

MicroResearch Workshop Report
Mbarara University of Science and Technology and Healthy Child Uganda
July 6 – 17, 2015

Building capacity for community focussed health research

Workshop for Community Based Researchers
held at
Mbarara University of Science and Technology
Hosted by Maternal, Newborn and Child Health Institute (MNCHI)

Facilitators, Lecturers, Group Coaches

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Past Chair Institutional Review Board
Mbarara University of Science and
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Funding for the MicroResearch Workshop
Mbarara University of Science and Technology MNCHI and Healthy Child Uganda
Mbarara Uganda

Funding Partners:

Maternal, Newborn & Child Health Institute, MUST

Dalhousie Medical Research Foundation, Dalhousie University, Halifax, Canada

Mbarara University of Science and Technology (MUST)

Canadian Child Health Clinician Scientists Program

Canadian Paediatric Society

Society of Obstetricians and Gynecologists of Canada

IWK Health Centre

Dalhousie University

MicroResearch private donors

Workshop Participants through enrolment fees

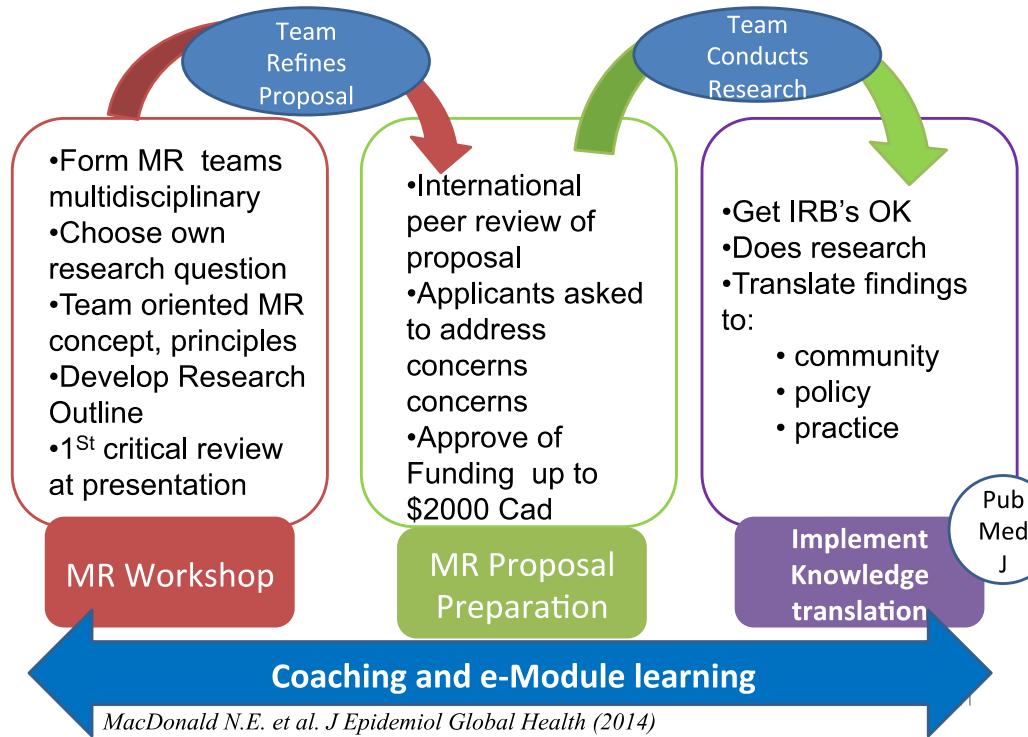
Personal donations by N. MacDonald

Introduction and Background

Building on the achievements, including those in health, of the *Millennium Development Goals* (MDG), the United Nations in September 2015 will finalize the *Action Agenda for Sustainable Development*. Developing local capacity to sustain and improve on MDG health gains is a challenge since resource limited developing countries bear 25% of the globe's disease burden with the healthcare professional work force less than 1%. Furthermore, with only 2% of the research funds, much of this is outsourced research from industrialized countries with the developing country providing the patients and the data collection. While both the MDG and the Action Agenda encourage national or regional strategies and collaborations to address complex health problems, local health problems need local, sustainable, culturally appropriate community based solutions. MicroResearch (<http://microresearch.ca>) 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 [MacDonald et al MicroResearch: Finding sustainable local health solutions in East Africa through small local research studies. *Journal of Epidemiology and Global Health*, 2014; 4,185-193

(<http://download.journals.elsevierhealth.com/pdfs/journals/2210-6006/PIIS2210600614000161.pdf>).

MicroResearch Program Process



The MicroResearch Workshop Program and Participants

The workshop was held at the Institute of Interdisciplinary Research and Training (IITR) at MUST in Mbarara South Western Uganda with co-ordination supplied by Maternal, Newborn , Child Health Institute, MUST coordinator, Sheila Niinye Olivia, a previous MR workshop participant. The half -day workshop ran from July 6 to July 17, 2015.

MNCHI collected a registration fee to ensure registrants were serious about attending, and to offset local expenses for the MicroResearch Workshop and program. HCU registration fee was approximately \$38 CAD (100,000 UGS).

Participants were recruited through word-of-mouth, personal invitation and by poster (see **Appendix 1**). Thirty-six of the registrants were present on Day 1, one more joined on Day 3 (late because ill with acute malaria), for a total of 37; however, one participant had to withdraw because of a serious family crisis. Thus the final total was 36. The participant who withdrew will take the next MicroResearch workshop. Participants came from a wide range of disciplines including medicine (obstetrics, psychiatry, ENT), nursing, social work, laboratory medicine, information technology, public health, community development, economics, teaching and accounting and included several from local governments (**Appendix 2**). Of note: at least 10 had previously participated in a research project either as part of a research team carrying out a project or as participants in a clinical study.

The format for the workshop combined lectures and daily small group interdisciplinary, interactive working sessions. The topics covered and the facilitator for each session are noted in (**Appendix 3**). Session lectures started at 2:00 PM and were followed by interactive small group discussion and planning (from approximately 4:30-6:30 PM). Initially, each member of the five small groups (7-8 per group) developed their own idea for a research question based on their own experience. Each group then selected one question to develop into a research proposal overview as a team during the workshop. The lectures were scheduled to coincide with the participants needs as they moved from formulating an idea to development of the methods and a proposal and finally to presentation of the proposal to a distinguished panel of local judges who provided the first formal critique.

Major revisions and additions were made to the workshop program. Lectures on qualitative, quantitative and basic analysis were added. The USBs given to each participant included not only all of the lectures, the Handbook for Clinician Scientists, the major references noted in each lecture, three MicroResearch e-modules (quantitative methods, qualitative methods, knowledge translation and implementation) as well as supplemental toolkit slides on qualitative, quantitative methods and basic statistics. Many of the lectures had been substantially revised and/or shortened to leave more time for questions. The knowledge translation lecture includes a practical exercise within the lecture as well as an example of KT on the USB. The abstract writing and poster exercises were continued as before. To make room for the added methods the previous workshop lecture on How to review a manuscript was dropped and several others were compressed into the Research Tool Kit lectures (Good clinical practice, Writing a proposal). As community engagement is now considered one of the pillars of ethics beyond beneficence, autonomy and

justice, this was moved to Day 5 to come after the Ethics lecture and discussion. An extra effort was made in the Career Planning and Documentation lecture to highlight gender equity issues and importance of role modelling. The participants were reminded on several occasions that their USB's had additional materials not covered in lectures.

The MicroResearch Training Workshop Facilitators, Coaches and Invited Guest Lecturer

Dr. Scholastic Ashaba, the MUST MicroResearch site co-ordinator opened the MicroResearch Training Workshop on July 6th, 2015 noting that this was the 7th workshop to be held in Mbarara and in fact was taking place in the very classroom where the first workshop had occurred. As in the previous workshop, the lectures and interactive class work were led by local MicroResearch faculty; Scholastic Ashaba, Florence Beinempaka, Oriokot Francis, Esther Beebwa, Ivan Mugisha and Antonia Kamate with support from Noni MacDonald. Lecturers for the Ethics session included Oriokot Francis who covered the basic issues as he is now on the local committee, and Emmanuel Kyagaba who led a very lively discussion. All teachers coalesced into excellent team teachers and enriched many of the discussions. Interestingly, the participants eagerly jumped in to ask questions from Day 1.

The revised overall program was well received; the added methods lectures while taking some time were much appreciated. The supplemental materials on the USBs were especially welcomed. All of the changes were all much appreciated by the participants. Given that the facilitators only received PDF versions of the PPTs – the supplemental lecture notes were not included; this needs to be rectified for future courses.

Five participant groups were formed with 7-8 participants per group (**Appendix 4**). All participants were committed to developing their skills in clinical research, especially research that could improve health outcomes. Daily attendance was 84% to 100%.

MicroResearch Team Proposals

As in previous workshops, the major learning was centred on the proposal overview development in the interdisciplinary groups. Many members had not met or worked with each other prior to this workshop. The collaboration started with the selection of the research question from those put forward by each group member on Day 2. The groups were guided by the lectures: Defining a Health Research Question, Principles of Clinical Research and Pitfalls in Research presented on Day 1 and 2. Each group discussed the merits of each question put forward by a group member and selected one that best fit “FINER” principles to work on as a team to develop a proposal overview during the workshop. On Day 3, a spokesperson for each group then presented the topics to the class and noted the one selected by the group and the rationale for its selection (**Appendix 5**). The five topic questions initially selected on the 3rd day of the workshop were:

Team 1: Why do rural women delay in seeking antenatal services in Kyeizooba subcounty Bushenyi district?

Team 2: What Factors influencing uptake of cervical cancer screening in rural Sheema district?

Team 3: What are the factors affecting mothers' accessibility to antenatal care in Agago district?

Team 4: What are the factors responsible for teenage pregnancies at Mbarara Regional Referral Hospital?

Team 5: What are the outcomes of children under 2 years of age born to teenage mothers attending Nyamitanga HC?

A brisk discussion followed each group's presentation with much emphasis on importance of narrowing down each question.

The series of lectures that followed then provided knowledge and skills needed to develop these questions into rough research proposal overviews including knowledge translation, ethical issues, community engagement and budget development-all core to the MicroResearch concept, for presentation on the final day, July 17, 2014. Each group worked to shape their proposal over the course of the workshop with the help of a coach; Team 1: Florence Beinempaka, Team 2: Antonia Kamate, Team 3: Ivan Mugisha with added input from Scholastic Ashaba , Team 4: Ester Beebwa with much input from Scholastic Ashaba, Team 5: Oriokot Francis.

While noisy when much chatter outside the lecture hall on the whole the facilities worked. Of note the facilitators and participants had to speak very loudly to be heard as the room was very large but given the size of the class, a large room was needed.

Comments on New Curriculum and Resources

The trial of moving Community Engagement to Week 1 to link to with Ethics worked very well. The addition of the 3 formal lectures on methods was also well received albeit the one on basic statistics was somewhat overwhelming even with an example. However, the consensus is these should be continuing with emphasis on the examples on USBs and a biostatistics consultation may be required with quantitative studies.

The added materials on the USB were all very favourably received by those who took the time to examine them. Several commented especially on the Knowledge Translation materials. Hopefully these will all be well used long after the course is completed.

Final Day

On the final afternoon of the workshop each group presented in 10 minutes the overview of their proposal to a panel of 5 judges followed by comments and questions from the judges and the other participants. The five member panel of judges judged each Group's presentation (**Appendix 6, 7**) and suggested how the proposals might be further strengthened. The Panel included: Prof Jerome Kabakyenga, Director of Maternal Newborn, Child Health Institute, MUST; Dr Imelda Tamwesigire, senior lecturer in Department of Community Health, Mbarara University of Science and Technology, Emmanuel Kyagaba, Dean of Students, Mbarara University of Science and Technology, Dr Ian Wishart, Director Inter-professional Education at University of Calgary, Dr Jaelene Mannerfeldt, Assistant Clinical Professor OB/GYN University of Calgary.

The judges deemed that two groups made the best presentation and answered the questions most competently; Groups 4 and 5: *Understanding Factors Contributing to Teenage Pregnancy in Kabingo Sub-county, Isingiro District, Uganda and The Health Status Of Children (0-2 years) born to teenage mothers In A Rural Community In Southwestern Uganda.*

Judges' General Comments

All teams were invited to move their proposals forward. Each was congratulated on their good presentations, and staying to the time limit that was required. Each group succeeded in engaging the audience through their excitement and enthusiasm for the topic they chose. The relevance of each topic justified their passion for the effort.

The judges noted that each of the Groups need to further focus their question to make it even more interesting and feasible. All need to ask their question more clearly and work further on their methodology. Teams also need to be less defensive when responding to queries. (Specific comments for each group (**Appendix 7**). The judges also made constructive suggestions about modifying the scoring sheet- see recommendations

Workshop Evaluation

Participants were invited to complete a questionnaire to evaluate the workshop. In brief they much appreciated the MicroResearch concept and training. All aspects were deemed useful and several commented on the helpfulness of the group work and the support from the coaches.
(Evaluation Report **Appendix 7**)

Meetings with Individual Active MicroResearchers

Noni MacDonald met individually with Barnabas Atwiine, Elizabeth Kemigisha and Teddy Kyomuhangi to discuss projects near completion and future plans

Barnabas and his team completed the immunization uptake study in rural remote setting in Uganda. We reviewed the data and he will be sending in a final report and an extended abstract or possibly a brief commentary for consideration of publication in CJPH. The study findings suggest important to determine factors in less remote, semi urban and urban setting. We discussed that such studies might be of interest to several NGOs who might potentially be funders.

Elizabeth and her team have completed the two parts (different settings) to the study on VHTs and malnutrition. We discussed the findings, conclusions and potential recommendations. She will refine her report and write an extended abstract for PCH. She also noted that she just received acceptance into a PhD program in Belgium. This is a sandwich program with time spent in Belgium and here at MUST. Her area of study will be adolescents and reproductive health. She was especially intrigued with outcomes – for adolescent as well as the infants.

Teddy is also pursuing a PhD program with her thesis being on health systems strengthening locally- a very appropriate area given her experiences with Healthy Child Uganda. We discussed a

number of problems, potential interventions and concepts that are respectful of limited resources available. Communication between the different levels is a major gap and there are several intervention options that might help. Social accountability needs to be core here.

The meeting with David Tumusime about his project fell through but David noted all going well.

Meetings with Director MNCHI and with MUST University Secretary

Noni MacDonald and Scholastic Ashaba met informally with Jerome Kabakyenga , Director MNCHI on July 6, 2015 to discuss potential funding opportunities for MicroResearch and MNCHI including developing a more basic course that could appeal to a wider audience. Of note, the majority of this class of participants are not from MUST. We discussed how far MicroResearch has come and especially the potential in Kenya for garnering government support for training in basic MicroResearch for health care workers in ASALS region. There might be potential for a similar model in south-west Uganda. However, as Jerome noted, health is not as decentralized as in Kenya and this may be difficult to sell. We also discussed the opportunity offered by World Vision who is interested in funding small projects that align with their goals. Noni has sent the bridging email to Martha Newsome (Martha_newsome@wvi.org) to introduce Scholastic and Jerome and Scholastic will follow up.

Noni MacDonald also met with Jerome, Teddy and Schola again informally to examine opportunities for potential partnership funding with NGOs for MicroResearch projects and for MNCHI. MUST/MNCHI now has a good cadre of trained and active MicroResearchers who could offer areas of research that NGO finders might be interested in supporting- mental health, malnutrition, immunization etc. By coming up with summaries of potential projects that might be of interest, doors can be opened and relationships built. Given the interest of World Vision in Schola's depression and malnutrition study – this might be first one to pursue.

Imelda Kemeza, a MicroResearch project team leader from 2013 and Noni MacDonald met with Dr Charles Kibiringe, the MUST University Secretary at his invitation on July 7, 2015. He had come back from leave to specifically meet with us. He had opened one MR workshop several years ago and was interested in an update. We discussed how far MicroResearch has come and the potential to mimic what is proposed in Kenya for garnering government support for training in basic MicroResearch for health care workers in ASALS region. Dr Kibiringe and Jerome will work together to develop a proposal and strategy to present to DOH Uganda.

Recommendations:

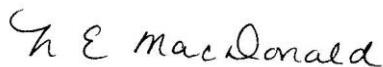
- Whenever possible plan workshops to coincide with the local University “down time”; e.g. July or January at MUST.
- Consider starting workshops on a Tuesday or Wednesday to allow two weekend breaks during the workshop; this will encourage team building and better team work habits.
- Expand USB content including “Toolkit”; this resource will be especially appreciated at sites where internet is unstable.
- Schedule opportunity to meet past MicroResearch site participants to provide coaching and encouragement for those who are engaged in an active or completed MicroResearch project.

- Restrict Workshop class size to maximum of 30.
- Consider revising the Judge's scoring system to incorporate critique on methods.
- Ensure team members recognize that the judges' feedback is an opportunity to improve their projects.
- Evaluate workshop participant activity on teams through feedback from each coach.
- For Project grants, ensure each coach (Africa and Canada) sign off the revision as "accepted".
- Workshop Content:
 - Present talks on *Community Engagement* (Day 8A) and *Research Ethics* (Day 5B) on same day, ideally first Friday. This will encourage discussion of projects at a time when teams are refining their question.
 - Revise *Quantitative Analysis Toolkit* session (Day 3) to simplify content and ensure participants realize it is used only if quantitative analytic methods are needed.
 - Add "Teaching Dossier" slide to the *Career Planning* session (Day 9A).
 - Add "Lay Summary" slide to *Steps for Success MR Grant Writing* session (Day 8B).

List of Appendices

1. Poster Advertisement
2. List of participants, backgrounds and email addresses
3. Program Outline
4. List of small groups with coach and emails
5. Topics and Questions explored by each group
6. Scoring System for Proposal presentation
7. Judges Comments Each group
8. Workshop Evaluations

Respectfully submitted



Noni E. MacDonald MD, FRCPC, FCAHS

Multi-Disciplinary Research Training Workshop

06th-17th July 2015



Maternal
Newborn and
Child
Health
Institute
SAFE MOTHERHOOD HEALTHY CHILDREN



What is Micro-Research?

The MicroResearch concept aims at improving health outcomes through small locally driven multidisciplinary teams developing and implementing research projects. This starts with the MicroResearch workshop that provides training and opportunities to do research especially in maternal and child health.



Borrowing from microfinance principles, Micro-research provides small grants to researchers. Only relevant, locally applicable community based health research questions are eligible for funding.

Training:

The workshop will train up to 30 researchers to improve their practical applied research skills. The workshop will run for two weeks every day from 2:00pm- 5:00pm.

- 5 or 6interdisciplinary subgroups will be formed, to develop their research idea into a research project.
- Each group will select one research question to develop a proposal

Funding:

Each proposal will be funded up to \$2000

Publication of Research:

Each group will be supported to submit their work for publication

What will you get?

- o Outstanding research skills from Canadian and MUST researchers
- o Expect the following skills;
 - Defining a research question
 - Qualitative and quantitative research methods
 - Data analysis methods
 - Basics of sample size determination
 - Grant writing skills
 - Knowledge translation
- o Course material on memory stick
- o Certificate
- o On-going support to do research through mentors

Who is eligible to attend?

- o University academic staff, Health professionals, ICT professionals, social scientists, local government personnel, community development officers, civil society organisation staff.
- o Post graduate students

How to apply

Application Process

Pick application form from
MNCHI /Healthy Child Uganda
Red Cross Premises or

Download an application format mnchi.must.ac.ug

Fee: 100,000 UGX payable to Standard Chartered Bank; A/C; Healthy Child Uganda-UoC, MBARARA BRANCH,A/CNO.
0102808247302
before the start of the course.

Training starts on 6th -17th July 2015

Deadline for applications is 22th June 2015

Tel: 0752990070/0704595511/ 0382277645

Appendix 2: List of Participants, Profession, Gender, Email

MicroResearch Participants 2015

NAME	GENDER M/F	INSTITUTION	PROFESSION	EMAIL
AKANDINDA MILDRED	F	Kampala International University	Education	akandindamildred@yahoo.com
HOPE ASIIMWE	F	Kampala International University	Counseling Psychologist	hopetwinec@yahoo.com
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NABUKENYA JAMILAH	F	Mbarara University of Science and Technology	Eyes Nose Throat specialist	jnabukanya@must.ac.ug
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AKANKWATSA HILDAH	F	Ankole Diocese	Social Worker	hildar.akankwatsa@gmail.com
ANNABELLA H.EJIRI	F	Mbarara University of Science and Technology (Institute of Computer Science)	Information, Computer and Technology Specialist	annabinka@must.ac.ug
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MWESIGE ROBERT	M	National Agricultural Research Organisation	Procurement Analyst	robert.mwesige@gmail.com

NOEL NAMBI	F	BRAC Uganda	Community Development	noelnambi@gmail.com
EUNICE MUROKORE	F	Kabale University	Psychologist	tndyareeba@yahoo.com
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CLAUDIA TUSINGWIIRE	F	Better Living Foundation Uganda/ /Uganda Martyrs University	Community Development	blifuganda@gmail.com
NYONGOZI BALTAZAR	M	Mbarara Regional Referral Hospital	Obstetrician/ Gynecologist	nyongozibaltazar@yahoo.com
NANCY NYAMWEYA	F	Bushenyi Local Government	Allied health officer	nanond7@gmail.com
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AHABWE BENJAMIN	M	Kiruhura District Local Government	Health Information Assistant	ahabwebenjamin@gmail.com
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BEINOMUGISHA ANNET	F	Facilitation for Holistic Development	Social Worker	annetbeinomugisha@gmail.com
CONNIE AINOMUGISHA	F	Mbarara District Local Government	Statistician	connieainomugisha@gmail.com
MARVIS AMPAIRE	F	Eden International School	Bursar	marvis90@gmail.com
CALEB TWINAMATSIKO	M	Bishop McAllister College	Education	calebtt@gmail.com
SHABAHURIRA AMBROSE	M	Bushenyi District Local Government	Laboratory Technician	ashabohurira@yahoo.com

NB Kasaija Nelson, an allied health participant withdrew on Day 3 due to a family crisis
 nelsonkasaija2015@gmail.com

Appendix 3: MicroResearch Workshop Program with Facilitators

SA: Scholastic Ashaba; FB: Florence Beinempaka; OF: Oriokot Francis; EB Esther Beebwa; IM Ivan Mugisha, AK Antonia Kamate NM: Noni MacDonald

Day 1 (Monday 2-5pm)

Welcome and introduction of faculty and participants - SA, NM

Introduction to the Workshop and Objectives-NM

Introduction to the Web program- FB

Defining the research question- SA, AK

Group activity: Each course participant challenged to identify a research question from their own experience.

Day 2 (Tuesday 2-6 pm)

Principles of Clinical Research (Research Tool Kit-1-Qualitative Analysis) IM, SA

Pitfalls in Research- OF

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

Day 3 (Wednesday 2-6 pm)

Research Tool Kit -2 – Quantitative Research and How to Write a Grant - SA

Project topic report from each MR Team EB, NM

Group activity: Refine proposal; introduction group to their coach

Day 4 (Thursday 2-6pm)

Research Tool Kit-3- Sampling and Basic Statistics -OF,

Getting the write right. What editors are looking for-OF, NM

Group activity: Refine proposal

Day 5 (Friday 2-6 pm)

Basics and Local Research Ethics – EK

Community Engagement**- OF

Brief Report Refined Question & discussion of Communities to engage OF, NM

Group activity: Refine proposal

Week Two

Day 6 (Monday 2-6pm)

Writing a report EB

Oral and Poster exercise** - FB

Group activity: Refine proposal

Day 7 (Tuesday 2-6 pm)

Principles of Knowledge- Translation -SA, NM

Moving Research into Policy**- OF, IM

Group activity: Refine proposal

Day 8 (Wednesday 2-6pm)

Writing an Abstract**-EB, NM

How MR Grants are Reviewed – EB, IM

Group activity: Refine proposal

Day 9 (Thursday 2-6pm)

Career Documentation and Planning FB, AK

Group activity: “Polish” proposal for presentation.

Day 10 (Friday 2-5 pm)

Each Small Groups Presents their research proposal SA

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

Appendix 4: Small Groups/Teams, EA MR Coaches, List Serve

Team 1

hildah.akankwatsa@gmail.com; akandindamildred@yahoo.com; noelnambi@gmail.com; ssbernard101@hotmail.com; nelsonkasaija@gmail.com; ahabwebenjamin@gmail.com; nanond7@gmail.com; beineflorence@yahoo.co.uk

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AKANDINDA MILDRED development worker
NOEL NAMBI development worker
BERNARD SSERWANGA MD psychiatry
KASAJA NELSON allied health
AHABWA BENJAMIN analyst
NANCY NYAMWEYA clinical officer

Coach: Florence Beinempaka, beineflorence@yahoo.co.uk

Team 2

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ANYAYO LUCAS, Resident Psychiatry, MUST
CLAUDIA TUSINGWIRE, Development Studies/ PPM UMUNC and BLIF-Uganda in Mitooma District
TUSASIRWE DORCUS, Counselor
DAVID AYEBARE SANTSON-Public Health & Secondary Teacher, Mary hill High School/
MUST-CBE
NABUKENYA JAMILAH, Doctor MUST
SHABOHURIRA AMBROSE, lab technologist, Beshenyi District

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BEGUMISA STEPHEN, epidemiologist
BEINOMUGISHA ANNET, accountant
FORRY BEN, mmed student
NAYEBARE CAROLINE, social worker
NUWABIMPA MILTON, economist
OKIDI JOSEPH, social worker

Coach: Ivan Mugisha imugisha@ymail.com
with added input Oriokot Francis foriokot@yahoo.co.uk

Team 4

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NYEMARA NOVATUS, counselor
WAFULA DAVID, community development
JUSTUS MUROKORE, biochemistry
MASEMBE SEZALIO, gynecologist/obstetrician
MONICA NSEKUYE, teacher, community development
CALEB TWINAMATSIKO, teacher
ANNABELLA H. EJIRI, ICT

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Team 5

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Dr. NYOGOZI BALTAZAR – Obs/Gyn;
Dr. BIBANGAMBAH PROSSY – MO, MJAP
EPRHANCE NUWAMANYA – REGISTERED NURSE/MIDWIFE;
EUNICE NDYAREEEBA – EDUCATIONAL PSYCHOLOGIST;
HOPE ASIIMWE – COUNSELLING PSYCHOLOGIST;
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Appendix 5: Topics and Questions Explored by Each Team

Each Group's Selected Question highlighted in **bold**

Team 1

Why rural women delay in seeking maternal services in Busheyini District

Factors that affect accessibility of maternal health services

Have microfinance groups improved the livelihoods of women and poverty reduction

What is the relation between antenatal care attendance and reduction of maternal mortality rate

What is the relation ship between weight during pregnancy and child birth weight

What is the prevalence of HIV teenage mothers in Mbarara

Team 2

Factors influencing ANC 4th visit

Relationship between poor feeding and ARV adherence of Pregnant women

Influence of health cooperatives and access to maternal health services

Why has male involvement remained low despite government campaigns

Women attitudes towards cervical cancer screening -Factors influencing uptake of cervical cancer screening in Sheema district

Effect of alcohol consumption by the family head on malnutrition among children under 2 years of age in south-western Uganda

Long-term effect of artificial birth control methods on the health of newborns

Team 3

Factors affecting teenage mothers' acceessibility to antenatal care in agago district.

Factors affecting health facility deliveries by pregnant mothers in mbarara district.

Newborn care practices among mothers in communities in mbarara district.

Knowledge and attitudes of mothers between ages 15-49years towards family planning methods in mbarara district.

Factors affecting accessibility to medical care among pregnant women in kizungu, mbarara municipality.

How effective is herbal medicine use by pregnant mothers in normal child birth

Team 4

What is the effect of maternal mental illness on child development?

What are the effects of hand washing among the low income families on the frequency of school going children aged 3-5 years of age?

Does family members' support improve the mental growth of a child aged 0 days to 1 year?

What are the factors responsible for teenage pregnancies at Mbarara Regional Referral Hospital?

What is the effect of alcohol on pregnant women?

The effect of domestic violence on expectant mothers?

What is the impact of drinking tea on malnutrition among children aged 6 months to 2 years at MRRH (pediatrics ward).

What is the influence of social media on young mothers' maternal health child decisions in MRRH.

Team 5

What are the outcomes of children under 2 years of age born to teenage mothers attending Nyamitanga HC?

What are the factors associated with health facility delivery in Burere Subcounty, Rubengye parish)

What is the relationship between maternal Employment and separation-anxiety disorder?

Why are HIV mothers failing complete the three HIV tests for their exposed infants?

What is the relationship between behavioural environment in public health facilities and mothers' attitudes towards delivering from MRRH?

Can the use of mobile telephone reminders increase the uptake of postnatal care services at MRRH?

What is the impact of birth preparedness plan awareness in pregnant women in improving maternal outcomes in Kayonza subcounty, Kanungu District?

Appendix 6: Judges Scoring System

Judges Scoring System						
	Points	Group 1	Group 2	Group 3	Group 4	
Feasibility: e.g. topic, time, budget	35					
Importance and Relevance: to local community, Africa and beyond	35					
Addresses Millennium Goal 4 or 5	10					
Novelty	10					
Evidence multidisciplinary team participation	10					
Total Points	100					
Comments						

Appendix 7: Project Presentation Titles and Judges Comments

Group 1 Factors Influencing Antenatal Care Seeking Behaviours Among Prime Gravida In Bitooma Subcounty Bushenyi District

General comments:

The judges noted that each of the Groups need to further focus their question to make it even more interesting and feasible. All need to ask their question more clearly and work further on their methodology. Teams also need to be less defensive when responding to queries.

Specific comments:

Think carefully about what will be new/ novel in your project

1. Focus study to health centre setting rather than community
2. Refine your objectives to fit the budget of MR
3. Study all mothers not just prime gravitas because ANC cuts across all mothers
4. Involve men in the study because they are key players in ANC services
5. Improve and describe your methodology clearly
6. Focus your study to new interventions for improving ANC to make your study more novel and relevant

Group 2: Factors Influencing Uptake Of Cervical Cancer Screening In Sheema District, Western Uganda

General comments:

The judges noted that each of the Groups need to further focus their question to make it even more interesting and feasible. All need to ask their question more clearly and work further on their methodology. Teams also need to be less defensive when responding to queries.

Specific Comments:

1. Need to explain why you selected that particular age group
2. Study area selection why rural area what do you anticipate to find. Need explanation for that
3. Need to define study variables
4. Clearly state your objectives as specific as you can.
5. Since you are studying uptake of service, it is better to get participants at health centre where services are offered
6. Think about the 4 A's: affordability, accessibility, approachability and acceptability in designing your questionnaire
7. Revise the methods section and explain choices better
8. The Budget needs to be presented with better justification

Group 3: Knowledge, Beliefs and Perceptions of pregnant women towards ANC services in Rubirizi District.

General comments:

The judges noted that each of the Groups need to further focus their question to make it even more interesting and feasible. All need to ask their question more clearly and work further on their methodology. Teams also need to be less defensive when responding to queries.

Specific Comments:

This project needs a major rethink as will not in its current format present anything that is new. What can you querying about ANC that would be novel and helpful in this setting?

1. Should define the target population., selection of study participants and how they arrived at sample size
2. Review literature so that you can come up with relevant literature
3. Define your study instruments
4. Clarify methodology
5. Narrow down your objectives so that they are well focussed
6. Refocus your study to interventions aimed at improving ANC services in Uganda

Group 4: Understanding Factors Contributing to Teenage Pregnancy in Kabingo Sub-county, Isingiro District, Uganda

General comments:

The judges noted that each of the Groups need to further focus their question to make it even more interesting and feasible. All need to ask their question more clearly and work further on their methodology. Teams also need to be less defensive when responding to queries

Specific Comments:

1. Sensitive study since you are dealing with teenagers so think about the community entry skills and the resistance you are likely to face
2. Describe how you will go about consent issues since you will be dealing with minors
3. Describe your study methods more fully and how you will organize your FDGs- concerns re different ages
4. Your study interview guides should contain well thought out questions
5. Define your study participants more clearly.
6. In background helpful to add how/what sex education is taught.

Group 5: The Health Status Of Children (0-2 years) born to teenage mothers In A Rural Community In Southwestern Uganda

General comments:

The judges noted that each of the Groups need to further focus their question to make it even more interesting and feasible. All need to ask their question more clearly and work further on their methodology. Teams also need to be less defensive when responding to queries

Specific Comments:

1. Your question need not be refined more and make clear what is major one focusing on – the children.
2. More thoroughly explain the methods and why two different methods are being used.
3. Be clear on what demographic factors will collect as many may impact on nutrition etc.
4. What will the quantitative data be compared do? Are there general under 2 data to compare this with.
5. A consultation with an ethicist might help sort out how best to get consent and how to describe this for REB.

Appendix 8: Workshop Evaluation

Scores and Comments N= 31 (30 for score)

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

a. How would you rate this workshop?

Mean= 4.3

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

Mean= 4.2

c. Did it stimulate your interest in research?

Mean= 4.9

d. Would you recommend it to a colleague?

Mean= 4.7

1. Why did you come to the workshop?

To get more knowledge and skills, (including writing article- 3) – 30

To learn more about research and how to write a proposal =5

To get a MR certificate

Take part in proposal writing

To understand MicroResearch in particular

To increase my research network

Suggested by a friend

2. What was most helpful in the workshop?

Knowledge shared

How to choose an appropriate research topic and set smart objectives

All = mostly how to develop a research proposal

Learning how task a good research question, KT- planning, qualitative an quantitative methods made more clear

How to develop a proposal and KT

Qualitative methods and tools

Sharing of knowledge and skills through team work and discussions

The examples and illustration through out made information more understandable

Tips given to write articles and abstracts better

Shared experiences form experts- local and international

The model of MicroResearch – so innovative and helpful to us

Learning how to develop a proposal by actually doing it

Proposal writing by the team

Everything- esp writing articles, abstracts, resume and cv

Learning about how to fit research to granting opportunity

Meeting a variety of people interested in research; group discussions

Group activities

Developing a research question into a real proposal

Learning research skills and meeting so many people for different disciplines
Meeting others interested in research for different disciplines; group discussions
Developing the research proposal
Plenary sessions and mentorship during group work; facilitators were articulate and involved participants
Topics were excellent – I learned the principles for designing a good project starting with how to ask a good question
Ethical consideration
Qualitative research methods, KT, budget writing, ethics, community engagement
KT, report writing, how to apply for MR grant
Learning about FINER and IMRaD
Demystified research, simplicity and clarity
Everything
Group work; coaches from each group
Team work, multidisciplinarity, understanding research
Expert quality of the presentations, notes and articles on USBs

3. What might be changed?

Nothing-4
More time X 5, make it longer
More time to discuss research question choice
More time to discuss proposals (group work)
Change to all day course for two weeks
Try morning instead of afternoon training
Weekends helped give us time – need more time X 2
Hard for time if working X 2– more weekends might help-1
Try to finish on time but means participants have to arrive on time
Schedule is too tight
Need more time to prepare presentation- maybe after a weekend
More time on data analysis
Consider have every group win a grant
Would like to have had materials sent earlier – so can read more before start
Invite a public health specialist to help support training
A full lecture on budget management
Training venue where can hear better
Hard to access internet so websites not so easy

4. What lectures were most helpful?

All X 11 ; added comment – because then used in group work
Defining the research question- 5,
Writing an article (what editors want) -7,
Career documentation and development X 2
Community engagement X5
Health compass,
Writing a report X2
Making a PPT presentationX2

IMRaDX4

MR grant writing X2 ,

Abstract exercise x5

Methods lectures X5

KT X 6,

EthicsX3

FINER

KT, report writing, MR grant writing

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

None 27

Data analysis for quantitative studies

CV/ resume

Background for MR

6. How will you use what you have learned?

Work on writing research up into article X10

Develop a research question and move forward X 5

Use skills for my masters Dissertation

Move forward on team proposalX8

Get more involved in research; ask better questions X 3

Encourage my colleagues to take MR training

Teach my students

Participate in research activities in my Dept X 5

Grow my research skills and knowledge even more X2

Share what I have learned with my colleagues, grow research culture X 2

Use in my Bachelor degree project

Will use new report writing skills I gained

Bring our work to the community

I will be a better researcher and better teacher

Other comments

I have never been taught in this way before- have a lecture with examples and discussion followed by use what I just learned in group work. This really worked for me.

MicroResearch training should happen twice a year

Well planned, thank you for the refreshments – but cake too please

Not all mentors equally strong and contributing

It was excellent, will change my life - thank you

Interesting training compared to all training I have done before; trainers respect time management, learned so much in such a short time

This is good training which opens new insights for researchers to do more work on publications and competing for grants

We can make an impact on the health of our communities with Microresearch

This was so relevant and useful

The time schedule needs to be expanded so a whole day workshop for two weeks

Time needs to be changed

Adding a discussion of regional health problems at beginning would help
Need more MicroResearch training in the region
It was so good but need more time
I really liked it, will use what I learned
Really liked the emphasis on importance of impact of MicroResearch projects on the community
More participants should be invited to upcoming training- MicroResearch needs to trickle down across our region
I would like the MicroResearch certificate to show the contents of the workshop
Thank you sincerely, my research life is changing
Please give even more examples of research projects already done by others
This was like finding water in the desert; now I know better what research is about
I want to make a difference in health in communities, now I know how
I am so grateful for this program, it has changed my life



Workshop Participants MUST/MNCHI 2015