MicroResearch Workshop Report
Infectious Disease Institute
Makerere University, Kampala, Uganda
October 20-31, 2014

Building capacity for community focussed health research
A Workshop for Community Based Researchers

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Funding Sponsors
MicroResearch, IWK Health Centre, Dalhousie University Canadian Child Health Clinician Scientist Program (CCHCSP) International Development Research Council (Canada) Infectious Disease Institute, Makerere University, Kampala Uganda.
Introduction and Background

Building on the achievements, including those in health, of the Millennium Development Goals (MDG), the United Nations in 2013 has proposed 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 [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)].
Workshop Planning and Organization:

The workshop was held at Infectious Disease Institute (IDI) at Makerere University, Kampala, Uganda. Allen Mukhwana and Henry Onen oversaw local co-ordination. Participants paid a registration fee of $20, which the organizer used to offset IDI expenses. Participants were recruited at the IDI and University through word of mouth, College of Health Sciences mailing list and posters.

Workshop Program and Participants:

Dr Andrew Kambugu, opened the MR Workshop on day one emphasizing the importance of research as the foundation for growth of the IDI and the opportunities offered through the MicroResearch training. He demonstrated his support as well by attended several of the sessions, especially on career development.

Twenty-seven (27) trainees registered for the workshop (Appendix 1). Daily attendance ranged from 24 to 27 and was greater than 90% on average. The workshop planned schedule was followed with participation from local experts (Appendix 2). Guest lecturers contributed valuable knowledge and led discussions on the Ugandan perspective of Research Ethics and Community Engagement. The lecturer for presentation on Research Ethics was Bernard Kikaire. The lecturer for presentation on Population and Community Engagement was Allen Mukhwana.

Participants from several disciplines were represented on each team including Medicine (internal medicine, pediatrics, obstetrics/gynecology, students, and medical officers), Nursing, Public Health, Management, Laboratory Medicine, and Social Work, (Appendix 3). Most of the participants had not worked with each other or even met previously. Collaboration and team building began on day 2 when each person in the team argued the merit of a proposal based on the FINER criteria presented on day 1: “How to develop a research question”. Their proposal needed to be important to their work, and be based on their experience. The teams vigorously discussed each proposal and selected one question to work on as their team project. A spokesperson presented the list of topics to the entire class and announced the question selected by the group and the rationale for its selection. (Appendix 3)

- Group 1: What is the knowledge and attitude towards cerebral palsy amongst parents of children suffering from the disease?
- Group 2: What is the uptake of pneumococcal vaccine in children under 5 presenting with pneumococcal pneumonia at Mulago hospital
- Group 3: What are the perspectives of patients, care takers, health workers and policy makers on the barriers to access of TB care in Uganda?
- Group 4: Understanding factors associated with loss to follow-up and outcomes of pregnant and breast-feeding women who receive option B+ therapy under EMCT in public HIV Care clinics in Uganda.

The series of lectures were designed to provide skills needed to develop their topic into a research proposal. The lectures emphasized knowledge translation and community engagement- core principles to the MicroResearch concept. Lectures stimulated
discussion relevant to the projects. Each group developed their proposal over the ensuing
days with help from their coach.

The Workshop ended with the four groups giving a 10-minute overview of their research
proposal followed by a 10-15 minute of comments and questions from the judges and the
audience.

**Evaluation of Projects**
A judging scoring system was developed from feedback of past judges (Appendix 4). Coaches for the groups do not take part in the scoring but make note of the judges’ comments to give feedback to the groups.

**Judges:**
- *Andrew Kambugu* MD, Director of Research, IDI, Makerere University,
- *Tracy Rabin* MD, Assistant Professor, General Internal Medicine, Yale School of Medicine, and
- *Jeramy Schwartz*, MD Assistant Professor, General Internal Medicine, Yale School of Medicine.

**Comments and Decision on Best Presentation:**
All teams presented well and answered questions in a poised and mature manner. The judges had no hesitation to recommend that all teams be eligible for a MicroResearch Grant. They indicated the difficulty they had choosing the best presentation overall since every team ranked 1st or 2nd by at least one of them. In the end, they selected Group 1, as the best presentation.

**Final Topics and Judges Specific Comments** (See also Appendix 5):

**Group 1:** The Knowledge, attitudes and behavior of primary care givers of children suffering from cerebral palsy.
The presentation was well organized and told a compelling story on the need for their study, good background slides. Given that there is no data on the subject in Africa, this is extremely innovative.

**Group 2:** Knowledge and Attitudes of Parents Towards Pneumococcal Conjugate Vaccine in Kira Town.
The presentation was well organized and presented in a dramatic effect. Given that there is no data on vaccine “Hesitancy” in Africa, that the Ugandan Ministry of Health has just launched a program on management of pneumonia and that the WHO will be issuing a statement on this topic, the study will be extremely timely.

**Group 3:** Knowledge, Attitudes and Beliefs about Tuberculosis disease in children among parents in Kampala, Uganda.
The presentation was well organized and told a compelling story. The 3rd objective (finding sources of information about TB and other health issues) will be attractive for KT and educational purposes.
Group 4: Understanding Loss to follow-up of mothers who receive option B+ under EMCT in public facilities in Uganda. The presentation was well organized, used excellent slides and showed the timeliness of this project, since B+ is now being implemented in Uganda. The background information on experience of other countries gave a compelling rationale for this study in Uganda.

Workshop Evaluation:

Two evaluation questionnaires were distributed on day 9 and collected after the final lecture. Twenty-three (23) of the 27 participants (84%) completed the anonymous, structured evaluation form. Scores and summary of comments are shown in Appendix 6.

Outcomes and Recommendations:

1. All graduates of this MicroResearch Workshop who received a “Certificate of Participation” (listed in Appendix 2) will be eligible to apply for a MicroResearch grant at a future grant competition.

2. Local IDI Infrastructure:
   a) Co-lecturers for Ethics and Community Engagement should be recruited well in advance so their vital role in the workshop curriculum will be clear,
   b) Coaches for the teams should be selected well in advance to ensure they will have time and interest to commit during the workshop,
   c) Consider recruiting a small local committee to plan workshop,
   d) Strategies to recruit participants from outside of the Faculty of Medicine should be strengthened to avoid last-minute adjustments.

3. Lessons learned on Lectures:
   a) Lecture on Internet should include Hinari access, username and password,
   b) Strategy to enroll participants in LinkedIn work best with local coaching,
   c) Active exercises used during the Manuscript writing and KT lectures were well received and should be extended to other lectures,
   d) Consider formatting Community engagement as short lecture followed by exercise by each group using their project as an example,
   e) Consider using more examples from participants on proposal development,
   f) Consider greater emphasis on developing writing skills through expansion of these lectures and more opportunity for active participation through exercises.

4. Local MicroResearch Infrastructure: Efforts should be made to ensure ongoing infrastructure help for each team to develop their project, such as
   a) Recruit a local coach,
   b) Advice on process to apply for IRB,
   c) Assistance to establish Skype connection with coach in Canada.

5. Challenges for the future:
   a) As workshops are repeated, there will be greater effort needed to recruit appropriate participants with a range of disciplines,
b) Strategies to engage local faculty as lecturers, coaches, judges need to be developed to ensure the IDI workshop will eventually be conducted entirely by local faculty.

Acknowledgements:

We wish to thank the tremendous work of Allen Mukhwana and Henry Onen for organizing and managing the logistics of the workshop. Without their assistance the workshop could not have been the success it was.

Submitted November 7, 2014, Robert Bortolussi and Walter Schlech.
Appendix 1: Participants

<table>
<thead>
<tr>
<th>Names</th>
<th>Team</th>
<th>Gender</th>
<th>Email Addresses</th>
<th>Profession</th>
</tr>
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<tbody>
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## Appendix 2 Workshop Schedule

<table>
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<tr>
<th>Day</th>
<th>Discussion</th>
<th>Activities</th>
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<tbody>
<tr>
<td>1</td>
<td>Introductions [RB &amp; AK* (Guest)] and Objectives, e-program [RB], and Defining a research questions [WS]</td>
<td>Participant select a question</td>
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<tr>
<td>2</td>
<td>Research Principles [RB], Pitfalls in Research [WS]; Groups Formed</td>
<td>Discuss Project Ideas</td>
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<tr>
<td>3</td>
<td>Getting started on writing a proposal [WS]</td>
<td>Project Proposal Reporting Meet coach, refine question</td>
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<tr>
<td>4</td>
<td>What editors are looking for [RB] How a manuscript is reviewed [WS]</td>
<td>Refine Proposal</td>
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<tr>
<td>5</td>
<td>Writing an abstract exercise [RB/WS] Basic and local Ethics [RB and BK* (Guest)]</td>
<td>Refine Proposal</td>
</tr>
<tr>
<td>7</td>
<td>Knowledge Translation [RB] Research into policy [WS]</td>
<td>Refine Proposal</td>
</tr>
<tr>
<td>8</td>
<td>Community engagement [AM* (Guest)] How grants are reviewed [RB]</td>
<td>Refine Proposal</td>
</tr>
<tr>
<td>9</td>
<td>Career Documentation and Planning [RB &amp; AK* (Guest)]</td>
<td>Prepare for Presentation</td>
</tr>
<tr>
<td>10</td>
<td>Presentations by Groups</td>
<td>Certificates and awards handed out</td>
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</table>

*Guest Presenters: Andrew Kambugu (AK), Allen Mukhwana (AM), Bernard Kikaire (BK).
Appendix 3: Team Members and Questions

Team 1 (Coach: Pauline Byakika)

(Left to Right)       M/F   Profession
Susan Tusiime Twesigye F    MD
Hellen Amaguru         F    RN, PH (Student)
Olga Nassozi           F    RN
David Martin Atuhe     M    MD
Mary Grace Akello      F    RN
Harriet T. Kasadha     F    RN, PH
Jackie Musiimenta     F    RN (Not Present)

tusiime.susan@gmail.com;mgrhellen@yahoo.com;olga.nassozi@aar-healthcare.com;tkasadha@yahoo.com;gracemakello@gmail.com;jackie.musiimenta@aar-healthcare.com;atuhedavi@gmail.com; Pauline Byakika [pbyakika@idi.co.ug]

Proposed questions of Team 1 (selected one in bold)

• What is the knowledge and attitude towards cerebral palsy amongst parents of children suffering from the disease?
• What is the knowledge, practice and attitudes about kangaroo method of newborn child care amongst teenage mothers in Arua district?
• If abortion were legalised, would it reduce maternal mortality rate?
• What is the knowledge and attitude about type 1 diabetes mellitus amongst Children and adolescents suffering from the disease?
• What factors hinder male partner involvement in antenatal care visits?
• What factors hinder antenatal care uptake among women in Kawempe division?
• Does health Insurance improve health-seeking behavior?
Team 2 (Coach: Brenda Mitchell)

(Left to Right in Photo) M/F Profession
Gonza K. Paul M MD PH
Tino Susan F MD
Namugera Eve F CH Student
Nakanyike Annet F RN
Sekabire Wilson M MD
Ndyanabo Faith F RN (Not in Photo)
Dorothy Mugamba F Lab Tech (Not in Photo)

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[bmitchell@idi.co.ug]

Proposed questions of Team 2 (selected one in bold)
• What is the uptake of pneumococcal vaccine in children under 5 presenting with pneumococcal pneumonia at Mulago hospital
• What are the predictors of uptake of Ca cervix screening among HIV pts attending IDI HIV clinic
• What are the factors influencing antenatal care visits among pregnant mothers during the 1st trimester in Rakai district
• What is the knowledge, attitudes, & practices, about family planning usage among teenagers in Southern Uganda
• What are the factors influencing drug use among teenagers from selected schools in K’la
Team 3 (Coach: Bonnie Wandera)

(Left to Right in Photo)  M/F  Profession
Nawenja Victoria  F  Nurse
Mbabazi Josephine  F  Social Worker
Kakooza Alex  M  MD
Kabasingo Roselyn  F  Nurse
Bagasha Peace  F  MD
Nazziwa Ritah  F  MD, Peds  (seated)

bagashap@gmail.com; Victoria.nawenja@aarhealthcare.com; fifimj2002@yahoo.com;
roselynk2010@gmail.com; kakoozaalex2000@gmail.com; Bonnie Wandera
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Proposed questions of Team 3 (selected one in bold)

- What are the perspectives of patients, care takers, health workers and policy makers on the barriers to access of TB care in Uganda?
- What are the factors influencing malnutrition among malnourished children in Mwanamugimu pediatric ward?
- What are the attitudes knowledge and practice of mothers towards good nutrition?
- What are the attitudes skills and knowledge of pediatricians in the management of children with health related problems?
- What is the health knowledge of parents on childhood conditions in Uganda?
- What are the palliative care needs of patients with end stage chronic kidney disease in Uganda?
Team 4 (Coach: Mohamed Lamorde)

<table>
<thead>
<tr>
<th>Name</th>
<th>M/F</th>
<th>Profession</th>
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<tbody>
<tr>
<td>Singura Peninah</td>
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<tr>
<td>Gilbert Tumwine</td>
<td>M</td>
<td>MD, Obst</td>
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</table>

(Not Present)

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Proposed questions of Team 4 (selected one in bold)

- Understanding factors associated with loss to follow-up and outcomes of Pregnant and breast-feeding women who receive option B+ therapy under EMCT in public HIV Care clinics in Uganda.
- Prevalence of syphilis among women attending Antenatal care in a big hospital in Kampala e.g Naguru or Mulago hospitals.
- Factors that contribute to malnutrition among children under five at mwana mugimu.
- Challenges and coping strategies of lactating health workers at Mulago hospital.
- Major causes of acute gastro enteritis among under five children in private for profit hospitals in Kampala
- Determinants of inter pregnancy interval among women from a sub urban region in Kampala
Appendix 4: Judges Scoring System

Judge’s Scoring .... IDI October 31, 2014

- Feasibility: e.g. time, budget
  - (35 points)
- Importance and Relevance: to local & the wider community
  - (35 points)
- Other (10 points each)
  - Importance to Africa
  - Novelty
  - Multidisciplinary team participation

Team 1: … Feasibility [   ], Importance [   ], Other [   ], TOTAL [   ]
Specific Comments and Advice:

Team 2: … Feasibility [   ], Importance [   ], Other [   ], TOTAL [   ]
Specific Comments and Advice:

Team 3... Feasibility [   ], Importance [   ], Other [   ], TOTAL [   ]
Specific Comments and Advice:

Team 4... Feasibility [   ], Importance [   ], Other [   ], TOTAL [   ]
Specific Comments and Advice:
Appendix 5: Judges Comments

Judges: Andrew Kambugu MD, (Director of Research, IDI, Makerere University), Tracy Rabin MD, (Assistant Professor, General Internal Medicine, Yale School of Medicine), and Jeramy Schwartz, MD (Assistant Professor, General Internal Medicine, Yale School of Medicine).

General Comments:
All teams presented well and answered questions in a poised and mature manner. The judges had no hesitation to recommend that all teams be eligible for a MicroResearch Grant. They indicated the difficulty they had choosing the best presentation overall since every team ranked 1st or 2nd by at least one of them. In the end, they selected Group 1, as the best presentation.

Group 1: The Knowledge, attitudes and behavior of primary care givers of children suffering from cerebral palsy.
The presentation was well organized and told a compelling story on the need for their study, good background slides. Given that there is no data on the subject in Africa, this is extremely innovative.
- Define how information gathered will improve care (KT),
- Seek support from CP Clinic personnel to improve KT probability,
- Define “newly diagnosed” CP,
- Attempt to find appropriate “Knowledge” questionnaire and adapt it for Ugandan use,
- Pre-test questionnaire then wait to do survey later to avoid bias,
- Get help from qualitative researcher to assist in qualitative methods.

Group 2: Knowledge and Attitudes of Parents Towards Pneumococcal Conjugate Vaccine in Kira Town.
The presentation was well organized and presented in a dramatic effect. Given that there is no data on vaccine “Hesitancy” in Africa, that the Ugandan Ministry of Health has just launched a program on management of pneumonia and that the WHO will be issuing a statement on this topic, the study will be extremely timely.
- Sampling in Kira town should identify socio-economic stratification,
- Present information on how survey will be generalizable outside of Kira,
- To make KT plan more compelling should try to involve Ministry of Health early in planning and development stage (and possibly seek Ministry financial support),
- Contact author of WHO report and review its data when developing MR grant proposal,
- If you use clinic (immunization/regular OPD) visitors, this may not be population most at need of study i.e. not the general community. Should try to develop a process to involve vaccine non-compliers.
Group 3: Knowledge, Attitudes and Beliefs about Tuberculosis disease in children among parents in Kampala, Uganda.

The presentation was well organized and told a compelling story. The 3rd objective (finding sources of information about TB and other health issues) will be attractive for KT and educational purposes.

- Consider talking to parents in community, who are not in clinic to do comparison clinic parents vs community,
- To make an even more compelling KT plan, consider strategies to involve policy makers, administrators and community members, early on in project planning,
- Consider survey both public and private facilities,
- Justify why four clinics are required, budget considerations may dictate the number to be surveyed,

Group 4: Understanding Loss to follow-up of mothers who receive option B+ under EMCT in public facilities in Uganda.

The presentation was well organized, used excellent slides and showed the timeliness for the project, since B+ is now being implemented in Uganda. The background information on experience in Malawi gave a compelling rationale for doing this study in Uganda.

- Major issue may be finding “lost” patients. Need to clearly show how you will reach this group of mothers, given that by definition they are lost. Seek advice and involvement on this from administrators of such clinics,
- The KT implications for this study are strong. To make an even more compelling KT plan, consider how to involve policy makers, administrators and community in project planning,
- Sample size may be hard to achieve, justify why this large sample is needed,
- Good definition for Lost To Follow Up (LTFU), but should demonstrate that LTFU was not simply that baby is now seen in a different clinic,
- Objective 2 (finding outcomes of mothers [? Babies] LTFU under option B+) will not likely be achieved in MR grant given time required and budget considerations,
Appendix 6: Evaluation

(23/27 responses, 84%)

Score: 1=low to 5=excellent
Number respondents (n), median score indicated in bold

Section I

a) How would you rate this workshop?
   1 (0),  2 (0),  3 (0),  4 (8),  5 (15)

b) Did it raise research issues you had not considered before?
   1 (0),  2 (0),  3 (1),  4 (4),  5 (18)

c) Did it stimulate your interest in research?
   1 (0),  2 (1),  3 (0),  4 (4),  5 (18)

d) Would you recommend it to a colleague?
   1 (0),  2 (0),  3 (0),  4 (1),  5 (22)

Section II

1. Why did you come to the workshop?
   • Understand research and MicroResearch X 10
   • To learn to develop proposals x 9
   • To enhance research skills x 4
   • Develop scientific writing skills x 3
   • To help build research career x 2
   • To get a N American perspective on research, To stimulate interest in research, Recommended by manager, To network with other researchers (Each x 1)

2. What was most helpful in the workshop?
   • How to prepare a proposal X 7
   • Everything x 5
   • Working in a group x 4
   • Methodology skills x 2
   • Teaching, Poster presentation, Learning steps of research, Pitfalls, FINER, PICOT, IMRaD, FINER, KT, What reviewers are looking for, Setting goals (Each x 1)

3. What might be changed?
   • Nothing X 10
   • More time x 3
   • Start in morning x 2
   • Better time x 2
   • More methods detail, Time (I missed lunch all week), Learn the “reading culture”, Better publicity (Each x 1)
4. What lecture(s) was (were) most helpful?

- All X 8
- Writing proposal x 8
- Shaping research question x 5
- Oral/Poster preparation x 4
- Community/public engagement x 4
- Applying for grant x 3
- Ethics x 2
- Methodology and design X 2
- KT x 2
- Pifalls x 2
- What editors want, Career development (Each x 1)

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

- None (No changes) X 22
- IRB x 1

6. How will you use what you learned?

- Write my own proposal X 7
- Doing my own research x 3
- Help others understand research x 2
- Apply skills to my MPH, Increase more health education, Get involved in research, Complete team project, Start a research unit at my hospital, Move my abstracts to manuscripts, Publish my research, Help perfect my career as research nurse. (Each one x 1)

Other comments.

- “Thank you good work”
- “I am grateful to the facilitators and the opportunity to learn”
- Would like a refresher in future
- Having a coach a great idea
- “This was really worth it…”
- “It would be interesting to see a version of MR applied to other disciplines: psychiatry, geriatrics, etc.”
- “Am really grateful…it has worked as an eye opener in my field of research”
- “Lovely workshop, lovely”
Graduating Workshop Participants