



AFIDEP

African Institute for
Development Policy

Bridging Development Research,
Policy and Practice

Annual Report
2017

**Strengthening
institutions for more
effective development planning,
service delivery, and accountability**

Contents

04

Message from the
Executive Director

05

AFIDEP in brief

06

What change did we bring about in 2017?

- 07** Using evidence to strengthen development planning in Africa
 - 14** Improving healthcare delivery in Kenya and Malawi through stronger institutions that support evidence use
 - 20** Working with African parliaments to improve governance and accountability
 - 24** Voicing African perspectives in global development discourses
-





© Stephen Gladley/World Bank/Flickr

26

Communications & engagement

29 Publications and
online resources

31

Financial report

32

Leadership & staff

35

Funders & partners

Message from the Executive Director

The need for stronger institutions that facilitate the consideration of evidence in Africa's development efforts has never been stronger than now, more so in a world where evidence is being challenged or undermined with the "fake news" jab when leaders do not like what the evidence shows. Africa must rise to improve its development planning and the delivery of social services, and strengthen governance and accountability to maximise results out of its limited resources in the face of declining development aid.

In 2017, our work contributed to promoting the value of evidence in policy formulation and development planning in Africa. Poor education and skills, youth unemployment, teenage pregnancies and child marriages remain major hindrances to harnessing the demographic dividend and socioeconomic development across Africa. For instance, the evidence on the prospects for harnessing the demographic dividend that we co-produced with government officials in Malawi, Namibia, Zambia, Rwanda, Botswana, Zimbabwe, and eSwatini, informed strategic changes in the way the countries highlighted investments in human capital development in their medium and long-term development strategies. Our focus in the coming years is to support these governments develop demographic dividend delivery systems that will enable them determine specific game changer policy and investment priorities, and set up performance management systems that will ensure sustained action to harness the demographic dividend.

We also continued to strengthen our work on institutionalising a culture of evidence use in the public sector across Africa. For instance, building on our work on strengthening capacity for demand and use of evidence in the Ministry of Health in Kenya, the ministry is working with the World Health Organization and other partners to set up an evidence observatory to increase access to health data and research at the click of a button.

A major shift in our work in 2017 was increased focus on strengthening capacity for evidence use at sub-national levels of government, where the evidence needs and capacity gaps are different and much more acute than at national level. We worked in partnership with the United Nations Population Fund (UNFPA) in the six counties that account for over half of maternal deaths in Kenya to develop a performance monitoring and accountability system. This system will allow county governments to set priorities, monitor progress, and enforce accountability through an automated scorecard that is directly linked to the health management information system.

During the year, we also stepped up our work in enhancing the role of African parliaments in promoting democratic governance and accountability in service delivery and use of public resources. We supported the Malawi Parliament to form the Parliamentary Caucus on Population and Development to enable parliamentarians play a key role in addressing the country's rapid population growth. We also started a new three-year programme with support from the Norwegian Government to improve the autonomy and effectiveness of the Malawi Parliament in discharging its three cardinal responsibilities of oversight, legislation and representation. Additionally, we continued to support the Network of African Parliamentary Committees on Health (NEAPACOH) by conducting a study to assess the value of the network, which has provided valuable lessons for enhancing the effectiveness and impact of such regional bodies.

During the reporting year, we also conducted the mid-term review of our 2015-2019 strategic plan, which allowed us to reflect on what we have achieved and areas where we need to step up to augment the impact of our work. The review will inform the development of the 2020-2024 strategic plan, whose process will be initiated in 2018.

AFIDEP has come a long way since starting its operations in 2010 and our achievements have been due to the efforts of many individuals and institutions. I would like to thank all our staff members for their outstanding dedication and commitment to their work and contributing to the wellbeing of Africans by ensuring that policymakers have access to and consider the most credible and timely evidence whenever they made public policy decisions. The Institute has also greatly benefited from the exceptional strategic guidance that we have received from our Board of Directors, who often go out of their way to challenge us to stretch the boundaries of our thinking in taking the organisation forward.

Our work has been made possible through the financial support that we have received from our ever-growing crop of funders; we are very grateful to them. AFIDEP's work has also been made possible through the partnerships we have developed with many organisations and the trusting relationship that we have with leaders and public officials at regional and national levels across Africa. We look forward to strengthening these ties so that together we can achieve the ultimate goal of making evidence count in public policy formulation and implementation, and ultimately in improving people's lives.

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. Our primary purpose is to contribute to sustainable development by using evidence and advocacy to strengthen political commitment, increase financial and other investments, inform the design and implementation of effective intervention programmes, and strengthen governance and accountability structures for tackling development challenges in Africa.

To do this, we undertake two main activities: (i) **Capacity building to entrench a culture of evidence-informed decision-making in decision-making spaces;** and (ii) **Provide practical evidence to help governments move from rhetoric to action** in three focus areas: Population Dynamics and Sustainable Development; Health Systems Strengthening focusing on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH); and Transformative Education and Skills Development. The Institute is governed by a Board of Directors comprised of distinguished experts, who provide strategic guidance and institutional oversight.

VISION

Making evidence matter in Africa's development.

MISSION

To translate and enable utilisation of evidence in policymaking to accelerate socioeconomic transformation and sustainable development in Africa.

VALUES

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

We are:

- Focused, committed and rigorous in 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 a bigger impact.
- We absolutely expect our work will make a significant contribution to Africa's equitable development.



What change did we bring about in 2017?

- 1 Using evidence to strengthen development planning in Africa



- 2 Improving healthcare delivery in Kenya and Malawi through stronger institutions that support evidence use



- 3 Working with African parliaments to improve governance and accountability



- 4 Voicing African perspectives in global development discourses



1



Using evidence
to strengthen
development
planning in Africa

Zambia's 7th National Development Plan shifts to integrated planning

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. Evidence on harnessing demographic dividend argues for the prioritisation of integrated planning and simultaneous investments in economic reforms and job creation, education and skills development, health, family planning, and governance reforms.

In 2015, in partnership with the United Nations Population Fund (UNFPA), we provided technical expertise to the Government of Zambia to synthesise and generate [evidence on what the country needs to do to harness a sizeable demographic dividend](#). Informed by the evidence, the Zambian government developed and adopted its [7th National Development Plan 2017-2021](#) launched in June 2017. Illustrating the impact of our evidence on harnessing the demographic dividend, which emphasises an integrated approach to development, the government states in the Plan that:

The 7th National Development Plan departs from sectoral-based planning to an integrated (multi-sectoral) development approach under the theme Accelerating development efforts towards the Vision 2030 without leaving anyone behind. The integrated approach recognises the multi-faceted and interlinked nature of sustainable development, which calls for interventions to be tackled simultaneously through a coordinated approach to implementing development programmes.

The Plan seeks to realise five outcomes, which will contribute to its goal of creating a diversified and resilient economy for sustained growth and socio-economic transformation driven by agriculture and other sectors:

- Economic diversification and job creation
- Reduction of poverty and vulnerability
- Reduced developmental inequalities
- Enhanced human development
- The creation of a conducive governance environment for a diversified and inclusive economy

An implementation plan has been developed and is guiding government and development partner operations in implementing the Plan. Together with UNFPA, we continue to work with the government to support evidence use in the implementation of the Plan, and draw lessons for improving implementation of integrated plans for Zambia and other African countries.

Informing medium and long-term development strategies in Rwanda

Rwanda has been one of the fastest growing economies in Africa in recent times, and has fascinated the world for its remarkable recovery from the 1994 genocide. Rwanda is also the second most densely populated country in Africa and for that reason considers its rapid population growth a major challenge for its development ambitions. With support from UNFPA, we supported Rwanda's Ministry of Finance and Economic Planning and other government ministries to conduct the [Rwanda demographic dividend study](#) to assess and determine the key policy and investment options that the country can adopt to optimise chances of harnessing a substantial demographic dividend to achieve its long-term development aspirations.

The study findings and recommendations informed Rwanda's National Transformation Strategy and its Vision 2050. In the Foreword of the study report, the **Minister of Finance and Economic Planning, Hon. Claver Gatete**, remarked that:

The Government of Rwanda acknowledges that targeted and strategic actions are required to unlock the potential of the next generations of healthier, well-educated labour force, considering the youthful population of Rwanda aged 15-35 and children aged 0-14 accounts for 38 percent and 40 percent of our total population respectively compared to 22 percent of population above 35 years. We believe that investment in education is critical to ensure our young people acquire the skills and knowledge relevant to the current and future economy and job markets. Equally important is investing in health, including reproductive health, which is needed not only to trigger a demographic transition through declining fertility and mortality rates; but also to ensure young people make a healthy transition from adolescence into adulthood. The resulting change in age structure, characterised by a larger working population (i.e. labour force surplus) and fewer dependents, will give Rwanda an opportunity for rapid economic growth and stability; one which the Government, citizens and stakeholders are determined to seize and act upon. This will allow the country to have sustainable and inclusive socio-economic development, where no Rwandan is left behind.



Evidence ignites commitment to address youth unemployment, teenage pregnancies, and child marriages in Southern Africa

In 2017, AFIDEP in partnership with the Development Policy Research Unit (DPRU) of the University of Cape Town and UNFPA, concluded studies in Botswana, Namibia, the Kingdom of eSwatini (formerly Swaziland), and Zimbabwe, on their prospects for harnessing the demographic dividend. These studies were commissioned in 2016 by the respective national governments. These studies were key to understanding the potential of the demographic dividend in a region that has relatively low fertility rates compared to most countries in sub-Saharan Africa and therefore at a more advanced stage and more limited window of opportunity to benefit from the dividend. While the average number of children per woman in sub-Saharan Africa is 5, it is 2.9 in Botswana, 3.3 in eSwatini, 3.6 in Namibia, and 4.0 in Zimbabwe. A drop in the number of children per woman to under 3 is a pre-requisite to reducing the proportion of dependents compared to working-age adults, which is key to harnessing the dividend.

The results of the study revealed that the population age structure in the four countries (and in Botswana in particular) is generally more favourable to earn the dividend than in the rest of sub-Saharan Africa. Compared to an estimated average of 54 percent of people in the theoretical working ages 15 to 64 years in sub-Saharan Africa, the proportion is 56 percent in Zimbabwe, 59 percent in eSwatini, 60 percent in Namibia and 65 percent in Botswana. As a result of the declining dependency burden, the four countries were already benefitting from the dividend, although to a small degree. In Botswana, the magnitude of the first demographic dividend increased significantly in the first decade of the century and peaked in 2008 while it is expected to peak by 2020 for the other three countries. The window of opportunity to harness the demographic dividend is expected to close in 2050 in Botswana, and in 2060 in the other countries.

Evidently, the countries are not maximising the benefits of the dividend because of high unemployment rates characterised by the fact that young people are effectively dependents until late in their twenties and in the case of Botswana, early thirties, highlighting the importance of intensive efforts to create jobs for youth. Globally, young people begin to be independent by earning more labour income than what they consume at age 26. The age of economic independence is 28 years in Namibia while it is 33 years in Botswana. Unemployment rates for young people aged 15-24 in Botswana, Namibia, eSwatini and Zimbabwe are 35 percent, 40 percent, 54 percent and 51 percent respectively, compared to 11 percent and 10 percent in Malaysia and South Korea, which are maximising their demographic dividends. If the four Southern African countries would boost their employment levels for young people, they can achieve cumulative boosts in their living standards by 2035; by 19 percent, 22 percent, 33 percent and 22 percent for Botswana, Namibia, eSwatini, and Zimbabwe, respectively.

The other significant finding was that living standards in the four countries could be boosted by sizable margins if fertility were to decline to about the replacement level of 2 children per woman, by ensuring universal access to contraception among women who want to delay pregnancies or stop childbearing. For example, in Botswana, the living standards would be boosted by 12 percent under the status quo where fertility remains around the current level, but by 18 percent if fertility declines to around the replacement level of 2 births per woman.

The studies give the following policy options for the Southern African countries to maximise the dividend:

- Facilitate further demographic transition by ensuring universal access to voluntary family planning, with particular focus on reducing the high levels of teenage pregnancies and early marriages.
- Reinforce investments in nutrition and health to improve child survival and ensure a healthy labour force.
- Prioritise economic reforms and investments to accelerate the creation of jobs and other well-paying livelihoods for youth.
- Improve quality and relevance of education to produce a competitively skilled workforce.
- Strengthen public institutions to facilitate effective and accountable service delivery and use of public resources.



© Chandler Christian/Flickr

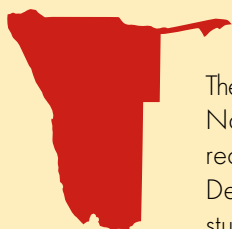
As youth populations in East Africa change, what should policymakers prioritise?

In 2017, we completed the [analysis of socio-economic implications of youth demographics in East Africa](#), initiated in 2016. This analysis, which covered Kenya, Tanzania, Rwanda and Uganda, revealed that in all four countries, as indeed is the case for most African countries, there will be a significant increase in the total population for the next 30-50 years. This is as a result of decades of high fertility that have created a high population momentum, implying that even if birth rates reached replacement level (2.1 children per woman) in the next few years, there will still be an increase in the numbers of children born for years because there are already large cohorts of girls and young women who are yet to start childbearing.

This rapid population growth will put pressure on basic services such as primary and secondary schools, health care, housing and infrastructure. The growth will also exert enormous pressure on land, water, and other natural resources, thereby exacerbating food insecurity and resource-based conflicts. The very high youth unemployment rates could skyrocket if innovative measures are not applied to create mass jobs. Based on study findings, we recommend that governments and development partners should:

- Improve the quality of education to focus on skills development and expand access
- Expand access to modern contraception, especially for the underserved groups, including youth
- Undertake economic reforms that focus on job creation for young people
- Intensify the empowerment of girls and women
- Undertake initiatives that enable youth participation and leadership in environmental conservation
- Improve urban planning to enable cities become engines for rapid socioeconomic transformation and economic growth
- Strengthen governance and accountability structures and involve youth in decision-making

The study, which was funded by the United Kingdom Department for International Development (UK DFID), has informed DFID's new development strategy for Africa. The new strategy now includes focus on stimulating the role of youth in steering Africa's socioeconomic development. To the four East African governments, the analysis points to the priority policy actions they can take to harness the demographic dividend.



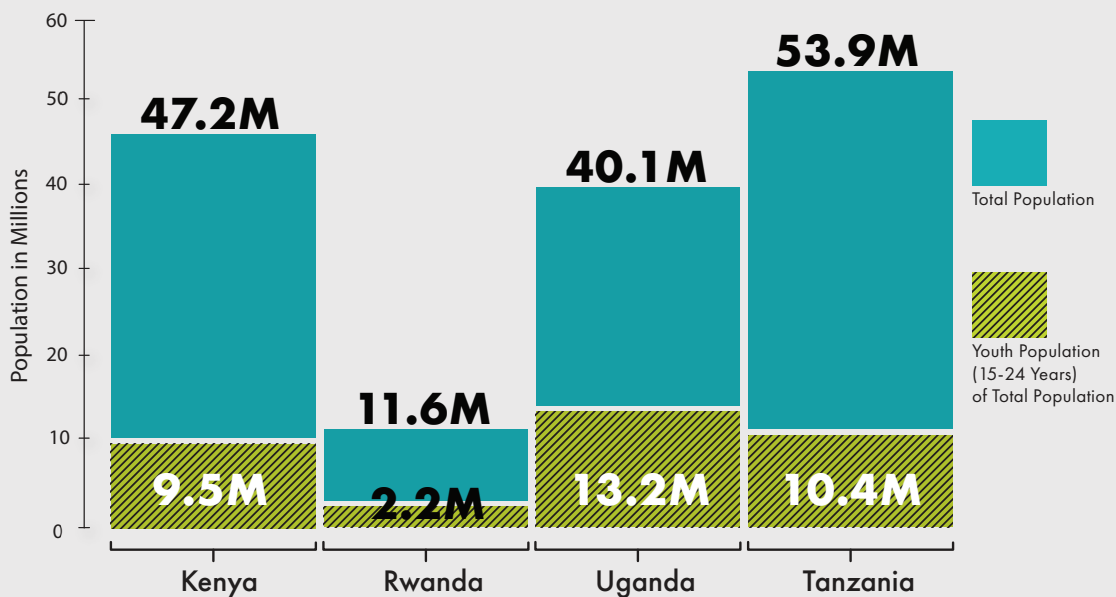
The government of Namibia integrated the recommendations of the Demographic Dividend study into its [5th National Development Plan](#) launched in 2017.

In eSwatini, the study results and recommendations were discussed and adopted by Cabinet in December 2017. The Kingdom is moving forward to incorporate the recommendations in its development planning frameworks to facilitate their implementation.



Pathways to the youth bulge for East African Community (EAC) countries

Youth demographic profiles of the four EAC Countries (2015)



Sources: UN population projections, 2017 revision

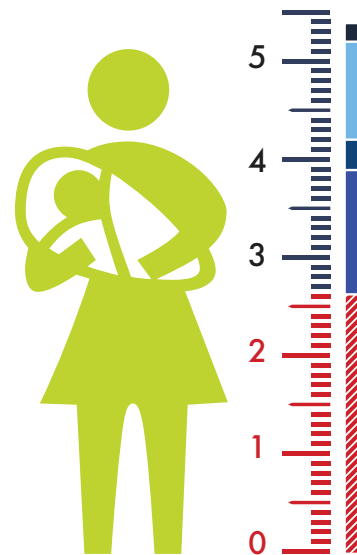
What is a youth bulge ?

A **youth bulge**, not to be confused with a **youthful population**, is a temporary demographic phenomenon which occurs when child deaths decline and the average number of children per woman falls rapidly so that earlier sets of births are larger than later sets. As the large cohorts of births move into the working ages (15-64 years), we get a bulge in the population age structure.

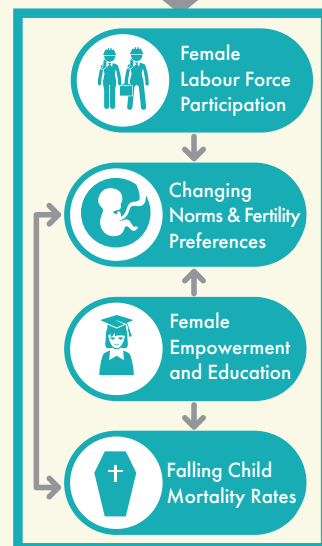


If this youth bulge is skilled and productively employed, it can lead to a Demographic Dividend (DD), a temporary economic benefit which can span five or more decades. It is important to note that even if a youth bulge emerges, a demographic dividend is dependent on wider policy responses by countries.

Average children per woman

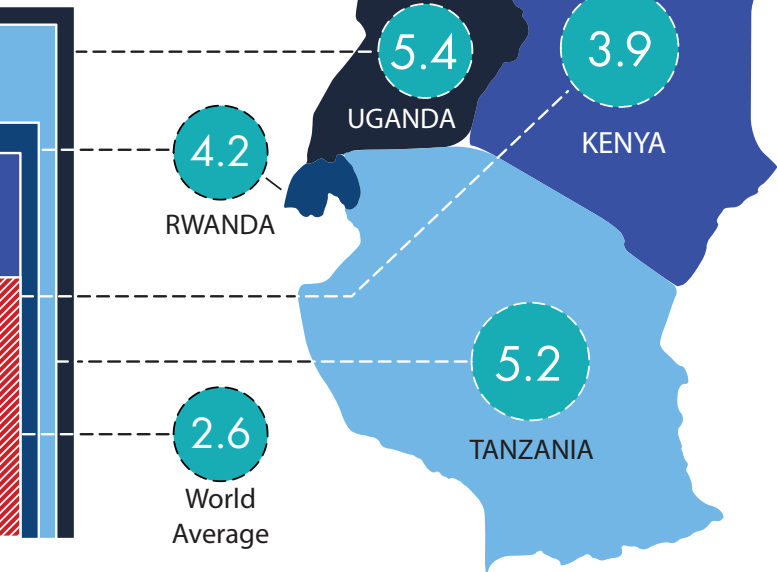


Pathways to the youth bulge



Contextual Factors e

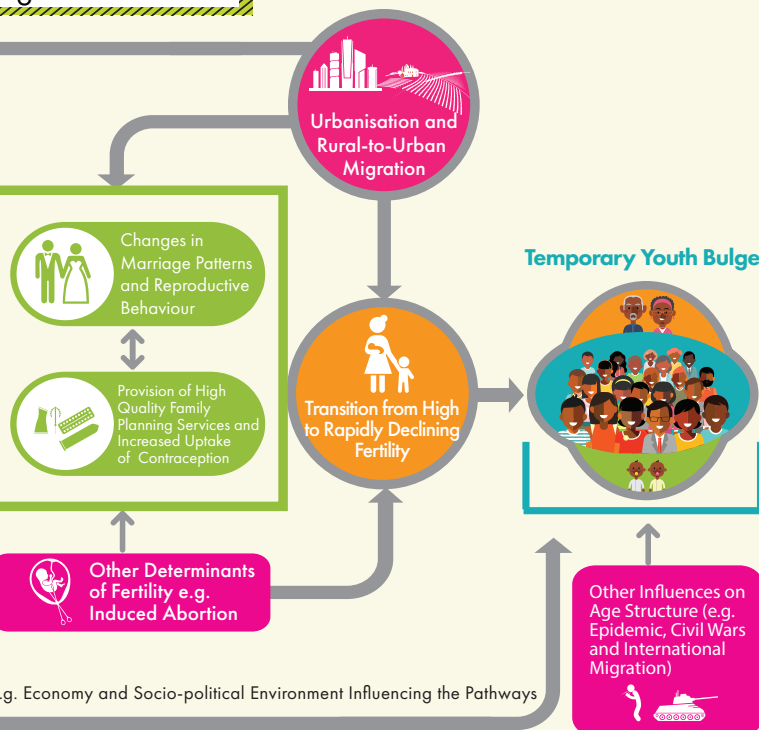
an (2014 -2016)



Helping countries move the demographic dividend agenda from rhetoric to action

The 2017 African Union theme on harnessing the demographic dividend through investments in youth developed a continental roadmap to guide operationalisation of the dividend by countries. AFIDEP has been at the forefront as a thought leader in developing national demographic dividend roadmaps that chart countries' commitments to achieving the dividend. Additionally, we conducted case studies in Kenya, Malawi, Uganda and Zambia to document lessons on how to move the demographic dividend agenda from rhetoric to action. The lessons provide concrete steps that countries in sub-Saharan Africa can adapt to implement their demographic dividend roadmaps. AFIDEP also developed partnerships (such as with the Copenhagen Consensus Centre) to assist the government of Malawi to develop programmes to define and implement demographic dividend priority projects. We expect that lessons from this programme will provide valuable lessons on how other African countries can operationalise their demographic dividend roadmaps and broad development strategies.

ulge in East Africa



... e.g. Economy and Socio-political Environment Influencing the Pathways

2

Improving healthcare delivery in Kenya and Malawi through stronger institutions that support evidence use



Our ground-breaking three-year project on strengthening institutional and individual capacities for evidence use in Kenya and Malawi ministries of health and parliaments came to a close in 2017. This work (funded by UK DFID) ignited considerable traction and specific actions to strengthen institutional capacity for evidence use in the two countries. An external evaluation of the programme concluded that “there are early signs that BCURE (the overall UK DFID programme supporting governments to use evidence in decision-making) may influence future reforms and investments to embed evidence use in Kenya...” In a nutshell, our capacity building work increased technical capacities for evidence use among mid-level policymakers in ministries of health and parliaments in Kenya and Malawi; produced evidence champions in these institutions; increased actual use of evidence in specific policy development processes that were ongoing at the time; and ignited institutional strengthening initiatives that have potential to embed an EIPM culture in the health sector in the two countries. Below we highlight some of the impact arising from the project.

Kenya Ministry of Health is designing a health and research observatory

In 2014 and 2015, we supported the Kenya Ministry of Health to develop a programme to set up a knowledge translation platform, similar to the ones operating in countries like Malawi, Ethiopia and Cameroon. Some of the key functions of the platform are to host an online searchable repository of all health research undertaken in Kenya, and facilitate regular evidence synthesis and discussion forums on key health issues in the country. In 2017, the World Health Organization (WHO) came on board to support the Ministry of Health in operationalising some components of the platform, particularly setting up a research repository, which also include use of the District Health Management Information System (DHIS). This will help increase access to and use of health data and research in decision-making processes, at the touch of a button.



Kenya Ministry of Health extending capacity building for evidence use work to county governments

Our capacity building work for evidence use involved many conversations with the Ministry of Health and the Kenya Medical Research Institute (KEMRI), which is the ministry's research arm, on how the two institutions could work together better to strengthen the use of research in decision-making. In 2016, KEMRI requested for technical assistance from AFIDEP to support evaluation of their research dissemination strategy and reorient it more on enabling policymakers to use the Institute's research. As a result of the conversations we initiated between the two institutions, KEMRI and the Ministry of Health are working with county health departments to build interest, capacity and leadership for increased use of data and research in decision-making at county levels.

New network to promote evidence-informed decision-making in the health sector in Malawi

Our capacity building work in the Malawi health sector stimulated the formation of the Evidence-Informed Decision-Making Network for Health Policy and Practice in Malawi (EviDeNt). The network seeks to strengthen institutional structures and processes within the Ministry of Health and build capacities for synthesis of evidence required by the ministry for decision-making. This includes cost-effective analyses, health economic analyses, rapid reviews and syntheses, and systematic reviews. The network has secured government

funding (through the common basket fund for the health sector) to implement a two-year programme led by the College of Medicine (at the University of Malawi), with AFIDEP, the Malawi Liverpool Wellcome Trust Centre, and Dignitas International as core partners. The network has also attracted funding from the Wellcome Trust through the Malawi Liverpool Wellcome Trust programme to establish a policy centre at the Ministry of Health, and the Thanzi la Once programme.

University of Malawi College of Medicine explores ways of incorporating AFIDEP's evidence-informed policymaking curriculum into its training programmes

In 2017 we worked with the College of Medicine and other health training institutions in Malawi to explore adaptation of our evidence-informed decision-making (EIDM) curriculum and guidelines into a curriculum that the training institutions would use to train their undergraduate and graduate students on evidence use in decision-making. The training institutions nominated the College of Medicine to work closely with AFIDEP in producing a template curriculum that they would adapt for their own training. We believe that embedding EIDM training in universities and other training institutions is vital in growing the next generation of experts and champions of evidence use. This will help institutionalise a culture of EIDM in government institutions. In this regard, we will reinforce our engagement with the College of Medicine to make this a reality in Malawi and explore similar opportunities in Kenya and other African countries.

Enabling County Governments in Kenya to strengthen performance management systems to reduce maternal deaths

In 2017, we expanded the focus of our work in Kenya from national to sub-national levels (i.e. counties) with a focus on improving the use of routine health data in decision-making to improve service delivery in the health sector. As a start, we have prioritised challenges relating to sexual and reproductive health and rights. We focused our work on 6 counties that account for more than 50% of all maternal deaths in the country, estimated at 362 women dying in every 100,000 births. These counties include: Mandera County (3,795 deaths per 100,000 births), Wajir County (1,683 deaths per 100,000 births), Marsabit County (1,127 deaths per 100,000 births), Isiolo County (790 deaths per 100,000 births), Lamu County (676 deaths per 100,000 births) and Migori County (673 deaths per 100,000 births).

In collaboration with the United Nations Population Fund (UNFPA) Kenya, we assessed existing systems and capacities for using evidence and tracking performance of interventions to reduce maternal deaths, as well as to improve the wellbeing of girls and women. The results are summarised in Text Box 1.

In response to the capacity challenges identified, we collaborated with UNFPA Kenya to conduct training for leaders in health departments in the 6 counties to strengthen technical capacity in data analysis and interpretation as well as in carrying out research synthesis and operations research to inform ongoing and future efforts to reduce the deaths of mothers and children.

The difference this training made is captured below in the words of two officials from these counties. County leaders appealed for more of this training for their staff at county and sub-county levels.

Dr. Gregory Ganda,
Director of Health, Migori County

This training comes at a time when we had just identified the need for us to clearly define our challenges and communicate these clearly to the leaders, like the governor... This training will really help us in terms of producing evidence from our own data and published studies into something that the governor can understand and use to make a decision.

Dr. Dahir Somow,
Director of Health, Wajir County

With this training, we will be able to do better analysis of our data and see where resources are needed. We will use this information for resource mobilisation. In fact, with this training, we will now analyse data and present to the Members of County Assembly (MCAs) at Ward level; each MCA will see how their Ward is doing. This way, they will be able to support budgets for improving health indicators in their Wards.

Challenges hindering data use in health sector decision-making at county level in Kenya

- Although there are organisational structures and information management structures to support performance monitoring both at national and county level, limited technical capacity in monitoring and evaluation, particularly data analysis and presentation, limit their usefulness.
- Databases for routine data are not designed to respond to decision-making and reporting needs of county policymakers. This is partly because there is a disconnect between different databases (lack of inter-operability) between the RH, HIV and SGBV sectors, which makes it difficult to easily utilise data from various data sets or even move between data sets to allow comprehensive syntheses.
- There is low utilisation of data existing analytic tools such as the scorecards and dashboards to promote data use among decision-makers and senior leadership.
- There is no strategy or standard operating procedures (SOP) in place to promote a widespread culture of data demand and use at all levels, which results in lack of institutionalised processes to measure use of data to inform decision-making.
- Across the counties, there are inadequate funds dedicated to monitor and evaluate programme implementation and support accountability mechanisms, pointing to lack of appreciation of the importance of monitoring and evaluation in improving service delivery.





3



Working with African
parliaments to
improve governance
and accountability

Malawi Parliament Caucus provides an institutional platform to focus Parliamentarians on tackling population and development challenges

In April 2017, we supported the Malawi parliament to launch a Caucus on Population and Development. The Caucus is an initiative of Malawian Members of Parliament (MPs) who are keen on understanding the evidence on Malawi's population dynamics and the implications for the country's development. The MPs intend to use this understanding in advocacy and in legislative reforms aimed at tackling socio-economic challenges facing Malawians, so they can bring meaningful development and improve the quality of life of citizens. Estimated at 17 million people, the country's rapidly growing population is a major development challenge.

With over 100 MPs as members, the Caucus organised evidence forums on different aspects of population and development issues in Malawi. One of these forums deliberated the evidence on the country's prospects for harnessing a sizeable demographic dividend. Given the high fertility (estimated at 4.6 children per woman), the country has an estimated 47 percent of its population aged 18 years and below. This translates to huge dependency on the small proportion of the population that is working or economically productive.

The Caucus has provided an important institutional platform for engaging MPs on evidence on key development challenges in order to focus their efforts on using their oversight, legislative, and representative functions, to contribute to tackling these challenges.

Improving technical advice provided to Parliaments in Africa for better debate and decision-making

As part of our sustained efforts to strengthen the governance and accountability functions of African parliaments, we conducted training for technical staff from five African parliaments, namely, Malawi, Namibia, eSwatini, Uganda and Zimbabwe in evidence-informed decision-making. The staff trained included committee clerks, parliamentary researchers, information officers, and legal drafters. Although providing technical advice to MPs and parliamentary committees is the formal role of parliamentary researchers and experts who work in the parliaments' legal and budget offices (where these exist), other staff such as committee clerks and information officers, find themselves required to provide technical advice to committees because many parliaments in Africa have very few researchers/experts to meet the demand for evidence by MPs and committees.

In our training, a parliament staffer who is an information officer, narrated how he is often called upon to review evidence and provide technical advice to committees because his parliament has only one researcher serving more than 100 MPs. And so, even though he is employed as an information officer/journalist, he often plays the role of a 'researcher' in his parliament.

This is the case of many committee clerks in African parliaments, who find themselves being required to provide technical advice because the researchers in their parliaments are just too few to meet the information demand. This reality means that parliament staff find the trainings that AFIDEP conducts on evidence-informed decision-making very useful because these trainings equip them with skills they need, but often lack.

The training workshop increased staffs' technical skills in assessing quality, synthesising, and summarising evidence for parliamentary committees. The training was conducted in a two-day workshop during the annual forum of the Network of Parliamentary Alliance of Committees on Health (NEAPACOH), which we co-convene with other development partners annually.

Lessons for strengthening parliamentary networks in their development efforts

In collaboration with other development partners, we have supported NEAPACOH since 2011 in its efforts to strengthen the capacity of parliamentary committees of health to contribute to tackling health issues on the continent. NEAPACOH convenes more than 20 parliamentary committees of health annually to discuss urgent health issues on the continent and identify

commitments to focus committee efforts. In 2017, we conducted a study to examine the extent to which the network (initiated in 2005) was achieving its goals, map the challenges it was facing, and provide recommendations for strengthening the network's efforts. Text Box 1 (next page) highlights the results of this study. We discussed these results with NEAPACOH's Executive Committee and members, as well as with development partners who support the network. The NEAPACOH Executive Committee, through its chair, lauded AFIDEP for undertaking this study, noting that such a study was long overdue, and committed to implement the study's recommendations incrementally in the coming years.



Parliamentary staff engage in group discussions at an AFIDEP training on evidence-informed decision-making in December 2017.

Achievements, challenges and opportunities of the Network of African Parliamentary Committees of Health (NEAPACOH)

Achievements

- Focused parliaments on tackling health and population issues in African countries.
- Nurtured champions for health and population issues in African parliaments.
- Linked parliaments with development partners thereby facilitating the provision of technical and financial support in the delivery of parliament functions.
- Increased MPs' access to evidence on health and population issues in Africa.
- Increased the capacity of MPs and staff in delivering their functions.



Challenges

- Inadequate resources that have curtailed strategy implementation.
- Low levels of autonomy since NEAPACOH is entirely reliant on financial support from development partners.
- The nature and context of parliament have posed a challenge in the coordination and implementation of NEAPACOH activities – for instance, frequent MP turnovers resulting in lack of continuity; weak and non-effective protocol and communication structures, among others.
- As a voluntary network, NEAPACOH lacks an effective mechanism for holding member committees to account.



Recommendations

- Institutionalise NEAPACOH in African parliaments.
- Strengthen funding mechanisms for the implementation of NEAPACOH strategy.
- Institute a feasible mechanism for sustained country-level support to committees for all member countries.
- Design and deliver a sustained capacity building programme for NEAPACOH members.
- Expand opportunities for increasing evidence use by MPs involved in NEAPACOH.



4



Voicing African
perspectives in
global development
discourses



Delegates follow proceedings in plenary at the 50th session of the United Nations Commission for Population and Development in New York.

In 2017, we informed global discourses on Africa's development in various policy forums including:

At the 50th Session of the United Nations Commission for Population and Development (CPD) held on 3 April 2017 in New York, United States of America, we discussed the changing population structures in Africa, and how strategic investments are critical in driving sustainable development in Africa's youthful societies.

We also participated at the UNICEF Seminar on the Demographic Dividend held on 11 May 2017 in New York. Our

presentation covered the need to generate a broader evidence base to identify and inform the investments needed in various sectors to enable African countries reap a sizeable demographic dividend and realise sustainable development.

- On 7-8 June 2017, we participated in the European Development Days held in Brussels, Belgium, where we discussed the importance of making substantive investments in Africa's youth for the region to harness a sizeable demographic dividend.
- On 5 November 2017, we presented a paper at the International Conference on African Cities in Rome, Italy, entitled *Social and environmental sustainability: Cities as a driver of sustainability*

A comprehensive presentation of our global and regional engagements are covered in the next section.



Communications & engagement

Name Of Event/Conference	Topic	Date/Location
Young Africa Works 2017 Summit	Youth as drivers of agricultural transformation	16–17 February 2017 Kigali, Rwanda
End of Programme Knowledge Sharing Forum: SECURE Health	Strengthening capacity for increased evidence use in decision-making; Sharing practical lessons and tools in Kenya	22 February 2017 Nairobi, Kenya
End of Programme Knowledge Sharing Forum: SECURE Health	Practical work and results from implementation of programme activities in collaboration with the Malawi Ministry of Health and the Malawi Parliament	27 February 2017 Lilongwe, Malawi
Regional Meeting on Agenda 2030 on Sustainable Development and Sexual and Reproductive Health and Rights	Moving the sexual and reproductive health and rights (SRHR) agenda forward at a regional level in the SDG-era	28 February–1 March 2017 Midrand, South Africa
Africa Health Agenda International Conference	Workshop on translating evidence into policy targeting researchers, policymakers and programme implementers in the health sector	9 March 2017 Nairobi, Kenya
2017 Association for the Development of Education in Africa (ADEA) Conference	Transferable skills in the context of implementing education and lifelong learning for sustainable development	14–17 March 2017 Dakar, Senegal
Kenya 2017 Legislative Summit	Challenges and opportunities for strengthening effective and efficient law-making processes	23 March 2017 Mombasa, Kenya
50 th Session of the United Nations Commission for Population and Development (CPD)	Changing population structures and how strategic investments are critical in driving sustainable development in youthful societies	3 April 2017 New York, USA

Name Of Event/Conference	Topic	Date/Location
Brookings Institution Center for Universal Education (CUE) Annual Research and Policy Symposium	Capturing the landscape in soft skills development	6 April 2017 Washington D.C., USA
East and Southern Africa Health Community (ECSA-HC) 10 th Best Practices Forum	Lessons drawn from programme implementation on strengthening the capacity of policymakers in Kenya and Malawi to use evidence in health policymaking	9 April 2017 Arusha, Tanzania
Africa-China Conference on Population and Development	Learning and knowledge-sharing forum geared towards overcoming population and development challenges	18–19 April 2017 Nairobi, Kenya
African Great Lakes Conference in Uganda	Population dynamics in the African Great Lakes	3–5 May 2017 Entebbe, Uganda
Engagement with Malawi Parliamentary Caucus on Population and Development	Demystifying the demographic dividend	27 April 2017 Lilongwe, Malawi
Briefing with Malawi Minister of Labour, Youth, Sports and Manpower Development	What Malawi needs to do to harness a sizeable demographic dividend	3 May 2017, Lilongwe, Malawi
Media Workshop on the Demographic Dividend	The demographic dividend paradigm and how it relates to Kenya's development	4 May 2017 Nairobi, Kenya
UNICEF Seminar on the Demographic Dividend	Generating a broader evidence base to inform what investments are needed in various sectors so that harnessing the demographic dividend and achieving sustainable development can be a reality	11 May 2017 New York, USA
Maisha HIV/AIDS 2017 Conference	From Science to Action: Lessons and opportunities	28–31 May 2017 Nairobi, Kenya
European Development Days (EDD)	Investing in Africa's youth to harness the demographic dividend	7–8 June 2017 Brussels, Belgium
Capacity Building Workshop on Evidence-Informed Decision-Making (EIDM)	Reducing maternal mortality in priority Kenyan counties	14–16 June 2017 Machakos, Kenya
Inaugural Malawi Parliamentary Caucus on Population and Development Dialogue	Optimising linkages between population change and the environment to achieve sustainable development in Malawi	21 June 2017 Lilongwe, Malawi
29 th African Union Summit: 4 th African Union High Level Panel on Gender Equality and Women's Empowerment	Key policy options on education and digital skills development within the context of the African Union Demographic Dividend Roadmap	29 June–1 July 2017 Addis Ababa, Ethiopia
Malawi Parliamentary Caucus on Population and Development	Definition of action plan to tackle population and development challenges in Malawi	25–26 July 2017 Lilongwe, Malawi
Inter-Ministerial Committee on Adolescents and Youth in Malawi	Prospects of domesticating the African Union Demographic Dividend Roadmap in Malawi	26 July 2017 Lilongwe, Malawi

Name Of Event/Conference	Topic	Date/Location
International Youth Day	Youth building peace: The role of youth in population, health, environment, skills development and entrepreneurship	12 August 2017 Lilongwe, Malawi
Regional Capacity Strengthening of UNFPA Demographic Dividend Focal Points	Strengthening regional capacity and collaboration in the implementation of the African Union Roadmap on Demographic Dividend	29–31 August 2017 Johannesburg, South Africa
3 rd High Level Forum on Development Effectiveness in Malawi	Towards an inclusive and accelerated implementation of the Third Malawi Growth and Development Strategy	20 September 2017 Lilongwe, Malawi
2017 Malawi Research Conference	Practicalities of traversing institutional and individual level bottlenecks to give evidence more clout in improving health policy and practice	1–4 October 2017 Mangochi, Malawi
7 th Eastern Africa Reproductive Health Network (EARHN) Coordination Meeting	The status of reproductive health/family planning in the Eastern African Region	4–5 October 2017 Nairobi, Kenya
Public Lecture: Will the Road to 2030 be Evidence-paved? Science, Policy and the Sustainable Development Goals	How science, research and evidence can be most effectively harnessed to advance the Global Goals	19 October 2017 Sheffield, United Kingdom
Gender Policy Dialogue	Relationship between child marriage and education	27 October 2017 Lilongwe, Malawi
28 th International Population Conference	<p>Our next world: Rethinking demography</p> <p>Population, poverty, and inequality in Africa: Trends, data needs and future research directions</p> <p>Public policy and fertility change</p> <p>Policies to enhance the realisation of demographic dividend in Africa</p>	29 October–4 November 2017 Cape Town, South Africa
Policy Dialogue on Youth, Violence and Development	Youth perspectives on the socio-economic dimensions, costs and consequences of violence	6 November 2017 Addis Ababa, Ethiopia
International Conference on African Cities	Social and environmental sustainability: Cities as a driver of sustainability	5 November 2017 Rome, Italy
Workshop: Network of African Parliamentary Committees of Health (NEAPACOH)	Building the capacity of parliaments in Africa to use evidence in decision-making	11–12 December 2017 Munyonyo, Uganda
Network of African Parliamentary Committees of Health (NEAPACOH) Meeting	The socio-economic implications of youth demographics in East Africa	14 December 2017 Munyonyo, Uganda
Network of African Parliamentary Committees of Health (NEAPACOH) Meeting	Findings of a survey on NEAPACOH's contribution to the implementation of reproductive health/family planning in the context of the 2030 agenda for sustainable development	14 December 2017 Munyonyo, Uganda



Publications and online resources

Reports

Published

1. Rwanda Ministry of Finance and Economic Planning (2017). *Unlocking Rwanda's Potential to Reap the Demographic Dividend*. Kigali: Ministry of Finance and Economic Planning. October, 2017.
2. AFIDEP (2017). *Working with Parliamentary Committees of Health to Tackle Health Issues in Africa: Achievements, Challenges and Opportunities of the Network of African Parliamentary Committees of Health (NEAPACOH)*. Nairobi: African Institute for Development Policy. November, 2017.
3. The Mastercard Foundation & AFIDEP (2017). *Skills at Scale: Transferable Skills in Secondary and Vocational Education in Africa*. Toronto: The Mastercard Foundation & AFIDEP. March, 2017.

In Press

1. Namibia National Planning Commission (In Press). *Towards Maximising the Demographic Dividend in Namibia*.
2. Zimbabwe Ministry of Macro-Economic Planning and Investment Promotion (In Press). *Harnessing the Demographic Dividend in Zimbabwe*.
3. Swaziland Ministry of Economic Planning and Development (In Press). *Towards Maximising the Demographic Dividend in Swaziland*.
4. Botswana Ministry of Finance and Economic Development (In Press). *Opportunities and Policy Actions to Maximise the Demographic Dividend in Botswana*.
5. AFIDEP & University of Southampton (In Press). *East African Regional Analysis of Youth Demographics*.

Policy Briefs

Published

1. Rwanda Ministry of Finance and Economic Planning (2017). *Unlocking Rwanda's Potential to Reap the Demographic Dividend*. October, 2017.
2. Rwanda Ministry of Finance and Economic Planning (2017). *Stepping Up Investments in Human Capital Development to Unleash Rwanda's Demographic Dividend*. October, 2017.

3. Rwanda Ministry of Finance and Economic Planning (2017). *Accelerating Fertility Decline to Trigger the Demographic in Rwanda*. October, 2017.
4. Rwanda Ministry of Finance and Economic Planning (October, 2017). *Empowering Youth with Quality Jobs to Stimulate the Demographic Dividend in Rwanda*
5. AFIDEP (2017). *Creating Sustainable Financing for the Malawi Health Research System*. February, 2017.
6. AFIDEP (2017). *Ending Child Marriage in Malawi: What the Evidence Tells Us*. October, 2017.

In Press

1. Swaziland Ministry of Economic Development (In Press) *Towards Maximising the Demographic Dividend in Swaziland: The Time for Action is Now!*
2. Botswana Ministry of Finance and Economic (In Press) *Maximising the Demographic Dividend in Botswana*
3. Botswana Ministry of Finance and Economic (In Press) *Investing in Human Capital to Maximise Botswana's Demographic Dividend*
4. Botswana Ministry of Finance and Economic (In Press) *Maximising Botswana's Demographic Dividend: The Labour Market and Job Creation*

Research Briefs

1. AFIDEP (2017) *Working with Parliamentary Committees of Health to Tackle Health Issues in Africa: Achievements, Challenges and Opportunities of the Network of African Parliamentary Committees of Health (NEAPACOH)*. November, 2017.

Fact Sheets

Published

1. AFIDEP (2017). *Child Marriage in Malawi*. October 2017.
2. Kenya Ministry of Health & AFIDEP (2017) *Reproductive, Maternal, Neonatal and Child Health (in Wajir County, Marsabit County, Mandera County, Lamu County, Isiolo County, Migori County)*. May 2017.

Journal Articles

Published

1. **Warira, D., Mueni, E.,** Gay, E., & Lee, M. (2017). Achieving and Sustaining Evidence-Informed Policy Making: Effective Communication and Collaboration Can Go a Long Way. *Science Communication*, 39(3), 382-394. doi:10.1177/1075547017710243.

In Press

1. **Madise, N. J., & Onyango, B.** (In Press). Protecting female migrants from forced sex and HIV infection. *The Lancet Public Health*.

Submitted

1. **Mapila, S.** Fiscal and monetary policy interactions in Malawi. *Malawi Journal of Economics*

Multimedia

Blogs

1. **Murunga, V.** (2017, January). Africa's progress on gender equality and women's empowerment is notable but gender inequality persists.
2. **Mueni, E.** (2017, January). Harnessing the demographic dividend in Sub-Saharan Africa: Political commitment or rhetoric?
3. **Mushani, N., & Githure, M.** (2017, February). The power of collaboration in successful programme implementation.
4. **Chumo, E.** (2017, February). Harmful traditional practices that impact adolescent sexual and reproductive health in Kenya: What's the way out?
5. **Mushani, N., & Longwe-Ngwira, A.** (2017, March). Securing a better future for girls: Malawi parliament seals all loopholes to end child marriages in the country.
6. **Oronje, R.** (2017, March). Challenges with evidence use in Kenya's legislative spaces.
7. **Oronje, R.** (2017, March). Institutions matter in nurturing an evidence use culture, but it is individuals who make the institutions matter.
8. **Nyerere, J., & Warira, D.** (2017, March). Transferable skills a key to driving the employability of Kenyan graduates.
9. **Warira, D.** (2017, April). AFIDEP shares lessons on building capacity for evidence use in policymaking at regional forum in Tanzania.
10. **Warira, D.** (2017, April). Why multisectoral collaboration for health is critical for sustainable development in Africa.
11. **Oronje, R.** (2017, May). We provide answers to questions Members of Parliament have about the demographic dividend.
12. **Zulu, E.** (2017, June). Key ingredients for harnessing the demographic dividend in Africa.
13. **Oronje, R.** (2017, June). Strengthening capacity for evidence use to reduce maternal deaths in Kenya: Experience from six counties with the most maternal deaths.

14. **Warira, D.** (2017, July). Sexuality education for Kenya's youth: When the evidence is on the wall, but politics gets in the way.
15. **Chumo, E.** (2017, July). Kenya government commits to closing gaps in family planning investments.
16. **Oronje, R.** (2017, September). Kenya's parliamentary caucus for promoting evidence use: What did we learn?
17. **Onyango, B.** (2017, September). Decision-making from the middle: The trials of an African technocrat.
18. **Chumo, E.** (2017, October). Worlds apart: 2017 State of World Population report spotlights reproductive health and rights inequality.
19. **Oronje, R.** (2017, December). How staff in African parliaments navigate barriers to provide evidence to Members of Parliament.
20. **Oronje, R.** (2017, December). Parliamentary health committees in Africa challenged to increase health budgets.

Media Appearances

1. Kenya Television Network, KTN, 3 July 2017. [The 2017 African Union Summit focus on youth development](#) (Panel Discussion).
2. Kenya Broadcasting Corporation, KBC, 4 July 2017. Family planning and the demographic dividend. (Panel discussion).
3. Standard Media, 10 July, 2017. [Sexuality education for Kenya's youth: When the evidence is on the wall, but politics gets in the way](#) (Blog).

Videos

1. Highlights from World Population Day 2017 Kenya celebrations (Featuring Dr. Joel Gondi, Head of the Reproductive and Maternal Health Services Unit (RHMSU) at the Kenya Ministry of Health, and Mr. Francis Kundu, Assistant Director of Population at the National Council for Population and Development, NCPD).
2. 2017 London Family Planning Summit: Taking stock of global family planning goals (An interview with Dr. Eliya Zulu, Executive Director, AFIDEP).
3. Vantage Point: An interview with Hon. Juliana Lunguzi – Co-Chair of the Malawi Caucus on Population and Development.
4. Vantage Point: An interview with Hon. Raphael Mhone – Co-Chair of Malawi Caucus on Population and Development.
5. Vantage Point: What do Members of Parliament want to know about the demographic dividend? (An interview with Prof. Nyovani Madise, Professor of Social Statistics, University of Southampton and AFIDEP Board Member).
6. Vantage Point: The demographic dividend – A discussion.
7. International Day of Women and Girls in Science: Celebrating girls and women in science.
8. The impact of harmful traditional practices on adolescent sexual and reproductive health in Kenya: What's the way out?
9. Systematic Reviews: Why are they the most preferred in evidence uptake for policymaking?

Financial report

Statement of financial position as at 31 December 2017

	2017	2016
	USD	USD
RESERVES		
Accumulated fund	302,725	445,557
REPRESENTED BY		
Non-current assets		
Property and equipment	184,860	199,836
Current assets		
Receivables	84,068	97,207
Grants receivable	347,482	619,464
Cash and cash equivalents	590,251	168,982
	1,021,701	885,653
Current liabilities		
Payables	251,814	444,400
Deferred income	652,122	174,876
Borrowings	0	20,656
	903,936	639,932
Net current assets	117,886	245,721
	302,725	445,557





Leadership & staff

Board of Directors

Name	Field of Specialisation	Institutional Affiliation
Francis Dodoo <i>Board Chairperson</i>	Demography	Professor, Pennsylvania State University, USA and Professor, University of Ghana
Nyovani Madise <i>Board Vice-Chairperson</i>	Social Statistics	Professor, University of Southampton, UK
Bocar Kouyaté	Public Health	Senior Advisor to the Minister of Health, Republic of Burkina Faso
Cheikh Mbacké	Population and Development	Consultant
Elizabeth Lule	Reproductive Health and Sustainable Development	Senior Consultant, World Bank
John Mudany	Accounting and Finance	Finance and ICT Director, Kenya Electricity Generating Company (Kengen)
Martha Campbell	Public Health	President, Venture Strategies for Health and Development, California, USA and Professor, University of California, Berkeley, USA
Mike Eldon	Strategic Management	Chairman and Lead Consultant, The DEPOT (Dan Eldon Place Of Tomorrow), Nairobi, Kenya
Pamela Onduso	Reproductive Health and Sustainable Development	Advisor - Youth, Advocacy and Partnerships, Pathfinder International, Kenya
Sosten Chiotha	Biology, Climate Change, Population, Environment and Development	Regional Programme Director for the Leadership for Environment and Development (LEAD) Southern and Eastern Africa and Associate Professor in Biology, Chancellor College, and University of Malawi
Susan Rich	General Population and Health Systems	Vice President, Population Reference Bureau
Yazoumé Yé	Epidemiology and Public Health	Senior Infectious Diseases Monitoring and Evaluation Specialist, ICF International, Maryland, USA
Eliya M. Zulu	Demography, Public Health and Policy Analysis	Executive Director, AFIDEP (ex-officio member)

Staff

Name	Position	Academic Background	Professional Experience
Eliya M. Zulu	Executive Director	PhD in Demography	Demography, Public Health and Policy Analysis
Rose N. Oronje	Director, Science Communications and Evidence Uptake	PhD in Development Studies	Communications, Policy Analysis and Policy Engagement
Abiba Longwe-Ngwira	Knowledge Translation Scientist	PhD in Applied Economics	Management Sciences (Economics)
Bernard Onyango	Knowledge Translation Scientist	PhD in Sociology	Social Demography and Urban Sociology
Brenda Nyambura	PhD Fellow	MSc. in Tropical Medicine and Infectious Disease	Clinical Care and Public Health
Carol Mukiira	PhD Fellow	MA Demography and Population Studies	Global Health, Health System Strengthening, Reproductive Health, Non-Communicable Diseases
Claire Jensen	Knowledge Translation Officer	Msc in Social Work (Policy Practice)	Social/Health Policy Analysis, Research and Advocacy
Diana Warira	Communications Officer	BSc in Information Science	Development Communications
Eunice Mueni	Knowledge Translation Officer	MPH and MSc in Demography	Public Health and Demography
Evans Chumo	Communications Officer	BSc in Communication and Public Relations	Communications and Public Relations
Ferdinand Okwaro	Knowledge Translation Scientist	PhD in Medical Anthropology	Policy Analysis and Research
Hleziwe Hara	Knowledge Translation Officer	MSc. in Population Studies	Population Studies and Sociology
Jackline Nyerere	Knowledge Translation Scientist	PhD in Planning and Economics of Education	Education Research
Marjory Githure	Communications Intern	B.Sc. in Biochemistry and Molecular Biology	Biochemistry and Molecular Biology
Martin Atela	Knowledge Translation Scientist	PhD in Public Health	Health Systems Research
Melody Sakala	Intern	B.Ed Social Studies	Health Policy and Systems
Nissily Mushani	Policy and Advocacy Coordinator	MA in Economics	Economics, Policy Engagement and Analysis
Nurudeen Alhassan	Knowledge Translation Scientist	PhD in Population Studies	Demography and Reproductive Health
Salim Mapila	Knowledge Translation Officer	MA in Economics	Economics, Global Health and Development Studies
Violet I. Murunga	Senior Knowledge Translation Officer	MPH	Health Research, Monitoring and Evaluation and Health Planning

Name	Position	Academic Background	Professional Experience
Finance and Administration			
Alphonse Werah	Finance and Administration Manager	MBA, CPA	Finance, Accounting and Administration
Edward Njenga	Finance Officer	Bachelor of Commerce (Accounting)	Finance Administration and Accounting
Elizabeth Mutinda	Grants Accountant	MBA in Global Business and Sustainability-	Accounting, Finance, Procurement and Grant Management
Joanne Marime	Office Administrator	MBA, CPA	Finance, Administration and Information Technology
Joyce Ntaliwa Mbiti	Executive Assistant	MBA (International Business Management)	Administration and Communication
Rose Chebet	Office Assistant	KCSE	Office Logistics
Victoria Kusamale	Administration Officer	B.A. Bible Ministry	Business Management
Zelia Sendiza	Office Assistant	JCE	Office Logistics



Funders

1. The William and Flora Hewlett Foundation
2. United Nations Population Fund (UNFPA)
3. UK Department for International Development (DfID)
4. United States Agency for International Development (USAID)
5. Norwegian Agency for Development Cooperation (NORAD)
6. The Norwegian Embassy in Malawi/ The Norwegian Ministry of Foreign Affairs
7. Global Health Corps
8. International Development Research Centre (IDRC)
9. National Institute of Health Research (NIHR)
10. The Bill & Melinda Gates Foundation

Partners



1. Consortium for National Health Research (CNHR)
2. East, Central and Southern Africa Health Community (ECSA-HC)
3. FHI360
4. Government of Angola, Ministry of Economy and Planning
5. Government of Botswana
6. Institute for Policy Research & Social Empowerment, IPRSE (Malawi)
7. International Network for the Availability of Scientific Publications (INASP)
8. Liverpool School of Tropical Medicine
9. London School of Economics
10. M & C Saatchi World Services
11. Ministries of Education (Kenya)
12. Ministries of Health (Kenya and Malawi)
13. Ministry of Economic Planning (Namibia)
14. Ministry of Economic Planning and Development (Swaziland)
15. Ministry of Finance and Economic Development (Botswana)
16. Ministry of Finance and Economic Development (Zimbabwe)
17. Ministry of Finance, Economic Planning and Development (Malawi)
18. Ministry of Youth Development and Sports (Malawi)
19. National Council for Population and Development, NCPD (Kenya)
20. National Planning Authority (Uganda)
21. National Planning Commission (Namibia)
22. National Planning Commission, NPC (Tanzania)
23. National Population Council Secretariat (Uganda)
24. National statistical offices (Botswana, Kenya, Malawi, Namibia, Rwanda, Swaziland and Zimbabwe)
25. Network of African Parliamentary Committees of Health (NEAPACOH)
26. Parliament of Kenya
27. Parliament of Malawi
28. Partners in Population and Development (PPD)
29. Pathfinder International
30. Pathfinder Tanzania
31. Population Action International (PAI)
32. Population Reference Bureau (PRB)
33. The East African Research Fund (EARF)
34. UNFPA country offices (Angola, Botswana, Kenya, Malawi, Namibia, Rwanda, Swaziland, Uganda and Zimbabwe)
35. UNFPA East and Southern Africa Regional Office (ESARO)
36. University of Botswana (Department of Population Studies)
37. University of Cape Town (Development Policy Research Unit, DPRU)
38. University of Malawi (College of Medicine)
39. University of Nairobi (Population Studies Research Institute)
40. University of Namibia
41. University of Pennsylvania (Population Research Institute)
42. University of Southampton (Department of Social Statistics and Demography Social Sciences)

African Institute for Development Policy (AFIDEP)

KENYA OFFICE:

6th Floor (Block A), Westcom Point Building, Mahiga
Mairu Avenue, off Waiyaki Way, Westlands

P.O. Box 14688-00800, Nairobi, Kenya

Phone: +254 20 203 9510 | +254 716 002 059

Email: info@afidep.org

MALAWI OFFICE:

Area 6, Plot #6/3, off Maula Prison Road Lilongwe 3

P.O. Box 31024, Lilongwe 3, Malawi

Phone: +265 111 581 375 | +265 995 495 143

Email: info@afidep.org



African Institute for Development Policy



African Institute for Development Policy



@afidep



Afidep

www.afidep.org