



## 2022 MicroResearch International Forum Final Report

Held Virtually  
June 6-7, 2022



*Participants, panelists, and presenters at the 4<sup>th</sup> MicroResearch International Forum*

### ***Networking Storytelling Decolonization and Democratization of Research***

#### **Invited Participants From**

Mbarara University of Science and Technology (MUST) and Healthy Maternal  
Neonatal Child Health Institute (MNCHI), Mbarara Uganda

University Teaching Hospital of Kigali, Kigali Rwanda

Mildmay Uganda, Entebbe, Uganda

Meru University of Science and Technology, Meru, Kenya

University of Malawi, Mangochi, Malawi

CHUK University Teaching Hospital of Kigali, Kigali, Rwanda

St Francis University Hospital, Tanzanian Training Centre for International Health  
(TTCIH), Ifakara, Tanzania

## **Funding and In-kind support for 2022 MicroResearch Forum**

Primary funder: Royal College of Physicians and Surgeons of Canada through its International Development, Aid and Collaboration funding program facilitated by Royal College International.



Others: Academics Without Borders; Local African sites – including Hub site at MUST; IWK Health; Nova Scotia Health; Dalhousie University; Dalhousie Medical Research Foundation

## Objectives of the 2022 MicroResearch Forum

The objectives of this two-day Forum were to:

- **Present and share findings from MicroResearch projects** by providing investigators an opportunity to present their projects and discuss implications on local/regional health programs and policies
- **Provide participants with a better understanding of:**
  - i. **Networking:** show how a research network can support synergistic community focused health research efforts in East Africa and identify challenges in developing a network.
  - ii. **Storytelling:** Illustrate the value of storytelling as a communication tool with the public, funders and other researchers.
  - iii. **Decolonization and democratization of research:** review the history of colonization and the opportunities for investigator-initiated research in a decolonized social structure. And illustrate the opportunities offered in a democratized research environment.

## Introduction and Background

Poverty, hunger, illiteracy, maternal and child deaths have haunted the social landscape of low income countries for generations. These countries bear 25% of the globe's disease burden but have less than 3% of its healthcare professionals (HCP) and 2% of the research funds. The necessary elements to improve population health in these countries is a cadre of skilled local investigators who understand local health problems and are capable of doing research to find solutions that fit the local culture, context, and resources.

MicroResearch (MR) is an innovative strategy aimed at building the capacity of local health care professionals to better address community health care problems by finding local solutions for local problems. The program began in 2008 as a collaboration between faculty at Mbarara University of Science and Technology (Jerome Kabakyenga) and Dalhousie University (Robert Bortolussi and Noni MacDonald). Since then, 51 research capacity building and writing workshops have been held in 8 countries with 1,171 participants. 126 locally driven research projects have been launched with 51 completed and 49 published in peer-reviewed international health journals. More information on MR can be found on the website: [www.microresearch.ca](http://www.microresearch.ca).

The MR Forums allow MicroResearchers to share knowledge gained from their research projects, stimulate network development, and suggest future direction for MR. The 2022 Forum was supported through a grant from the Royal College of Physicians and Surgeons of Canada. Like the previous Forum, June 2021, the 2022 Forum was conducted virtually due to COVID-19 and restrictions on travel. The virtual format has been successful and well-received.

Participants from several eastern Africa MR sites were invited to attend virtually. Selected recent MR project leaders and network chairs were invited to submit prerecorded presentations (5- or 10-minute) to be presented at the Forum. Special invitations were also extended to panelists from the MR sites and Canada with expertise in each theme area. Researchers from MR sites in Africa and elsewhere were also invited to attend as participant guests. Strategies to engage participants in the virtual format were employed and participation was good. A total of 82 people joined as participants, presenters, and panelists during the two days, with representation from Uganda, Kenya, Malawi, Tanzania, Rwanda, India, and Canada.

## **Forum Program**

Due to time differences between eastern Africa and Canada as well as work-related time constraints, after discussion with the MR east African Hub site leaders (MUST) the virtual Forum was scheduled to optimize participation from all sites.

### **Day 1 (June 6, 2022)**

#### **Opening Comments**

An overview of the Forum objectives, format and schedule was presented by Dr. Bob Bortolussi at the start of the Forum. He also summarized the MR “Strategic Doing” initiative of November, 2021, linking the main action items to topics that will be covered in the Forum.

The official opening of the 2022 Forum, began with welcoming remarks by Dr. John Phuka from Kamuzu University of Health Sciences in Malawi. Dr. Phuka is a senior lecturer and an associate professor of Public Health and former Dean of the School of Public Health. In his welcoming address, Dr. Phuka highlighted how the District Learning Platform he is involved with is piloting interprofessional Health Professional Education and multidisciplinary research capacity building using the MicroResearch approach:

*“The whole world, we really need to find a way to decolonize research. It shouldn’t be anchored elsewhere in the research questions and so forth. Meaningful questions should come from the scientists that live in these diverse environments”*

### **Session 1 – Theme: Networking**

**Objective:** To identify advantages in fostering an effective research network, to highlight the progress and challenges of the MR networks and working groups from the previous Forum.

#### **Networking Presentations:**

To lead off the session, MR Hub Site Manager Teddy Kyomuhangi gave an introductory presentation outlining the networks and working groups that were formed at the 2021 Forum. This was followed by presentations by the chairs of four MR networks:

- Manasseh Tumuhimbise and Catherine Abaasa (Uganda): Malnutrition Network
- Ivan Mugisha (Uganda): COVID-19 and Malaria Network
- Godfrey Rukundo (Uganda): Research Education Working Group
- Elizabeth Kemigisha (Uganda): Knowledge Translation Working Group

After these presentations, Bob Bortolussi gave a presentation on virtual networking, with examples of networks in Canada and internationally. He also encouraged attendees to join the Canadian Association for Global Health (CAGH) directory to help connect with global health researchers internationally (<https://cagh-acsm.wildapricot.org/Join-Us-Global-Health-Researchers-Directory>).

**Panel Members:** Vic Neufeld (Canada), Schola Ashaba (Uganda), Godfrey Rukundo (Uganda), Manasseh Tumuhimbise (Uganda), Ivan Mugisha (Uganda), Elizabeth Kemigisha (Uganda), and Tony Otley as the chair (Canada).

Tony Otley summarized results of a poll of participants about their experience with electronic networking. Most (73%) already had experience and were involved with networks.

He then kicked off the discussion by asking the panel the purpose and goals for networks, the challenges and steps for success. The goal for a research network is to help people with in a common interest or disease group to share enthusiasm, brainstorm ideas and “to identify funding opportunities”. The networks should welcome people with diverse skills and from a variety of disciplines. This will make it easier to quickly seize on new opportunities.

The challenge for any new network is recruiting members who will share the responsibilities and leadership, where senior members will mentor those starting their research career and all will see it as a worthwhile and fun event.

*“Managing the process of a networking group comes with challenges of voluntary contribution and engagement... there is need for continuous challenging the process. Some measures to consider: have mid-term targets set; have periodic check-ins at the MR Canada level; coaching/mentorships...”* (Forum participant from Uganda)

Other suggestions on how to get started and maintain a vibrant network:

- Establish governance and responsibilities in advance, (share the load).
- Invite members through newsletters on commonly used websites.
- Make it fun, and communicate this frequently.
- Respond quickly to any question or comment.
- Assess how you are doing “Partnership Assessment Tool” (<https://cagh-acsm.org/en/our-work/country-partnerships/partnership-assessment-tool>).
- Plan for a “Good Ending”. This is useful for both networks that have been successful in working well but has a pre-determined end-date, as well as for networks that have not been working well.

Participants suggested potential new networks, including one on chronic pain, writers’ forum etc.

*“The networks are really good, and the way to go. The reason we formed a covid-19 network was to build a team with a similar interest and competitively work to attract funding and address a common research issue.”* (Forum participant from Uganda)

## **Day 2: June 7, 2022**

### **Session 2 - Theme: Storytelling**

**Objectives:** To explore the value of storytelling and how it can be used as a communication tool with the public, funders, and other researchers.

The second day of the forum started with a brief presentation by Dr. Noni MacDonald, reminding attendees of the MR Strategic Doing action items, one of which was storytelling. This was followed by a presentation on Introduction to Storytelling by Robens Mutatina and Barbara Naggayi, who outlined both how storytelling is used and how it is done from a technical perspective. Two short storytelling videos were shown, both by MicroResearchers with the help of the team at the site in Mbarara, Uganda. Finally, three presentations on MR projects were given, two of which had a focus on knowledge translation and bringing research into policy.

#### **Presentations for Session 2:**

- Robens Mutatina and Barbara Naggayi (Uganda) – Introduction to Storytelling
- Short storytelling videos for MicroResearch: Ivan Mugisha and Bives Mutume
- Jane Kasozi-Namagga (Uganda) – “The role of community health nursing in identifying needs of women and children under five in Katete, Mbarara Uganda”
- Florence Beinempaka (Uganda) – “KT and research to influence policy”
- Carolyne (Uganda) – “Clients’ knowledge, perceptions and compliance toward hypertension management among adults living with HIV attending Entebbe and Mildmay Uganda hospital”

**Panel Members:** Towela Maleta (Malawi); Anchilla Banegura (Uganda); Polyphile Ntihinyurwa (Rwanda); Janeth Bulemala (Tanzania)

**Discussion:** The Chair of the panel discussion, Louisa Horne, began the conversation by asking the panelists about their experience with storytelling and the importance they give on being able to tell compelling stories. Comments were made around how storytelling gives voice to those who may not normally have an outlet to share their perspective. These comments lead into discussion about using stories for more specific purposes, like in disseminating research findings to better connect to the communities. In the discussion about what makes a compelling story, panelists and participants made reference to the “magic moment” that captures a listener’s attention and a key message for them to remember. A bit of discussion revolved around how to incorporate storytelling into qualitative research, highlighting the impact this can have. Comments were also made on how to refine stories to target particular audiences.

*“Storytelling as a research tool then gives you an opportunity to pick on the deep and detailed account without interruptions”* (Forum participant from Uganda)

*“Storytelling is more than conveying facts/knowledge - it offers opportunity for interaction, relationships and even ownership.”* (Forum participant from Kenya)

**Next Steps:** While the small storytelling sessions that were organized by the team in Mbarara proved to be very useful for starting the conversation around storytelling, Forum participants indicated a need for more formal opportunities to learn how to do storytelling. This will require technical support as well.

### **Session 3 - Theme: Decolonization and Democratization of Community Health Research**

**Objectives:** To stimulate discussion on the concepts of decolonization and democratization within the context of community-focused health research.

**Panel Members:** Sana Naffa (Canada), Jenn Brenner (Canada), Christina Zarowsky (Canada), Peter Ndege (Kenya), Jerome Kabakyenga (Uganda), Towela Maleta (Malawi), and Noni MacDonald as the Chair (Canada).

**Discussion:** The session began with a presentation on the two themes by MicroResearch co-founders Bob Bortolussi (Decolonization) and Noni MacDonald (Democratization). The presentation helped to frame the further discussion by the panel and participants.

Noni opened the discussion by asking panel members how they saw the decolonization and democratization processes evolving.

Jerome Kabakyenga felt that there is a need to convince local and national governments to invest in research. He said MicroResearch provides a good example of how this investment can benefit the local communities and foster a culture of enquiry. Towela Matela echoed these sentiments and pointed to the necessity for health care workers to ask questions as the foundation for wise decisions to be made. Christina Zarowsky agreed but indicated that those in HIC need to foster a mindset of “Allied-ship” and to find ways to incentivize collaboration. We need to challenge our own ways of thinking and ask ourselves: “How do we know what we know?” Social context and alternate systems may lead to different perceptions on what is common knowledge. We need to learn to “decolonize” our own mind.

Sana Naffa’s opening comment summed up her main thoughts *“Enough with high income countries dictating what is done, and by whom!”* She reinforced the need to link evidence to decision making and pointed to a successful initiative launched by IDRC, “Partnership for Evidence and Equity in Responsive Social Systems” (PEERSS) as an example. Another good model for future programming has been the “Innovating for Maternal and Child Health in Africa” initiative.

Timely mechanisms for evidence informed policymakers requires empowered support to improve evidence production, use and uptake. The need for regional hubs and for flexibility on all sides is also important.

Jenn Brenner pointed to the power imbalance between high-income and lower-income countries. Her main messages were that we must be humble to overcome barriers, everyone

has something to contribute, and everyone should have a voice in the decision-making process. Although Peter Ndege is a newcomer to MicroResearch, he acknowledged the importance of the points being raised, the existing networks at work, and the need to change the mindset on who should do research, as everyone has a role. He pointed out the Kenyan government has come to recognize this fact and through the National Research Fund (<https://researchfund.go.ke/>) has set aside funds to support all types research and innovation, including health research in the country.

Main points from the panel and from the participants:

- We need to rethink the decision process and who should contribute.
- We need investments in research to ensure timely evidence production for policymakers.
- Health research investment should allow everyone involved in the health system to contribute
- Everyone involved in policy making needs to be humble. No single person has the answer.
- MicroResearch should be seen as a seed that can initiate many of the required changes.
- While the structural change process is ongoing, Martin Kollmann pointed out we will all need to embrace conflict.

*“This is why, the community still has problems. It’s as if there was no research done. Because it was done without the knowledge of decolonization and democratization”*  
(Paraphrased comment from a Forum participant from Tanzania)

**Next Steps:** A commentary for publication on this topic is being developed with several recommendations. The international MR Advisory Committee (MRAC) and the MR sites need to consider further steps.

## Forum Evaluation

An online evaluation was completed by 27 of the Forum participants. Overall, the event was very well-received, with participants appreciating how the different sessions could translate in their professional or research roles. In particular, the networking and storytelling sessions were highlighted as being useful tools that attendees would consider in their future.

*“I appreciate the thematic areas that were selected for this forum. Catered very well for where the MR community is at, where and what it would like to do in the future.”*

In terms of what could be changed, respondents indicated that more project presentations, more time for group discussions, the option of having in-person events, and having longer sessions would all increase the value of future Forums.

*“Should allow more of the participants to share their views than focus on lecturing*



*them because this is adult learning.”*

More respondents indicated that they would prefer virtual Forums on an annual basis (63%) versus in-person forums every few years (37%).

### **Closing Remarks:**

Dr. Jerome Kabakyenga (Director of MNCHI and co-founder of MicroResearch) gave the concluding remarks on behalf of Mbarara University of Science and Technology (MUST) and the participants. He thanked the participants, panelists, and facilitators of the Forum and emphasized the need for ongoing collaboration through these types of events.

## **Final Thoughts and Recommendations**

### **Technical**

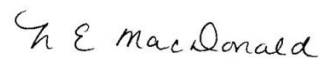
1. Pre-recorded PPT were seen as a benefit, as pre-recorded meant local internet issues at the time did not preclude or slow presentations. The IT team at Healthy Child Uganda was key in ensuring the audio quality was good.
2. There should be brief bios for each panelist and presenters made available to participants ahead of time.
3. Real time Polls of participants worked well and were much appreciated, as was the opportunity for comments in the chat to be monitored and noted aloud for key observations and queries.
4. Internet stability issues did plague some participants, but overall did not seem to preclude significant participation.

A heartfelt thanks from MR International to all who helped plan the 2022 Virtual MR Forum, the panelists, presenters, and the participants.

Report respectfully submitted by



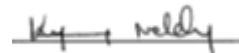
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