

APHRC

NEWS

Issue 2, 2025



**Closing the Knowledge
Translation Gap**

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ED's Newsletter Remarks

"Knowing is not enough; we must apply. Willing is not enough; we must do." - Johann Wolfgang von Goethe

For many years, researchers have grappled with these pertinent questions: What's next after evidence generation? Can the relevant stakeholders understand the findings? Do changemakers know the top-line issues to inform their decision-making? For research to matter, it must go beyond a knowledge-producing exercise to one that supports governments, regional bodies, policymakers, academia, like-minded organizations, and communities to make good decisions.

Quite often, I have quoted the finding that, on average, it takes 17 years for original research to be integrated into any kind of action - a policy, a health program, a guideline, or a treatment and diagnostic tool used at a patient's bedside. For the sub-Saharan Africa region, where this research is needed the most, this delay is far too long and simply unacceptable. Delayed translation of knowledge into action results in loss of lives!

As the world grapples with drastic changes in the global health system and the progressive rollback of the place of science as a source of truth, bridging the knowledge-do gap has never been more important.

In this second 2025 newsletter edition, themed 'Closing the Knowledge Translation Gap,' we reflect on APHRC's role in bridging the knowledge-do gap, both internally and among those with whom we work. We reflect on our efforts to accelerate translation timelines and ensure that the knowledge produced has a meaningful impact on the communities and decision makers where it is most useful.

Knowledge translation is a continuous process that requires input from all relevant stakeholders. On a day-to-day basis, it is a continuum that involves the synthesis, exchange, and application of knowledge. More broadly, effective knowledge translation promotes learning and the exchange of ideas—something the Center takes pride in.

As always, our staff share their different perspectives on knowledge translation while reflecting on our work as a research-to-policy institution.

I hope you will find the articles in this issue useful.

Happy reading!

Catherine Kyobutungi

Establishing a Culture of Continuous Learning in Organizations

By Sylvia Kimingi, Knowledge Management & Learning Officer and Evans Simiyu, Senior Knowledge Management & Learning Officer

Can an organization be a learning one if its knowledge is never put into action? Intentionality in ensuring knowledge-intensive work influences the actions taken is critical for a learning organization. This involves creating systems, processes, and practices that value reflection, capture lessons, share experiences, and adopt best practices. These efforts are not only about preserving an institution's memory but also about shaping its future.

Several creative initiatives can promote learning in organizations. Pause and Reflect (P&R) sessions allow teams at all levels and in various projects to step back from day-to-day implementation and reflect on key questions about their work: what is working? what is not working well? what can be done differently? These sessions have proven to be efficient tools for evaluating progress, shaping course correction, identifying areas for adaptation, and strengthening pathways to impact.

Another key step is a structured approach to documenting lessons learned from projects. This initiative captures insights on: what worked well, what did not, and how challenges were addressed throughout the project cycle. By doing so, organizations not only enhance continuous

learning but also avoid reinventing the wheel, ensuring that good practices are retained and applied to future projects.

Learning at APHRC extends beyond teams. In 2025, the Center launched its first Knowledge Fair, a platform for staff to showcase innovative practices, techniques, systems, behaviours, and approaches that inspire learning, enhance internal effectiveness, promote collaboration, and foster adaptation. The submissions ranged from improving research processes to strengthening management efficiency, simulating real-world applications in training, and advancing global collaborations that bridge evidence to policy.

To grow into a learning organization, it is essential to have a culture shift from simply producing outputs to asking more profound questions, like what are we learning? how can we use it? By institutionalizing learning, APHRC's efforts to create a cohesive system that leverages diverse perspectives, experiences, and data to enhance performance and informed decision-making will help bridge the gap between knowledge and action, thereby strengthening its impact across Africa.



Translating Knowledge into Lasting Impact

By Sheena Kayira, Business Development Manager

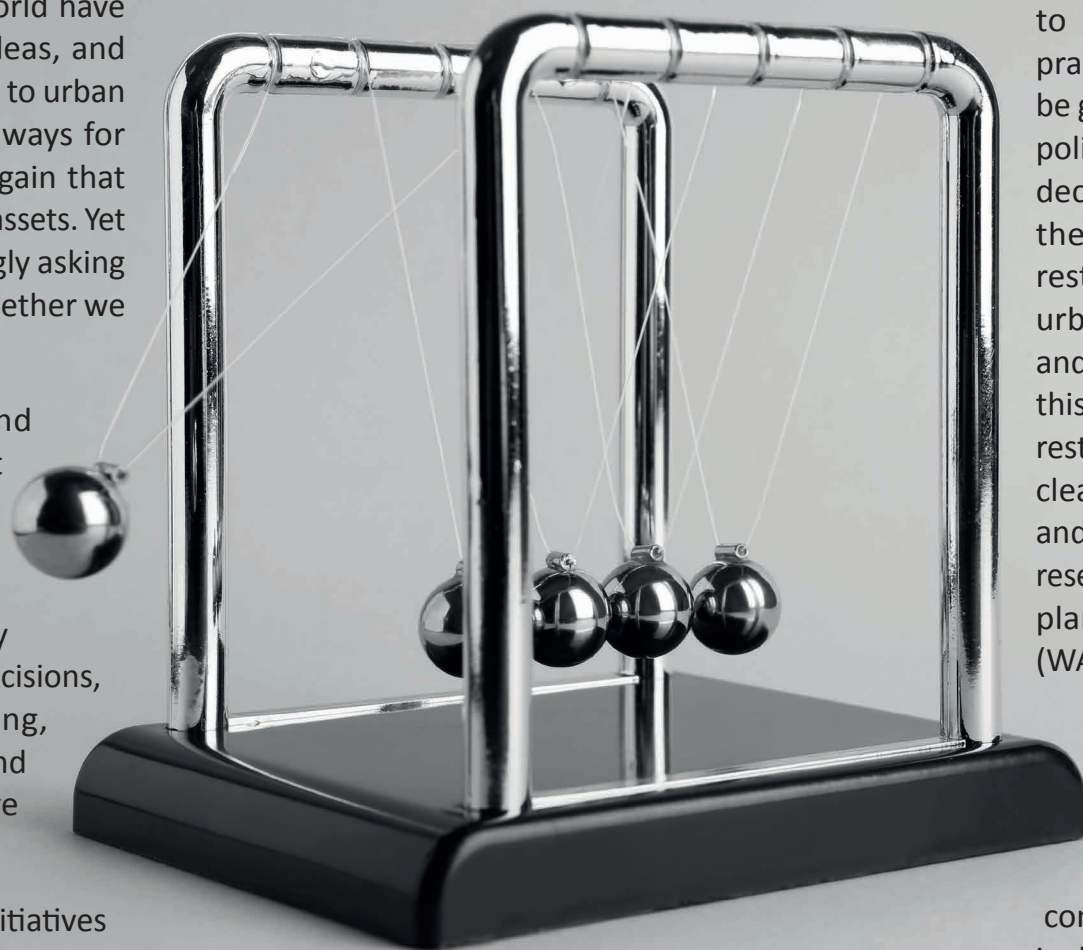
Researchers across Africa and the world have generated a wealth of evidence, ideas, and breakthroughs. From health, education, to urban systems, science has illuminated pathways for societies to thrive, proving time and again that knowledge is one of humanity's greatest assets. Yet the question funders are now increasingly asking is not whether we know enough but whether we are using what we know sufficiently.

For drivers of Africa's research and development ecosystem, it is important to continually reflect on how knowledge moves beyond reports and policies to drive innovation, change, and create impact. Evidence is only transformative when it informs policy decisions,

program design, financing, systems, partnerships, and innovations that improve lives.

One of APHRC's flagship initiatives applies knowledge translation at scale in climate and health. In sub-Saharan Africa, recurrent droughts, floods, and extreme heat interact with existing vulnerabilities to create significant health risks. These challenges are part of the triple planetary crisis of

biodiversity loss, pollution, and climate change. Droughts pose a significant threat to food and water security, leading to hunger and malnutrition, particularly among children. Floods contaminate water sources, triggering outbreaks of cholera, typhoid, and other diseases. Rising heat increases risks for pregnant women, newborns, and people with



chronic illnesses. Climate shocks also contribute to stress and ecological grief, undermining community resilience.

This context calls for rethinking how research is designed and applied. The urgency of this approach lies in the potential for evidence to multiply its impact when translated into practical tools within reach. Evidence must not be generated in isolation, but rather aligned with policy ambitions that matter most to people and decision-makers. From our co-creation forums, these have included, but are not limited to, restoring degraded ecosystems, strengthening urban resilience, safeguarding health systems, and enhancing community agency. In drylands, this could mean agroecological innovations that restore soils, diversify food systems, and promote clean cooking energy, improving both nutrition and air quality. In urban areas, it could mean that research informs better waste management, urban planning, and Water, Sanitation, and Hygiene (WASH) interventions, helping reduce the health risks of flooding, heat, and pollution. Across all these areas, it could mean accelerating translation through citizen engagement platforms that bring community voices into adaptation planning, and through science communication networks that ensure evidence is shared widely and accessible.

By shaping knowledge production around these ambitions from the outset, translation becomes intentional, ensuring that science is positioned for use. Policy uptake is a critical component of this vision, and it can be best fostered through effective translation. For instance, ambitions to mainstream climate and health co-benefits

can be advanced through visual dashboards, dialogues, and briefs that directly inform National Adaptation Plans, Climate and Health Strategies, Africa-wide frameworks, and Community Agency. These can then empower citizens to shape adaptation budgets and demand accountability. Efforts that speak to translation and innovation in motion, with every piece clearly connecting to the next and leading to tangible change. Evidence that is designed to fill knowledge gaps while shaping policies and decisions that build more resilient systems.

At APHRC, therefore, we understand that knowledge translation amplifies scientists' contributions. It brings their work into dialogue with decision-makers. It connects them to decision-makers and enables them to share evidence generated in the most digestible and relatable forms. It ensures that insights become the basis of practical and actionable solutions. It also allows funders to see their resources translated into tangible outcomes. These outcomes include actionable policies, transformative programs, and healthier communities. As the challenges of our time grow more complex, we cannot afford for knowledge to stop at being generated. It must move from evidence to action to transformation. For funders and actors in the research and development ecosystem, it represents one of the most significant pathways to impact, lasting change, and resilient societies.

Democratizing Knowledge by Taking Research Evidence to the Next Level

By Sarah Ndonge, Senior Communications Officer and Michelle Mbuthia, Senior Communications Officer



For over two decades, APHRC has generated evidence to inform health and development policy across Africa. Yet, evidence generation alone is not enough to create real change; research must be meaningfully connected to decision-making. The Center is shifting from simply producing research to embedding integrated knowledge translation in its work, ensuring that evidence is co-created with stakeholders and applied meaningfully to influence policy change and transform lives in Africa.

Moving Beyond Traditional Knowledge Translation

Despite innovative and forward-looking approaches in the research and development ecosystem, there are still challenges in addressing Africa's most pressing issues. A critical question remains: how do research organizations move beyond the translation and dissemination of findings to collaboratively achieve impact at the policy and practice levels? Integrated knowledge translation has the potential to provide a guiding framework for this. Unlike traditional dissemination models, where research findings are shared at the end of a project, integrated knowledge translation is founded on the principles of continuous collaboration throughout the research process, and co-creation between researchers and relevant stakeholders who work together to design, implement, and manage the research process.

Researchers and stakeholders collectively from the start—co-defining problems, generating knowledge, and co-creating solutions. Essentially, decision-makers are not merely end-users of findings, but active partners throughout the entire process, thereby strengthening evidence-informed decision-making (EIDM) across health systems and

development policy. At its core is the premise that decision makers cannot make the right choices without evidence that is findable, accurate, and reusable. This continuous engagement builds trust, ensures evidence is relevant, and increases the likelihood it will influence policy and practice.

Key Considerations for Knowledge Translation in Research

Integrated knowledge translation enhances evidence-informed decision-making by establishing relationships between researchers and knowledge users, particularly policymakers. However, even as researchers across Africa and beyond continue to look to integrated knowledge translation as an answer to the 'so what after evidence-generation' question, it is important to consider how to measure the effectiveness of integrated knowledge translation and strategies to leverage enablers of this approach while mitigating barriers.

Integrated Knowledge Translation as a Strategic Commitment

Integrated knowledge translation is a tool for strategic policy engagement and communication, not an afterthought in projects. The approach promotes strategic stakeholder engagement, facilitating uptake of evidence and its integration into practice. APHRC can ensure sustained, integrated knowledge translation through a set of priority areas, focusing on generating evidence and building long-term partnerships with policymakers and practitioners to facilitate uptake into decision-making spaces and ultimately transform lives across Africa.

Knowledge Translation Through a Digital and Multimedia Lens

By Isabel Radoli, Communications Officer, and Charity Chao, Communications Officer

When most people think of a research center, their minds often shift to research papers, citations, journal articles, and long reports filled with data and technical terms. It becomes easy to imagine research as a curated space for scientists and academicians alone. But what is the essence of research if it cannot be explained to the elderly in a village, to a young person just entering the workforce, or to policymakers who must translate evidence into laws and regulations? If findings remain locked in language that only a few can access, their value risks being lost. That is where knowledge translation comes in.

Knowledge translation within digital communications is all about transforming complex evidence into messages that people can understand, connect with, and act upon. It goes beyond simplifying language to reimagining data and finding ways that highlight its meaning, show its relevance, and illustrate its impact. This involves transforming technical knowledge into engaging and accessible narratives that resonate with diverse audiences. Policymakers and practitioners need evidence framed in ways that support informed decision-making. Community members need to see how research connects to their everyday lives. Young people, often digital natives, need content that speaks to them through the platforms they use and the formats they prefer.

A Craving for Stories

Arguably, the most critical aspect of knowledge translation is the effective use of storytelling. Human beings are wired for stories. We have been telling stories for as long as there has been a language to tell them in. We think in stories, remember through stories, and turn just about everything we experience into a story. Stories usher their listeners/readers into new realities, allowing them to experience the world through their characters' eyes.

One can leverage the power of storytelling to make research human and memorable. Use analogies to simplify complex concepts, and incorporate real-life examples and anecdotes to make your narrative more relatable. A chart indicating the declining birth rate may be effective, but a headline like "The vanishing generation" paints a more vivid picture of the current reality and stirs curiosity.

Reports that Speak

From a multimedia perspective, knowledge translation brings information to life. Here, knowledge is reshaped into formats that people can see, hear, and experience. Videos, graphics, animations, infographics, and photos give data a voice. For example, an animated explainer on maternal health can illustrate what statistical

percentages mean for a mother in an informal settlement. A short video on child nutrition can show not just the prevalence of malnutrition but the faces and stories behind those numbers. Infographics can condense a 40-page policy brief into a single visual that a busy decision-maker can absorb in minutes. Podcasts or audio snippets can reach people who prefer listening to stories while on the move. Each of these formats extends the reach of research beyond the traditional written word.

Research presentations, which are often shared at conferences and events, should be covered beyond the actual presentations. Sharing highlights through live-tweeting, short video clips, and striking photographs ensures that conversations extend to thousands of people online who are not physically present. Through interviews and photo essays, audiences hear the voices of intervention

recipients and see how this shapes their lives. With social media providing a global footprint, threads, blogs, and multimedia campaigns can be utilized to integrate research into broader conversations, sparking discussions on sustainable solutions. The knowledge gap can be bridged through translating data into human-centered narratives, leveraging the power of multimedia, and utilizing digital communications to showcase impact.

Knowledge translation at APHRC does not remain siloed; it is about ensuring that research fulfills its purpose: to inform decision-making, inspire dialogue, and stir change that makes a difference in people's lives. The rallying call is for research to move beyond offices, academic walls, and conferences into the everyday spaces where change happens.

Social



Making Research Accessible

By *Charity Chao, Communications Officer*

The irony of producing a report about declining report readership is not lost on anyone; the curse of ignored documentation extends far beyond the United Nations (UN). The recently released UN ‘Report of the mandate implementation review: UN80 Initiative: workstream 2’ revealed that most of their reports are largely unread. Research organizations face the same challenge. Research papers and reports that may contain solutions to

some of the continent’s most significant challenges are produced yearly but have limited readership.

Knowledge Translation Gap

The technical language often used in these research papers and reports is not understood by non-academics. This leaves critical stakeholders and potential knowledge users, such as policymakers,



community leaders, and citizens, relying on secondary sources of information, including mainstream media and social media. Unfortunately, these sources often quote, summarize, or interpret findings in ways that distort public understanding and reduce direct engagement with original content. Experts refer to this as the “knowledge translation gap,” the space between possessing necessary knowledge and disseminating it to those who can act on it.

Several factors drive this communication divide. The most significant is the academic culture, which has long rewarded researchers for publishing in peer-reviewed journals using precise technical language. This system works well for advancing scientific knowledge within research communities but creates barriers when trying to reach broader audiences. Often, researchers don’t realize how inaccessible their work is to outsiders, or they might worry that simplifying their findings will make them seem less credible or rigorous. They are right to think that because the academic sphere is designed in such a way that, to get ahead, papers and reports have to sound or read a certain way.

Understanding Your Audience

Given the current times we live in of multiple global crises and information overload, the average person simply doesn’t have the patience to find answers buried deep in a 240-page (technical) report. Did you know it is estimated that the average person consumes four articles, 8,200 words, and 226 messages daily? This individual only has a finite amount of time and attention to focus on a paper, let alone a technical report that requires them to re-read every sentence

multiple times. With this reality, language matters enormously. An education researcher may often forget that “statistically there are significant correlations between socioeconomic status and educational outcomes” can be presented simply as “children from lower-income families are more likely to struggle in school, (and here’s what we can do about it).”

Every piece of translated research should clearly answer: “So what does this mean for me?” Whether the audience is a parent concerned about their child’s education, a Cabinet Secretary considering food policies, or an MP deliberating budget allocation, research findings should be presented in a way that directly connects to their concerns and decisions, in a language they understand.

Researchers and communications teams must also ask: Who needs this information? What do they already know about the topic? What are their biggest concerns and priorities? How do they prefer to receive information? This helps narrow down the type of information to share and how to present it. A comprehensive research finding might be translated into a policy report for government officials, a shorter brief for nonprofit leaders, an infographic for social media, and a podcast episode for commuters. Bottom line: Understanding your audience remains the most valuable tool in knowledge translation.

One size doesn’t fit all in knowledge translation; different audiences have distinct needs. As such, recognizing that producing excellent research is only half the job, the other half is ensuring that research reaches and influences the people who can benefit from it.



No One Should Melt in the Rain Again: Building Trust Through Knowledge Translation

Michelle Mbuthia, Senior Communications Officer

I first read the story of Katope as a child, and over the years, I have come across several variations of the African tale. As an adult, I saw the story again, this time retold in animated form. This was just after the COVID-19 restrictions had been lifted, at a time when the world was waking up from its enforced hibernation.

The mythological story, which originates from central Tanzania, follows an elderly childless couple who, for years, had been pleading with the ancestors for a child. With the help of a powerful medicine man, they are finally blessed with a son, Katope, in the middle of a thunderstorm. Unlike other children, this new addition to the family came with one definitive condition: he must avoid water at all costs. Not a stream, a drizzle, a swim, nor even a bath. For years, the parents heeded the warning and ensured that Katope never came into contact with water. Seemingly omnipresent, his mother always seemed to pop up right in the nick of time, snatching him before he jumped into a puddle or a pool. Any attempt to get answers as to why he could not touch water, in any form, they responded with dismissals, glares, or silence.

The silence is a strong feature of the tale, and it is what the COVID-19 pandemic reminded many of us working in research: it is not enough to issue warnings or share findings. We must explain the 'why' and the 'so what'. When the World Health Organization (WHO) declared COVID-19 a pandemic in March 2020, many governments rushed to impose restrictions to limit the spread of the disease. However, information to the public trickled out slowly. This gap was quickly filled by misinformation, propaganda, and conspiracy theories. By the time the vaccines were developed, what should have been a life-saving breakthrough was met with mistrust. Many refused to receive the jab, citing reasons that ranged from mistrust of the uncharacteristically speedy way in which it was developed to fears about the long-term impact on fertility and the increased risk of congenital ailments. Suddenly, an innovation that was designed to save lives came to be seen as a threat.

This situation may have been averted if more information had been in the public domain. Like Katope, people were warned of the danger but not given answers. And so myths and misinformation flourished. Vaccine hesitancy is not new, but social media has fueled the anti-vax discourse, further undermining trust in health services, products, and expertise and science as a whole.

This is where knowledge translation becomes critical. Once defined as the last step of research, sharing results at the end-of-project communication and dissemination of evidence, knowledge translation is evolving from evidence-propagation to a practice that bridges the gap between research and real-world concerns. Commonly known as integrated knowledge translation, this approach involves engaging all

stakeholders in the research process from the onset and throughout the project life-cycle. In doing so, it improves the uptake of evidence in decision-making and strengthens trust and credibility, particularly among audiences that are not conversant with the technical aspects.

Considering the magnitude of the pandemic, integrated knowledge translation may not have been the best approach. However, it emphasized the need to involve key stakeholders for better uptake of evidence and its incorporation into structural shifts, as well as building trust in the research evidence generated and science as a whole.

Different versions of Katope's story have different endings. The version that struck me the most was the most tragic. One day, when Katope is around ten years of age, a sudden storm engulfs his village. In his ignorance, the young boy does what many of his peers do when the rains come, he dashes outside to play, eager to catch the raindrops with his tongue. His mother, who was at the back of the house when the rain started, dashes to the playing children, arriving just in time to see Katope dissolving into mud - his parents were without a child again.

Katope's story is heartbreaking, but it carries a crucial lesson: silence creates an information vacuum that erodes trust and can lead to the propagation of misinformation, with dire consequences for communities and countries. Let's learn this lesson and not repeat the mistake. If we make integrated knowledge translation routine and embed it in the research process, people will not only know what matters but also why. Maybe then, no one else will have to melt in the rain.

The Art of Knowledge Translation

By Davis Muli Musyoki, Communications Officer

When a new piece of research is published, it often carries the promise of transforming lives and delivering change, better policies, stronger practices, improved health and economic outcomes. Yet too frequently, that promise stalls at the point of publication. Reports gather dust, technical jargon alienates audiences, and critical lessons risk being lost. This is where knowledge translation is essential for making evidence generated through research accessible, usable, and actionable for the people who need it most. Knowledge translation is about taking research and explaining it in simple, clear ways that people can understand, apply, and use to guide their daily work, choices, and decisions.

Knowledge Translation at Project Design

Knowledge translation is not a single moment of dissemination but is woven throughout the research process, from the earliest stages of project design to implementation and completion of the project. Engaging critical stakeholders from the onset ensures that the right questions are asked, relevant matters are raised, and research is informed by the communities it serves.

In education research, data shows that embedding knowledge translation at the inception stage rather than treating it as an end-of-project activity is effective in building trust. The early involvement of ministries, practitioners, community members, and advocacy groups has ensured that research

questions reflect stakeholder priorities. Additionally, it increases the likelihood of the findings resonating with end-users and laying the groundwork for uptake.

A Multi-Format Approach

Technical reports remain critical for methodological transparency, but often fail to reach non-scientific audiences, including decision-makers and practitioners operating outside academic circles. The length of the report and the use of heavy technical language often discourage non-technical audiences. A multi-format approach combining policy briefs, blogs, infographics, op-eds, and presentations and participation in sector convenings can help research leap from academic journals into the hands of policymakers, funders, and communities, creating opportunities for further engagement.

Framing for Relevance

The framing of evidence makes a difference: when data is paired with the stories of those who have benefited from research, it resonates much better than statistics alone. Storytelling transforms numbers into lived realities that catch the attention of decision-makers.

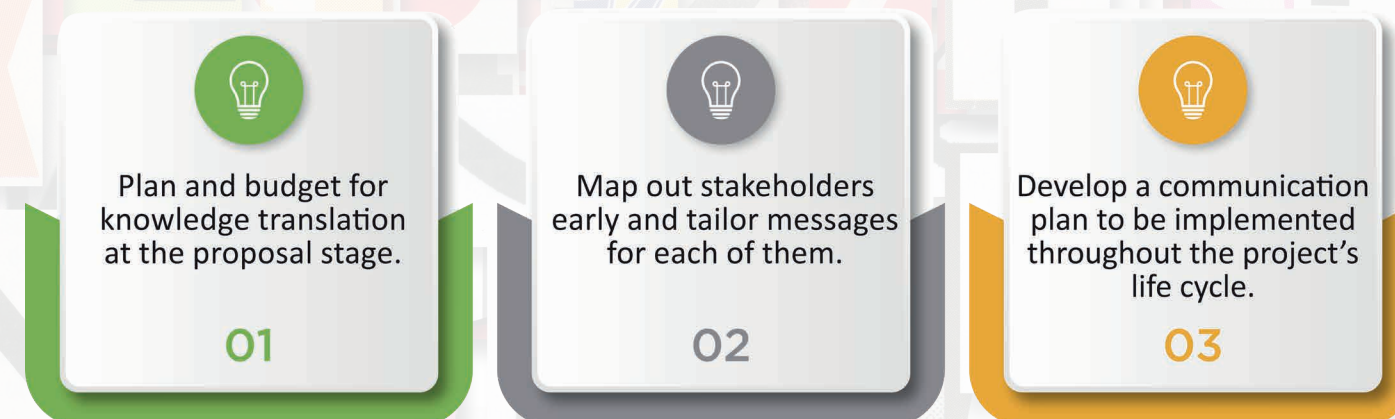
Timing and Policy Windows

Timely evidence is crucial, and when shared during key policy planning cycles or sector dialogues, it often gains immediate traction,

while even the strongest findings can fade if released outside the right policy window. Sustaining engagement beyond the initial announcement through follow-ups, conversations, and media engagement, ensures that research continues to shape discussions for a prolonged period.

Practical Knowledge Translation Tips

To maximize the impact of knowledge translation efforts, incorporate the following actions;



From Dissemination to Influence and Impact

Research has the power to transform lives, but only when it's translated effectively. Effective knowledge translation aims not only to inform stakeholders of new findings but also to stimulate dialogue, shape policy priorities, and influence implementation practices. The most successful efforts for knowledge translation begin early, connect with people's needs, and make an impact through collaboration.



Enhancing Research Credibility through Research Governance

By David Ngilangwa, Head of Research Governance

Dr. Makali Kibada (not his real name) is a seasoned and highly respected researcher affiliated with a leading research institution in Africa. He serves as the research lead and is actively engaged as both principal investigator and co-investigator on over 20 research projects. In addition, he holds an adjunct professorship at one of Africa's prestigious universities. His daily responsibilities span administration, research, and teaching.

Globally, many senior researchers, such as Dr. Kibada, manage heavy workloads, balancing administrative duties with research responsibilities while having limited training in research ethics. These constraints restrict them from dedicating sufficient effort to ensuring adherence to ethical, policy, legal, and institutional requirements. As a result, research institutions frequently face long-term challenges in achieving consistent regulatory compliance.

For example, in 2023, over half of research institutions worldwide reported difficulties in adhering to research-related regulations. This increases the likelihood of unethical practices such as data fabrication, falsification, improper treatment of research participants, authorship conflict, conflict of interest, or plagiarism and exposes institutions to potential reputational damage, loss of funding, and possible legal repercussions.

In response to this demand, numerous research institutions have implemented strategic changes, resulting in the establishment of Research Governance Units (RGUs). These Units offer oversight, training, and assistance in maintaining compliance with scientific and ethical standards. Through robust frameworks, these Research Governance Units help manage research, safeguard both participants and researchers, and promote accountability within research teams. The Research Governance Units enable researchers to adhere to ethical and regulatory obligations without adding to their already heavy workloads.

Since its inception, APHRC has maintained compliance with both local and international research regulations across its thematic work. However, assigning compliance duties to specific researchers or teams made supervision and coordination challenging. Accordingly, the Center established a Research Governance Unit as a dedicated office to strengthen oversight and coordination of research and data governance across the organization. It serves as the hub for developing, implementing, monitoring, and updating the Research Governance Framework (RGF) that aligns with both local and international standards. Its mandate extends beyond compliance, focusing on embedding ethical principles, legal obligations, and scientific integrity into every stage of the research process, from conceptualization and design to dissemination and archiving.

The Research Governance Unit at APHRC focuses on centralizing all research governance documents, including ethical clearances, research permits, and policies. Additionally, its mandate includes leading the coordination of the in-house Scientific Reviews Committee (SRC), which is responsible for the internal review and approval of all the Center's research protocols to ensure their scientific rigor. It will also manage the acquisition of all ethical clearances from external Institutional Review Boards (IRBs) and permits from regulatory bodies.

Part of Research Governance involves nurturing and maintaining partnerships and collaborations with local and international research regulatory bodies and research governance committees to

promote best practices and strengthen networks. Knowledge sharing and translation through targeted training programs will enhance researchers' capacity and build on research ethics. Additionally, the Research Governance Unit will establish and operationalize the APHRC Institutional Review Board to provide independent reviews of research protocols from the Center and external researchers.

In an era of advanced technology, the Research Governance will adopt advanced technologies—particularly artificial intelligence to enhance the review process and detect potential ethical concerns and plagiarism across all the Center's research outputs. This will ultimately enhance the Center's credibility and reputation in its capacity to conduct research and inform policy.



Eliminating Barriers that Exclude Lived Experience in Mental Health Research in Africa

By Benta Wambui, Counseling Psychologist, and Onyango Otieno, Mental Health Advocate, from the Mental Health Data Prize Africa, with contributions from Christine Ger Ochola, Communications Officer, APHRC

Lived experiences are growing as a key component of mental health research in Africa. People with lived experience (PLEs) contribute rich, context-specific perspectives that are important to developing solutions that are locally grounded and relevant to their contexts.

However, the meaningful inclusion of people with lived experience in research remains far from standard practice. For those working on mental health, lived experience is not just an abstract concept; it's about navigating stigmatized health systems, sharing our stories (often at personal expense), and frequently being the only ones in the room without a research background but with deep, hard-earned experiential knowledge.

Several barriers hinder people with lived

experience engagement in mental health research.

Power and position: People with lived experience are often invited into research projects late, after key decisions have already been made. Without clear roles or orientation, many are left uncertain about how to contribute, which limits their ability to participate meaningfully.

Consent and privacy concerns: Many people with lived experience remain uncertain about how their stories will be used, whether their identity will be protected, or if sharing could expose them to stigma or risk. Without clear communication, ongoing consent, and visible accountability, confidence declines and agency is lost.

Structural limitations: Few institutions have frameworks to support sustained and fairly compensated engagement by people with lived experience. Budgets often exclude stipends, transport, or training, leaving them to share personal stories without adequate support. People with lived experience often lack access to mentorship or research literacy, creating barriers to meaningful participation.

Cultural silence: In many African societies, deep respect for authority can unintentionally discourage people with lived experience from challenging or offering alternative views to researchers or clinicians. As a result, their on-the-ground insights often remain unspoken, even when highly relevant.

Legal barriers: In countries where suicide is criminalized or youth require parental consent to participate in research, the very voices that should be prioritized are excluded. Fear of legal repercussions discourages open participation, limiting both inclusivity and the depth of mental health research.

One initiative reshaping this important narrative is the Mental Health Data Prize Africa (MHDPA) project, which APHRC is implementing. From its inception, the project has placed lived experience at the center of its structure, recognizing that authentic insights come directly from those who have navigated mental health challenges.

However, for such an initiative to actually succeed and the broader research landscape to grow, several key changes are required that speak to knowledge translation and influencing:

Show respect: Fully value the time and expertise of people with lived experience by incorporating

them into budgets, providing fair compensation, and covering all participation costs, rather than merely offering tokens.

Encourage mentorship that goes both ways: The goal is not to transform lived experience experts into traditional researchers, but rather to build a co-learning model in which each side's unique expertise is equally respected and shared.

Change the culture of engagement: Move from hierarchical interactions to collaborative circles. Begin meetings by stating, "You are the expert in your experience; we are the experts in the methods." "We need both." This will instantly level the playing field.

Show us our influence: It is essential to provide specific feedback on how our contributions have directly influenced changes in the study design, policy recommendations, or project outcomes. Seeing tangible results sustains engagement.

Protect our stories: This includes securing consent, allowing for the review of how our quotes are used, and, most importantly, sharing research findings with communities and relevant stakeholders through knowledge translation upon project completion.

Researchers and other institutions must be advocates, not just observers. When research shows harmful laws or systematic injustices, such as the need to criminalize suicide or inadequate protections for young people, it is not enough to remain neutral. These research findings should be packaged into user-friendly knowledge translation products, used as a basis for advocacy, and to push for legal reforms and policy changes that better protect and include those most affected.



From Research to Practice: Implementing HIV Prevention Intervention

By Joshua Eliud (Qualitative Team Leader), Ann Wanjiku Kigundu (Qualitative Team Leader), Joy Chepkemboi (Program Administrative Officer), and Collins Omenda (Research Officer)

Globally, Human Immunodeficiency Virus (HIV) remains a major public health concern. According to the World Health Organization (WHO), an estimated 39.9 million people were living with HIV by the end of 2023, approximately 65% of whom were in the WHO African Region. Encouragingly, there has been a significant decline in new HIV infections and HIV-related deaths, reflecting the positive impact of targeted interventions by national HIV programs and their development partners. Several Sub-Saharan African countries, including Malawi, have registered declines in new HIV infections and deaths. Despite the decline, Malawi still ranks among the top ten countries with the highest prevalence of HIV. In an effort to mitigate the HIV infection rate and enhance HIV response rate, the government of Malawi initiated the Blantyre Prevention Strategy (BPS), a systems-based initiative aimed at detecting risks, boosting service demand, and improving the delivery and utilization of HIV prevention services.

To assess progress, successes, and bottlenecks of the BPS program, APHRC conducted an impact evaluation study from 2023 to 2024. The study identified internal and external factors that influenced the design of BPS. It also highlighted the various HIV prevention interventions being implemented under BPS, as well as their scope, while examining the barriers and enablers affecting these interventions.

As part of the project's sustainability strategy, the team identified BPS outcomes, recommendations, and lessons learned from the intervention. The study revealed several factors that contributed to the program's success. These included strong district leadership, availability of funding, political goodwill, continuous training of healthcare workers, and reliable systems such as quality improvement mechanisms and the data-sharing platform, Prevention Adaptive Learning and Management System (PALMS).

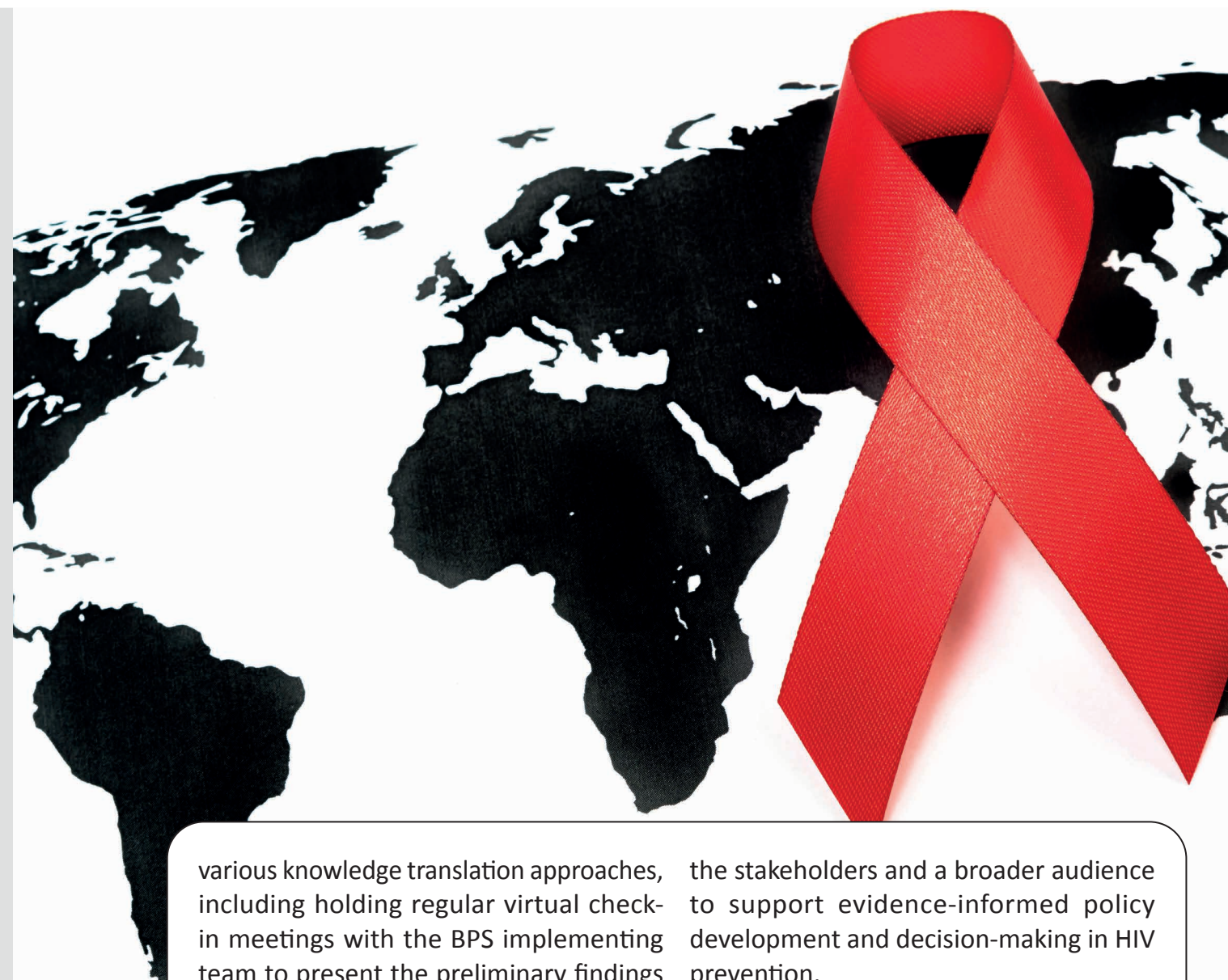
On the other hand, the study identified several challenges that slowed implementation. These included weak coordination among departments, delays in data clearance by the National HIV Program, and limited involvement of district stakeholders in managing PALMS. External factors also contributed to the challenges, including the COVID-19 pandemic, Cyclone Freddy, and a cholera outbreak. The study further highlighted ways to strengthen the intervention, including increasing stakeholder involvement in the implementation of BPS components, facilitating continuous district-level coordination of activities, and enhancing the capacity of all stakeholders involved.

To ensure that the findings from the study led to practical change, the evaluation team employed

various knowledge translation approaches, including holding regular virtual check-in meetings with the BPS implementing team to present the preliminary findings as they emerged. Additionally, an interim dissemination meeting was convened in Malawi's Blantyre District with relevant stakeholders in the HIV prevention landscape, including both government and private sector representatives, six months before the evaluation's completion. A national dissemination meeting was later held in Lilongwe to share the findings with stakeholders and ensure the recommendations can be adopted and have a practical impact on HIV prevention at the national level. As part of this process, a report on the BPS evaluation and a policy brief were developed and shared with

the stakeholders and a broader audience to support evidence-informed policy development and decision-making in HIV prevention.

The future may seem uncertain for HIV programs, especially with the changing funding landscape coupled with other implementation challenges. This reality has the potential to negatively impact the gains that programs such as BPS have made in HIV prevention. Despite this, the information available in the form of publications from impact evaluation studies can serve as a guide to inform decisions that address such challenges, ensuring that HIV programs are sustainable and that knowledge is not only shared but also translated into action.



When Insurance Is Not Enough: Building Trust in Maternal, Newborn, and Child Health

By Amanuel Abajobir, Associate Research Scientist, and Isabel Radoli, Communications Officer

In Kakamega County, Kenya, the i-PUSH program aimed to explore a bold idea: whether digital tools and mobile-based health insurance could improve access to maternal, newborn, and child health services. Developed by the PharmAccess Foundation and its partners, the program aimed to increase enrollment of low-income households in the National Health Insurance Fund (NHIF), reduce financial barriers to care, and strengthen health systems through community and facility-level enhancements. Its activities included enrolling families into NHIF via mobile phones, training community health volunteers with digital tools to better support households, and upgrading selected health facilities to enhance the quality and availability of services.

An APHRC-led study provided a more detailed picture, indicating insurance coverage alone did not significantly boost service usage. However, both insured and uninsured families experienced improvements over time, highlighting the broader benefits of system-level investments. Facility upgrades enhanced the quality of care for everyone, while community health volunteers helped families navigate health services more effectively. The program also produced unexpected ripple effects. Streamlined digital enrollment processes made it easier for families to obtain birth certificates for their children, unlocking lifelong access to education, healthcare, and other essential services.

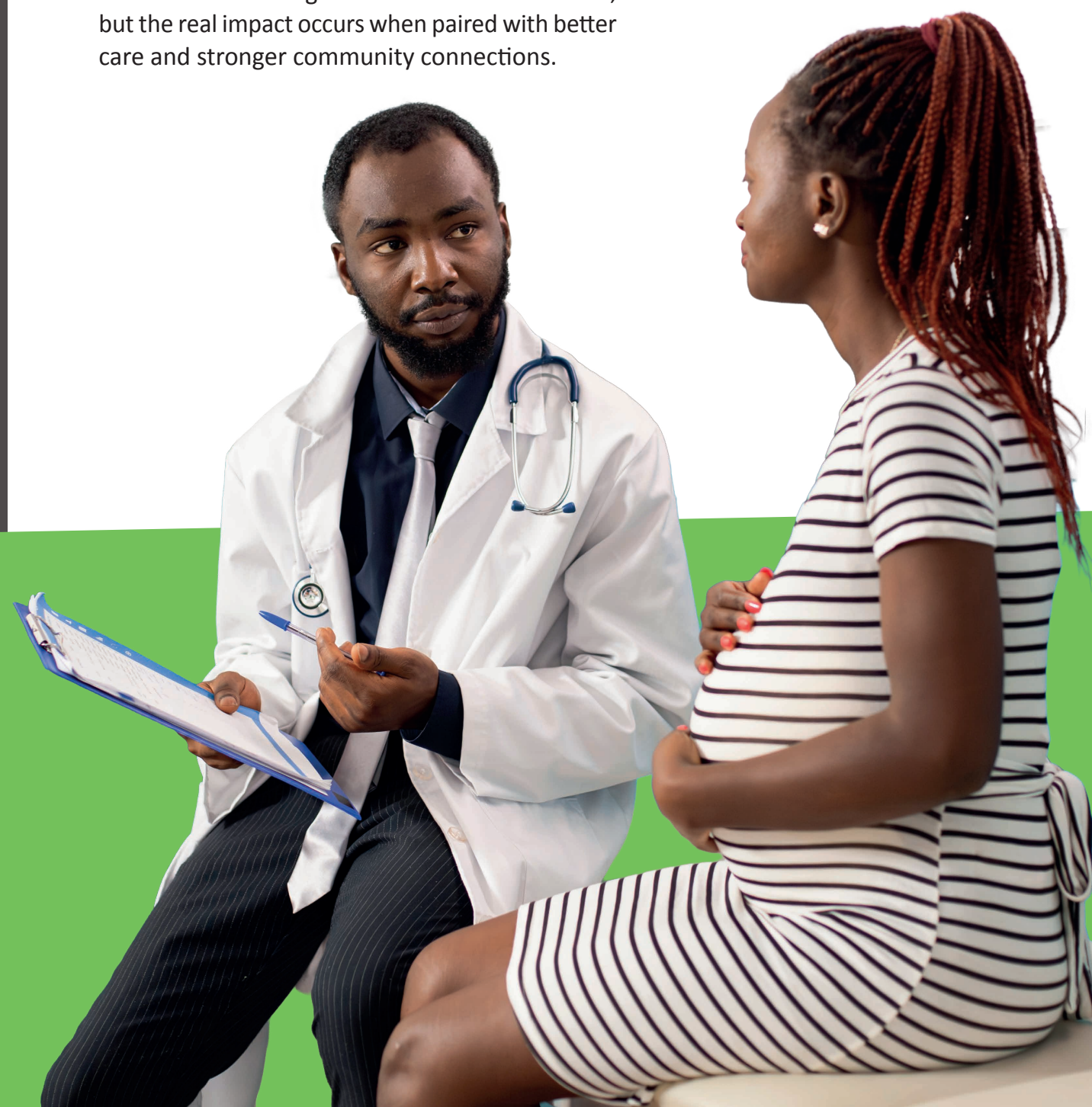
For many households, the changes brought a real sense of relief. As one participant explained, “When someone is pregnant, you may not know how the pregnancy will turn out to be, but with health insurance, you are always confident that she will be taken care of without you suffering financial hardship.” Yet others expressed a different reality, with one household noting, “We didn’t make a decision as a family regarding NHIF, but we were just lucky to be enrolled in it.” These contrasting voices highlight both the reassurance of financial protection and the lack of agency some families felt in the enrollment process.

The findings emphasize a crucial knowledge translation gap between research, policy, practice, and community realities. Financial protection is essential, but it cannot ensure that families will seek out and receive care on their own. Policies must be supported by adequate staffing, respectful treatment, and reliable supplies in health facilities. Health workers need the right tools and training to deliver quality services. Families also need to be aware of their benefits, trust the health system, and feel confident that the care they get will meet their needs.

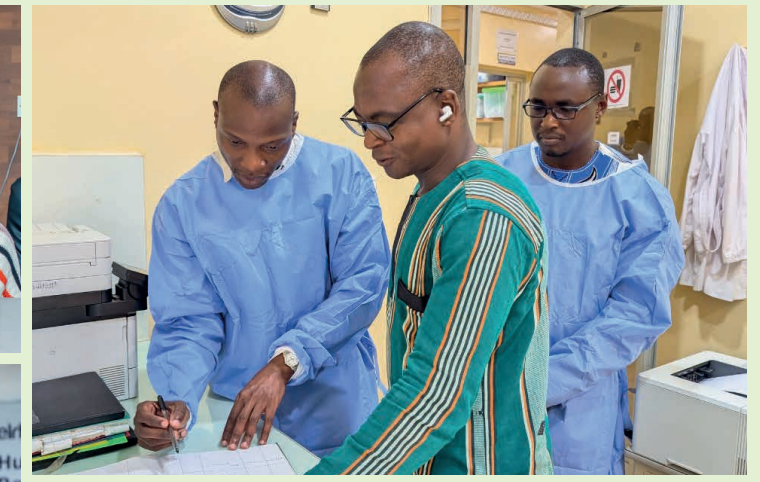
As Kenya shifts from the National Health Insurance Fund to the Social Health Insurance Fund, these lessons become particularly relevant. Bridging the knowledge gap between evidence and action involves creating insurance schemes that offer

financial protection, along with enhancements in service delivery and community involvement. Doing so can bring reforms closer to fulfilling the promise of universal health coverage, where every mother, newborn, and child not only has coverage but also access to quality and trusted care.

APHRC, through varied knowledge products, is sharing these findings with policymakers, county health officials, and partners to ensure that evidence informs practice and drives equitable reforms. The message is clear: insurance matters, but the real impact occurs when paired with better care and stronger community connections.



Pictorial





From Trust to Data to Translation: Lessons on Community Engagement

By Charity Waweru-Mwangi, Communications Officer; Salma Musa, and Paul Otwate, Research Officers

In Kenya, Magnetic Resonance Imaging (MRI) is used as a diagnostic tool in hospitals, rather than as a means to better understand how a young child's brain grows and develops. When APHRC was set to introduce the neuroimaging project in Kisumu and Nairobi, the team knew that critical questions would flow in abundance, and that fear and hesitation would highlight the engagement. Parents needed more than facts, they needed assurance that they were making the right choice for their children.

Introducing a community to something new is never as simple as handing out information sheets for their acceptance. Something new, especially one that involves complex technology that few have only heard of, and the icing on the cake being that it is used for research on young children, is not a walk in the park.

Questions and Concerns

One mother asked, "Will I have to shave all my baby's hair for this scan?"

Another wondered, "What if my child moves? Will that hurt them or ruin the scan?"

These were not trivial worries. They were honest reflections of how unfamiliar and intimidating an MRI can sound if you have never experienced it. As a research center, the APHRC team needed to

go beyond providing answers to reflect on those concerns, listen closely, and respond with patience and honesty. The team explained the MRI process step by step, addressing what may be viewed as simplicities but would affect the research if the participants withdrew their participation. The team affirmed their concerns and assured them that no hair would be shaved at the expense of the data required and that it was completely safe and painless. The team further explained how the children would be kept comfortable throughout the process.

Reaching an Understanding

Presenting slides in technical lingo would not be enough. Various knowledge translation strategies were employed. The researchers employed sensitization models by creating shared learning spaces that allowed the participants to provide information about circulating misconceptions that needed to be addressed. This included a lively True or False game to separate myths from facts. The game sparked laughter, eased tension, and opened the floor for questions people might have been too shy to ask otherwise.

Visual aids helped by providing clear illustrations to explain the nurturing care framework, connecting the science of brain scans to everyday life and their value in showing parents the impact of investing in their children's care. A technical topic was broken down to demonstrate how love, protection, play, good nutrition, and responsive caregiving all contribute to healthy brain development.



One thing that made all the difference was working with trusted local voices such as community health volunteers, teachers, elders, and religious leaders. When people who already stand with the community stand with the research, skepticism shifts to curiosity and eventually to trust.

Solutions by Everyone

These conversations were not just about the project team telling people what would happen; they were also about communities stating practical concerns, such as explicit consent, flexible scheduling, or support for transportation, they needed to be incorporated in the study. By adopting these ideas into the project, parents felt a sense of ownership. They were not just study participants, they were partners shaping how the work unfolded.

All of this early work paid off. By the time the neuroimaging project team was ready to start baseline data collection, families were informed, prepared, and confident about what to expect. It made the process smoother, safer, and grounded in mutual respect.

A Lesson for Science

Introducing new ways of doing things will always come with questions, and that is a good thing. Questions mean people care. The lesson from Kisumu and Nairobi is simple yet powerful: trust must come first, data follows, and translating the knowledge from the data for it to be understood by all stakeholders is critical. Community engagement requires showing up ready to listen, explain, and adapt, thereby resulting in stronger partnerships that go far beyond any single study, keeping science connected to the people it exists to serve.



Importance of Piloting Research Tools

By Erick Makhapila (Research Officer), Abdimalik Farah (Research Officer), Shem Mambe (Data Documentation Officer), Lydia Namatende-Sakwa (Associate Research Scientist), Endale Kebed (Associate Research Scientist), and Davis Musyoki (Communications Officer)

Skipping a pilot study is like skipping a dress rehearsal before a live performance. The spotlight will still come on, but you will wish you had tested your lines first. A good pilot study builds trust with participants, strengthens the validity and reliability of your data, anticipates fieldwork challenges before timelines are derailed, and turns the research team into a more cohesive unit before the main study.

The TeachWell Voices and Unlocking Playful Learning Project piloted a study that focuses on host and refugee schools in Garissa and Turkana, aiming to generate evidence on teacher well-being, the mechanisms that support it, and the strategies needed to strengthen resilience. The TeachWell Voices and Unlocking Playful Learning Project seeks to support holistic learning and well-being for both learners and teachers in refugee

camps in Garissa and Turkana. These counties host some of the largest refugee populations in Kenya. To advance the inclusion of refugees in Kenya's education system, the project emphasizes interventions such as continuous teacher capacity development, water, sanitation, and hygiene (WASH) services, crisis mitigation, and mental health and psychosocial support.

At first glance, the word pilot might sound like a minor step before the "real work" begins. However, for research, it is the real deal—a defining moment that can make or break an entire study. Piloting is where assumptions are tested, blind spots uncovered, and trust built, creating the foundation for asking the questions that follow.

The TeachWell Voices and Unlocking Playful Learning Project team kicked off their pilot, in collaboration with other partners, by testing the interview tools that would be used to collect data in September 2025. These activities were not isolated exercises; together, they created a rehearsal for the larger study by revealing what worked, what needed adjustment, and how best to prepare



for it. The pilot study highlighted several important lessons.

First, language clarity proved vital. Specific terms had to be simplified to align with teachers' everyday vocabulary. Since many refugee teachers in Dadaab were more comfortable in Somali than in Kiswahili or English, translation was essential. A male teacher in a Dadaab refugee school echoed this sentiment, explaining, "When the questions are clear, I feel confident answering. If they confuse me, I might give the wrong picture."

Second, the flow of questions mattered. Reordering sections helped sustain participants' engagement, moving naturally from general experiences to more sensitive topics. As one female teacher in a focus group discussion in Garissa noted, "I appreciate that you're testing this first. It shows you care about our time and our stories."

Third, the tools themselves needed refinement. The pilot revealed redundancies, missing response categories, and errors in skip patterns that required correction. Another consideration was that cultural sensitivity also played a key role. Scheduling sessions around prayer times, creating women-friendly spaces, and matching facilitators with participants by gender all contributed to greater

inclusivity.

Finally, operational readiness was crucial. Verifying teacher lists, securing safe venues, deploying bilingual enumerators, and steering clear of insecure areas helped protect both participants and the research team. These lessons highlight why piloting is never a formality, it is the foundation of credible, respectful research.

The study's findings will inform national and consortium-level discussions on how to support teachers in delivering playful, practical, and inclusive learning. Even policy actors recognized the value of this process. A TSC official in Garissa remarked, "By involving us early, you're making sure the study will speak to the real policy gaps." Most importantly, they will strengthen advocacy for the well-being of both teachers and learners in humanitarian settings in Kenya.

The pilot was more than a technical step; it was a reminder that outstanding research starts with avid listening and subsequently employing knowledge translation. For researchers, especially those starting out, the most impactful studies don't begin with the first interview. They start with the first conversation you have before the interview.



Rethinking Sexuality Education for Students with Intellectual Disabilities

By Davis Muli Musyoki, Communication Officer, Mchungwani Rashid, Research Officer, and Amani Karisa, Associate Research Scientist

Sexuality education is crucial in helping young people understand their bodies, form healthy relationships, and protect themselves. Yet, for students who learn, understand, or solve problems more slowly and may need extra support in daily life, access to this information remains limited.

Kenya's Competency-Based Education (CBE) framework was designed with inclusivity in mind, shifting away from cramming and instead focusing on life skills such as critical thinking, communication, and self-awareness. However, the CBE framework, though promising in theory, still falls short in addressing the unique needs of learners with intellectual disabilities.

This shortfall is evident in practice. Discussions with educators, policymakers, and health experts highlight several gaps in the curriculum, including limited teaching resources, inadequate teacher training, and insufficient policy support. As one education official observed, the real challenge is not that students with intellectual disabilities lack sexual feelings, but rather, they often struggle to understand how to manage and respond to them appropriately. This highlights the need for tailored teaching methods, stronger teacher preparation, and more robust policies to ensure that no student is excluded from educational opportunities.

The inadequacy of current teaching resources exemplifies these broader challenges. While CBE emphasizes individualized learning, the sexuality

education materials currently in use remain too broad. Many are adapted from general life skills or social science lessons and fail to meet the diverse needs of students with intellectual disabilities. These learners require simplified, concrete lessons, supported by visual aids, on topics such as body autonomy, recognizing safe versus unsafe touch, understanding puberty, and maintaining personal hygiene.

Another challenge lies in teacher preparation. CBE envisions a learner-centred classroom, but many teachers are not adequately trained to adapt sexuality education for students with intellectual disabilities. A Ministry of Education official noted the acute shortage of teachers with the expertise to deliver such lessons effectively. Without targeted training, teachers remain critically underprepared, leaving a gap that undermines the inclusivity of the entire education system.

What these challenges convey is that, despite inclusivity being a stated goal, related policies rarely extend beyond broad endorsements.

Necessary Changes to Ensure Inclusive Sexuality Education

Making CBE genuinely inclusive requires a mix of strategies. To begin with, the curriculum itself must be tailored to meet the specific needs of the students. Disability-friendly CBE modules should be developed using simple language, visuals, and practical life skills, such as assertive

communication, boundary setting, emotional recognition, and help-seeking.

Next, teachers need to be trained in adaptive methods. Practical workshops on inclusive sexuality education (using dolls, social scripts, and other tools) would build their confidence and competence. Creating peer learning networks would also allow teachers to exchange best practices and support one another.

Parents and communities must also be actively involved as the issue extends beyond the classroom. It requires building a supportive ecosystem for the learner. Families and local health workers should be equipped to reinforce lessons at home and in community spaces, aligning with CBE's emphasis on community engagement.

Finally, policy alignment is critical. Political will determines whether inclusive sexuality education is effectively integrated into schools. County officials have emphasized the importance of policies that not only endorse these efforts but also guarantee consistent implementation. Such policies must be visible, measurable, and actionable, backed by sufficient funding and clear guidelines that

explicitly include sexuality education for students with intellectual disabilities.

Towards Inclusive Education

CBE has the potential to transform sexuality education for learners, but real change requires investment, political commitment, and an unwavering focus on inclusivity. Advocating for the inclusion of adapted sexuality education topics, investing in teacher training initiatives, and amplifying success stories from schools that are already implementing inclusive practices can help Kenya move closer to this goal.

Everyone has a role to play, whether by generating relevant research, ensuring knowledge translation, advocating for inclusive policies, supporting disability rights organizations, or learning how to have meaningful conversations on these issues with people who have intellectual disabilities. Ensuring that no one is left out of this critical conversation is not just an educational priority; it is a moral imperative. This work is part of a project, the APHRC-led Sex Ed Project, which aims to make sexuality and reproductive health education more inclusive and effective for adolescents with intellectual disabilities in Kenya.

The Girls We Forget: Why Africa Must Address Educational Barriers for Girls with Disabilities

By Amani Karisa, Associate Research Scientist, and Charity Waweru-Mwangi, Communications Officer

Imagine being denied the chance to shape your future, not because you lack the ability or determination, but because the world around you was never designed to include you. Such is the reality for millions of girls with disabilities across Sub-Saharan Africa: girls who are eager to learn and contribute yet remain on the margins of our education systems.

Mkarye (not her real name) is one such example. She grew up in rural Kilifi, Kenya, a bright, determined student with a mobility impairment and a strong desire to learn. On her first day of school, she arrived with great optimism. But that hope soon met practical barriers: there were no ramps, only steep steps that she could not navigate alone. Teachers, often unprepared and

unsupported, did not know how to help her thrive. Classmates did not always understand her needs. At home, her parents, like many families facing financial hardship, had to make difficult choices. With limited resources, they prioritized her non-disabled sister's schooling. Mkarye's education ended far too soon, not because she lacked motivation, but because structural and social barriers left her behind.

Mkarye's experience is far from isolated. According to the United Nations Educational, Scientific, and Cultural Organization (UNESCO), around 90% of children with disabilities in Sub-Saharan Africa do not attend school, and girls with disabilities are among the most affected. They face a double disadvantage: the barriers associated with

disability and the persistent gender norms that still undervalue girls' education. When families must choose, they often prioritize investing in boys' education or children without disabilities. Meanwhile, stigma and limited community awareness continue to push girls with disabilities out of classrooms and into early marriage or domestic responsibilities.

While many countries have taken necessary policy steps, for example, Kenya's 2018 National Education Sector Strategic Plan commits to inclusive education, progress remains uneven on the ground. Many schools still lack accessible infrastructure and resources. Teachers often do not receive the training or support needed to address diverse learning needs. Too often, research and policy discussions treat gender and disability as separate issues, missing how these factors intersect to shape girls' opportunities.

Longitudinal studies show that interventions like scholarships can improve outcomes for girls. For instance, scholarship programs in Niger from 2017 to 2020 increased girls' secondary enrollment and delayed early marriage. Similar initiatives in Ghana raised senior secondary school completion rates by nearly 70% and improved women's participation in the workforce. Yet, data disaggregated by disability

remains scarce, leaving us uncertain about whether girls with disabilities like Mkarye benefit equally from these efforts.

So what can we do? First, we must recognize that disability and gender overlap and compound each other. Research needs to be translated to address this knowledge gap and capture this intersection, collecting and analyzing data that shows how girls with disabilities are faring over time. Schools must become physically accessible and socially inclusive, ensuring that no child is turned away due to a disability. Teachers need training and practical skills to address both disability-related and gender-specific needs of girls. Additionally, families need clear information, support, and encouragement to invest equally in the education of all their children.

Finally, we must look beyond primary schooling. If we are serious about breaking cycles of poverty and exclusion, we must support girls with disabilities through secondary school, into vocational training or higher education, and onward to meaningful employment. Mkarye and the millions of girls like her have every right to an education that equips them to build their futures. Research needs to be effectively packaged through knowledge translation to reach the right stakeholders, enabling policy promises to be turned into practical action.

Strong Grant Management for Effective Knowledge Translation and Uptake

By Ann Waithaka (Senior Communications Officer), Patrick Amboka (Research Officer), Gift Dzombo (Project Coordinator), Joseph Gichuru (Deputy Executive Director), Benard Ondiek (Virtual Learning Academy Coordinator), and Patrick Owili (Program Manager)



When people think of knowledge translation, they often imagine researchers creating policy briefs or delivering high-impact presentations. However, behind every successful research-to-policy effort lies a critical yet less visible enabler: robust institutional systems for managing research and grants.

Many African research and non-research institutions struggle with grant management, including financial management, due to outdated practices and policies, lack of standardization, and limited capacity to meet international standards. These gaps hinder their ability to secure and manage funding from donors, affecting the sustainability of research initiatives. Without strong systems, research outputs fail to achieve the intended purpose, with evidence being underutilized, reducing opportunities for evidence to inform decision-making.

The Good Grant Practice Virtual Academy (GGP-VA) is addressing these gaps by strengthening capacities in grant management and governance. GGP-VA helps African institutions align their practices with international standards of the Good

Financial Grant Practice (GFGP). Implemented by APHRC, GGP-VA aims to ensure that research funds are managed efficiently for impactful research.

GGP-VA delivers this support through self-paced courses at APHRC's Virtual Learning Academy, webinars, in-person workshops, technical assistance, and a Community of Practice (CoP). The initiative also supports institutions in conducting GFGP self-assessments on the Global Grant Community (GGC) portal to determine their baseline capacities. After review, relevant targeted action is taken to strengthen progress toward GFGP certification.

GGP-VA is part of APHRC's effort to strengthen institutional capacity, which also includes enhancing digital research visibility, ethical review systems, and postgraduate training environments. Together, these initiatives create an enabling research and development ecosystem where African-generated evidence can thrive and inform decision-making.

Since its kick-off in early 2025, GGP-VA has positioned itself as a capacity-strengthening tool for



grant management across the continent. This has been achieved through convenings in West Africa (Abuja, Nigeria), East and Central Africa (Nairobi, Kenya), and Southern Africa (Johannesburg, South Africa), gaining stakeholders' support and engagement. Along with other efforts, these engagements have resulted in over 500 African institutions expressing interest in participating in the program.

One grants officer shared, *"This training did not just improve how I manage grants, it helped me understand how my role supports researchers and contributes to making their work usable by funders and policy actors."*

The project has developed and digitized eight modules based on the GFGP framework, providing practical, self-paced learning tailored to the African research landscape. The modules cover the full grant lifecycle, which is designed for the African research context. So far, at least 200 participants have completed all the courses.

GGP-VA has piloted the courses with partners and stakeholders to test usability and generate user feedback. It has enhanced the Virtual Learning Academy's infrastructure to improve accessibility and utilization of online courses, thereby reaching a wider audience. The project has established an online good grant practice community of practice, comprising nearly 500 members. In July 2025, it officially launched the Good Grant Practice curriculum at a hybrid event, with nearly

100 in-person participants and over 1,000 online attendees. The project is also utilizing webinars to share knowledge and unpack the essentials of good grant practice.

To date, GGP-VA has engaged and supported 38 institutions in conducting GFGP self-assessments. Six institutions have already submitted their GFGP self-assessments. *"Going through the GFGP certification increased the donor funding to our institution, as it increased our credibility," Elizabeth Kussaga, Senior Research Administrator, Kilimanjaro Christian Research Institute.*

By investing in grant management capacity, GGP-VA is driving a broader culture shift within institutions that emphasizes strategic planning, stakeholder engagement, and transparent reporting. These are not just administrative functions; they are precursors to effective knowledge translation. Institutions that can track deliverables, manage funds, and report on outcomes are better positioned to communicate the value of their work to funders, communities, and policymakers. This enhances credibility and increases the chances that evidence will influence real-world decisions.

In a region where research funding is limited but the demand for evidence-informed decision-making is high, initiatives like GGP-VA are essential. As GGP-VA scales up, its impact on knowledge translation will increase, enabling African research institutions to stand taller and speak confidently on the global stage.

Transforming Doctoral Training in Africa to Drive Research into Action

By Gerald Omumbo, Communications Officer, and Ann Waithaka, Senior Communications Officer

Doctoral training plays a critical role in Africa's knowledge ecosystem - producing the research, evidence, and expertise needed to address the continent's challenges. Yet, doctoral programs are viewed solely as academic pursuits, with dissertations and journal articles as their final outputs. This disconnect risks valuable findings being confined to academic circles instead of informing policy and practice.

The Consortium for Advanced Research Training in Africa (CARTA), APHRC's flagship doctoral training program co-led with the University of the Witwatersrand, is changing this narrative. Unlike most doctoral programs that focus solely on academic outputs such as dissertations and journal articles, CARTA equips fellows with tools to influence policy and practice. In strengthening the capacity of African universities to train the next generation of scholars, the program ensures that the research generated is relevant, visible, accessible, and impactful.

With 265 doctoral fellows enrolled since 2011, CARTA integrates knowledge translation throughout its PhD fellowship journey. The program starts with Joint Advanced Seminars (JASes), a series of PhD training workshops that support fellows at key stages of their doctoral training. Offered sequentially, JASes build advanced research skills

and professional capacity. Through structured models such as 'advocacy and influence' and 'policy engagement,' fellows learn to map stakeholders, create compelling knowledge translation products, and deliver concise pitches tailored to decision-makers.

These efforts have yielded results, with CARTA fellows developing various knowledge products, including research articles, policy briefs, impact stories, multi-media, op-eds, and community-focused materials. To bridge the gap between academia and society, CARTA leverages multiple platforms, most notably its artificial intelligence-powered CARTA Evidence website, to showcase these products and highlight knowledge translation efforts.

At the University of Ibadan, *Kudus Adebayo* translated the findings from his study of informal caregivers in Nigerian health facilities into a policy brief that recommends improved infrastructure, staff training, and supportive technologies. From Makerere University, Uganda, *Henry Zakumumpa* has communicated his research on HIV treatment sustainability in Uganda through opinion articles published in national newspapers and policy briefs that informed the Global Fund's new strategic direction in the country, and influenced the World Health Organization (WHO) to prioritize and fund

studies on HIV program sustainability.

A key feature of CARTA's approach is supporting fellows in applying knowledge translation in real-time, alongside their doctoral work. This hands-on model ensures that evidence is not only generated but also transformed into tangible solutions and policy influence.

Taofeek Adedoyin, a CARTA graduate from Obafemi Awolowo University in Nigeria, exemplifies this approach. During his doctoral studies, he applied his research in exercise physiology to develop a cardio-pulley device that supports upper-body workouts for people with disabilities. Similarly, *Frederick Oporia* at Makerere University, Uganda, translated his research on drowning into national action by co-leading the development of Uganda's first national water safety and drowning prevention strategy. This provided a policy framework to guide interventions such as safe boating regulations, lifejacket use, and community awareness campaigns.

Beyond training, CARTA allocates a specific budget that enables fellows to apply knowledge translation in real-world settings. Fellows use allocated funds to convene stakeholder forums that connect research to practice, publish in reputable journals, and present at conferences.

CARTA builds the capacity and motivation for fellows to progress, mobilizing new resources and engaging directly with communities. *Adesola Olumide* of the University of Ibadan, Nigeria, utilized a grant to implement a project that brought together adolescents, parents, teachers, and school owners to co-design solutions for reducing school dropout rates in Oyo State, Nigeria. Dubbed "Gown to Town", the project raised awareness and mobilized action by re-enrolling out-of-school adolescents, securing government commitment, and fostering pledges from teachers, parents, and students to improve school retention and adolescent health. Similarly, in Kenya, CARTA fellow *Rose Opiyo* is leading a community engagement project that transforms research on renal health into relevant dietary solutions for patients with chronic kidney disease.

As Africa works to strengthen higher education and research systems, CARTA's model provides a powerful lesson. Training researchers is not enough; empowering them to translate their work is essential to achieving impact. By integrating knowledge translation into doctoral training, CARTA is building a cadre of researchers and a new generation of knowledge brokers and policy influencers.



Strengthening Capacity, Scaling Impact For Africa's Evidence-to-Action Transformation

Ann Waithaka, Senior Communications Officer, and Marta Vicente-Crespo, Program Manager, with Contributions from Members of the Research and Related Capacity Strengthening (RRCS) Program

Moving evidence into action is only as strong as the systems that support it. This entails robust research ecosystems, reliable management structures, platforms for sustained engagement, and strengthening the capacity of those who produce, broker, and use evidence. Through its Research and Related Capacity Strengthening (RRCS) program, APHRC is advancing a Pan-African research ecosystem that is sustainable, accessible, and relevant. Various formats are utilized to achieve this, ranging from strategic convenings, in-person trainings, virtual engagements, and webinars that reach tens of thousands, thereby creating a diverse continental network equipped to translate ideas into impact.

Hundreds of researchers across the continent and globally log into a webinar on a normal weekday. Webinars represent a doorway into knowledge, networks, and opportunities that transform how African research influences policy and practice.

They have become a powerful entry point for capacity strengthening at the Center. In 2025 alone, more than 3,000 participants joined discussions on topics such as grant management, community engagement, and personalized medicine. One initiative, the EU-Africa PerMed project, convened 11 webinars over a period of four and a half years, attracting more than 1,600 participants eager to shape the future of the rapidly emerging field of personalized medicine. The traction gained through EU-Africa PerMed has had ripple effects: North Africa, in particular, has become a growing hub of engagement for APHRC, with this momentum benefiting other initiatives such as the Afrique Research Support Hub (ARSH).

Through APHRC's Virtual Learning Academy (VLA), an online platform that provides access to high-quality courses regardless of geography or language, the learning experience has been revolutionized. So far, the VLA has recorded over

3,000 enrollments across more than 31 countries. Its flagship offerings include a comprehensive course on grant writing by the ARSH project and a suite of eight training modules on good grant practices, which provide Africa-specific training in grant lifecycle management under the Good Grant Practice Virtual Academy (GGP-VA) project.

While virtual platforms widen access, in-person and hybrid training remain essential for hands-on learning and peer exchange. The sessions have to be tailored to respond to local contexts. The Partnership for Education of Health Professionals (PEP) project combines online and in-person approaches, equipping mentors and health professionals with the knowledge to address cardiometabolic diseases (CMDs). PEP is helping to build a new cadre of health educators who can cascade skills and knowledge within their institutions and health systems.

Fellowship programs through initiatives such as CARTA (Consortium for Advanced Research Training in Africa) and ADDRf (African Doctoral Dissertation Research Fellowship) are nurturing emerging scholars through mentorship, practical experience, and academic advancement. Graduates now lead departments, supervise students, and collaborate with APHRC on initiatives like ARSH, demonstrating how long-term investment in people strengthens institutions and policies.

Capacity strengthening does not end when a course ends. Continued dialogue is crucial, and Communities of Practice (CoPs) play a significant role in engaging diverse stakeholders, fostering collaboration, sustaining momentum, and facilitating the flow of knowledge. Today, the Center is nurturing 22 active Interest Groups in its virtual CoP, bringing together more than 2,200 members to exchange lessons, co-create solutions, and adapt ideas to their local realities in areas such as grant management, grant writing, monitoring and evaluation, and mental health. Complemented by active WhatsApp groups, these spaces offer quick peer-to-peer support and encourage practical problem-solving.

Piece by piece, APHRC's approach is reshaping the continent's research landscape by generating relevant evidence for decision-making, strengthening capacity at individual, institutional, and continental levels, and leveraging knowledge translation. The Center is playing its part in ensuring African evidence is not only produced but also trusted, communicated, and applied to address local and global challenges. Institutions are becoming more resilient, and networks are connecting findings with policymakers and practitioners. This is happening one conversation, one course, one fellowship at a time.



Building Capacity for Equitable Development in Francophone Africa

By Adja Aminata Mbengue, Fellowship Coordinator

Francophone Africa produces substantial research through universities, research centers, and development programs; yet, much of that work rarely reaches the policymakers or program implementers. This persistent knowledge translation gap means sound evidence often fails to shape the decisions that affect communities' lives. For Francophone Africa, linguistic and structural barriers uniquely limit the region's visibility, access to funding, and participation in global policy conversations.

Bridging the gap starts with investing in people as much as in data. At APHRC, capacity strengthening is not a one-off workshop; it is a deliberate process

that builds skills, confidence, and systems for turning evidence into action. When researchers learn how to shape and communicate their findings for decision-makers, their work transitions from academic output to practical guidance that is useful to policymakers and implementers. This institutional anchoring ensures that knowledge translation is sustained within governance structures.

Young researchers are often closest to new evidence but farthest from decision-making spaces. Fellowship programs that combine training in policy analysis, stakeholder engagement, and strategic communications turn early-career

researchers into effective knowledge brokers. Through the Countdown2030 Fellowship, for example, researchers in Senegal, Côte d'Ivoire, and Burkina Faso have used policy briefs and stakeholder dialogues to influence national health strategies, showing how targeted support can translate research into concrete policy steps.

Language remains a significant structural barrier. Many research outputs from Francophone countries are published only in French, which limits their uptake by regional bodies and international journals that operate primarily in English. Producing bilingual briefs, translating key findings, and strengthening regional research

networks are practical steps that widen reach and influence, thereby magnifying the impact of locally generated evidence.

Closing the knowledge gap also requires collaboration beyond academia. Governments, civil society, funders, and communities all have roles in shaping and owning evidence. Co-created research and multisectoral partnerships increase credibility, enhance uptake, and produce solutions that are locally appropriate and politically feasible. In places where researchers have partnered with community groups and policymakers from the start, policies are more likely to reflect lived realities and to be implemented effectively.



Making Knowledge Matter: The Art of Mediation in Communication

By Diamo Diop Dia, Senior Communications Officer

Knowledge alone does not change the world. What truly transforms societies is the ability to make data speak: to lift it out of technical language, translate it into clear messages, and bring it where it can spark a decision. A number, a graph, or a scientific conclusion only becomes meaningful when it reaches those who shape policies and influence the daily lives of communities.

Knowledge translation involves interaction with scientific analyses of great complexity, which are essential for guiding reforms in critical sectors such as climate change effects, education, or health. When presented in their raw form, these results remain confined to a narrow circle of experts. However,

by translating them into video capsules, concise fact sheets, or infographics, and by ensuring equity through the use of local languages, accessible formats, and materials designed for durability, reach is expanded and the path towards impact is shaped. These outputs do more than offer visibility: they foster genuine ownership by ministries, practitioners, and communities. This is how dissemination achieves impact. In this regard, information is no longer simply shared; it is transformed into relevance, a tool for action, and a lever for change.

This mediation role between decision makers and researchers is demanding. It requires the ability to simplify without diminishing the value of the evidence, to contextualize without undermining scientific rigor, and to strike the right tone so that data can be understood equally by a parliamentarian, a journalist, a community leader, or a student. Yet it is precisely this effort that makes evidence-informed decision-making possible. The team facilitates decisions that are enlightened, grounded in reality, and strengthened by the power of research.

Translating knowledge is never limited to a technical process. It is above all a matter of active listening. Listening to what decision-makers truly need in order to act. Listening to how communities

take hold of a message and turn it into an advocacy action. Listening also to researchers, committed to safeguarding the integrity of their findings, while acknowledging that these findings must travel beyond academic language to shape the wider world.

This responsibility is even more pressing for Africa, a continent where inequalities limit access to information, further exacerbating the delays in addressing problems and implementing policies that support change. Evidence in this case must not remain locked in reports. It must become an instrument of advocacy, a political argument, and even a shared narrative that inspires and mobilizes. Each time an infographic makes a complex subject more readable, a digital post sparks public discussion, or a policy brief influences a national agenda, it is proof that mediation has been successful.

At APHRC, it is recognized that research only fulfills its mission when it extends beyond libraries and comes alive in public policies, classrooms, health centers, and in the daily choices of communities. That is where true impact resides: when data ceases to be silent and becomes a voice, clear, credible, and transformative, in the service of development.



Strengthening Research Capacity for Lifesaving Interventions

By Diana Munjuri and Assane Diouf, Senior Communication Officers

Despite decades of research, the persistent failure to utilize African-led evidence in policymaking remains one of the most significant barriers to health and development across the continent. Challenges such as limited funding, weak research capacity, inadequate mentorship, and minimal demand from policymakers have created a significant gap between what is known and what is done. Bridging this knowledge translation gap is not just a technical challenge; it is a strategic imperative.

The Countdown to 2030 for Women's, Children's, and Adolescents' Health (CD2030) initiative, led by APHRC, is responding decisively to this challenge. In just a few years, the initiative has expanded from working in 15 countries to now supporting analysis and capacity strengthening in 34 African countries, creating a formidable network of African researchers and policymakers aligned around data-driven progress.

The initiative builds local partnerships with Ministries of Health and national public health institutions, as well as higher learning centers, to collect, synthesize, and analyze data related to intervention coverage and equitable access to healthcare for women and children. By placing

countries at the center of the research process, Countdown to 2030 ensures that the evidence produced is not only rigorous but also relevant and actionable.

Over time, this country-driven approach has transformed how evidence is used. The initiative's collaborating countries are using the Countdown data to monitor their progress toward Sustainable Development Goals (SDGs). The Countdown data is being used to hold governments and development partners accountable for their commitments to maternal and child health. Policy shifts, funding decisions, and program designs are increasingly guided by insights derived from locally conducted research.

Importantly, support to country teams doesn't stop at data analysis. Through the initiative, they are capacity strengthened on knowledge translation to not only produce evidence, but also ensure it reaches decision-makers in a way they can understand. Country teams are trained in scientific publishing, policy brief development, data visualization, and stakeholder engagement. As a result, teams have published their findings in leading journals, such as BMC Reproductive Health, thereby enhancing the visibility and legitimacy of African-led research.

In line with its mandate to strengthen localized analysis, Countdown to 2030 has established six regional data analysis centers. The data analysis centers offer technical tools and mentorship to countries participating in the Global Financing Facility (GFF). These centers house vast repositories of RMNCAH+N data and support routine monitoring and equity analysis, ensuring that no one is left behind.

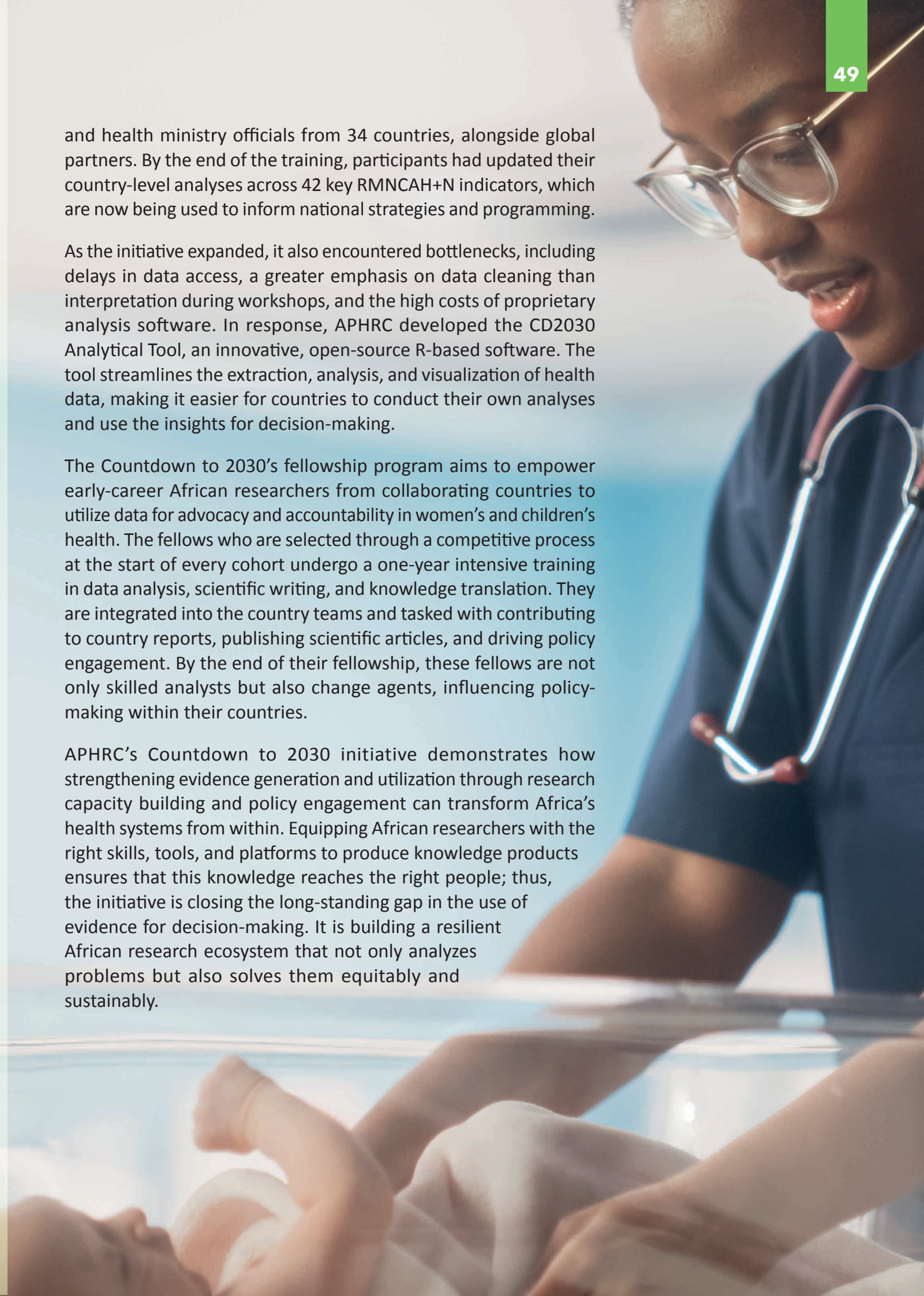
The initiative has conducted over 20 analytical workshops to promote collaborative learning since it started. The most recent, hosted in Nairobi in June 2025, brought together over 240 researchers

and health ministry officials from 34 countries, alongside global partners. By the end of the training, participants had updated their country-level analyses across 42 key RMNCAH+N indicators, which are now being used to inform national strategies and programming.

As the initiative expanded, it also encountered bottlenecks, including delays in data access, a greater emphasis on data cleaning than interpretation during workshops, and the high costs of proprietary analysis software. In response, APHRC developed the CD2030 Analytical Tool, an innovative, open-source R-based software. The tool streamlines the extraction, analysis, and visualization of health data, making it easier for countries to conduct their own analyses and use the insights for decision-making.

The Countdown to 2030's fellowship program aims to empower early-career African researchers from collaborating countries to utilize data for advocacy and accountability in women's and children's health. The fellows who are selected through a competitive process at the start of every cohort undergo a one-year intensive training in data analysis, scientific writing, and knowledge translation. They are integrated into the country teams and tasked with contributing to country reports, publishing scientific articles, and driving policy engagement. By the end of their fellowship, these fellows are not only skilled analysts but also change agents, influencing policy-making within their countries.

APHRC's Countdown to 2030 initiative demonstrates how strengthening evidence generation and utilization through research capacity building and policy engagement can transform Africa's health systems from within. Equipping African researchers with the right skills, tools, and platforms to produce knowledge products ensures that this knowledge reaches the right people; thus, the initiative is closing the long-standing gap in the use of evidence for decision-making. It is building a resilient African research ecosystem that not only analyzes problems but also solves them equitably and sustainably.



The Bambilor Dilemma: Rebuilding Health Coverage for an Aging Population

By Dieneba Aidara, Research Officer



Just thirty-eight kilometers from the bustle of the city of Dakar, Bambilor, a rural commune created in 2014, balances tradition with emerging modernity. At its heart lies a vibrant community where older people are not simply citizens, but social and cultural pillars. As guardians of collective memory and keepers of ancestral knowledge, their presence shapes the very identity of the commune. Yet behind this respected role, hides a stark reality that renders them vulnerable. This aging population faces reduced access to healthcare, which is extremely concerning.

Among the 1,049 older adults surveyed in Bambilor, only 7% benefit from any form of health coverage. This number, though coldly statistical, reveals an alarming social and public health reality. To bring this closer into perspective and maybe emphasize the gravity of the situation, imagine that more than 93% percent of older people in this community live without medical safety nets, are

exposed to preventable illness, while managing the unavoidable effects of aging and poverty, with no structured system of care.

The situation becomes even more concerning when we consider that the average age of this population is 68, with some individuals living to a ripe old age of 101 years. This longevity is remarkable, but it also brings with it rising health needs specific to aging, among them chronic illnesses such as diabetes, hypertension, cardiovascular diseases, cognitive decline, and loss of autonomy. As age advances, the risks of multiple health conditions increase, making medical care more complex, costly, and frequent.

In this context, the absence of health coverage does not only mean a lack of access to medical expertise and drugs. It translates into delayed care, interruptions in treatment, late medicalization of illnesses, and, in some cases, the complete renouncement of care.



The aforementioned medical services are far beyond the reach of many low-income families. This leads to painful trade-offs like choosing between taking an elderly parent to the hospital or covering a child's school fees, between buying food or paying for prescription drugs. These are not only economic dilemmas but also moral and psychological ones, forcing families to prioritize one urgent need at the expense of another, sometimes jeopardizing the health and, in some extreme cases, the life of an elder or the future of a child.

Such dynamics create a vicious cycle of vulnerability. Without regular care, the health of older people deteriorates, increasing the likelihood of complications, emergency hospitalizations, and thus raising the cost of care. Over time, this erodes family resilience and weakens the social and economic stability of the community as a whole.

For many older people themselves, this situation fosters a sense of abandonment or injustice. They may begin to feel like a burden to their relatives, undermining not only their physical well-being but also their mental health and self-esteem from observed social isolation and psychological distress.

This raises critical questions about the effectiveness of public social protection systems, such as the Plan Sésame, which is meant to provide free healthcare for persons over 60 years old. The low enrollment rate suggests a significant gap between policy design and actual implementation on the ground, whether due to limited access to information, administrative complexity, a lack of local support, or diminished trust in institutions.

Bambilor thus illustrates the urgent need to rethink strategies for the health inclusion of older people. Solutions lie in strengthening information through effective knowledge translation, including targeted campaigns tailored to this demographic, utilizing local languages and visual tools accessible to those with limited literacy, simplifying administrative procedures, and embedding social action more deeply at the community level.

Ensuring healthcare access for older adults is not only a public health imperative but a matter of dignity, social justice, and intergenerational solidarity. Addressing this inequality is essential and provides a learning opportunity on how knowledge and policy can achieve real and impactful change, whereby rights promised on paper become protection lived in practice.



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