

# **IDENTIFYING CAPACITIES: COUNTRY ANALYSIS – GHANA AND UGANDA**

## **Introduction**

This section looks at how capacities for research can be identified and undertaken in member countries. We shall focus on the experiences of Ghana and Uganda where studies of this nature have been conducted. The main objective here is to introduce these studies emphasizing the scope of the study, methods used, and analysis of capacities' gaps identified. The text presentation of these aspects will be brief while the instruments and other documents used in the studies in the two countries will be added to in the annex.

### Objectives of the Study:

1. To determine for Ghana, the desired range of capacities needed for carrying out Health Research
2. To develop an instrument for assessing capacities available for ENHR at any level
3. To test this instrument in one region.

## **The Ghana Study**

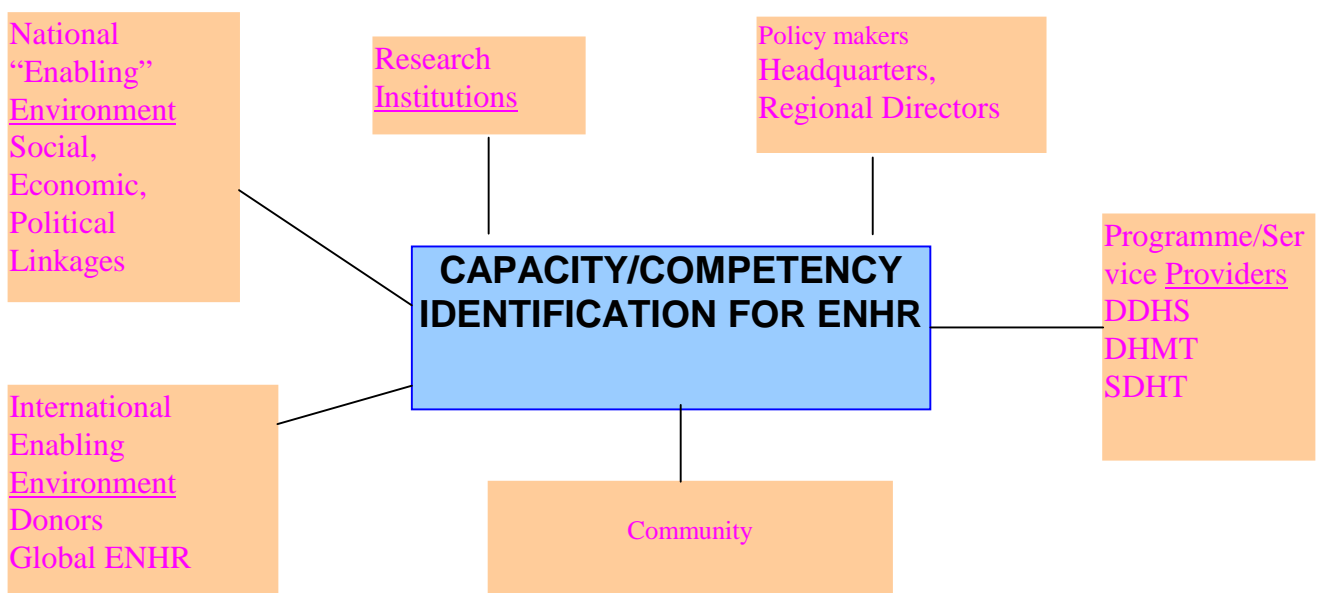
### Scope of the Study

The Ghana study dealt with issues within the context of

- a) the researchers
- b) research institutions
- c) policy makers at the national and regional levels
- d) decision-makers/service providers at the district level, and
- e) service consumers -at the community level.

The framework for the ENBR capacity/competency identification study was designed as below.

## THE FRAMEWORK FOR IDENTIFICATION OF CD/ENHR



## Methodology

The study was conducted in three phases,

Phase 1: determination of desired capacities and competencies for health research

Phase II: development of instruments for needs assessment

Phase III: testing of instruments

Phase 1:

A list of desired capacities and competencies was developed through brainstorming by the study team. On the basis of this list a table was prepared to seek a national consensus on the capacities and competencies for ENHR or make other suggestions. Respondents for the national consensus building on the desired capacity were broadly categorized under the following groups:

1. Researchers
  - Universities (U.G., U.C.C., KNUST)
  - Council for Scientific and Industrial Research
  - MOH research institutions
2. Policy-makers
  - Ministry of Health (Headquarters and some Regional Directors)
3. Programme/Service Providers
4. Community representatives
5. NGOs
6. Agencies: UNICEF, WHO, USAID

A capacity was agreed to be included in the desired list of capacities if 70% and more respondents agreed to it.

Phase II:

Survey instruments in the form of questionnaires were developed from the desired list of capacities obtained through the national consensus building in Phase 1.

Respondents for the questionnaires were identified among the broad categories as defined in Phase 1. These included:

1. Researchers
2. Heads of research institutions comprising the Universities and MOH research institutions
3. Policy makers in the MOH
4. Community leaders

Phase III:

The survey instruments were pilot tested in one of the regions in Ghana.

#### Analyzing the Information

The analysis of the Ghana study depended so much on the major expected outputs of the study.

The major outputs were:

1. a list of capacities/competencies needed for health research
2. instruments for conducting a needs assessment study for the capacities/competencies identified in (1) above.

The other output comprised the results of the pre-test of instruments in one of the country's regions.

1. List of desired capacities/competencies

The responses were summarized using the frequency distribution. The median percentage of the distribution was used to define the cut off point (70%) for a capacity/competency to be accepted into the list.

2. Needs assessment

Structured questionnaires were designed based on the specific capacities/competencies. The instruments were developed to be used on regional basis as the Ghana programme intends to carry out capacity building on regional basis.

Pre-test Results/Gaps in Capacities/Competencies

The results obtained from testing the instruments were not intended to be a major output in the Ghana study, because it had the objective of developing instruments,

However, the methods of analyzing the results can be employed as one of the approaches in the identification of gaps in capacities/competencies in health research.

Basically, the specific gaps in capacities/competencies were identified by depicting these against the various categories of the respondents in the form of matrices/crosstabs noting the frequencies of the capacities/competencies in the institutions/individuals/communities. Examples of these are given in annex I

**The Uganda Study**

Objectives of the Study

1. To review Uganda's current capacity to conduct, use and manage priority-driven health research

2. To use the results of the review to develop a CD Plan, as a component of Uganda's new ENHR Plan
3. To contribute to an international exploration of CD/ENHR.

#### Scope of the Study:

The study revolved around two main key-informants:

- producers and
- users/funders of health research

The subject matter scope focused on

1. capacities of researchers
2. priority areas
3. perception of research environment
4. dissemination of research results
5. utilization of research results
6. internal and external networking and collaboration

#### Methodology

The methods of collecting data on CD/ENHR were made at four different levels of inquiry:

1. Consultation and preparation level – the local study team members consulted among themselves and defined the plan of work for the study.
2. Analysis of secondary materials
3. Interviews with key informants who consisted of both persons and organizations
4. On-site visits inspecting research infrastructure

#### Analysis of Data

Data analysis of the Ugandan study depended on the type of instrument employed to collect the data.

#### Key-informant Interview

This instrument was employed to elicit information on the capacities of researchers at the surveyed organizations/agencies. As in the Ghana Study, the matrix was used to indicate the available capacities in organizations for different types of researchers. (example in the Annex ..)

#### Analysis of Data Base at UNCST

Different information was obtained from the database using the MEDLINE search for publications on health research in/on Uganda since 1993.

#### Sources of Funding

Again the contingency table/cross tabulation was used to indicate the year, internal and external sources of funding. Annex

Funders of Research were simply listed

#### Perceptions of Research Environment

The analysis revealed qualitative challenges posed by the research environment to individual researcher doing research. This suggests that the perceptions were analyzed qualitatively.

#### Priority Areas

Publications found in the search were categorized according to priority areas published in 1997. These are:

1. Maternal and Child Welfare and Nutrition
2. Water, Sanitation and Environment
3. Communicable Disease (including AIDS)
4. Non-Communicable Diseases
5. Health Systems and Health Policy
6. Drug Use Studies
7. Others

The priority areas were depicted against the year of publication from 1993-1998 in a matrix to illustrate the number of publications per year in each of the priority areas.

Matrices were also employed separately to tease out information about authors from outside Uganda and those from Uganda.

Review of UNCST Project Database was done by way of content analysis of projects in relation to the national health research priorities. The distribution of projects approved year by year based on the priority research areas is displayed in a table.

#### Dissemination of Results

The frequency counting was used to indicate the mode of dissemination of research results and the number of institutions employing each of them.

#### Utilization of Results

The basic issues were to ascertain whether research results were used for policy or for Action and/or programme. The Analysis of this information was displayed on tables depicting the organization/agency and how it utilizes research results (for examples of these tables see Annex ..)

#### Networking and Collaboration

The study makes a distinction between Networking and collaboration, though the distinction is not clear and seems to be phenomena closely related. With the aid of a table, the results are presented indicating the organization/agency, the specific research area and of networking or collaboration was local regional or global.

The study, however, recognized the need to further explore the issue of networking.

#### Capacity at the District Level

Sensitization workshops served as the medium of obtaining information about the research capacity of the districts. Workshops of 2-3 days duration brought a couple of districts together.

The districts were assessed to have been exposed to some health research. But their involvements were limited to data collection. The interactions at the workshops also



revealed that research capacity for individual district health teams were equally limited. The capacities were limited in the areas of

- ◆ Training
- ◆ Research management
- ◆ Time allocation
- ◆ Value of research
- ◆ Budgeting/funds

The study recognized the need to strengthen both the sensitization and training in the areas where research capacities are limited.

#### Framework for a CD/ENHR Plan

The second objective of the study sought to develop a framework for a CD/ENHR plan on the basis of the results. After some initial definitions of terms and concepts, the study team adapted a model from the work of UNDP to prepare a framework for the plan. This enable the team to map out the relevant organizations and individuals doing ENHR in Uganda.

The framework has four elements:

- the enabling environment - from the national and global context
- the task network – how groups and organization interact with each other in research
- organizations within the network
- individual researchers in the organizations doing ENHR (the framework and the map are presented in the Annex ..)

#### Worksheet

The study also prepared a workshop with the four elements. The purpose was to invite workshop participants to contribute ideas for a more comprehensive plan for CD/ENHR in Uganda.

#### **Conclusion of the Ghana and the Uganda Studies**

The two studies reveal a number of steps and methods which are similar but also differ in some respects. Basically the two studies focused on reviewing the research

capacities available in the two countries. Both set out to conduct a situation analysis of these capacities. The two studies also adopted simple tables and frequencies to display the results and therefore made the results comprehensible to everyone.

However, there were differences in the approaches. The Ghana study first sought for a national consensus building on what should belong to the research capacities and used the list as basis to develop instruments to assess the national research capacities and tested this in one region. The Uganda study team on the other hand defined the criteria based on the analysis of existing database and key-informant interviews. Thereafter, health research was assessed at the various district to ascertain which capacities were available at that level and what suggestions for improvement could be made for that level.

The Uganda study unlike the Ghana study used the results to propose a framework for CD/ENHR plan in Uganda and how research groups and organizations could be made to contribute to develop the plan. On the other hand, the Ghana study team defined the framework at the brainstorming stage in the phase 1. It, therefore, appears that the Uganda study has an in-built mechanism to further re-think and develop the CD/ENHR plan.

Generally, the two studies though adopted different approaches in assessing CD/ENHR in their respective countries, it can be explained on the basis of the different countries exposure and involvement in health research. It is suggested that country studies on CD/ENHR will have to take cognizance of the research environment, within and outside, and the available research infrastructure in that particular country.

Annexes:

To be added later.