

Report

2st Eastern Africa MicroResearch Forum

**Held at
Olive Garden Hotel,
November 9-10, 2013**

***Research presentations, networking, and knowledge
translation skills***

Invited Participants From

Mbarara University of Science and Technology (MUST) and Healthy
Child Uganda (HCU), Mbarara Uganda

Makerere University (MU) and College of Health Sciences,
Mulago Hospital (MH); Kampala, Uganda

University of Nairobi (UoN) (and Kenya Medical training College
(KMTC)); Nairobi Kenya

Aga Khan University (AKU) and the Gertrude's Children's Hospital
(GCH); Nairobi, Kenya

Tanzanian Training Centre for International Health (TTCIH)); Ifakara,
Tanzania

Funding and In kind support for 2nd MicroResearch Forum

International Development Research Centre (IDRC), University of Nairobi, Makerere
University, Mbarara University of Science and Technology, Healthy Child Uganda,
University of Nairobi, Kenyan Medical Training College (KMTC), Tanzanian Training
Centre for International Health (TTCIH), IWK Health Centre, Dalhousie University,
MicroResearch and

Personal donations: Noni MacDonald Tobias Kollmann and Robert Bortolussi

Objectives of MicroResearch Forum

The objectives of this two-day forum were to:

- Provide an opportunity for MicroResearch PIs to presented their project,
- Encourage networking with other MicroResearchers from East Africa,
- Develop Knowledge Translation skills through instruction and small group exercises,
- Contribute to the MicroResearch strategic plan on government interaction and financial alliance strategies

Introduction and Background

Poverty, hunger, illiteracy, maternal and child deaths have haunted the social landscape of under developed countries for generations. In 2000, the world took action by pledging to achieve eight Millennium Development Goals (MDGs) by 2015, These goals will be huge tasks for developing countries as they bear 25% of the globe's disease burden with less than 3% of its healthcare professionals (HCP) and 2% of the research funds. Although advances have been made, their full impact will never be realized unless they can be implemented in communities. This will require new strategies, since health care professionals (HCP) need skills and resources to find the best way to change local behavior and translate new discoveries into improved health. A new model to develop community focused research was needed. MicroResearch (www.microresearch.ca) is attempting to fill this role.

"MicroRresearch"(MR), was founded in 2008 by Jerome Kabakyenga, Dean of Medicine at MUST in Uganda, Noni MacDonald, former Dean of Medicine at Dalhousie University, and Robert Bortolussi, former VP Research at IWK Health Centre, to provide training for grant proposal development, funds for small grants to address health related community-focused interdisciplinary research (CFIR) questions as well as training in community engagement and knowledge translation. MR's goals are to build CBPR capacity, foster a local culture of inquiry about health care needs and facilitate community engagement- all to improve maternal and child health outcomes. Since it was founded, MR has held 14 training workshops in 5 East African Universities, trained over 360 trainees, and formed 40 MicroResearch teams. Over 25 of these teams have submitted research proposals with MR assistance.

The MicroResearch Forums allow MR leaders to listen to suggestions on MR directions and goals through focus group discussion. The 2nd Forum was held at the Olive Garden Hotel in Nairobi, Kenya on November 9 and 10, 2013. The 35 invited participants (Appendix 1) came to Kampala (Makerere University) from Mbarara Uganda, (MUST and Healthy Child Uganda), Nairobi Kenya (University of Nairobi,

Kenyan Medical Training College, and Aga Khan University) and Ifakara Tanzania (Tanzanian Training Centre for International Health). The University of Nairobi acted as host for the event. A range of past MicroResearch trainees and regional supporters were invited from all sites and regions. The only non-Africa participants were Tobias Kollmann, Noni MacDonald and Bob Bortolussi.

The Program (See Appendix 2)

Day 1

Participants were welcomed to the Forum by Dr. Walter Mwanda, Director of University of Nairobi Institute of Tropical Infectious Diseases (UNITID), and by Dr. Isaac Kibwage, Principle of College of Health Sciences at the University of Nairobi.

Drs. Robert Bortolussi and Noni MacDonald then presented on the origins and goals of MicroResearch and the accomplishments of the first five years. Dr. Eisha Grant then provided an overview of the MicroResearch LinkedIn™ strategy and potential for its use. She invited all participants to register with the program so that they may be enrolled in the MicroResearch Community.

The remainder of Day 1 involved presentations on 15 MicroResearch projects divided into three sections; completed projects, projects underway and projects being developed. The projects, presenters are listed in Appendix 3. Every presentation led to questions, suggestions and praise. The quality and level of the projects was high and would have competed favorably at global health sessions at major international conferences. Links between different MicroResearch teams began to form.

Day 2

Day 2 began with a lecture and a video presentation on KT. The session opened with Tobi Kollmann reading an incomprehensible passage on the human “microbiome”. This was followed by a 5 min video from NPR on the same subject. The contrast between the two illustrated many KT principles. The participants then discussed why the video worked and the paragraph did not. Following this, Noni reviewed the principles of KT. Participants were then divided, with half focusing on developing a KT plan for Florence B's project and the other on a plan for Isha Grant's (see presentations). Each group then discussed what; (a) was the goal/purpose, (b) the innovation, (c) to transfer, and to whom, (d) by whom and how and (d) to what effect. The two discussions were lively and helpful for both PI's. Each group then finished with a review of what they had learned about KT- such as this is not a single person desk exercise, need for input and rethinking as plans evolve.

The participants then discussed two strategic issues for MicroResearch:

- How to engage government in the MicroResearch process,

- What strategies should be considered to provide financial stability for MicroResearch.

A summary of the discussion is attached (Appendix 4).

Follow up Actions:

1. Distribute report to participants, and supporters and post it on the MicroResearch website to encourage further discussion.
2. Use the Forum discussion highlights for participants in the upcoming MicroResearch Strategic Planning meeting in 2014.
3. Encourage wider participation in the LinkedIn MicroResearch site and explore other uses for communication and community building.
4. Develop MR Alumni network and an Alumni Directory.
5. Add KT exercise to the Curriculum lectures.
6. Carry out email evaluation of the Forum by participants.

Appendix 1.

List of participants at the 2nd MicroResearch Forum

Appendix 2:

Forum Program

Appendix 3:

Forum Project Presentations

Appendix 4:

Summary of Forum Discussion

2nd MR East African Forum

List of Participants

	Invitees
Ifakara (IFK)	Boniface Jullu
Ifakara (IFK)	Sylvia Kirenga
Kampala (MAK)	Isha Grant
Kampala (MAK)	Victoria Nannozi
Mbarara (MUS)	Scholastic Ashaba
Mbarara (MUS)	Florence Beinempaka
Nairobi (UON)	Jennifer Oyieke
Nairobi (UON)	Fred Mochache Mose
Nairobi (UON)	Hellen Kariuki
Nairobi (UON)	Leah Chebet Bii
Nairobi (AGK)	Kamenwa Rose
Nairobi	Jane Achola
Nairobi	Lucy Mwangi
Nairobi	Daniel Gai
Nairobi	Eunita Kagasi
Nairobi	Ednah Ojee
Nairobi	Bernard Otieno Oduor
Nairobi	Judith Mweu
Nairobi	Florence Kigano
Nairobi	Danson Kareri Mwangi
Nairobi	Franklin Okonji, VP KMTC
Nairobi	Isaac Kibwage, Principal College of Health Sciences
Halifax	Bob Bortolussi
Halifax	Noni MacDonald
Nairobi	Martin Kollmann
Vancouver	Tobias Kollmann
Nairobi	Walter Mwanda
Nairobi	Grace Omoni

2nd East Africa MicroResearch Forum

November 8-10, 2013
Olive Gardens Hotel, Nairobi

Objectives and Format:

- **Presentations:** Selected projects leaders will present their research projects.
- **Networking:** Meet other researchers from Africa with similar interests.
- **Scientific skills:** Senior researchers will instruct and provide tips to improve knowledge translation of MicroResearch projects.
- **MicroResearch plans:** Have input on garnering government attention, funding for MicroResearch in East Africa

AGENDA

Friday, starting 19:00, 'meet & greet' at Olive Gardens (light refreshments provided)

Saturday

8:30-9:00 Registration

9:00-9:45 Welcome, Introductions, Greetings: Walter Mwanda, **Isaac O. Kibwage**

9:45-10:00 KMTC and MicroResearch- the opportunities: Franklin Okonji

10:00-10:15 Why MicroResearch? Bob Bortolussi

10:15 -10:30 MicroResearch - the first five years: Noni MacDonald

10:30-10:45 The potential of LinkedIn: Isha Grant

10:45-11:15 **Group Photo, Tea Break and Networking**

11:15-12:15 **10 minute MR Presentations: Projects nearing completion:** Bob Bortolussi

The practice of traditional rituals and customs in newborns by mothers in selected villages in Southwest Uganda. Presenter: Florence Beinempaka

The impact of the VHT newborn strategy in reducing perinatal deaths in a rural district of Uganda. Presenter: Isha Grant

12:15-13:15 **Lunch (on site)**

13:15-14:30 10 minute MR Presentations: Projects funded & underway: Tobi Kollmann

Couples HIV counselling and testing: factors influencing its uptake in Mukono district, Uganda. Presenter: Nannozi Victoria

Factors Contributing to Poor Patient Adherence to Ponseti Management of Clubfoot at AIC-CURE International Children's Hospital Kijabe. Presenter: Kareri Danson Mwangi

Determinants of maternal health utilization by adolescents in informal settlements of Nairobi. Presenter: Mose Fred Mochache

14:30-15:00 *Tea Break* and networking

15:00-17:00 10 minute MR presentations: Projects in development: Noni MacDonald

Knowledge, Attitude and Beliefs on HPV Vaccine amongst Mothers of Pre-Sexual Debut Girls and Health Workers in Nairobi. Presenter: Kamenwa Rose

Assessing Tools, Knowledge and Practices of Health Providers at the Antenatal Clinic in Optimizing Maternal Health Services in Kilombero District. Presenter: Boniface Jullu

Maternal mental health and Malnutrition in children admitted in Mbarara Regional Referral Hospital in South Western Uganda. Presenter: Ashaba Scholastic

Hepatitis B Vaccination Coverage and Influencing Factors among Healthcare Students at Kenya Medical Training College, Kenya. Presenter Leah Chebet Bii

Improving Visits of Pregnant Women to Reproductive and Child Health Clinic at St. Francis Referral Hospital. Presenter Sylvia Kirenga

18:30 *Supper – all invited*

Sunday

9:00-10:30 Knowledge translation exercise Noni MacDonald

10:30 -12:00 *Tea* with small group discussion: garnering government attention, funding, KT support for MicroResearch in East Africa. Bob Bortolussi, Noni MacDonald, Tobi Kollmann

12:00-13:00 Report back and closing

13:00-14:00 *Lunch (on site), departures*

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2nd MR East African Forum

Group Discussion:

I: Garnering Governmental Attention:

Background for this discussion was led by Noni, who itemized the challenges and some successes that MicroResearch has had in gaining attention of government ministries.

Key points raised during discussion:

Become better organized as an “association”:

- An association status would help us to become “branded”,
- Use the association to gain local and regional partnerships and support from NGOs,
- Work within existing organizations, such as societies, universities and institutions,
- Try to put MicroResearch philosophy in the mainstream by using members of association as a local voice,
 - MUST and Ifakara are leading in this way

Develop an Alumni Membership:

- Develop a Directory of members and keep all informed periodically so they will be better spokesperson for MR,
- Cultivate concept of an “alumni” giving some status and advantage,
- Invite journalists to become associate alumni (eg Jafer),
- Development of a concept note for the proposed MR alumni network that will define range activity, benefits and structure. Isha Grant, Boniface Jullu, Fred Mose and Ednah Ojee will work together to develop this.
- Nominate regional alumni leaders to encourage membership and communication. Nominees volunteered for this role:
 - Isha for Uganda
 - Jullu for Tanzania
 - Fred for Kenya

Develop Strategic Linkages:

- Cultivate linkages to media and journalists, (alumni may assist),
- Cultivate alumni to develop linkage to ministries other than just health. Such as education, innovation etc.
- Develop MOUs of association with organizations and cultivate win-win team approach,
- Enhance “Consortium” concept with organizations,
- Focus on relatively young and junior faculty esp with Allied Health,
- Invite government representatives to participate in workshops,

II: Funding and Organization:

Background Bob reviewed the funding challenges for MicroResearch (since 2008):

- 1) restriction of funding for proposals focused on maternal child health
- 2) lack of funds for infrastructure such as travel expenses and local capacity building for proposal reviews, communications etc.
- 3) lack of discretionary funding for local support of MR at the site – both for projects and for infrastructure

Key points raised during discussion:**Thematically Targeted Projects:**

- Consider finding funding partners in East Africa, Canada and elsewhere who will support MicroResearch projects in targeted areas (e.g. projects focused on cancer and Canadian Cancer Society).
 - It might be possible to ‘bundle’ applications with similar themes into larger, ‘East Africa’, focused projects that would fit these funding targets.
- Alternatively, Tier 2 – MR alumni-driven applications, with new MR teams could be asked to focus on problems in thematically targeted areas. The consensus amongst the group was to consider both approaches for future applications depending on opportunities.

Established training institutions:

- KMTC- has supported research focused on teaching and learning but is now ready - with MicroResearch- to support other areas. For example, KMTC will provide additional support and funds to the MR team working on HBV immunization uptake by KMTC students in order to extend KMTC sites covered by the study.
- KMTC however insists that projects still be vetted for quality by MicroResearch prior to submission for funding to KMTC. The MR forum group felt this to be a major step towards indigenous financial support within EA by established institutions.

Non Governmental Organizations:

- Look for collaborative opportunities with regional and local NGOs in Eastern Africa. Isha Grant and Florence Beinempaka presented examples of Save the Children Uganda and of a very locale specific NGO in Luweero District in central Uganda. The forum group urged MR leadership to expand on this approach by making the success of this known to all MR teams.

Government:

- Encourage MicroResearch principle adoption as a targeted Ministry objective and hence have Ministry sponsor training. Leah Bii noted that in Kenya, this was done already with health systems management. T

- This idea stimulated further discussion on different Ministries that would be interested in MR- namely, Ministries of Health, Education, and Development.
- MR leadership should not be narrow in the approach. As there are MR-members within the ministries in Kenya (Tracy Wnjiru, Ministry of Health, Kenya; Isha Grant, Ministry of Health, Uganda), they may be able to identify primary contacts within the other Ministries over the coming year.

Demonstrate Outcome:

The next stage of MR growth will depend on solid quantitative and qualitative evaluations with numbers in support of improved outcome. Key is gathering evidence in support of impact of MicroResearch training: a) the gap being filled in health care training, and b) MR training changes measurable outcomes.

For example for those who take course: develop knowledge and skills to formulate a research question, develop and carry out a research proposal.

- for the institutions where MR alumni work: enhance research training of those they teach- stimulate health care students to ask why and teach them how to find local solutions for local problems.
- for the communities that MR alumni serve: solving local problems in work setting and/or in the community that improve quality of care and outcomes.
- The group felt it important to measure and collect this data at each site and to share across the MicroResearch network that allow broader determination of MR impacting training and health care outcome measures across all of MR sites in EA. The current approach to this will be publication (e.g. abstract submitted to PAS, etc.), MR newsletter and the LinkedIn network established by Isha Grant for all MR members. This was however identified as a key focus in need of attention to support future support and growth of MR in EA.

Expansion:

- Carefully think on scaling up MicroResearch within country and across region while ensuring quality stability and sustainability of MR.
 - Extend themes in a meaningful way: include other major burdens of disease in EA, e.g. mental health, non-communicable diseases, disabilities, water and sanitation, etc.
 - Highlight equity: gender, disabilities, and age.
 - Link MR's 'community' approach, i.e. focus on community-directed, small ('micro') projects, local outcomes, with local businesses that have similar foci, i.e. that might be interested to self-promote by supporting MR e.g. Equity Bank – equity and “microfinance”. Key local personnel to tackle this aspect have not been identified yet, i.e. need to be identified over the coming year.
 - Link education and research – possible opportunities beyond individual sites for funding, especially if MicroResearch becomes mainstreamed into health care undergraduate student curriculum. This suggests that MR will need to develop a condensed curriculum that could be taught as part of the regular curriculum (e.g. in nursing school). This concept,

currently labeled 'MicroResearch Applied,' will be expanded by Tobi Kollmann over the coming year.

- Develop MR research consortiums across all sites to attract donors who are interested in research themes similar across sites and several settings. The approach agreed upon was to leverage alumni networks across (instead of only within) sites in all 3 EA countries. This will be accomplished initially via LinkedIn.

III. Other Comments:

1. Professor Walter Mwanda, Director UNITID, Institutional Host for 2nd MR Forum. He emphasized MicroResearch concepts and principles: Community directed- e.g. by whom, where, and how projects are initiated is community direct. This approach will grow demand for more of this type of work, as it empowers the community.

- MR provides a means of attaining equity in addressing community problems- community not ignored; research of their own NOT research done to them. 'They throw answers at us like stones, for questions we haven't even asked'.
- Emphasize that MR is locally conceived, driven, community-outcomes directed -seeded by MicroResearch international – not driven by them
- Highlight that MR is from grass roots up not top down
- Emphasize that MR supports equity for health issues of women, for the disabled, for youth.
- Many health care workers are women- MR adds equity to their opportunities to help shape and improve the health care system and outcomes. MR trains HCW to ask questions and find answers that are locally relevant and sustainable solutions for local problems.
- Universities and other East African health care training centres emphasize importance of research as one of three pillars (teaching, research, clinical care). However, the vast majority of research studies at EA universities are foreign donor grant driven, elitist as few in East Africa participate. There a few East African opportunities to learn research skills, garner grant finding or drive any of these donor directed projects yet many are required to show research activity for promotion. MicroResearch helps address this problem by providing team generated community directed local research opportunities.
- Foster opportunities to form local MR consortiums within country/area e.g. UNITID, Kenyatta National Hospital, KMTC- work as team , apply as a team
- Foster opportunities to form local MR consortiums across East Africa of MR alumni who can apply for larger grants in areas of common interest.

2: Martin Kollmann and Walter Mwanda emphasized that MR needs coalition management not project-management or top down management. This is key for sustainability and growth. Furthermore, MR growth needs to be directed and fostered within each country with East African cross-country links.