From Research to Practice: A Case Study of Knowledge Transfer Capacity Strengthening in Northern Nigeria

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A key design principal of the PRRINN-MNCH program – targeting improvements in maternal, neonatal and child health - has been the role of information in promoting greater awareness of service quality and accountability for service outcomes.

The weakness and poor quality of public health provision in the northern states of Nigeria can be attributed to many factors, but the lack of any consistent flow of information on service effectiveness, coverage or quality is acknowledged as a major barrier to local and state governance of healthcare. While the development of a Health Management Information Systems (HMIS) has been a key component of efforts to address such information shortfalls, the situation analysis foundational to the PRRINN-MNCH suggested that a more radical culture of service innovation, evaluation and dissemination was required to enable the development and refinement of service models suited to the unique conditions of the northern states.

The establishment of Operations Research Advisory Committees (ORACs), the development of state Operations Research (OR) agendas, and the implementation of a wide range of service-based OR studies have been key to this endeavour. However, the generation of information about service models regarding efficacy, reach or perceived quality represents only the ‘supply’ side of knowledge translation. Generating ‘demand’ for information regarding service innovations - by policy makers and members of civil society - is crucial in establishing the sustained flows of information that will incrementally strengthen health provision.

This paper reviews progress – and challenges faced - in a sustained knowledge transfer capacity development effort in the northern states of Nigeria. Given the pre-existing levels of capacity for research in the health sector, this work has required explicit attention to successive phases of the knowledge cycle: facilitation of the commissioning of research, technical support for the development of appropriate research protocols, enabling implementation of service-based field studies, analysis of findings, and the translation of research to practice and policy.

Analysis indicates the requirements for coordination of multiple stakeholder inputs for each of these phases, with ORACs potentially serving as the focus of such coordination amongst policy makers, state health officials, program personnel, researchers and academics.
Women in Jigawa state engage in participatory research to review barriers to healthcare

Advocacy for improved health facilities utilizes local research findings in Kadawawa village

Ethics Review Sub-Committees of ORACs have, for example, been established in most states, with procedures endorsed by relevant Federal authorities. In some states Advocacy Sub-Committees, charged to serve as knowledge translation platforms linking the producers and potential users of research knowledge, have also become functional.

Using case studies of the work of ORACs and their sub-committees across the four states of Katsina, Yobe, Zamfara and Jigawa, processes of research commissioning, research implementation and knowledge transfer are illustrated. Particular attention is given to stakeholder interest in – but barriers to – the production of policy briefs, stakeholder analysis of policy interests and implementation of advocacy strategies. This material is used to illustrate recurrent challenges in the establishment of effective knowledge translation: dealing with complex stakeholder dynamics, sustaining critical mass in required technical capacities, and the fragility of service innovations.

Challenges in the effective engagement of university research capability are noted as a recurrent issue. While institutional agreements confirm the potential scope for research partnership between academics, government officials and health program staff, the physical, economic and political conditions of northern Nigeria render sustained partnership dependent upon individual relationships of trust and reciprocity. The power and resources potentially mobilized through partnership with northern university partners may have a particularly distorting influence in such conditions.

Adaptations to the knowledge transfer strategy adopted to address these challenges are described.

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