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Promoting Knowledge Mobilisation and Use with Policymakers on Adolescent Reproductive Health Care in Nigeria

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PREFACE

This policy brief is the first in the series of communication to policy and decision makers as well as other stakeholders on the on-going implementation research project of the Centre for Population and Environmental Development (CPED) and its partners titled ‘Gender-transformative approaches to address unmet adolescent sexual and reproductive health needs in rural Nigeria’ funded by IDRC under its program “Addressing neglected areas of sexual and reproductive health and rights in sub-Saharan Africa (ANeSA)”. CPED’s policy brief series is designed to draw attention to key findings and their policy implications as projects are being executed. This edition presents the strategy of working with policymakers and other key stakeholders in the implementation of the project and examining its implications for other researchers and policymakers that are desirous of collaborating in the implementation of policy-oriented programmes in the Northeastern part of Nigeria in particular, and other parts of Nigeria in general. We are very grateful to IDRC for the support in implementing this project so far. We also appreciate the cooperation of policymakers in Bauchi and Gombe States for their enthusiastic collaboration with CPED in the on-going implementation of the project.

KEY MESSAGES

- **Bridging the research-policy gap is critical in Nigeria**, as weak coordination between researchers and policymakers limits the use of evidence in health decision-making.
- **Knowledge mobilisation and continuous engagement with policymakers** ensure that research evidence is translated into practical, context-relevant policies for improving adolescent sexual and reproductive health.
- **Gender-transformative approaches are essential** to overcome socio-cultural and gender barriers that restrict adolescents’ access to sexual and reproductive health services in Northern Nigeria.
- **Embedding policymakers through Steering Committees and Implementation Research Teams** strengthens ownership, facilitates policy uptake, and supports scale-up of successful ASRH interventions.

Introduction

Knowledge mobilisation in healthcare implementation research is crucial for bridging the gap between research evidence and practice, ensuring studies translate into real-world improvements by involving stakeholders (beneficiaries and policymakers) throughout the research cycle to co-create, share, and apply knowledge, leading to better policy, enhanced patient care, and improved health outcomes. It transforms passive dissemination into active, two-way engagement, making research relevant, usable, and impactful in complex healthcare systems. Socio-economic research and policymaking operate under different settings in Nigeria, each with its own professional culture, resources, imperatives and time frames. In Nigeria, there is little interest in transfer and uptake of research into policy and practice. There is a wide gap between policymaking and knowledge generation in Nigeria due mainly to the fact that there is often no coordination between research and policymaking. Policymakers in Nigeria rarely convey clear messages about the policy challenges they face in their specific context to allow for timely and appropriate research agendas. Researchers in the country, on the other hand, often produce scientific evidence which is not always tailor-made for application in different contexts and is usually characterized by complexity and grades of uncertainty.

Consequently, implementation researchers in Nigeria, especially those focusing on reproductive health care should facilitate interaction between researchers and policymakers to foster greater use of research evidence in policymaking and to narrow the gap between research outputs and utilization. The strategies to enhance evidence-informed policy making in Nigeria include enhancing supply of policy-relevant research products; enhancing the capacity of policymaking organizations to use evidence; establishing new organizational mechanisms to support use of evidence in policy; promoting networking; and establishing norms and regulations regarding evidence use in policymaking. This policy brief outlines one of the approaches being used by one of IDRC's Implementation Research Team (IRT) under the leadership of the Centre for Population and Environmental Development (CPED) under the program "Addressing neglected areas of sexual and reproductive health and rights in sub-Saharan Africa (ANeSA)" to promote the active participation

of policymakers and other stakeholders in the implementation of the project titled 'Gender-transformative approaches to address unmet adolescent sexual and reproductive health needs in rural Nigeria'.

The CPED and Partners Project on Gender-transformative approaches to address adolescent sexual and reproductive health needs in rural Nigeria

In Nigeria, there are marked persistent inequalities in adolescent sexual and reproductive health (ASRH) indicators by education, urban-rural residence, and economic status of the household across the country's various geo-political zones with northern Nigeria having poorer access to ASRH. Islamic religion, gender inequality and other socio-cultural norms influence how health providers and community members perceive appropriate and inappropriate behaviours for adolescents in the northeastern region of Nigeria. Given that gender inequalities characterize rural communities in Nigeria's northeast region, there is need for gender-transformative approaches and interventions to eliminate barriers to ASRH services and engage men/boys to change gender relations and socio-cultural norms that perpetuate gender inequalities that affect control over resources and hinder sustainable delivery of ASRH.

The project attempts to respond to two key questions. How can we engage and empower adolescent boys/girls and women in rural communities to become agents of change in promoting gender equality and improved delivery and acceptance of ASRH services? How can policymakers be engaged and empowered on gender-transformative approaches to improving programmes on ASRH services? The two key objectives of the project are to improve the gender equality and ASRH services in rural Bauchi and Gombe through gender-transformative approaches and intersectionality interventions and to promote the integration of context-specific and scalable gender-transformative approaches on ASRH services into national and sub-national policies.

The project uses gender-transformative approaches to address supply and demand challenges faced by adolescent boys/girls and women in handling their sexual and reproductive health needs and rights. The demand side for ASRH services focuses on availability while the supply focuses on making them more youth friendly. The project will produce a tested community-based and

gender-transformative framework on promoting improved access to ASRH services in rural areas that can be scaled-up by policymakers; enhanced relationships, norms, and power dynamics within rural communities for improved ASRH services; and the evidence generated will inform local, state and national level action to advance gender-transformative innovations and approaches on ASRH services.

The project is funded by IDRC under its program on “Addressing neglected areas of sexual and reproductive health and rights in sub-Saharan Africa (ANeSA)”. The Implementation Research Team comprising the Centre for Population and Environmental Development (CPED), Gender Awareness and Development Association (GADA), Ministry of Health, Gombe State and University of Windsor, Windsor are implementing the project titled ‘Gender-transformative approaches to address unmet adolescent sexual and reproductive health needs in rural Nigeria’.

Knowledge transfer strategies in the adolescent sexual and reproductive health project in Nigeria

There is a spectrum of strategies for knowledge transfer with policymakers and other stakeholders. The six common ones which are being used in this project include: informing, consulting, matchmaking, engaging, collaborating, and building gender equity. Each of these strategies serves complementary functions and could be appropriate for different policy issues or for the same issue at different points in its evolution. The knowledge transfer and use strategies of the project are based on the principle that personal contact between researchers and the potential user of research is the most important route for research to enter policy and practice in Nigeria. This supports the assumption that research use is a social process where interacting stakeholders representing policymakers and researchers jointly examine research evidence through debate, interplay and exchange. The key organs in the knowledge transfer and use in the project are ‘the Implementation Research Team (IRT) comprising the four partners’ and the ‘Project Steering Committees’ comprising the policymakers at the state and local levels in Bauchi and Gombe States.

The Role of the Implementation Research Team

The Implementation Research Team (IRT) is coordinating a range of tasks aimed at fostering better links between researchers and policymakers. The IRT’s role as the coordinator of knowledge transfer and use can be outlined as follows: (i) Constitution of the project team members that will carry out the IRT’s coordinating role during the

period of the implementation of the project; (ii) Knowledge generation and critical appraisal of the adolescent reproductive health situation in Bauchi and Gombe States; (iii) The IRT is developing a range of materials designed to provide user-friendly access to complex research information on adolescent reproductive health in Bauchi and Gombe States. These materials include executive summaries, cost/benefit breakdowns, press releases, posters, and so forth; (iv) Presentation and communication of the key and policy-oriented findings to policymakers in Bauchi and Gombe States and beyond; (v) The IRT will be involved in the post-policy period of the program to monitor its performance and sustainability; (vi) The IRT will convene meetings of other organs created for knowledge translation and knowledge brokerage activities; (vii) The IRT will inform policymakers about the women empowerment policy issues in Bauchi and Gombe States that ought to be addressed. In general, the IRT will call for increased support for women empowerment in pastoralism and agriculture research and policy making based on the outcomes of the programme; and (viii) The IRT will strengthen the capacity for knowledge translation and brokerage by providing briefings and roundtable meetings that coach policymakers to understand the policy context of the outcomes of the program.

Stakeholder Mobilisation and the establishment of Project Steering Committees

Stakeholder mobilization for the ANeSA project in Bauchi and Gombe states was anchored on CPED’s long-standing practice of engaging communities and decision-makers from the very beginning because adolescent sexual and reproductive health is a sensitive and often controversial topic in the conservative Northeast of Nigeria. Six local government areas were purposively selected for the project implementation—Darazo, Katagum and Tafawa Balewa in Bauchi state; Akko, Kwami and Kaltungo in Gombe state—in collaboration with the Ministries of Local Government and Chieftaincy affairs, that formally alerted LGA chairmen in the respective localities and opened doors for work at community level. This process was guided by a deliberate stakeholder-mapping exercise that identified adolescents as the primary beneficiaries (both in-school and out-of-school) and then mapped the wider ecosystem of influencers and gatekeepers around them. School managers, traditional rulers, religious leaders and other community actors were recognized as key shapers of norms, while state-level structures such as the Ministries of Education, Health, Local Government, Budget and Economic Planning, Women Affairs and Youth Development were engaged as policy and system custodians. CPED and GADA project staff

and research team members held courtesy visits to these ministries in both states to brief them on the project, underline its relevance to adolescent health and education, and secure their commitment. During these visits, key officials of government ministries and departments in Gombe and Bauchi states, for example, explicitly welcomed the project as it aligns with their mandate to raise healthy, focused adolescents and prevent unwanted pregnancies. A major outcome of the mobilization was agreement to establish State Project Steering Committees in Bauchi and Gombe states, composed of senior representatives (male and female, at least at director level) from the key ministries. These committees are tasked with overseeing and monitoring project implementation, easing bureaucratic processes such as permissions to work in LGAs and schools, and helping to embed and scale successful interventions into state policies and programmes.

State Steering Committees (SSCs) were established as the main governance and oversight structures for the ANeSA project, in line with CPED's long-standing strategy of embedding policy makers at the heart of implementation research. Six core ministries were identified as central to adolescent SRH and gender issues—Health, Education, Youth, Women Affairs, Local Government, and Budget and Economic Planning—and each commissioner was requested to nominate two members (one male, one female), producing 12 government representatives per state. These members, together with CPED and GADA project team members, form the SSCs that will guide project implementation, monitor progress and champion the integration and scale-up of successful gender-transformative interventions into state policies and programmes. The committees are composed of senior decision-makers and technical officers, including commissioners, permanent secretaries and directors, or their representatives, alongside key project actors. In Bauchi, this includes senior staff from the Ministries of Education, Youth, Health, Women Affairs, Local Government, and Budget & Planning, and representatives of GADA and CPED; a similar mix is replicated in Gombe. The SSCs are chaired by commissioners or permanent secretaries and are mandated to meet quarterly, ensuring that high-level state actors remain informed about project activities and results. Their dual role—as both policy gatekeepers and technical champions—positions them as crucial intermediaries between project evidence and formal state decision-making.

At the inaugural meetings, the project team presented the ANeSA project in detail: its alignment

with the IDRC programme on neglected SRHR areas, the background and rationale for focusing on adolescent SRH in Bauchi and Gombe, the selected LGAs in each state, and the primary and secondary beneficiaries (adolescents 10–24, young mothers, out-of-school adolescents, community leaders, teachers and health providers). The SSCs were briefed on the implementation strategy—from evidence generation and stakeholder engagement to school/community interventions, social and behaviour change communication, economic empowerment, community-based implementation committees (CPICs) and training of policymakers through workshops and research–policy dialogues. Members also discussed their formal roles in monitoring, advising on implementation, facilitating access (e.g., to schools and facilities), and preparing for eventual policy uptake and scale-up of proven approaches.

Committee members' reactions in both states underscored the relevance of the SSCs to the project's success. Bauchi and Gombe officials welcomed ANeSA as a timely response to rising adolescent pregnancies, early marriages, school drop-out and poor access to youth-friendly services, while emphasizing the need for cultural and religious sensitivity and active involvement of traditional and religious leaders. Members highlighted the novelty of being involved not just as “research respondents” but as co-drivers of action research, appreciated the strong representation of women, and requested practical mechanisms—such as WhatsApp groups, technical sub-groups and clear workplans—to sustain engagement. Overall, the SSCs provide a high-level platform for ownership, accountability and knowledge translation, ensuring that ANeSA's gender-transformative interventions are embedded in state systems and have a realistic pathway to scale.

Recommendations for improved knowledge translation and use in Nigeria

Despite the current challenges associated with evidence-informed policy making in Nigeria, the unfolding experiences of the on-going knowledge translation and use strategies have the potential of contributing to addressing some of these challenges. Several strategies to enhance evidence-informed policy making in Nigeria can be outlined.

(i) Governments at various levels in Nigeria need to establish norms and regulations that support the development and use of research evidence. One key factor in promoting the use of rigorous evidence in development policy is to build the capacity of practitioners to find, assess and

incorporate rigorous evidence in their work. In this respect, government and funders should support various seminars and courses designed to empower key policy and decision makers on the use of evidence in policy making and implementation. Skills in using evidence may be improved through training and development programmes for policymakers.

(ii) There is need to build strong long-term relationships between Nigerian policymakers and researchers, while maintaining objectivity in reporting results. Establishing institutional links between researchers and decision makers is necessary in order to improve the communication and use of research outcomes in Nigeria. Policy makers can be better encouraged to use evidence in their decisions when they have closely partnered with researchers in all steps of the research design and have benefited from feedback from the field to tackle unanticipated implementation roadblocks.

(iii) Researchers and policymakers can jointly disseminate the lessons from research programmes to other policymakers so that they can benefit from these dual perspectives. Such collaborative processes can encourage evidence-based decision-making at different levels of government in Nigeria. Governments in Nigeria, as in other developing countries, are often the biggest funders and implementers of social programmes, and working with them offers the chance to influence policies in different sectors of the economy. It should be noted that working with governments can however involve long and cumbersome bureaucratic approval processes, a significant risk of projects being discontinued when the civil servants who championed the programme are transferred. There is also the possibility of civil servants trying to influence researchers to effect changes in research programme design or in the publication of results to accommodate political pressures.

(iv) In building a stronger culture of evidence-based policy making, there is a need to work towards eliminating the barriers that reduce partnerships between researchers and policy makers in Nigeria. First, policymakers understand well the pressing issues facing their constituents, the local context and what the primary constraints on programme options are, and they can therefore guide

researchers to the most relevant research questions. Second, researchers are reliant upon their implementing partners for the smooth implementation of any of their research programmes. A close feedback loop between researchers and policy makers ensures that any challenges are addressed quickly and effectively so that programmes do not fail due to avoidable implementation problems. Third, when policymakers see the researchers contributing positively by providing evidence from existing research and giving feedback on programme design, they are more likely to be motivated to support considerations of future research.

(v) Finally, a major strategy to improve the relationships between researchers and policy makers in Nigeria is the development and improvement of dissemination strategies of research results. This should focus primarily on how to package research results to be easily understood by and applicable for decision-makers. Actively involving knowledge brokers can be part of a dissemination strategy. The dissemination strategy can be designed and implemented by researchers as well as research funders.

Conclusion

Knowledge Translation and use are vital in adolescent reproductive health policymaking in Nigeria because it bridges the gap between research and action, ensuring evidence-based policies improve services, reduce teen pregnancies, STIs, and unsafe practices, leading to better health outcomes through accessible, private, and youth-friendly strategies and inclusive dialogues that inform effective resource allocation and program design. It should serve to strengthen the relationship between the research and policy communities and hence a move towards a stronger culture of evidence-based policy and policy-relevant research in Nigeria. The IRT and CPED believes that the knowledge translation and use is the most appropriate way to institutionalize the use of evidence by policymakers and recommends the need to adopt the methodology in other implementation research programs in Nigeria.

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Addressing Neglected Areas of Sexual and Reproductive Health and Rights in Sub-Saharan Africa (ANeSA)



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