

Report

MicroResearch Workshop Mbarara University of Science and Technology and Healthy Child Uganda, Mbarara Uganda

September 3 – September 14, 2012

“Building capacity from a research idea to a finished paper to knowledge translation”

Workshop for Community Based Researchers
held at

Mbarara University of Science and Technology and Healthy Child Uganda
Hosted by Healthy Child Uganda

Facilitators and Lecturers

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Special Guest Lectures

Emmanuel Kyagaba, BSc, MSc. Dean of Students, Mbarara University of Science and Technology, Past Chair Institutional Review Board at Mbarara University of Science and Technology.

Teddy Kyomuhangi, BSW, Manager Healthy Child Uganda

Coaches for five local MicroResearch Teams formed during the Workshop

Scholastic Ashaba

Florence Beinempaka

Francis Oriokot

Esther Beebwa

Amon Natukwatsa

**MicroResearch Workshop Mbarara University of Science and Technology
and Healthy Child Uganda, Mbarara Uganda
September 3 – September 14, 2012**

Funding Partners

Healthy Child Uganda- Muskoka Initiative Partnership Program (MIPP)

International Development Research Centre

Mbarara University of Science and Technology (MUST)

Canadian Child Health Clinician Scientists Program

Canadian Paediatric Society

IWK Health Centre

Dalhousie University

MicroResearch

Personal donations by N. MacDonald, M. Graven

Introduction and Background

The absolute need for capacity building in research was recognized several years ago by African nations and the World Health Organization (Call to Action May 2008). Lack of grant funds for small research projects is also a major obstacle to research development in many of these countries. Small projects are the fuel upon which research skills are honed and a track record is established, a critical factor in any research grant proposal success.

MicroResearch (MR), a concept modeled on Microfinance, was conceived by Jerome Kabakyenga, Dean of Medicine of Mbarara University of Science and Technology (MUST), Noni MacDonald and Bob Bortolussi in 2008 (see CMAJ 2008;179:399). The MicroResearch Program uses educational tools, mentors, seed grant support and peer-to-peer trans sectoral collaboration with the support of Canadian and African research coaches to help local African faculty answer their own community focused research questions, and then translate their findings to help improve health outcomes. MicroResearch has received support from a number of organizations (see above). More information on MicroResearch is available at www.microresearch.ca.

Every MicroResearch Training Workshop is modified and adapted based upon feedback from attendees and host institutions. This was the fourth workshop to be held at MUST and marked a major step forward. Four MUST/Healthy Child Uganda faculty, Scholastic Ashaba, Florence Beinempaka, Francis Oriokot and Esther Beebwa delivered the training with the facilitation of Noni MacDonald and Michael Graven. This represents the next level growing local African capacity to deliver local MicroResearch training. The goal of each MR workshop is to enhance skills for:

- o grant proposal development and management
- o avoid pitfalls in research
- o research ethics
- o research manuscript development
- o avoid pitfalls in presentations including abstracts
- o technical report writing
- o knowledge translation and policy development
- o time and resource management
- o community engagement
- o curriculum vitae development

Interactive team teaching was used for the lectures and seminars. The format for the workshop combined lectures, interactive seminars and daily small group interdisciplinary, interactive working sessions. Initially, each participant of the five small groups (4-5 per group) made a proposal for a research project based on their own experience of need. Each group then selected one proposal to work on as a team to develop into a research proposal over the two weeks of the workshop. These MicroResearch teams each had a local African coach assigned to help them during the workshop and afterwards (see below). The timing of lectures was designed to coincide with the needs of the group as they progressed from formulation of an idea into a defined research question to selection of methodology, proposal development and refinement and finally to presentation on the final day of the workshop.

The MicroResearch Program

The workshop was held Mbarara University of Science and Technology in the new Ophthalmology building with support and co-ordination supplied by Healthy Child Uganda. Gertrude Kiwanuka, Deputy Chairperson MUST IRB, welcomed the participants and opened the program on Day1. The training sessions ran from September 3 to September 14 2012 from 2pm until 6pm each day. The venue was excellent with a good size room for lectures and ample space for the five groups to gather for their group work discussions. Even the afternoon torrential rains did not drown out the teachers.

Participants were recruited at the Universities and through Healthy Child Uganda via word of mouth and posters. Often, former participants encouraged others to attend. In addition to local recruitment, seven were recruited from Bishop Stuart University in Mbarara and 10 from Kampala International University (Ishaka branch in Bushenyi). A total of 26 participants were recruited and came from a range of disciplines including anesthesia, nursing, counseling/psychology, microbiology, computer science, biostatistics and economics (Appendix 1). All participants were committed to developing their skills in clinical research, especially research that could improve health outcomes.

Daily attendance was initially low on day 1, increased on day 2 and reached 26 on day 4 and stayed there daily for the remainder of the workshop. The last participant started only on Day 4 and despite being told she would not be eligible for a certificate, participated daily for the rest of the workshop. All were keen and many lively discussions ensued especially in the interactive sessions. The one problem noted was late attendance on most days with the workshop starting at 2:15 to 2:20 pm instead of promptly at 2 pm. Despite this, all sessions were completed by the tea break at 4:30 daily, so moving into group work happened on time each day.

The workshop schedule is shown in Appendix 2. The local MR faculty did an excellent job on the lectures and the interactive sessions in lectures they delivered. They taught all but one. All lectures and seminars were done using co-teaching techniques. Drs Graven and MacDonald co-facilitated, filling in gaps and adding comments and examples. The special guest lecture and discussions on ethics from a local MUST perspective given by Emmanuel Kyagaba , then the interactive seminar on Knowledge Translation by Teddy Kyomuhangi followed by the KT lecture by Francis Orikot and the lecture on community engagement by Noni MacDonald and discussion led by Teddy Kyomuhangi were well received. As Gad Ruzaaza was unable to attend on day 8 to give the community engagement lecture due to a mix up in times, the lecture was given by Noni MacDonald with the discussion led by Teddy Kyomuhangi.

Modifications to the MicroResearch Workshop trialed in Mbarara

- 1) The local MicroResearch faculty taught every session in the workshop in a co-teaching manner with each helping another. The Canadian faculty facilitated but only taught one session as noted above. The Canadians functioned primarily as resource faculty and helped address slides where points needed clarification or expansion. The Canadian team also helped ensure that the workshop level was kept at the same high standard as has been done before.
- 2) As participants came from three different universities and from Healthy Child Uganda, a different strategy was used to form the MR groups this time. The 3rd workshop in 2011 also had participants from several local universities. While the MR teams worked well during that training, they found it very difficult to sustain following the training due to distance and time conflicts. Hence for the 4th workshop, the participants were assigned according to their site. This meant there was less diversity of background in several groups. To address this, all groups were reminded that additional team members could be added to fill expertise gaps following the workshop when the teams would further refine their proposals into a full grant application to MicroResearch.
- 3) Interactive lecture sessions were introduced into the workshop for a) poster development (session 4A), b) how articles are reviewed (session 5A), c) knowledge translation (session 7A) and a budget session on day 6. These all involved interactive discussion of real life MR examples to provide hands on experience. For example, in Session 4A, the lecture PPT on oral and poster presentation was delayed until the poster section. Then three full size posters were displayed and the participants actively discussed what worked and what did not. A lively guided discussion ensued. Then the final poster slides were presented each reinforcing and extending participant observations and comments. This same approach was used for the other interactive sessions. For the knowledge translation session, participants were asked to review the slides ahead to the session. Then two completed MicroResearch studies were handed out in abstract form and the KT session focused on developing a knowledge translation plan specific for each, starting with the questions on slide 15. The local MR teachers felt the background KT PPT slides in 7A should remain but only for participants to read. An interactive session on budgets was held on Day 6 i.e. first day of the second week prior to breaking up into their teams, An example of a submitted budget was shown and the group looked at each section, made observations of what was included and what was missing. This led to many questions. The budget issues were then reinforced in a lecture several days later. Hopefully, this added attention on budget will lead to improved budgets in submitted proposals.
- 4) In contrast to previous workshops, each of the five groups was assigned a local East African coach to support the group during the Workshop, not the usual mix of Canadian team and local coaches. All five of the local African coaches had previously taken the MicroResearch training and each had been involved in a MicroResearch project and grants including reports and knowledge translation. This change will hopefully allow the local coach to keep the team working after the workshop. We shall see if this results in more proposals coming forward for submission to MR Grants Competitions.

- 5) The program made extensive use of co-teaching with one local faculty member assigned to support the other local faculty in teaching a session. This appeared to stimulate discussion and lead to a much wider range of examples. The class stayed attentive throughout.

MR Group Proposal Development

Workshop participants were divided into five groups so that each group included a range of professional disciplines. Within their university/locale, some groups were more mixed than others with respect to backgrounds as noted above. Most had never worked collaboratively together before. Each group started with discussion of the research questions put forward by each member of the group. The research questions were based on their own experience and guided by the lecture: "How to develop a research question". The group then vigorously discussed the merits of each question and selected one question to work on as their team project. A spokesperson for each group then presented the list of topics to the entire class and noted the one selected by the group and the rationale for its selection. (See Appendix 3)

The five topics selected to move forward during the workshop were:

Group 1 A: Why malnutrition is still a common cause of morbidity and mortality among pregnant and lactating mothers in Bushenyi District despite abundant food production?

Group 1B: What is missing in the current maternal and child programs that mortality and morbidity figures have not been reversed in Bushenyi District?

Group 2: How can male involvement improve safe motherhood?

Group 3: What contributions have the Traditional Birth Attendants (TBAs) made towards maternal health?

Group 4: How best can the VHT program be sustained using income generating activities? A case study of Kinoni?

The series of lectures then provided knowledge and skills needed to develop these topics into a research proposal. This included an emphasis on knowledge translation and community engagement - core principles to the MicroResearch concept. As each proposal developed over the workshop of the two weeks, each group was coached by a consistent East African coach as noted above. (See also Appendix 3).

The 10 half-day workshop was completed with the five groups presenting a 10 minute overview of their research proposal followed by 10-15 minutes of comments and questions from the judges. A distinguished panel of judges participated in deciding on the best presentation:

Dr. Samuel Maling, Associate Dean, Faculty of Medicine, Mbarara University of Science and Technology; Dr. Imelda Tamwesigire, Department of community Health at Mbarara University of Science and Technology; Basil Tibanyendera, Faculty of Science, Mbarara University of Science & Technology, Department of Educational Foundation and Psychology; Gertrude

Kiwanuka, Senior Lecturer in Biochemistry & Researcher at Mbarara University of Science & Technology . Ms. Teddy Kyomuhangi, Manager Healthy Child Uganda, stepped in as the fifth judge when Dr. Jerome Kabakyenga is the Dean Faculty of Medicine of Mbarara University of Science and Technology, was delayed.

Group Winner

Group 4: How best can the VHT program be sustained using income generating activities? A case study of Kinoni?

With First Runner Up

Group 1 A: Why malnutrition is still a common cause of morbidity and mortality among pregnant and lactating mothers in Bushenyi District despite abundant food production?

Judges' Summary Comments on Proposal Presentations, September 14, 2012

The judges used a standardized scoring system (see Appendix 4). They ranked the participants on their overall performance and presentations. Of special note, they were impressed by the relevance of each of the questions but all needed to be narrowed to be practical. The judges noted the major work each group had clearly done and how impressed they were with the quality of the presentations, crisp and on time. They offered a number of suggestions for each group on how they might enhance their proposal. Several points were common: ensure that the objectives are clear, focused and possible; make the title link clearly with the objectives and spend time on the budget to ensure is accurate reasonable and well justified; enhance the literature searches; look for opportunities to find the more specific data about a problem possibly via Healthy Child Uganda; and lastly, check if the project is realistic. See Appendix 6 for specific comments for each group.

Workshop Assessment

Two evaluations were done. The first was completion of a brief questionnaire evaluation (see summary in Appendix 5). The second evaluation involved review of these findings by the teachers/coaches, facilitators and Teddy Kyomuhangi on the morning of the last day, followed by a few added suggestions at the end of the last day.

Outcomes and Recommendations

General and Specific

1. MUST/HCU faculty - Scholastic Ashaba, Florence Beinempaka, Francis Oriokot, Esther Beebwa are prepared to move forward with further local training on MicroResearch. Amon is willing to co-ordinate future workshops.
2. Team teaching model stimulated much participant discussion and should be continued in future workshops.
3. The use of real MR examples for the budget, the posters and the abstracts were well received. The change to the applied KT interactive session went very well and was commended on by the participants. This new format should be continued.
4. All of the coaches were local and thus knew the context for the groups' suggested research question, an advantage over coaches from away as research proposals are being started.
5. Timing of the workshop needs to remain as a two-week workshop in the afternoon, but moved to the holiday period i.e. July for example.
6. We cannot comment on whether the division of the groups by university site will enhance completion of proposals. This will only be known after review of submission to future competitions.
7. All of the local coaches will follow up with each group to try to help the groups move forward.
8. Workshop recruitment needs to be strengthened to ensure a wide range of background of participants. Perhaps more use of department heads in recruitment would be helpful at all of the universities.
9. The workshop should have a small fee charged to each participant to cover the cost of running the workshop, but with a sympathetic waiver where this would preclude a worthy applicant from attending.
10. A local coaches' workshop should be held two days before the training. A curriculum for such a workshop needs to be developed.
11. The local teachers will meet to go through the PPTs to find where Canadian examples are used and then suggest local examples to replace each of them.
12. There is a need to develop local coaches at the other participating local universities for support of MR. The current teachers and coaches will identify potential coaches and then

invite them to be mentored at the next MicroResearch training as coaches.

13. Similarly, there is a need to have some judges on the panel come from BSU and KIU. The local MicroResearch teachers will explore how this might be arranged for future workshops.
14. Pilot a strategy to incorporate MicroResearch principles into undergraduate nursing and medicine, perhaps through the Maternal Child Institute. The local MicroResearch teachers with Teddy will meet to discuss how this can be done.
15. When the MicroResearch Forum is announced, the teachers and Teddy will select the appropriate people to attend.
16. Set a goal of four out of five of the groups in this workshop to submit for MicroResearch funding within the next year, and at least four more projects to get published.
17. To set a goal to have at least one MicroResearch graduate who has completed a MicroResearch proposal to now develop a full community project with potential funding from Save the Children Uganda or other resource.
18. Follow up of MicroResearch graduates, undertaken by the teachers and Teddy to support them to continue with their research and to also try to capture the impact of MicroResearch in its many facets.
19. A local MicroResearch administrator/co-coordinator is needed to support recruitment, the training program, the MicroResearch graduates, and to do fund raising and facilitate MicroResearch university impacts.
20. The coaches and teachers need to work with KIU and Bishop Stuart to determine how to optimize expansion of MicroResearch at these sites and how MicroResearch cross links might be fostered.
21. Explore steps that can be taken to facilitate questions being raised at the community level e.g. health level management and then passed up for help to answer via MicroResearch or by themselves.

Technical

1. Consider having a dedicated MicroResearch server located in the main computer science faculty server room, until more funds are available. The backups should be maintained through arrangements with the Faculty of computer Science. Healthy Child Uganda should control the directories and files and can use the server to host email and communications associated with MicroResearch and their own projects. It should mirror the MicroResearch files from Canada, for MicroResearch specific access. The rationale is that it will dramatically improve speed and responsiveness of internet related work for

MicroResearch, such as literature searches, uploading applications, working with Canadian coaches etc. This would replace the need for an orange stick.

2. Wireless communication equipment will be needed to locally send the internet signal to wherever it is needed by HCU for MR and other projects.
3. A grant needs to be written by Michael Graven jointly with Teddy Kyomuhangi and David Tumusiime.
4. This will also allow the most current MicroResearch PPT's to be on the server for teachers.

Respectfully submitted by,



Noni E. MacDonald MD, FRCPC, FCAHS

List of Appendices:

1. List of participants, backgrounds and email addresses
2. Program Outline
3. Topics and Questions explored by each group
4. Scoring System for Proposal presentation
5. Workshop Evaluations
6. Judges Comments Each group

Appendix 1:**MicroResearch Workshop Participants September 3 to 14, 2012
Contact Information and Area of Specialty**

NAME	E-mail addresses	Area of Specialty	Institution/ University
1. Woje Abba Innocent	wojeabbainnocent@gmail.com	Nursing Department	Kampala International University
2. Babirye Ziyada	babiryezd37@gmail.com	Psychologist Lecturer	Kampala International University
3. Sanusi Sani Kayawa	marysan9@yahoo.com	Nursing Department (Lecturer)	Kampala International University
4. Nzamuhiki Stephen	nzamsteve@yahoo.com	Counseling Psychology	Bishop Stuart University
5. Mukundane Charles Godfrey	mukundanecharles@yahoo.co.uk	Social Worker	Bishop Stuart University
6. Apuulison Friday David	apuulison@yahoo.com	Nursing Department (Lecturer)	Bishop Stuart University
7. Asiiimwe John Baptist	Johnbaptistasiimwe2008@gmail.com	Nursing Lecturer	Bishop Stuart University
8. Nakidde Gladys	Gladysaliyinza.2012@gmail.com	Nursing Lecturer	Bishop Stuart University
9. Katushabe Syson Kamwebaze	sysonkatu@yahoo.com	Counseling Department	Mbarara Regional Referral Hospital
10. Batume Elias	batumeelias@yahoo.com	Nursing Department (Lecturer)	Kampala International University
11. Ampaire Lucas	lucasampaire@yahoo.com	MicroBiology	MUST/Mbarara Regional Referral Hospital
12. Mahoro Christine	datamanagerhcu@gmail.com	Statisician	Healthy Child Uganda-MUST
13. Samantha Mary	samanthahcu@gmail.com	Economist	Healthy Child Uganda-MUST
14. David Katuruba Tumusiime	katurubahcu@gmail.com	Computer Scientist	Healthy Child Uganda - MUST

15. Nabulo Harriet	harrietnabulo@yahoo.com	Nursing Department	MUST
16. Itabangi Herbert	hitabangi@gmail.com	MicroBiology	MUST
17. Mpairwe Anthony	Anthony.mpairwe@gmail.com mpantho@yahoo.com	Social Worker	Bishop Stuart University
18. Komurere Abigail	bkomurere@gmail.com	Social Worker	Bishop Stuart University
19. Ekpa Julius Osee	juliusekpa@yahoo.com	Nursing Department	Kampala International University
20. Dahiru Abubakar Turajo	mailto:safayuadam@yahoo.com dahiruturajo@ymail.com	Food MicroBiology Lecturer	Kampala International University
21. Bashir Alkali	balkali2012@gmail.com	MicroBiology Lecturer	Kampala International University
22. Kayiira Henry	kayiiarah@yahoo.com hkhenryk25@gmail.com	Nursing Department	Kampala International University
23. Iramcot Jacob Stanley	eramios@mail.com	MicroBiology	MUST
24. Isah Dada Veronica	veronicaisah@yahoo.com	Anesthesia Lecturer	Kampala International University
25. Sarki Adamu Musa	adamussar@gmail.com	Medical Microbiologist	Kampala International University
26. Ayesiga Savino	ayesigamike@yahoo.ca	Dentist/anatomy	MUST

Appendix 2: Program Outline

Building Capacity from a Research Idea to a Finished Article/Report to Knowledge Translation

Mbarara University of Science and Technology and Healthy Child Uganda
September 3 to 14, 2012

Week One

Day 1 (Monday 8:30 – 12:30)

- Welcome and introduction of faculty and participants – NM, Gertrude Kiwanuka
- Introduction to the Workshop and Objectives-NM
- Introduction to the Web program- MG
- Defining the research question- SA, FO

Group activity: Each member of the group is challenged to identify a research question from their own experience.

Day 2 (Tuesday 8:30 – 12:30)

- Principles of Clinical Research-FO, EB, NM
- Pitfalls in Research- FB, SA, NM

Group activity: The group selects one of the proposals to develop and refine into a research project.

Day 3 (Wednesday 8:30 – 12:30)

- Each Group Present their Research Question- Chair NM
- Getting started on writing a proposal- EB, FB
- Writing and Abstract for Meeting Presentation-FO, SA

Group activity: Refine proposal

Day 4 (Thursday 8:30 – 12:30)

- Basics of Research Ethics – FO, NM
- Ugandan Research Ethics Perspective and Case Discussions Emmanuel Kyagaba (Local Guest lecturer- Role in IRB)
- What editors are looking for-SA, NM

Group activity: Refine proposal

Day 5 (Friday 8:30 – 12:30)

- Oral and Poster presentation including 3 posters for discussion**- FB, EB
- Writing a report-SA, MG

Group activity: Refine proposal

Week Two

Day 6 (Monday 8:30 – 12:30)

- How a manuscript is reviewed including galley proofs – SA, NM
- How a grant proposal is reviewed-EB, FO, MG
- Budget development for MR grant – SA, NM, Group

Group activity: Refine proposal

Day 7 (Tuesday 8:30 – 12:30)

- Principles of Knowledge- Translation including two KT examples ** Teddy Kyomuhangi ,FO, NM
- Moving Research into Policy**- SA,NM, MG

Group activity: Refine proposal

Day 8 (Wednesday 8:30 – 12:30)

- Effective Utilization of time and resource FB, SA
- Community Engagement Gad Ruzaaza, Teddy Kyomuhangi,NM
- Ugandan Perspective on Community Engagement Gad Ruzaaza, Teddy Kyomuhangi
- Local Expert Perspective and Discussion

Group activity: Refine proposal

Day 9 (Thursday 8:30 – 12:30)

- Developing your Curriculum Vitae FB, FO, MG

Group activity: “Polish” proposal for presentation.

Day 10 (Friday 8:30 – 12:30)

- Each Small Groups Presents their research proposal

Group Activity: Awards and Graduation Ceremony

Small Group Research Sessions: Those participating in the program will be divided into groups. Each group will remain together throughout the workshop as they develop, refine and complete their research proposal. These sessions will be facilitated to help them focus the research proposal and develop their plan.

Each group gives a 10 minute research presentation at the end of the workshop (Day 10).

** means interactive seminar

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Appendix 3

Initial Project Topics and Final Selected Projects noted in Bold

Group 1 A (KIU)

1. **Why malnutrition is still a common cause of morbidity and mortality among pregnant and lactating mothers in Bushenyi District despite abundant food production?*****
2. What is the knowledge, attitude and behavior of females within reproductive age, attending ante natal clinics on PMCT of HIV/AIDS in Bushenyi District?
3. What is the level of preparedness to prevent and control malaria in pregnancy amongst women attending ante natal clinics in Bushenyi District?
4. Prevention and control of *chlamydia trachomatis* as one of the leading cause of Abortion, premature delivery and infertility in Bushenyi District, what is the way forward.
5. Is Public Private Partnership for maternal Health facilities in some selected villages of Bushenyi District possible?

Group 1A Members

- | | |
|---------------------------|-------------------------------|
| 1. Dahiru Abubakar Turajo | Food Scientist/Microbiologist |
| 2. Bashir Alkali | Microbiologist |
| 3. Sarki Adamu Musa | Med. Lab. Sct. |
| 4. Woje Abba Innocent | Psychiatric Nurse |
| 5. Sanusi Sani Kayawa | Intensivist Nurse |

East African Coach: Francis Orikot

Group 1B (KIU)

1. What are the hindrances encountered by mothers in accessing health care in Bushenyi District?
2. What are the challenges faced by mothers of HIV/AIDS exposed infants in accessing health care in Bushenyi District?
3. What are the factors influencing high rate of infants mortality in Bushenyi District?
4. What are the factors influencing utilization of modern methods of contraceptives among women of reproductive age in Bushenyi District?
5. What are the factors influencing exclusive breastfeeding among mothers in Bushenyi District?

6. With the enormous resources and the attention given to maternal and child health issues in Uganda, what could be responsible for the persistent high rate of infants and perinatal deaths among rural communities in Bushenyi District?

7. What is missing in the current maternal and child programs that mortality and morbidity figures has not been reversed in Bushenyi District? *****

Group 1B Members

- | | |
|--------------------------|---------------------|
| 1. Alunga-babirye Ziyada | psychologist |
| 2. Batume Elias | psychiatric nurse |
| 3. Kayiira Henry | nurse |
| 4. Ekpa, Julius Osee | public health nurse |
| 5. Veronics Isah | anesthesia nurse |

East African Coach: Amon Natukwatsa, Healthy Child Uganda

Group 2 BSU

1. Has the establishment of health centres improved the deliveries of babies in rural Mbarara district?
2. Does the establishment of ambulance services help in reducing maternal and infant mortality in Rutenga subcounty in Kanungu district?
3. What are the good communication strategies of providing individuals and families with information about preventing pregnancy related complications?
4. How does ante natal care during pregnancy provide an opportunity for promotion of clean and safe delivery and postpartum care?
5. How does providing needed information to families and individuals help to prevent pregnancy related complications?
6. How has the provision of mosquito nets reduced malaria infections on expecting mothers in rural Uganda?

7. How can male involvement improve safe motherhood? *****

Group 2 Members (BSU)

- | | |
|----------------------|---------------|
| 1. Abigail Komurere | public health |
| 2. Charles Mukundane | social work |
| 3. Anthony Mpairwe | social work |
| 4. Stephen Nzamuhiki | psychology |

East African Coach: Esther Beebwa

Group 3 MUST

1. **What contributions have the traditional birth Attendants (TBAs) made towards maternal health ?*****
2. What do women think causes splenomegally in their children?.
3. How can HIV/AIDS related depression recognition and management in be enhanced in children attending ISS clinic MRRH?
4. What is the best way of managing mothers with HIV that develop psychosis during or after pregnancy? Including Postpartum psychosis?
5. What is the frequency and current clinical out comes of postnatal mother to child infectious diseases in local settings?
6. What challenges are faced by nurses caring for premature babies?
7. What is the role of health care givers in neonatal sepsis?

Group 3 Members

- | | |
|------------------------------|-------------------------|
| 1. Ampaire Lucas | Microbiology |
| 2. Nabulo Harriet | Nursing/Midwifery |
| 3. Katushabe Syson Kamwebaze | Counselor/Social worker |
| 4. Itabangi Herbert | Microbiology |
| 5. Ayesiga Savino | Dentist |
| 6. Iramiot Jacob Stanley | Microbiology |

East African Coach: Florence Beinempaka

Group 4 HCU

1. To what extent does Depo-Provera affect a return to fertility in women of reproductive age?
2. Irrespective of high media coverage, why is the response to mass immunization still low?
3. Under what circumstances are health care workers' rude (abusive) to pregnant mothers?
A hindrance to safe delivery at a government health facility: a case study of Kashari sub county.
4. Knowledge and practices of pregnant mothers towards prevention of complications during delivery: a case study of Nsika subcounty buhweju.
5. Can mobile SMS improve mass immunization in Kashaka?.

6. Is the recognition of VHT's by health workers a boost to the referral system?: a case study of Kinoni

**7. How best can the VHT program be sustained using income generating activities?
A case study of Kinoni *****.**

Group 4 Members (HCU and BSU)

1. Mahoro Christine Data Manager HCU
2. Samantha Mary Economist – HCU
3. Tumuslime David Katuruba Computer Science
4. Apuulison Friday David Nurse
5. Nakidde Glayds Nurse
6. Asimuwe John Baptist Nurse

East African Coach: Schola Ashaba

Appendix 4

Judges Scoring System

- Feasibility: e.g. time, budget, ethics
 - *(35 points)*

- Importance and Relevance: to local & the wider community
 - *(35 points)*

- Other *(10 points each)*
 - Importance to Africa
 - Novelty
 - Multidisciplinary team participation

Specific Comments:

Appendix 5

Workshop Evaluation

Mbarara Micro Research Workshop November 28 - December 9, 2011

Scores and Comments N=18 of 26 (70 %)

Score: 1=low to 5=excellent or agree strongly

a. How would you rate this workshop?

Mean=4.72 1=0, 2=0, 3=0, 4=5, 5=13, n=18

b. Did it raise research issues you had not considered before?

Mean=4.56 1=0, 2=0, 3=0, 4=8, 5=10, n=18

c. Did it stimulate your interest in research?

Mean=4.89 1=0, 2=0, 3=1, 4=0, 5=17, n=18

d. Would you recommend it to a colleague?

Mean=5.00 1=0, 2=0, 3=0, 4=0, 5=18, n=18

1. Why did you come to the workshop?

I was invited

To hear more about research-fundable research proposal

To gain more experience in writing skills

To get more exposure and to understand research basics

To acquire more skills & knowledge in research

To acquire knowledge and skills in research

I had problems, especially hard to write a proposal and how it is funded and approved

Get knowledge and develop skills for research and application for research

To know how to write a proposal and make research

To develop my research skills further

To get mentored in research & publication & acquire skills to train others in research

I was inspired by the invitation theme

To improve on my capacity to do research and improve on the wellbeing of the communities.

To acquire knowledge regarding research

To learn about research that is context based, sustainable, relevant and applicable, to be able to perform such research skills needed

For knowledge and skills in research

1. I was nominated by my institution (Bishop Stuart Univ.)

2. Because of the credentials of the facilitators

2. What was most helpful in the workshop?

Group discussions, because I learned have a lot from them

Everything!

Planning and time use, citing personal experiences of the facilitators
 Group discussions because I learned a lot from them
 More examples clarifications were given it made it easy to understand
 Time and resource management
 Particular elements in research. (what it is all about broadly)
 Benefits of knowledge translation and how benefits of involving the community
 All the topics
 Writing a paper about a program
 Using "FINER"
 The presenters giving examples that enhanced our understanding
 Clear elaboration by facilitators
 The issue of time management and planning really meant much, mentorship on how to
 access grants was excellent
 Everything was so helpful
 Working as part of a multi-disciplinary team in an interdisciplinary way to have a
 tangible project to develop
 The content in all topics was helpful mostly choosing a 'question'
 Everything
 The whole curriculum was helpful and relevant

3. What might be changed?

Budget ceiling if possible. Venue - increase still if rainy season
 Change the presenter of community engagement
 Consistency with coaches/mentors and their access by groups
 Duration of workshop was too short, need more time, like a month
 It would be better if a facilitator isn't interrupted during his/her presentation. Perhaps
 comments should be made at the end of the session
 The increase on time for the workshop
 The research approach towards policy implementation is likely to be under taken, the
 way
 research is conducted, in terms of ethical approaches
 The time
 The venue in future; esp. in rainy seasons.
 Time allocated for discussion could be increased
 Time, if the lectures could take more time. At least eight hours each day
 To create more time for the same workshop
 "None" x 4
 Blank x 2

4. What lectures were most helpful?

How to write a paper
 Knowledge Translations
 How to formulate a budget
 Community engagement. Time & resource Mgt, Ethics in research

Knowledge translation into policy, writing abstract for a meeting
 All lectures
 Research methods, Ethics, and Community engagement
 All lectures
 Oral & Poster Presentation. Difference between bio, CV & Resume
 "FINER" & knowledge translation
 MicroResearch; community engagement, identifying research questions, principles of clinical research, principles of knowledge translation, the health compass
 micro research and community engagement was excellent, time management and planning
 All were good and helpful
 Knowledge Translation, Community Engagement
 Community Engagement, Knowledge Translation
 All
 Proposed development exercise, knowledge translation, research ethics, community engagement
 Blank

5. What lecture(s) topic could be shortened or dropped?

Community engagement sessions should be shortened
 Community engagement to be shortened
 None, instead some more lectures should be added
 They are all relevant & novel
 Time management lecture could be shortened
 "None" x 10
 "Nil" x 1
 Blank x 2

6. How will you use what you have learned?

I would develop proposals that can help to change the community if granted
 To generate fundable research proposals
 Research grant writing
 Strengthen my research capacity by writing proposals for different organizations
 I will work on my ideas (research questions) with my group to apply for research grants
 To put it in practice by writing
 Will now transform the knowledge into action
 To carry out research based intervention, apply for funding to carry out research, apply it for grants from MicroResearch
 By writing proposal and make a research
 Complete my pending research projects, Write papers (program papers), carry out research
 i. Write proposal for a grant, carry out research & publish. ii. Conduct research methods workshops. iii. Offer mentorship. iv. Establish collaborative research. v. Write proposal for my PhD.
 Empower through facilitating young researchers. Strengthen my abilities on community participation ladder, improve my research skills.

I will use it to plan, especially for my personal life, secondary, I will use it to improve on the research in this region, especially clinical research. I will also help in the knowledge translation into policy recommendations in this region, and country as well.

I will use it to supervise students and to carry out other researches

Look at research and opportunity to do research with a different lens - is it sustainable, relevant and novel?

Participate in MicroResearch and teach others (staff) in hospital so as to use the evidence based practice.

By trying on my own

1. Personal research career enhancement,
2. Promote the MicroResearch approach in my institution,
3. Try out knowledge translation & community engagement with the research I have done before.

Other Comments

2:00 o'clock was very challenging due to other commitments at work.

First and foremost, I want to thank the Canadian team and the Healthy Child Uganda for the endeavor of calling us for this important training and I do believe that what I and other members have achieved will help on the improvement of the health standards in this region. More so rural areas/rural-urban areas.

Give it more time

I hope MicroResearch has come to save Uganda's IT proposal. Workshop all done well and research is made that is Community based.

I love the zeal/enthusiasm that the facilitators have towards MicroResearch. Noni is a very good teacher/facilitator!

Integration of community engagement in the lectures was great given that communities' effective involvement in projects leads to success

More time is needed in MicroResearch training (workshop)

Similar trainings should be organized and if possible a component of data analysis packages, e.g. stata, epidata, spss) etc. be included to benefit more potential researchers.

Thank you for the efforts and good heart to think about us to make us become researchers and what it entails. However, I suggest that you give the session more time, not only two weeks.

The participants & the facilitators need to have more interactions during group work. Has strongly inspired me to carry out research and publish

This workshop was timely and I wish it could be done regularly

Well organized training, trainers were highly skilled and experienced, hope this research team will link me to big research funding agencies soon

Appendix 6

Judges Comments

Group 1A. THE MAGNITUDE OF MATERNAL MALNUTRITION IN KATENGA I AND II OF LC1 IN BUSHENYI DISTRICT

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Suggested that having a comparison group such as nonlactating mother or women of similar age would strengthen the proposal

Consider examining /collecting information on factors associated with malnutrition at same time as measurements being done.

Address the ethical issues in the proposal

Define the term maternal malnutrition – under vs over nutrition

Narrow the scope so can be completed – i.e will all the indices be able to be measured?

Suggest write objectives instead of a hypothesis as would be a better fit here.

Is the sample size appropriate – enough? Possible in choice of site ?

Enhance systematic flow of the background

Group 1B. Determinants of persistent high Maternal and Child mortality in Bushenyi South West Uganda

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No need to have a research consultant- your Canadian MR coach can help with this –you may want to ask for a Canadian coach early

Need to sharpen and narrow the focus. A literature review can help you with this

Might consider emphasis on morbidity not mortality – although the morbidity questions would need careful thought in selection- more participants may have first had experience with maternal and child morbidity

You can strengthen the background with local statistics. Healthy Child Uganda may help you there.

Kakanju is becoming much studied and hence maybe not the best site. HCU might help you select a similar but less used site that will still give you the population that would fit well with your question.

.You may need to rethink your title when you have sharpened your objectives .

Group 2. **Male involvement in promoting safe motherhood**

Abigail Komurere	bkomurere@gmail.com
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Stephen Nzamuhiki	nzamsteve@yahoo.com

The judges commended the two who were able to attend for doing a fine job on presenting their proposal.

The research question while intriguing need not be sharpened- definition of safe motherhood; what aspect does male improve, how will measure

A literature review may help you decide what in this broad area to narrow your question down to – increase prenatal visits? improved nutrition? And what outcome?

Once question is more sharp, this will help with methodology decisions. This area needs to be organized and flow logically.

Need to also define who will be the key informants

Specify number in each focus group

Define what married men means

Be careful with age range selected –re consent

For the proposal more information on budget justification will be required.

Ethical issues need to be addressed for the full proposal

Group 3 **The role of current Traditional Birth Attendants (TBAs) in Maternal Health care; A case study of Kinoni Sub county Mbarara district**

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Revision is needed on the objectives

Why and where the study will occur needs to be clearly defined..

Discuss the intentional impact

Pretesting the questionnaire will help the proposal but need not be right site to do this

Looking at the other indices like supervised births, contraception, antenatal care, aftercare.

As is all groups you will need to refine your budget

TBA's are not part of skilled birth attendants but may well have a role in improving care – but this need not be defined.

Note that some TBAs became VHTs- is that an aspect that needs to be looked at?

Study may not impact policy

Group 4. Role of Income Generating Activities in Motivation and Retention of Village Health Teams in Kinoni Health Sub District

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A literature review on VHT motivation may help focus the questions

What should the objectives be- must be measurable

Those who have dropped out VHT work recently maybe especially important to include

Looking at levels of retention maybe important

Don't forget to consider that some VHTs may have on their own developed IGAs

Refine the sample selection – rationale and process- once have further refined the objectives- may need to be purposeful

Refine the budget according to needs once have revised the proposal- ensure all aspects are justified.