Malawi.
4. Malawi Ministry of Finance, Economic Planning and Development. (2016). A well-educated and highly-skilled labour force is critical for harnessing the demographic dividend in Malawi.
5. Malawi Ministry of Finance, Economic Planning and Development. (2016). Economic reforms and policies to boost

job creation and optimise Malawi's opportunity to harness the demographic dividend and accelerate socio-economic development.

6. Malawi Ministry of Finance, Economic Planning and Development. (2016). Good governance and accountability to harness the demographic dividend in Malawi.
7. Malawi Ministry of Finance, Economic Planning and Development. (2016). Improving the health status of Malawi's workforce for socio-economic transformation.
8. Senegal Ministry of Economics, Finance, and Planning. (In press). Accelerating fertility decline to open window of opportunity for demographic dividend in Senegal.
9. Senegal Ministry of Economics, Finance, and Planning. (In press). Enhancing education and skills development to harness the demographic dividend in Senegal.
10. Senegal Ministry of Economics, Finance, and Planning. (In press). Fast-tracking economic reforms to create jobs and harness the demographic dividend in Senegal.
11. Senegal Ministry of Economics, Finance, and Planning. (In press). Reaping a demographic dividend: Senegal's opportunity to harness the potential of its youthful population to accelerate socio-economic transformation.
12. Zambia Ministry of Finance. (2016). Accelerating economic growth & policy reforms to optimise Zambia's demographic dividend.
13. Zambia Ministry of Finance. (2016). Accelerating fertility decline in Zambia: Opening the window of opportunity for the demographic dividend
14. Zambia Ministry of Finance. (2016). Accelerating human capital development to optimise Zambia's chances of harnessing the demographic dividend.

● County Factsheets

1. Kenya Ministry of Health & AFIDEP. (2016). Adolescent Sexual and Reproductive Health (in Baringo, Bungoma, Busia, Homa Bay, Kakamega, Kericho, Kiambu, Kilifi, Kwale, Lamu, Machakos, Makueni, Mombasa, Nairobi, Narok, Nyandarua, Siaya, Taita Taveta, Trans-Nzoia, Vihiga, Wajir).



Online platforms

● Nyasa Times (Malawi)

1. [Goodall says Malawi population explosion affecting economic gains](#)

● Standard Digital (Kenya)

1. Writer was wrong about family planning <http://www.standardmedia.co.ke/article/2000211220/writer-was-wrong-on-family-planning/?pageNo=2>

● Wilson Center Africa Up Close

1. Closing the Gender Gap and Empowering Women for Development in Sub-Saharan Africa <https://africaupclose.wilsoncenter.org/closing-the-gender-gap-and-empowering-women-for-development-in-sub-saharan-africa/>
2. Africa has the demography for dividends, but will it get the policy right? <https://africaupclose.wilsoncenter.org/africa-has-the-demography-for-dividends-but-will-it-get-the-policy-right/>

● Wilson Center NOW

1. Fertility Rates and the Demographic Dividend <https://www.wilsoncenter.org/article/fertility-rates-and-the-demographic-dividend>

● The Conversation

1. Chikungunya epidemic casts its pall: what you should know <https://theconversation.com/chikungunya-epidemic-casts-its-pall-what-you-should-know-60646>

● Daily Nation (Kenya)

1. Reform should focus on content <http://www.nation.co.ke/oped/Opinion/reform-should-focus-on-content/440808-3246740-q0q5bv/index.html>
2. Secondary schooling a good contraception against teen pregnancy <http://www.nation.co.ke/oped/Opinion/Keep-girls-in-school-to-avoid-teen-pregnancy/440808-3215656-vuybjz/index.html>
3. Quality of education in varsities and colleges needs urgent review <http://www.nation.co.ke/oped/Opinion/Quality-of-education/440808-3174660-c7paowz/index.html>

● Wilson Center New Security Beat

1. Changing the narrative on fertility decline in Africa <https://www.newsecuritybeat.org/2016/04/changing-narrative-fertility-decline-africa/>

● People Daily (Kenya)

1. Neglect of key groups undermines progress against HIV/AIDS <http://www.mediamaxnetwork.co.ke/people-daily/205431/neglect-of-key-groups-undermines-progress-against-hiv-aids/>

Television

● Kenya Broadcasting Corporation (KBC)

Adolescent Sexual and Reproductive Health – KBC Interview <https://www.youtube.com/watch?v=m9XPnQgXB2k>

● Multimedia



● Blogs

1. **Atela, M.** (2016). Living with HIV: Stigma and discrimination in the health system remains major public health concern.
2. **Atela, M., & Omariba, S.** (2016). Neglect of key groups undermines progress against HIV/AIDS.
3. **Chumo, E., & Githure, M.** (2016). Smart innovations for sharing information on sexual and reproductive health for young people launched.
4. **Hara, H.** (2016). The case for comprehensive sexuality education: Reflections from a stakeholders' engagement.
5. **Mueni, E.** (2016). Africa has the demography for dividends, but will it get the policy right?
6. **Mueni, E.** (2016). Changing the narrative on fertility decline in Africa
7. **Mueni, E.** (2016). Closing the gender gap and empowering women for development in Sub-Saharan Africa.
8. **Mueni, E.** (2016). Implications of new WHO antenatal guidelines on maternal mortality.

9. **Mueni, E.** (2016). It will no longer be business as usual to increase contraceptive use in Kenya.
10. **Mueni, E., & Okwaro, F.** (2016). High-level meetings can boost our economy, but follow-up is needed.
11. **Mueni, E., Onyango, B., & Okwaro, F.** (2016). Writer was wrong about family planning.
12. **Mugo, A.** (2016). AFIDEP calls for concerted effort to eliminate bottlenecks in use of data and research evidence in health policymaking.
13. **Murunga, V.** (2016). Secondary schooling a good contraception against teen pregnancy.
14. **Musyoka, S.** (2016). My experience working on evidence-informed policymaking in Kenya.
15. **Nyerere, J.** (2016). Education reform should focus on content.
16. **Oronje, R.** (2016). African legislators deliberate evidence, make commitments to tackle health challenges.
17. **Oronje, R.** (2016). Evidence-informed policymaking in Kenya's health sector: The devil is in the quality of evidence.
18. **Oronje, R., Omariba, S., & Chumo, E.** (2016). Struggles of Kenya Parliament staff in supporting MPs to use research evidence.
19. **Ouma, C.** (2016). Chikungunya epidemic casts its pall: what you should know.
20. **Ouma, C.** (2016). New syllabus should focus on skills.
21. **Ouma, C.** (2016). Quality of education in varsities and colleges needs urgent review.
22. **Warira, D., & Lee, M.** (2016). Communications skills for researchers critical for effective translation of research into policy.

● Infographics

1. [AFIDEP: Five years of making evidence matter in Africa](#)

● Podcasts

1. [Prof. Sabu Padmadas on Africa harnessing a demographic dividend](#)

● Videos

1. [Bringing sexual and reproductive health information into view](#)
2. [Dr. Eliya Zulu on investing in teenage girls \(World Population Day 2016\)](#)
3. [Eliya Zulu on value of evidence in policymaking \(Evidence Works 2016\)](#)
4. [Sabu Padmadas: Lessons Africa can draw from the Asian Tigers on how to harness the demographic dividend](#)
5. [Sophie Bot: The “Siri” for sexual and reproductive health information for adolescents](#)
6. [Wilson Center Now: Fertility rates and the demographic dividend](#)
7. What AFIDEP’s Capacity Building Programme did for me: Interviews with:-
 - [Prof. Adamson Muula \(Professor of Epidemiology in Public Health, College of Medicine, University of Malawi\)](#)
 - [Dr. Damson Kathyola \(Director of Research, Malawi Ministry of Health\)](#)
 - [Dr. Collins Mitambo \(Coordinator, Malawi Knowledge Translation \[KTP\], Malawi Ministry of Health\)](#)
 - [Ms. Catherine Chiwaula \(Principal Nursing Officer, Malawi Ministry of Health\)](#)
 - [Mr. Paul Okech, Research and Policy Analyst \(Parliamentary Research Services, Parliament of Kenya\)](#)



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2016 FINANCIAL REPORT



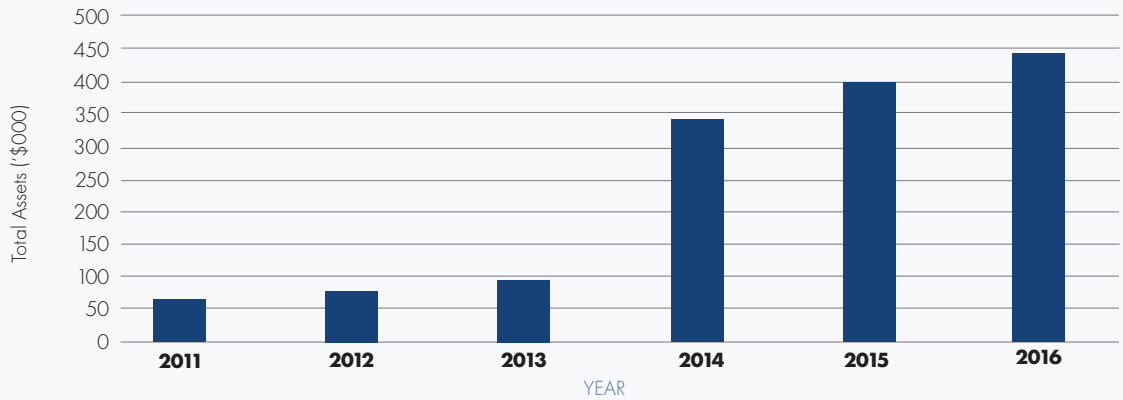
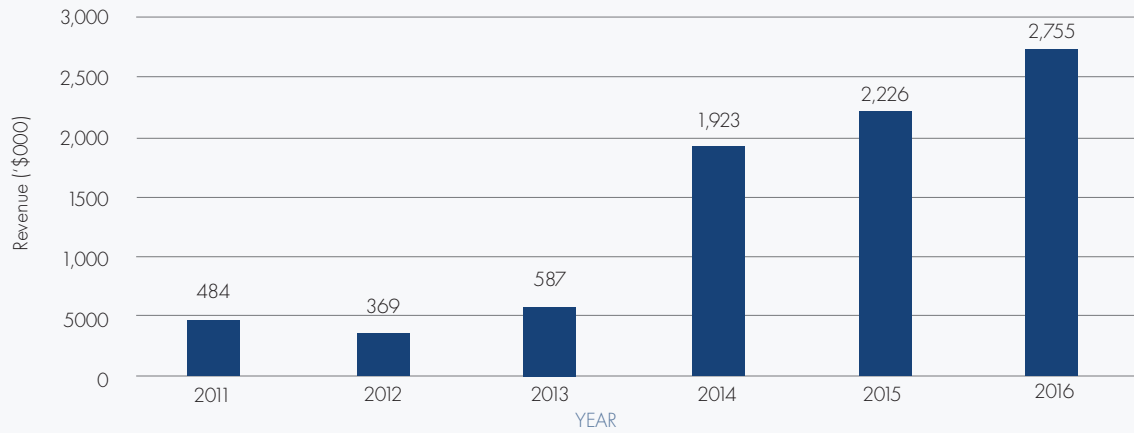
jan feb mar apr may jun jul aug sept oct nov dec

Statement of Financial Position

	As at 31 December	
	2016	2015
RESERVES	USD	USD
		Restated *
Accumulated fund	445,557	401,335
REPRESENTED BY		
Non-current assets		
Property and equipment	199,836	76,317
Current assets		
Receivables	97,207	55,524
Grants receivable	619,464	271,484
Cash and cash equivalents	168,982	961,095
	<u>885,653</u>	<u>1,288,103</u>
Current liabilities		
Payables	444,400	256,204
Deferred income	174,876	700,082
Borrowings	20,656	6,799
	<u>639,932</u>	<u>963,085</u>
Net current assets	<u>245,721</u>	<u>325,018</u>
	<u>445,557</u>	<u>401,335</u>



Revenue and Asset Trends 2016



Leadership and Staff

Board of Directors

Francis Dadoo

Board Chairperson

Field of Specialisation

Demography

Position and Institutional Affiliation

Professor, Pennsylvania State University, USA
and Professor, University of Ghana



Nyovani Madise

Board Vice-Chairperson

Field of Specialisation

Social Statistics

Position and Institutional Affiliation

Professor, University of Southampton, UK



Bocar Kouyaté

Field of Specialisation

Public Health

Position and Institutional Affiliation

Senior Advisor to the
Minister of Health, Republic of Burkina Faso



Cheikh Mbacké

Field of Specialisation

Population and Development

Position and Institutional Affiliation

Independent Consultant



Elizabeth Lule

Field of Specialisation

Reproductive Health and
Sustainable Development

Position and Institutional Affiliation

Senior Consultant, World Bank



John Mudany

Field of Specialisation

Accounting and Finance

Position and Institutional Affiliation

Finance and ICT Director,
Kenya Electricity Generating Company
(Kengen)



Martha Campbell

Honorary Board Member

Field of Specialisation

Public Health

Position and Institutional Affiliation

President, Venture Strategies for
Health and Development, California, USA
and Professor, University of California,
Berkeley, USA



Mike Eldon

Field of Specialisation

Strategic Management

Position and Institutional Affiliation

Chairman and Lead Consultant,
The DEPOT (Dan Eldon Place Of Tomorrow),
Nairobi, Kenya



Board of Directors

Pamela Onduso

Field of Specialisation
Reproductive Health and
Sustainable Development

Position and Institutional Affiliation
Advisor - Youth, Advocacy & Partnerships,
Pathfinder International, Kenya



Sosten Chiotha

Field of Specialisation
Biology, Climate Change, Population,
Environment and Development

Position and Institutional Affiliation
Regional Programme Director for the Leadership
for Environment & Development (LEAD) Southern &
Eastern Africa and Associate Professor in Biology,
Chancellor College, and University of Malawi



Susan Rich

Field of Specialisation

General Population and Health Systems

Position and Institutional Affiliation

Vice President,
Population Reference Bureau



Yazoumé Yé

Field of Specialisation

Epidemiology and Public Health

Position and Institutional Affiliation

Senior Infectious Diseases Monitoring
and Evaluation Specialist,
ICF International, Maryland, USA



Eliya M. Zulu

Field of Specialisation

Demography, Public Health and
Policy Analysis

Position and Institutional Affiliation

Executive Director, AFIDEP
(ex-officio member)



Senior Management Team

Eliya M. Zulu

Executive Director

Academic Background

PhD in Demography

Professional Experience

Demography, Public Health and
Policy Analysis

Year Joined AFIDEP

2009



Rose N. Oronje

Director, Science Communications
and Evidence Uptake

Academic Background

PhD in Development Studies

Professional Experience

Communications, Policy Analysis
and Policy Engagement

Year Joined AFIDEP

2013



Collins Ouma

Director, Research and Knowledge Translation

Academic Background

PhD in Human Genetics

Professional Experience

Health Systems Research

Year Joined AFIDEP

2015



Alphonse Werah

Finance and Administration
Manager

Academic Background

MBA, CPA

Professional Experience

Finance, Accounting and Administration

Year Joined AFIDEP

2014



Technical Staff

Abiba Longwe-Ngwira

Knowledge Translation Scientist

Academic Background

PhD in Applied Economics

Professional Experience

Management Sciences (Economics)

Year Joined AFIDEP

2014



Anthony Mugo

Communications and Policy
Engagement Manager

Academic Background

MA in Communication Studies

Professional Experience

Publishing, Human rights, Community-
Based Philanthropy, and Information
and Communications Technologies for
Development (ICT4D)

Year Joined AFIDEP

2016



Bernard Onyango

Knowledge Translation Scientist

Academic Background

PhD in Sociology

Professional Experience

Social Demography
and Urban Sociology

Year Joined AFIDEP

2014



Diana Warira

Communications Officer

Academic Background

BSc in Information Science

Professional Experience

Development Communications

Year Joined AFIDEP

2014



Technical Staff

Eunice Mueni

Research and Knowledge
Translation Officer

Academic Background

MPH and MSc in Demography

Professional Experience

Health Research, Systematic
Reviews and Training

Year Joined AFIDEP

2010



Evans Chumo

Communications Officer

Academic Background

BSc. Communication and
Public Relations

Professional Experience

Communication and Public Relations

Year Joined AFIDEP

2016



Ferdinand Okwaro

Knowledge Translation Scientist

Academic Background

PhD in Medical Anthropology

Professional Experience

Policy Analysis and Research

Year Joined AFIDEP

2015



Grace Kumchulesi

Knowledge Translation Scientist

Academic Background

PhD in Economics

Professional Experience

Economics

Year Joined AFIDEP

2015



Hleziwe Hara

Knowledge Translation Intern

Academic Background

MSc. in Population Studies

Professional Experience

Population Studies and Sociology

Year Joined AFIDEP

2016



Jackline Nyerere

Knowledge Translation Scientist

Academic Background

PhD in Planning and Economics
of Education

Professional Experience

Education Research

Year Joined AFIDEP

2016



Marjory Githure

Communications Intern

Academic Background

B.Sc. in Biochemistry and Molecular Biology

Professional Experience

Biochemistry and Molecular Biology

Year Joined AFIDEP

2016



Martin Atela

Knowledge Translation Scientist

Academic Background

PhD in Public Health

Professional Experience

Health Systems Research

Year Joined AFIDEP

2014



Nissily Mushani
 Policy and Advocacy Coordinator
Academic Background
 MA in Economics
Professional Experience
 Economics, Policy Engagement
 and Analysis
Year Joined AFIDEP
 2013



Samuel Wafula
 Knowledge Translation Scientist
Academic Background
 PhD in Demography
Professional Experience
 Demography
Year Joined AFIDEP
 2015

Solomon Omariba
 Knowledge Translation Officer
Academic Background
 MPH
Professional Experience
 Health Research,
 and Programme Management
Year Joined AFIDEP
 2015



Violet I. Murunga
 Senior Knowledge Translation Officer
Academic Background
 MPH
Professional Experience
 Health Research, Monitoring and
 Evaluation and Health Planning
Year Joined AFIDEP
 2011

Administration and Finance

Edward Njenga
 Finance Officer
Academic Background
 Bachelor of Commerce (Accounting)
Professional Experience
 Finance Administration and Accounting
Year Joined AFIDEP
 2012



Esther Ngwiri
 Administrative Assistant
Academic Background
 Diploma
Professional Experience
 Journalism and Office Administration
Year Joined AFIDEP
 2013

Hector Mvula
 Finance Officer
Academic Background
 Bachelor of Applied Accounting, Auditing
 and Information Systems
Professional Experience
 Finance, Administration and Accounting
Year Joined AFIDEP
 2014



Joanne Marime
 Office Administrator
Academic Background
 MBA, CPA
Professional Experience
 Finance, Administration and
 Information Technology
Year Joined AFIDEP
 2016

Joyce Ntaliwa Mbiti

Executive Assistant

Academic Background

MBA (International Business Management)

Professional Experience

Administration and Communication

Year Joined AFIDEP

2014



Rose Chebet

Office Assistant

Academic Background

KCSE

Professional Experience

Office Logistics

Year Joined AFIDEP

2010



Victoria Kusamale

Administration Officer

Academic Background

B.A. Bible Ministry

Professional Experience

Business Management

Year Joined AFIDEP

2016



➔ Funders and Partners

Funders

- Department for International Development (DFID)
- International Development Research Centre (IDRC)
- Mastercard Foundation
- Norwegian Agency for Development Cooperation (NORAD)
- Organisation for Economic Co-operation and Development (OECD)
- The William and Flora Hewlett Foundation
- United Nations Population Fund (UNFPA)
- United States Agency for International Development (USAID)
- Wellcome Trust

Partners

- Consortium for National Health Research (CNHR)
- East, Central and Southern Africa Health Community (ECSA-HC)
- Education Development Centre (EDC, Rwanda)
- FHI360
- Government of Botswana
- International Network for the Availability of Scientific Publications (INASP)
- London School of Economics
- Liverpool School of Tropical Medicine
- Ministries of Education (Kenya, Malawi, Nigeria, Rwanda, Tanzania and Uganda)
- Ministries of Health (Kenya and Malawi)
- Ministry of Economic Planning (Namibia)
- Ministry of Economic Planning and Development (Swaziland)
- Ministry of Economy, Planning and Regional Development (Cameroon)
- Ministry of Economics, Finance, and Planning (Senegal)
- Ministry of Finance (Uganda)
- Ministry of Finance (Zambia)
- Ministry of Finance and Economic Development (Botswana)

- Ministry of Finance and Economic Development (Zimbabwe)
- Ministry of Finance, Economic Planning and Development (Malawi)
- Ministry of Youth Development and Sports (Malawi)
- National Council for Population and Development (NCPD)
- National Planning Authority (Uganda)
- National Planning Commission (Namibia)
- National Population Council Secretariat (Uganda)
- National statistical offices (Botswana, Cameroon, Ghana, Kenya, Malawi, Mozambique, Namibia, Rwanda, Senegal, Swaziland, Uganda, Zambia and Zimbabwe)
- Network of African Parliamentary Committees of Health (NEAPACOH)
- Parliament of Kenya
- Parliament of Malawi
- Partners in Population and Development (PPD)
- Population Action International (PAI)
- Population Reference Bureau (PRB)
- UNFPA country offices (Botswana, Cameroon, Kenya, Malawi, Mozambique, Namibia, Rwanda, Senegal, Swaziland, Uganda, Zambia and Zimbabwe)
- UNFPA East and Southern Africa Regional Office (ESARO)
- UNFPA West and Central Africa Regional Office (WCARO)
- University of Botswana (Department of Population Studies)
- University of Cape Town (Development Policy Research Unit, DPRU)
- University of Malawi (College of Medicine)
- University of Nairobi (Population Studies Research Institute)
- University of Pennsylvania (Population Research Institute)
- University of Southampton (Department of Social Statistics and Demography Social Sciences)
- University of Zambia (Department of Population Studies)



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