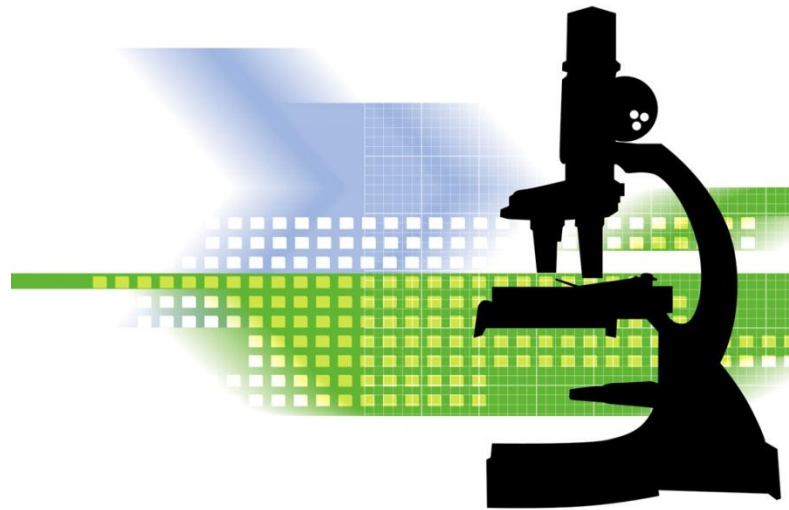


2009

Assessment of Research Capabilities
and Performance of Regional Health
Research Consortia: A Consolidated
Report for Mindanao



Philippine Council for Health Research and
Development

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**ASSESSMENT OF RESEARCH
CAPABILITIES AND
PERFORMANCE OF REGIONAL
HEALTH RESEARCH CONSORTIA:
A CONSOLIDATED REPORT FOR
MINDANAO**

JUNE 2009

PHILIPPINE COUNCIL FOR HEALTH RESEARCH AND DEVELOPMENT
VICAR INTERNATIONAL HEALTH AND RESEARCH GROUP, INC.

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ACRONYMS

DOST	Department of Science and Technology
DOH	Department of Health
HRC	Health Research Consortium
NUHRA	National Unified Health Research Agenda
PCHR	Philippine Council for Health Research and Development
PNHRS	Philippine National Health Research System
RHRDC	Regional Health Research Development Councils
RICUP	Research Information Communication Utilization Programme
RUHRA	Regional Unified Health Research Agenda
SOME	Structure/Organization Monitoring and Evaluation

I. Introduction

In response to the call of the PNHRs to strengthen regional health research and development and capacitate the regional research consortium to take the leadership in this pivotal effort the SOME Committee initiated the conduct of regional assessments of the performance of all of the regional health research consortia. For equity considerations, the Mindanao cluster of regions was first to be assessed.

The assessments utilized a rapid appraisal methodology (Annex A) aimed at identifying the critical areas of performance and capacities that the health research consortia need to address in order to improve their performance and effectively respond to the priority regional health issues through research. To compare regional performance, the SOME Committee introduced a scoring system that quantifies some of the qualitative variables used in the assessment (Annex B).

This consolidated report is prepared in addition to the individual regional reports in order to highlight the important findings that are important as a whole for Mindanao and to give emphasis to those recommendations that are collectively relevant and meaningful. The consolidated report is also highly significant as it contains specific recommendations to introduce much-needed adjustments to the regional program of assistance currently being provided by PCHRD.

II. Major Findings and Observations:

Overall Findings

The results of the regional assessments show the challenges that the regional health research consortia are facing as they assume the difficult task of leading the region in the promotion of health research and development. The results also point out how national support is best positioned to maximize impact and achieve national and regional objectives. The 6 regional health research consortia in Mindanao are at different levels of development (see Annex B). Of the 6 regions, region 11 is the most advanced and is leading the way for the rest of Mindanao to follow. Region 10 is following closely behind and given more guidance and support should be able to perform at a much higher level. The rest of the regions are facing difficult challenges and would need substantial guidance and support from the national level if they are to keep pace with regions 10 and 11. Among the most common problems encountered by the regions are the following:

1. Low level of utilization of the RUHRA
2. Delay in plan execution and low levels of fund utilization
3. Inefficient mgt structure and lack of full-time manager
4. Absence of a database management system

The most serious shortcoming of most of the regions except region 11 and to a certain extent region 10 and 9 is the lack of a long-term development plan and their total dependence on the support provided by PCHRD. The members of the consortium do not have a clear idea of what lies beyond the one-year set of activities that the consortium has agreed with PCHRD. This rather constricted view of the regional research and development effort needs to be replaced with a more sustainable and long-term vision. While the absence of a long-term plan does not render the current activities of the consortia irrelevant the presence of a strategic vision is the better approach as it is more consistent with the long-term nature of the health problems and issues and of the long-term investments needed to address them through health research.

The support provided by PCHRD is critical and important but it needs to be repositioned to align with the long-term development goals of the research consortia.

Specific Findings and Observations

A. Preparation, Dissemination and Utilization of the RUHRA

All six regions in Mindanao were able to formulate their health research agenda. The health priorities were identified through a process of reviewing relevant documents and consultations with stakeholders. A review of the 6 RUHRA documents showed that considerable effort was spent in describing the demographic and socio-economic conditions of the 6 administrative regions and of the component provinces. However, with the exception of the RUHRA of region 11 most of the regional health priorities were not accompanied by epidemiological and socio-economic description of the priority areas for health research. This inadequacy renders the RUHRA difficult to utilize and interpret particularly from the perspective of interested researchers upon whose shoulders lies the responsibility of preparing the research proposals. A good epidemiologic description of the priority research areas will also be a good guide for positioning the proposals to address the most critical and most important issues.

Another problem of the RUHRA is its dissemination or the lack of it. Many researchers who participated in the consultation meetings could not recall what the research priorities were. Many of them also could not cite specific instances where the priorities were discussed and presented. One contributory problem is that in many regions, the RUHRA was prepared before the health research consortia were organized. It can be argued that the current membership of the health research consortia does not have ownership of the priorities that were identified in 2004 or 2005. It does not come as a surprise that a very common response from the health researchers to these issues is a call for a review and updating of the RUHRAs.

Undoubtedly the most significant shortcoming of the RUHRA is its low utilization and limited application. While it is true that most of the proposals that had been reviewed and recommended for funding are aligned with the identified priorities, this condition speaks more of the feel of the proponents for the real problems and issues than a conscious effort on the part of the consortium to respond to the RUHRA per se. Other than this, the RUHRA has not been subjected to a more systematic analysis and no effort was made to translate the identified priorities into an assessment instrument for capacity building and resource generation and use the results to formulate a capacity building and resource mobilization strategy.

B. Development, Review and Funding of Research Proposals

If there is a particular item that the regions can claim as a major accomplishment, it is in the concerted effort to the development and review of research proposals. In carrying out this task, the regions have adopted an approach whereby interested researchers are invited to attend a proposal development workshop and where research methods are introduced and discussed. Some regions like region 10 and 11 have gone one step further by following up the workshops with individual mentoring activities whereby proponents are assisted by an assigned mentor to ensure that the draft proposals are fully developed and submitted for further review and funding.

One of the limitations to the whole process of proposal development is that most of the proposals are really geared towards accessing the regional research funds which have inherent funding limitations. Under the agreement with PCHRD, the region can only approve funds up to 100,000 pesos. Anything in excess of that amount will have to be approved in Manila and will have to compete with other proposals all over the country so the chances of getting approved are minimal. As a consequence, a number of researchers claim that they had to radically change their research designs and

methodology to ensure they are within the prescribed funding limits. The funding restriction is also responsible for the narrow focus of the research projects being carried out and the lack of attention being paid to the bigger research issues that potentially carry greater health impact.

Another weak point in the current proposal development process is that there is no conscious effort to promote institutional collaboration. One of the reasons being cited for participating in the consortium is the opportunity to share resources and collaborate with other institutions and researchers. Unfortunately, this desire for wider collaboration is not concretized again because of the focus on minor research issues and trying to tailor the study to the funding limitations. The opportunities for synergy and complementation are completely ignored and wasted

C. Preparation of Strategic and Operational Plans

All regions have formulated operational plans for 2009. The operational plans are structured along the functions of the different sub-committees. The process adopted in most regions is that the sub-committees prepare their proposed activities for a one-year period. The plans of the sub-committees are then consolidated by the secretariat for approval by the management committee and the advisory committee. PCHRD reviews the proposal prior to the release of the funds.

The problem with this process is that the sub-committees are not guided by any document that lays out the future directions and the long-term development plan of the consortium and upon which all operational plans should be aligned with the strategic goals and objectives. Under these conditions, it is impossible to tell the relevance and usefulness of the proposed annual activities.

With respect to the preparation of strategic plans, region 11 is in the process of completing its 5-year development plan. This is an interesting development as the document is expected to address many of the developmental issues that most regions not only in Mindanao but in the rest of the country as well are facing.

Region 10 and region 9 both have 3 year-development plans developed in 2008 but the document that came out of the planning process have serious shortcomings that limit their usefulness. There was no comprehensive analysis of the strategic problems and issues and the goals and objectives and their indicators are not stated in measurable terms making them virtually impossible to track or measure.

D. Organizational structure, leadership, management and plan execution

All of the health research consortia in Mindanao have a similar organizational structure. An advisory committee is responsible for setting policies, plans and programs. A management committee is responsible for management oversight and 3 or 4 sub-committees are responsible for the execution of the consortium's plans and budgets. A secretariat usually based at the DOST regional office provides administrative support.

The main problem with this organizational set-up is that there is no single individual responsible for managing the consortium's day-to-day tasks and responsibilities. Someone has to package the one-line activity proposals from the sub-committees into detailed documents that are needed to guide their implementation including documentation required under government accounting rules and procedures. These tasks are not easy to accomplish and may be beyond the responsibilities assigned to the secretariat to perform. Besides, the staff assigned to the secretariat has full-time work at the DOST and may not have the time to pay attention to these time-consuming responsibilities. Certainly, the management committee cannot do this as the committee meets only 3 or 4 times a year. Even if it were to meet weekly or monthly some of these management tasks will still fall through the cracks. No committee no matter how diligent and conscientious can substitute for an individual who can make decisions and execute them without having to be bothered about building collegial consent.

One consequence of this organizational inadequacy is the delay in the implementation of planned activities and poor budget utilization. At most all regions including the most advanced regions are experiencing serious implementation delays. Region 10 has tried to make adjustments by designating vice-chairs in the management committees and the sub-committees to make sure that the committee work goes unhampered even if the chairs are unable to call for meetings. This temporary adjustment may work for a time but in the long run the organizational inefficiency will take its toll as the work of the consortium grows and expands.

It is interesting to note that the regional organizational structure reflects that of the PNHRs which is also suffering from the same inadequacies as that of the regional counterparts.

III. Recommendations

Recommendations to the PNHRs Committees

It is important that the different committees of the PNHRs devote time and attention to the provision of support and assistance to the regional consortia. While the committees have national-level mandates and concerns, the promotion of health research and development at the regional level is so important because of its potential contribution to the achievement of the national health research goals and objectives.

1. Review, updating and utilization of the RUHRA

Almost all of the regions in Mindanao expressed a strong desire to review and update the RUHRAs that were prepared in 2005. The updating is not only timely, it is also a good opportunity to get more stakeholders involved and oriented. A well designed and conducted review can also be used as a platform on which to initiate its translation into capacity building and resource mobilization instruments.

2. Preparation of strategic plan

Regions 9, 12, 13 and ARMM are interested to develop strategic plans to set the consortium's strategic directions and set long-term development goals and objectives. The provision of technical guidance and support to this critical process can help ensure that the regional plans are aligned with national goals and objectives even as they address the region-specific health research priorities.

The strategic plans can also be used as the vehicle for ensuring the financial and organizational viability of the consortium and prepare them better for taking the research and development leadership at the regional levels.

3. Streamlining of organizational structure and facilitating plan implementation

The lack of a full-time manager is responsible for the inefficiencies and unnecessary delays in plan implementation and in the lack of oversight to the work of the different working committees. A full-time manager would not only help address these issues but can also perform the necessary staff work that can facilitate the deliberations and decisions of the management and advisory committees.

The activities of the consortia also need to be regularly monitored and tracked and the management committee kept informed. To ensure that everything is on track and everyone in the organization is aware of the progress of plan implementation, the consortia needs to establish an internal monitoring and activity tracking system. The system can also generate reports and documents that may be needed by PCHRD and other government institutions that require adherence to audit rules and regulations.

Given the similarities of the problems and issues across regions, it is recommended that the PNHRs Committees explore opportunities where the provision of support is provided through clusters of regions. The clustered approach to the provision of technical support and assistance carries the added advantage of opening opportunities for inter-regional collaboration and sharing of resources.

Recommendations to PCHRD

The most significant finding of the assessment is the need to restructure the program of assistance to the regions taking cognizance of the need for short-term support and at the same time helping the health research consortia achieve long-term viability, organizational stability and financial sustainability. Taking these multiple concerns into consideration, the SOME Committee is proposing a revised program of assistance that will have the following features:

1. The program of assistance should be positioned to support the strategic plans and long-term development goals of the health research consortia.

This recommendation assumes that the regions have strategic plans in place. Strategic planning should be the first order of business in regions where long-term development plans do not exist. For its part, PCHRD should be ready to commit to long-term support once the roadmaps of the regions have been formulated and the areas of support clearly defined and delineated.

2. The assistance should address the most important research issues as reflected in the RUHRA

It is important that the program of assistance is focused on the priority health research problems and issues. Given the amounts available for regional support, it is not possible to address all the research issues listed in the RUHRA. Be that as it may,

PCHRD should strive to achieve the most value for its money by focusing its support on the most important research issues that will deliver the greatest impact.

3. The assistance should encourage institutional collaboration

One of the reasons why research consortia exist is that in health research, collaboration and sharing of resources is essential and inevitable. It is therefore totally counter-intuitive to see the council's current program of assistance negating this vital element of the consortium's organizational life by focusing its support to small-scale projects that discourages multi-institutional involvement. In fact in certain situations, the council should consider the possibility of inter-regional collaboration especially among regions that share common interests, problems and challenges.

4. The program of assistance should integrate capacity building, resource generation, and information dissemination and utilization as part of the research project package.

Another weakness of the current program of assistance is the fragmentation of the different health research process components. The activities and budgets of the different sub-committees are oftentimes unrelated and it is not unusual to see stand alone activities that have no relationships whatsoever with the rest of the activities. There is a need to harmonize the work of the sub-committees and create opportunities for synergy. One approach would be to build activities such as capacity building, resource generation and information dissemination and utilization as part of the overall research project package.

5. The assistance should encourage achievement of results and reward performers

To motivate the regions to perform better, the council should agree with the consortia on a set of developmental milestones and benchmarks the achievements of which will form the basis for the release of the funding support. The council should also consider the setting aside of "performance incentives" for regions that exceed their targets or achieve them ahead of time.

With the adoption of these recommended features, the PCHRD program of assistance will be better positioned to be more responsive to regional priorities, encourage the regions to focus on clear and measurable results and outputs and prepare the regions to more effectively contribute to the attainment of national health research goals.

Annex A: Rapid Appraisal Methodology

Guide Questions for Review of Documents

1. Guidelines for Research Agenda

1.1. Is the research agenda evidenced based?

Yes No

Remarks:

1.2. Does the research agenda cover the following?

1.2.1. Epidemiological Yes No

1.2.2. Sociological Yes No

1.2.3. Economic Yes No

1.2.4. Policy Yes No

Remarks:

1.3. Does the agenda contain the recommendations and steps to ensure its utilization?

Yes No

Remarks:

2. Plan

2.1 What kind of plan do they have?

Strategic Plan Operational Plan

Remarks:

2.2 Does plan clearly contains the following?

2.2.1 Objectives and Goals Yes No

2.2.2 Indicators Yes No

2.2.3 Strategies Yes No

2.2.4 Activities Yes No

2.2.5 Budget Yes No

Remarks:

2.3 Are the activities conducted as scheduled? Yes No

Remarks:

2.4 What is the percentage of fund utilization?

—

Remarks:

—

3. Organizational Structure

3.1 Does the organizational structure reflect the need for day-today management and oversight?

Yes No

Remarks:

Guide Questions for Health Researchers

1. Formulation of Health Research Agenda

1.1. Are you aware of the existence of a regional and national health research agenda?

Yes No

1.2. Have you seen or do you have a copy of these documents?

Yes No

Remarks:

1.3. Were you able to participate in the discussions leading to the formulation of the NUHRA/ RUHRA?

Yes No

1.4. Were you able to participate in a forum where the Regional Health Research Agenda was discussed?

Yes No

1.5. Are you aware whether or not the Regional Health Research Agenda was used in the following?

1.5.1. Capacity building plan Yes No

1.5.2. Resource mobilization plan Yes No

1.5.3. Advocacy tool Yes No

2. Adequacy of Health Researchers, Research Facilities and Existence of Capacity Building Plan

2.1 Are there enough skilled researchers in the region to undertake health research based on the identified health research priorities?

Yes No

2.1.1 If No, why?

2.2 Are there health research facilities in the region where research are conducted based on the identified health research priorities?

Yes No

2.2.1 If No, why?

2.3 What needs to be done to strengthen health research manpower in terms of number and skills?

2.4 Is there a long term capacity building program to continue to train health researchers in the region?

Yes No

3. Adequacy of Funding and Logistical Support for Health Research

3.1 Where do you get funding support for your research activities?

3.2 Are these funds sufficient given what you need? Yes No

Remarks:

3.3 Have you received funding support from the RHRDC through the RRF?

Yes No

3.3.1 If no, why?

3.4 Under PCHRD fund, there is a ceiling of PhP 100,000 per proposal. Do you think this is adequate?

Yes No

3.4.1 If not, do you have any recommendations to make this funding mechanism more effective?

4. Preparation of Research Proposals and Conduct of Health Researches

4.1 How many research proposals have been prepared?

4.2 How many health researches have you completed in the past two years (2007 and 2008)?

Remarks:

5. Health Research Dissemination and Utilization

5.1 Is there an existing system to disseminate the results of the research study?

Yes No

5.1.1 If yes, how do you disseminate the results of the study?

5.2 What are the usual problems in the dissemination of your research findings?

5.3 Did any of your researches contribute to the formulation of policies or helped health managers or health workers make informed decisions?

Yes No Do not know

5.3.1 Please elaborate.

Guide Questions for Council Members

1. Health Research Agenda:

1.1. Is there a well-defined health research agenda for the region? Yes No

1.2. How was the research agenda developed?

1.3. Was the research agenda utilized? Yes No

1.3.1. How was it utilized?

2. Manpower, Facilities and Capacity Building Plan

2.1 Do you have an inventory of health research manpower and research facilities based on your identified research needs?

Yes No Don't Know

2.2 Is there adequate research human resource in the region to carry out the region's health research plan?

Yes No Don't Know

2.2.1 In research design and methodology? Yes No Don't Know

2.2.2 In specific content areas as defined by the health research agenda?

Yes No Don't Know

2.2.3 If no, what was the region's response to the lack of human resource?

2.3 Do you have a plan to develop your health research manpower based on the needs of the region?

Yes No Don't Know

Remarks:

2.4 Based on your requirement, does the region possess the capacity to develop skills of local researchers?

Yes No Don't Know

2.4.1 If yes, please cite the training programs [consider also offerings at member institutions]

Formal:

Informal:

Scholarship Grants:

Study Tour:

2.5 Are there mentors who can be tapped for capacity building in research?

Yes No Don't Know

2.5.1 If YES, please specify in what areas:

2.6 What kind of support does the region expect from national, regional and international levels to help develop the skills of local researchers?

3. Resource Mobilization:

Refers to the capacity of the region to mobilize funds and other resources for health research

3.1 Do you know how much is your funding requirement for your priority research needs?

Yes No

3.2 Are there enough funds to carry out the planned research activities?

Yes No

3.3 Has an annual work plan and budget been proposed?

Yes, when was it prepared? _____

No

3.4 What kind of support does the region expect from the national, regional, and international levels to develop regional capability to mobilize resources for health research?

4. Development, Approval and Conduct of Research Studies:

4.1 In 2008, how many proposals were produced by the consortium?

4.2 In 2008, how many proposals were reviewed in terms of ethics, methodology, content and utilization?

4.3 In 2008, how many research studies were funded?

4.4 In 2008, how many research studies were completed?

4.5 Were the proposals parts of the NUHRA/RUHRA?

Yes No Don't Know

4.6 If the researches were not implemented or not part of NUHRA/RUHRA, what were the reasons?

5. Research Dissemination and Utilization

5.1. Does the consortium have an established system for dissemination of research results?

Yes No Don't Know

5.2. Were the researches that were conducted/completed in 2008 disseminated?

Yes No Don't Know Not applicable

5.3. Were the research results disseminated to the relevant stakeholders?

Yes No Don't Know Not applicable

5.4. How were the results disseminated?

Published in peer-reviewed journals:

Policy Briefs:

Public Presentations:

Web-based media:

5.5. Do member institutions integrate in their research forums dissemination of the results of researches in the region?

Yes No Don't Know

5.6. What were the facilitating factors to research dissemination?

5.7. What were the barriers to research dissemination?

5.8. Is there an existing database of research studies conducted in the region?

Yes None Don't Know

Remarks:

6. Leadership and Management

6.1. Describe/draw the organizational structure of the governing council:

6.2. Who is responsible for the daily operations of the consortium?

6.3. Which of the following subcommittees are functional? Check appropriate boxes.

- | | | |
|--------|-------------------------------------|---|
| R&D | <input type="checkbox"/> Functional | <input type="checkbox"/> NOT Functional |
| Ethics | <input type="checkbox"/> Functional | <input type="checkbox"/> NOT Functional |
| HRD | <input type="checkbox"/> Functional | <input type="checkbox"/> NOT Functional |
| RICUP | <input type="checkbox"/> Functional | <input type="checkbox"/> NOT Functional |
| _____ | <input type="checkbox"/> Functional | <input type="checkbox"/> NOT Functional |
| _____ | <input type="checkbox"/> Functional | <input type="checkbox"/> NOT Functional |
| _____ | <input type="checkbox"/> Functional | <input type="checkbox"/> NOT Functional |

6.4. Define the roles and responsibilities of the members of the governing council:

6.5. Is there an existing Manual of Operations? Yes No Don't Know

Remarks:

6.6. Do you have a five-year strategic plan? (Get a copy of the document)

Yes No Don't Know

Remarks:

6.7. Do you have an operational plan for 2009? (Get a copy of the document)

Yes No Don't Know

Remarks:

Annex B: Comparison of Performance of RHRDCs in Mindanao Using the SOME Scoring System

Preparation, Dissemination, and Utilization of RUHRA Max=5						
Performance Criteria	Region					
	9	10	11	12	CARAGA	ARMM
RUHRA Availability (Yes=1 No=0)	1	1	1	1	1	1
RUHRA Dissemination (Yes=1 No=0)	0	0	0	0	0	0
RUHRA includes epidemiological and socio-economic description (Yes=1 No=0)	0	0	1	0	0	0
RUHRA was utilized for strategic planning (Yes=1 No=0)	0	0	1	0	0	0
RUHRA was utilized for research proposal generation (Yes=1 No=0)	1	1	1	1	1	1
Total Score	2	2	4	2	2	2

Preparation Review and Funding of Research Proposals Max=12												
Performance Criteria	Region											
	9		10		11		12		CARAGA		ARMM	
	Actual	Score	Actual	Score	Actual	Score	Actual	Score	Actual	Score	Actual	Score
Number Prepared <i>0 prop = 0</i> <i>1-2 prop = 1</i> <i>3-4 prop = 2</i> <i>> 4 prop = 3</i>	3	2	7	3	6	3	20	3	4	2	6	3
Number Reviewed and Funded <i>0 prop = 0</i> <i>1-2 prop = 1</i> <i>3-4 prop = 2</i> <i>> 4 prop = 3</i>	0	0	4	2	3	2	0	0	0	0	0	0
Number Completed <i>0 proj = 0</i> <i>1-2 proj = 2</i> <i>3-4 proj = 4</i> <i>>4 proj = 6</i>	0	0	0	0	2	2	0	0	0	0	0	0
Total Score	2		5		7		3		2		3	

Organizational Structure, Leadership and Management Max=4													
Performance Criteria	Region												
	9		10		11		12		CARAGA		ARMM		
What is the organizational structure?													
Is there a full-time manager? Yes=1 No=0	0		0		1		0		0		0		
Functional subcommittees 0 subcom = 0 1-2 subcom = 1 3-4 subcom = 2 >4 subcom = 3	3	2	5	3	5	3	1	1	3	2	2	1	
Total Score	2		3		4		1		2		1		

Strategic/Operational Planning and Plan Implementation Max=5													
Performance Criteria	Region												
	9		10		11		12		CARAGA		ARMM		
Strategic plan 5 yr SP =2 3 yr SP =1 No SP =0	1		1		2		0		0		0		
Operational plan Yes=1 No=0	1		1		1		1		1		1		
Activities Done as Scheduled On-time=1 Delayed=0	0		1		1		0		0		0		
Fund Utilization On-time=1 Delayed=0	0		1		1		0		0		0		
Total Score	2		4		5		1		1		1		

Database Management and Utilization of Research Results Max=2						
Performance Criteria	Region					
	9	10	11	12	CARAGA	ARMM
Presence of database <i>With =1</i> <i>Without=0</i>	0	0	0	0	0	0
System for Utilization of Research Results <i>With=1</i> <i>Without=0</i>	0	0	1	0	0	0
Total Score	0	0	1	0	0	0

Resource Mobilization Max=2						
Performance Criteria	Region					
	9	10	11	12	CARAGA	ARMM
Plan for resource mobilization <i>With=1 Without=1</i>	0	0	0	0	0	0
Able to mobilize resources outside PCHRD <i>Yes=1 No=0</i>	0	0	0	0	0	0
Total Score	0	0	0	0	0	0

SUMMARY Max=28						
Critical Areas of Performance	Region					
	9	10	11	12	CARAGA	ARMM
Preparation, Dissemination and Utilization of RUHRA	2	2	4	2	2	2
Preparation Review and Funding of Research Proposals	2	5	7	3	2	3
Organizational Structure, Leadership and Management	2	3	4	1	2	1
Strategic/Operational Planning and Plan Implementation	2	4	5	1	1	1
Database Management and Utilization of Research Results	0	0	1	0	0	0
Resource Mobilization	0	0	0	0	0	0
Total Score	8	14	21	7	7	7

Ratings:

24-28 = *Excellent (Needs minimal assistance and can be tapped to provide assistance to other RHRDCs)*

19-23 = *Good (Needs focused assistance on certain areas and can serve as model to other RHRDCs)*

14-22 = *Fair (Needs regular assistance)*

< 13 = *Needs Intensive Assistance*