Report from

MicroResearch 2020 Strategic Planning Meeting

April 24 & 25, 2014

Toronto, Canada

Photo: Eisha Grant

MicroResearch 2020

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- Department of Paediatrics, Dalhousie University, Halifax, Canada
- Hospital for Sick Children, Toronto, Canada
- Tanzanian Training Centre International Health (TTCIH) Tanzania
- Mbarara University for Science and Technology (MUST) Uganda
- University of Nairobi (UoN) Kenya
- Jaramogi Oginga Odinga University of Science & Technology (JOOUST) Kenya

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  Process Pathways
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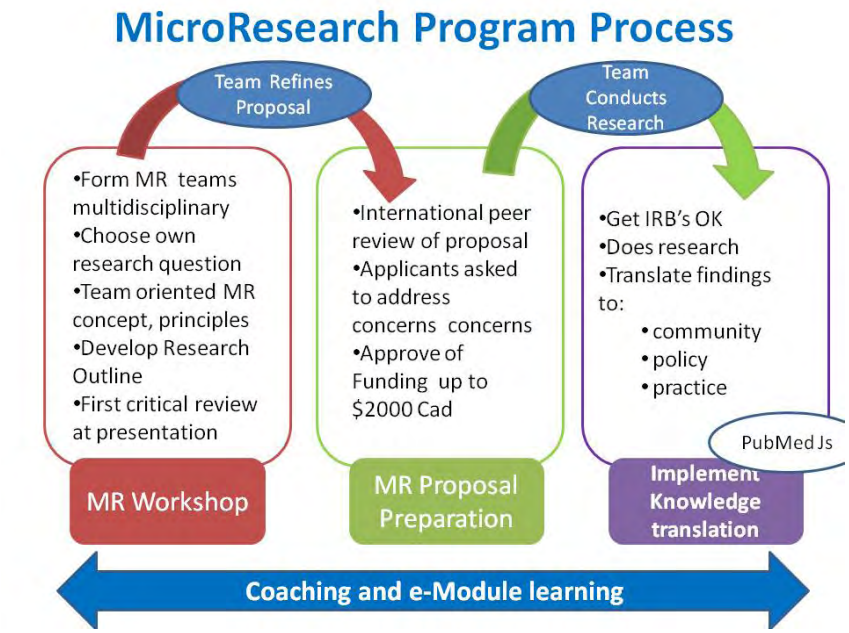
MicroResearch 2020

Poverty, hunger, illiteracy, maternal and child deaths in lower income countries (LIC) are social and health issues that the world began to address in 2000 by pledging to achieve eight Millennium Development Goals (MDGs) by 2015. Building on MDG achievements, the United Nations proposed the *Action Agenda for Sustainable Development* (2013), including further actions to improve health outcomes. Developing local capacity to sustain and improve on health gains is a challenge since resource limited LIC bear 25% of the globe's disease burden with less than 1% of its healthcare professionals. Even with their 2% share of global health research funds, research in LIC is inadequate. In fact, much of health research in LIC is outsourced from industrialized countries, most often only the provision of study patients and data collection. The need for capacity building for health research in LIC is not being met.

"MicroResearch" (MR, www.microresearch.ca) is a new model to build capacity for community directed research to overcome longstanding research system gaps at the community level in East Africa. MicroResearch (MR) was founded in 2008 by Jerome Kabakyenga, then Dean of Medicine at Mbarara University of Science and Technology in Uganda, with Bob Bortolussi and Noni MacDonald from Dalhousie University, Halifax, Canada.

MR is about building capacity to find local sustainable solutions for health problems that affect local communities in East Africa and then translating these findings into changed practices and policies. MR participants come from diverse disciplines with a range of academic experiences. To date, MR has trained over 390 healthcare professionals at five universities in Uganda, Kenya and Tanzania. Training starts with a two-week MR Workshop, where participants learn basic research proposal development, analytic, and knowledge translation skills (see figure).



On the first day of the workshop, participants are divided into multidisciplinary teams of seven or eight. In parallel with the lectures and seminars, each team develops a research project to address one of their self-identified health care research questions. Over 40 MR research teams have been formed 29 of these have submitted proposals for funding; 27 were approved, 22 of these are underway and seven completed [1]. The results of six projects have been published in PubMed journals[2-7] and one project has lead to policy change. A culture of inquiry is emerging

locally and may ultimately reach the "critical mass" envisioned during the 2008 Mali World Health Organization Conference on research in developing countries.

At this five year anniversary, MR in Eastern Africa is maturing with evidence of tangible outcomes. A strategic plan is needed for MR in East Africa for 2020.

As part of the planning process, in 2013 an online survey of approximately 60 East African MR faculty and leaders and recent MR Workshop graduates was conducted to assess; challenges to health delivery in the respondent's region, how research funds could be best used, and how MR could be improved. Focus Group Discussions on MR's future were also held at two MR Forums, Kampala (March 2013), and Nairobi (November 2013). [7,8] These surveys and discussions helped to develop strategies to grow, enhance and sustain MR in Eastern Africa, and how best to transfer MR leadership locally to East Africa, while still maintaining MR high standards and credibility. In addition, comments were solicited from the 72 members on the MR LinkedIn™ discussion group (Appendix 1) to gain their input on how MR should look in five years. The analysis and summary of each of these surveys and focus group themes were presented at the Strategic Planning Meeting.

Following presentations and discussions on the origins of MR, its performance over its first five years, the online surveys, and the focus group discussions, three thematic questions were posed to the participants:

1. How can we sustain and grow MR training?
2. Can an East African "Consortium" develop and what function will it have to improve health?
3. How should we plan for a prudent expansion of MR?

The Strategic Planning Meeting participants were divided into three groups, each group focused on a single thematic question (see below). Each group reported on the points raised during discussion. This was followed by a review of key points from each Group, a panel discussion by five Non-Governmental Organizations (NGOs) representatives and then development of 'Next Steps'.

Group 1: How can we sustain and grow MicroResearch training?

Facilitator: Tobias Kollmann, Associate Director MicroResearch Curriculum, University of British Columbia, Vancouver

Rapporteurs: Walter Mwanda, University of Nairobi, Kenya
Jenn Brenner, MicroResearch Advisory Committee, University of Calgary

Other Group Participants:
Zabron Abel, Tanzanian Training Center for International Health, Ifakara, Tanzania
Eric Wobudeya, Mulago National Referral Hospital, Kampala, Uganda
Dominic Bortolussi, TWG, Toronto
Shawna O'Hearn, Dalhousie University, International Health Office, Halifax
Caroline Quach, Canadian Child Health Clinician Scientist Program, Montreal

Summary of Group 1 Discussion:
Group 1 felt strongly that MR is already on a healthy and sound path into the future. The key recommendation from Group 1 for long-term sustainability was that teaching of MR has to be

led by local MR teachers as soon as possible. Local ownership and leadership will be essential to allow MR to thrive. Local ownership should be promoted even at the expense of increasing diversity in MR Workshop curricula at different sites. Variation in MR teaching would be an advantage, and consistent with MR's basis tenet to adapt to and satisfy local needs, provided the high quality of teaching is consistently assured by an overarching Eastern African MR organizational network.

In the immediate future 'more of the same' was recommended, i.e. continuation of the current basic MR course as the key to increase the pool of MR Workshop graduates on whom to draw for future expansion, thereby training the first crop of trainers. With these locally trained trainers, expansion then should occur in two simultaneous directions:
1) Develop a fundamental MR curriculum to allow teaching of MR principles at local institutions at a master's level integrated into the regular MSc curriculum;
2) Develop specialized MR courses that target three main streams, each of which is aimed to supply key aspects for long-term sustainability and allow growth in capacity:
   a) A formalized and specialized course to 'train the trainers';
   b) A specialized course to train/orient local mentors/coaches (targeting those who have not taken MR course);
   c) A refresher course for past MR graduates.

Other concrete suggestions made by Group 1:
1. *Curriculum/Training:*
   - General Curriculum and descriptions for each academic level need to be developed, and approved by MR authorizing body. This 'education/curriculum working group', might review curricula every two years and describe eligibility, minimum hours, objectives for each course, and if exams/practical component is needed.
   - The curriculum should meet basic criteria for East African Commission for Higher Education, and should also be subject to approval by each university.
   - To be able to receive a MR 'certificate' (given by a single entity), participants should meet all curriculum criteria set by the Curriculum Working Group and approved by a MR certified trainer.
   - Possible refresher for all past participants to review key concepts and progress, possibly annually or every 2 years as part of the curriculum review.
   - Regular meetings at each site, possibly combined with refresher course. This will provide a chance to review progress.
   - Regional Forum: Continue annual Forum in East Africa, inviting leaders from successful projects.
   - Consider removing the word 'PI' (Principal Investigator) and use Project Leader (PL) instead, as the PI label closely connects to 'classical research' hierarchy.

2. *Grants:*
   - Ensure all funded projects are strictly 'Community-focused', i.e. each project must clearly delineate the local community to benefit from the research (what entails a 'community' would depend on the project).
   - Consider instituting new categories of grants:
     - Knowledge Translation I: for researchers to communicate with users; e.g. community dissemination. (This may also help to define new ideas.)
     - Knowledge translation II: for researchers to contact policymakers; e.g. to meet with high level officials, implementers. (This may also help to define new ideas.)
     - Knowledge Translation III: for researchers to contact academic partners; e.g. by holding a forum or conference.

- Implementation grant: to be able to actually implement a small intervention based on findings (e.g. small education program, training workshop for select community players)
- Follow up grant: follow up an area of interest stemming from the original grant.

Group 2: Can a MicroResearch East African Consortium develop and what function will it have to improve health?

Facilitator: Noni MacDonald, MicroResearch Co-Director, Halifax, Canada

Rapporteurs: Senga Pemba, Tanzanian Training Centre for International Health, Ifakara, Tanzania
David McQueen, Consultant International Public Health, Non-communicable Diseases. Atlanta, USA

Other Group Participants:
Isha Grant, Kadic Hospital, Kampala, Uganda
Eleanor Turyakira, Healthy Child Uganda, Mbarara, Uganda
Moya Crangle, Society of Obstetricians and Gynecologists of Canada, Ottawa
Marissa Taylor, World Vision, Toronto

Summary of Group 2 Discussion:
Group 2 reviewed the mission of MR. *"Improving health care outcomes with innovative community based research that assures quality and integration of research into the fabric of the local health system and the community"*. This was followed by a vigorous discussion of the term to be used to describe the "consortium". Potential names for the MR East African "Consortium" included network, alliance, union, united, consortium, federation, association, society, initiative, and board. The Group did not develop a consensus but noted that specific operating and reporting functions would be required. Depending on the structured model chosen, the reporting and governance functions might complicate rather than facilitate activity of this "consortium". When later presented to all participants, the terms network and alliance were favoured as they provided flexibility.

The Group members then delineated the roles, responsibilities and tasks of 5 levels of MR (listed below). Assuming limited resources, each level will need to function efficiently and effectively with priority on creating an enabling environment to achieve the MR mission. To do this, roles, responsibilities and functions at each level must remain flexible, to meet the needs of those being trained and the community questions they are trying to address.

1. *Micro Researchers/ MicroResearch Teams:* Responsible for: individual MR community focused project selection; community engagement; full proposal development and follow through once approved for funding, all with the help of their coach(es); obtaining IRB approval; reporting back to the Site for appropriate use of the grant money; writing the report and extended abstract with help from coaches and MR International (see level 5); knowledge translation and implementation including feedback to the community as well as the District, NGOS and Ministry of Health as appropriate with help from MR Site leaders and others when needed. Of note different members emphasized the importance of proposal questions being selected and driven from this level.

2. *MicroResearch Site/University/College:* Responsible for training; including Workshops, undergraduate health care professionals in MR principles and ongoing professional development. Support for MR toolkit components including *e*-learning modules; support for local MR teams - local coaching, administration of MR funds, facilitation of IRB approval; facilitation of links to the Districts, Ministry of Health and country NGOs as appropriate, help MR teams search for potential local donors for further funds and help with knowledge translation for their projects where needed; receive catalogue MR team publications and support local dissemination of findings including working with local media; support MR inter-site/ inter-university collaboration; track local MR metrics, help develop collaborations with other research programs if MR may be synergistic; form strong links to other MR sites in the country and to MR Working Group East Africa (level 4). They will not, however, select MR team research topics.

3. *MicroResearch Country:* Responsible for: co-ordination of MR sites; decisions on expansion of MR within country; sharing of MR curriculum toolkits for undergraduate and professional development; track country MR metrics; development of strategies to garner in country financial support for MR - Department of Health, Science /Health Research Councils, country NGOs, potential donors; take lead on development of links to civil society and media for MR; develop links to government and NGOs to support dissemination of MR findings i.e. areas of practice, policy. They do not select MR research topics.

4. *MicroResearch Working Group East Africa (Regional Level):* Responsible for: regional co-ordination and sharing of MR training, IRB, knowledge translation and networking best practices; dissemination of MR findings between countries in the region; holding of annual MR regional Forums; select best MR project and proposal each year; development and maintenance of the regional MR database including development of metrics for collection at each site; evaluation of MR; development of a communication strategy for MR (support for communication to and from MR across the region), for donors, for international NGOs, for regional media; advocacy for MR; linkage to MR International (level 5); search for regional funding and support for MR.

5. *MicroResearch International (Canada):* Responsible for: overall co-ordination of MR such as ensuring quality of training, projects and financial management are maintained at a high level, recruitment of international reviewers and coaches, international funding support, linkage to international NGOs, overall summary reporting and maintenance of databases, facilitating dissemination and sharing of MR findings regionally and beyond, maintaining an international MR Advisory Committee (MRAC).

Group 3: How should we plan for a prudent expansion of MicroResearch?

Facilitator: Robert Bortolussi, MicroResearch Co-Director, Halifax, Canada

Rapporteurs: Jerome Kabakyenga, Mbarara University of Science & Technology, Mbarara, Uganda
Alvin Zipursky, Global Child Health, Hospital for Sick Children, Toronto, Canada

Other Group Participants:
Francis Oriokot, Mbarara University of Science & Technology, Mbarara, Uganda
Benson Estambale, Jaramogi Oginga Odinga University of Science & Technology, Kenya
Marilyn Hall, Chalice, Halifax, Canada

Summary of Group 3 Discussion:
The group recognized the uniqueness of MR and the opportunity to develop researchers in community focused research. Careful attention will be needed to set appropriate priorities for a clear roadmap. The MRAC would seem to be the logical forum for that discussion.

Specific Points:

1. *Where should MR operate now and in the future?* At the moment MR works in five centers in the three East African countries of Kenya, Uganda and Tanzania. The logical expansion is to two other countries in the East African region, Rwanda and Burundi. The political and economic relationship between these five countries will likely expand and similar standards for health systems, health worker training and post secondary education will be adopted. A common governance and training platform for MR will likely be more acceptable for training researchers in this region

2. *How to consider other sites and countries, interested in participating in MR?* A memorandum of understanding (MOU), which indicates the expected "deliverables" from each party, should be signed before any Workshop is undertaken. The MOU should include expectation for shared responsibility for teaching and coaching, strategies to recruit target health professions, logistical provisions, and an agreement on fees the local institute will charge participants. Other countries in the region may be considered if they present an opportunity to enhance MR's primary goal in East Africa, e.g. Ethiopia has the potential for funding travel. MR should ensure there is adequate funding for research grants for these participants and that local champions are present to develop the program. It is reasonable to consider Ethiopia as an opportunity to benefit MR in East Africa.

3. *What are the strengths and weaknesses of present MR Sites?* In Uganda where MR has been in place the longest, funding for infrastructure (site coordinators etc.) and research grants is needed. MR also needs to develop resources for local coaches, trainers and teachers. Another weakness in Ugandan infrastructure and financial resources compared to Kenya is the inability to reach communities outside the major centers. In Kenya there is a great potential to reach communities outside the major centers through the central health professions training centre.

4. *Are there new sources for funding?* Funding is a major issue. Potential sources of funding were discussed including the Canadian Government Department of Foreign Affairs, Trade & Development (DFATD). Given the current Canadian Government's emphasis on maternal & child health, MR opportunities should be brought to the attention of the Canadian Network for Maternal, Newborn and Child Health (CAN-MNCH). MR should develop a "win-win" relationship with NGOs, by providing research training to help the NGOs achieve their goals. MR may assist NGOs to achieve United Nations and Bamako recommendations of 6% of health related funding going toward research. If synergy with an NGO goal can be achieved, a request may be sought for grant support, sponsorship of a workshop, staff to attend a workshop, or a forum on an NGO goal.

   Other potential funding sources such as the World Bank, Rotary International, African government sources for funds should be considered. Benson Estambale gave an example of Kenyan government funding (the National Commission for Science Technology and Innovation), which provides grants within Kenya. The Commission may be approached as a strategy to train community focused researchers. Such an approach will need African sites and champions to take the lead and serve as an example for other countries. The MR benefit

to a country provided by MR should elicit support from governments or other sources within the country.

5. *How much funding is needed and how should we plan for new MR sites?* To answer this, MR sites should develop a "business plan" with clear definitions of need and resources.

6. *Is there a potential relationship to other African initiatives?* Participants discussed the relationship between MR and African research programs under the aegis of the Medical Education & Partnership Initiative (MEPI), an NIH and Fogarty Foundation program which involves specific research projects with a Sub-Saharan African researcher and one from a developed country. Such programs may benefit from continuing training of African researchers. Some form of a collaborative relationship might develop. One of the strengths of MR is implementation by training those who identify problems in the community and who could be responsible for implementation.

Summary of Panel Discussion with Five Non-Governmental Organizations

Society of Obstetricians and Gynaecologists of Canada (SOGC), Moya Crangle: There is potential synergy between SOGC and MR. SOGC could help MR by providing peer reviewers and coaches. The SOGC journal (JOGC) has agreed to publish MR extended abstracts that address maternal OB/Gyn issues. MR has been invited to present a MR workshop at the SOGC annual meeting in June 2014.

Chalice, Marilyn Hall filled in for Suzanne Johnson, Chalice's International Manager for Africa who sent her regrets due to a prior commitment in Africa. Chalice is a Catholic sponsorship program, which started with one child and has grown to nearly 50,000 children in 15 different countries in 18 years. Chalice is rated as A+ by accreditors (MoneySense), and Chalice plans to keep this rating through low overhead and accountability. In addition to sponsorship Chalice is also active in the development of sustainable community projects and programmes which address educational, environmental, health, social and economic development needs. Chalice Sponsor Sites within the East Africa region (Tanzania & Kenya) work within the greater community and network of stakeholders which includes the organization of faith circles of small social support groups.
Possible opportunities exist for MR to:

- Access research grants in areas of social development and health care issues that affect the livelihood and welfare of children, their primary guardians and extended family within the Chalice sponsored communities where access to health care, clean water, electricity and social services is limited or absent
- Chalice members and partners participating in MR workshops in Africa,
- Chalice and MR becoming strategic partners for the future long term development of "program support" to Chalice Site objectives

Global Health Office, Dalhousie University, Shawna O'Hearn: The role of Global Health Office at Dalhousie was described. MR might be linked to give Dalhousie an opportunity to become more active in distance education, possibly, through collaboration with an African University involved in the U.S. supported Medical Education Partnership Initiative (MEPI) that funds foreign institutions in Sub-Saharan African countries that receive the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) support and their partners to develop or expand and enhance models of medical education. This could be a "win-win" solution, with Dalhousie University providing expertise in health fields and other areas that may be helpful such as economics, social studies etc. Shawna suggested MR approach the Canadian Coalition for Global Health Research (CCGHR) (Vic Neufeld) to see if the organization could offer support.

Healthy Child Uganda, Jenn Brenner: HCU has provided infrastructure support to MR at Mbarara University of Science and Technology since MR's inception. HCU may be able to incorporate MR into some HCU grant submissions. As well, Jenn Brenner stated that "Canada can learn from Uganda on better ways to do community research", as illustrated by MR.

Canadian Child Health Clinician Scientist Program (CCHCSP), Carolyn Quach: CCHCSP graduates are active in MR; Tobi Kollmann as an example. CCHCSP curriculum platform is useful since it provides a basis for modules for both MR and CCHCSP. CCHCSP provides grant support and peer review volunteers for MR. Funding for CCHCSP itself is unclear in next few years as the Canadian Institutes for Health Research (CIHR) goes forward.

Discussion

The participants agreed that MR has a unique role in community based research. MR teams seek to find evidence-based sustainable solutions to community health problems using rigorous research processes, and then translate this new knowledge into a change in practice, programs and/or policy (i.e. implementation). While individual MR Workshop graduates may benefit from participation in MR through career development, enhanced research knowledge and skills and by sharing their new knowledge through publications and presentations, the main goal of MR is to improve health outcomes in the community. An initial step will be the formation of an MR East African Advisory Working Group (pending selection of a title for this Group) as this will be crucial for promoting a sense of ownership, moving regional MR initiatives forward, ensuring long-term sustainability of MR in the region.

Examples of areas for input:

- Funding
- Relationship building
- Advocacy
- Training
- MicroResearch Projects
- Metrics
- Communication

Chairmanship and Membership of this group will be selected in consultation with MRAC and East African participants in the Strategic Planning Meeting.

Final MicroResearch Strategic Plan Summary

Input from the two East African Forums, from MR LinkedIn™ discussion group and the 2013 MR surveys of MR faculty and Workshop graduates, combined with the thoughtful comments arising from this Strategic Planning Meeting, will form the basis for the Strategic Plan for MR (MicroResearch 2020). The MR Advisory Committee (MRAC) will set the priorities for the East African MR Working Group tasks. The summary of the meeting and the final MR 2020 plan will be posted on www.MicroResearch.ca and will be circulated to the Planning meeting attendees, MR Workshop graduates, partners, collaborators, funders and other interested parties.

Thank You

Funds were gratefully received from IDRC/GHRI/DFATD to support this Strategic Planning Meeting.

Thanks to all who participated:

- nine workshop participants, teachers, mentors, and local leaders from East Africa
- members of the MicroResearch Advisory Committee
- Canadian non-governmental organizations (NGOs) who sent their representatives to this meeting
- MR LinkedIn™ discussion participants for their thoughtful comments and contributions
- Mary Appleton and Robyn Nicholson for their organizational skills that made the meeting possible.

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   MicroResearch: Finding sustainable local health solutions in East Africa through small local research studies
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3. Pediatrics and Child Health (2012)
   Healthy Child Uganda survey of knowledge, attitude and behaviour of village health team members toward their health care responsibilities in southwest Uganda
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4. Pediatrics and Child Health (2013)
   Efficacy of glutamine supplementation on the outcome of children admitted with persistent diarrhea in Uganda: A randomized controlled study
   http://tinyurl.com/m9g2zrk

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   No benefit of glutamine supplementation on persistent diarrhea in Uganda children
   http://tinyurl.com/kxucnk9

6. Pediatrics and Child Health (2014)
   The practice of traditional rituals and customs in newborns by mothers in selected villages in southwest Uganda
   http://tinyurl.com/lu67qyn

7. Pediatrics and Child Health (2014 in press)
   Neonatal deaths and umbilical cord care practices in Luweero district in Uganda

8. Focus Group Summary (Kampala Mar 2013)
   http://tinyurl.com/lu67qyn

9. Focus Group Summary (Nairobi, Nov 2013)
   http://tinyurl.com/qy9fah4

10. *The Bamako call to action on research for health* from the Global Ministerial Forum on Research for Health, Bamako, Mali, November 17-19, 2008
    http://tinyurl.com/oo28uz8

Appendix 1 LinkedIn™ Discussion Group

What should MR look like in 2019? What changes are needed? Where should it be?
Summary: 12 comments in total from different participants in East Africa; 2 comments were merged to make final 10 points below. Both genders well presented in the discussion.
Key Themes Generated from the discussion
• By 2019 Globally Recognized Multidisciplinary Team of Micro Researchers.
• Expand the funding beyond Maternal and Child Health projects
• Develop it to a Master's Program
• Consortium of MicroResearchers
• Include other faculties/sectors in the different E. Africa Universities

1. Leah Bii, Medical Doctor at Kenya Medical Training College
By 2019 we have a globally recognized team of multidisciplinary community based health researchers that is improving research productivity in Eastern Africa and beyond.

2. **Godfrey Zari Rukundo, PhD at Mbarara University**
By 2019, will be fully recognised and supported in our organisations. A body of Interdisciplinary research will have been done in our countries. The other key areas in health requiring research will have become priority (more than maternal and child health). MR coordinators will have organised orientation meetings/training for the organisational leaders in order to mobilise more support to the programme.

3. **Florence Maswan, Doctor Kenya Medical Training College**
A team of multidisciplinary researchers asking, researching and contributing to evidence based solutions to problems that affect communities.

4. **John Ken**
There is need to expand as currently the focus is on maternal and child health. As our health systems change, there are emerging themes e.g. the devolution of health services in Kenya. Hopefully the grant will be increased to cater for inflation.

5. **Mohamoud Merali, Consultant Psychologist at Aga Khan University Hospital**
A motivated team of "new" researchers coming up with ideas of exploration in areas that are fresh and uncharted and being provided with support from those that have undergone training in MR. A move away from the "old" school of thinking. A team that is not intimidated by the notion of thinking anew or of challenging the past studies.

6. **Sylvia Kirenga, Technical Advisor & Coordinator at TTCIH**
MR in 2019 will be good to involve in NCD's identifying causes from the community point of view and understanding of NCD's. Focusing on the disease prevention and climate change management to improve quality of services provided.

7. **Schola Ashaba, Lecturer at Mbarara University of Science & Technology**
By 2019 MR should have spread beyond East Africa, and probably a globally recognized project with larger funding and many more interdisciplinary research projects which have been published but also implemented to realize the impact of MR at community level. I envision more involvement of the institutions where MR is operating and hence more support. More importantly the teaching institutions should have incorporated MR in their curriculum.

8. **John Ken**
Hopefully it will have evolved to be a master's program.

9. **Eisha Grant, Head of clinical services at Kadic Health Services**
By 2019, hopefully MR should have formed a consortium of Micro Researchers across the Eastern Africa Region globally recognized with interdisciplinary projects beyond maternal and child health sphere working closely with the Universities in the region.

10. **Mohamoud Merali, Consultant Psychologist at Aga Khan University Hospital**
I agree with the need to have a multidisciplinary approach within EA region. Very important factor. Inclusion of different sectors of the Universities will add a really rich component - exciting prospect.

Appendix 2 Strategic Planning Meeting Attendees

Abel, Zabron	Tanzanian Training Center for International Health	zabron76@gmail.com
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Appendix 3 Meeting Evaluation

The meeting was reported as a success with well received background documents, many opportunities for discussion, expression of views and sharing of ideas. There was no sense of being rushed.

Evaluation: 14 completed

1 Please rate the following 1 (not acceptable) to 5 (excellent)

a)	Meeting room	4.7
b)	Pre-meeting documents	4.5
c)	Hotel	4.6
d)	Food	4.1

2 Did the mix of participants at this meeting reflect the MicroResearch community of partners?
- a. Yes= 12 No=2
- b. Comment: Needed to also have OT, PT other HCP

3 Did the MicroResearch summary from your group reflect your perception of your group's discussion?
Yes= 14 No=0

4 Are you satisfied with the final summary discussion at the end of the meeting?
- a) Yes =13 No=1
- b) Comment: Need to also focus n communication MicroResearch lobbying tool for growing partnerships

5 Are you satisfied with the next steps as described at the end of the meeting?
- a) Yes=12 No=2
- b) Comment: Need to also ensure emphasize the strengths of the existing MicroResearch structures in East Africa and in Canada

6 With whom should this report be shared in your community?
- o Healthy Child Uganda kmanalili@ucalgary.ca
- o IUHPE- Marie Claude Lamarre, Paris
- o Ministries of Health in East Africa- Child Health Depts- in EA
- o Chalice – Senne Connell
- o Kadic Hospital in Kampala
- o Deans of Medicine at UON, MUST, Makerere (and IDI) , St Francis U , JOUST
- o Also Deans Health Professions or heads of schools
- o KMTC Head
- o Local district health officers in areas where MR; local district health councils
- o In TZ, UG, KY- need to connect with the Exec Director or equivalent for National SCi Council
- o All MR alumni
- o DMRF
- o CPS, SOGC
- o Other NGOs not present at end

7 Was your voice heard at the Strategic Planning meeting?
Yes = 14, No =0

8 Did you feel you had input into the discussion?
Yes=14 No =0

9 Any other comments on the meeting and follow up to the meeting?
- Send the conclusions and final report to all invitees
- Send participants' email addresses and contacts to all invitees
- Thank you. I enjoyed being part of the next step
- Great to have open time for colleagues to share ideas and stories

- Did not feel rushed
- We need to be mindful to go out to tell people about MicroResearch which I believe few stakeholders understand the MicroResearch rationale at the moment
- Formation of a structure to co-ordinate activities in East Africa
- We need a MR Forum this year (2014) to see how the ides suggested are implemented
- We must develop timelines
- We need subgroups to develop drafts of the few documents further
- Clearly assign responsibilities and create a follow up mechanism
- See next steps implemented






As MicroResearchers have noted:

"We *can make a difference in the health of our communities through MicroResearch*"

"*MicroResearch teaches us how to fish, shows us where to fish, then puts fish in the lake so we are sure to catch some."*

"We can make a difference in the health of our communities through MicroResearch."

Left to right: Mary Appleton, Walter Mwanda, Eric Wobudeya, Bob Bortolussi, Isha Grant, Marilyn Hall, Tobi Kollmann, Noni MacDonald, Zabron Abel, Jenn Brenner, Oriokot Francis, Jerome Kabakyenga, Eleanor Turyakira, Senga Pemba, Benson Estambale

Not shown: Dominic Bortolussi, Moya Crangle, Stuart MacLeod, Marissa Taylor, David McQueen, Shawna O'Hearn, Caroline Quach, Laila Salim, Alvin Zipursky, Stanley Zlotkin


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