

2009

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



Philippine National Health Research System

10/2009

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

OCTOBER 2009

PREPARED BY: STRUCTURE/ORGANIZATION MONITORING AND EVALUATION COMMITTEE

TABLE OF CONTENTS

ACRONYMS.....	ii
I. Introduction.....	1
II. Major Findings and Observations:	1
<i>Overall Findings</i>	1
<i>Specific Findings and Observations</i>	2
A. Preparation, Dissemination and Utilization of the RUHRA	2
B. Development, Review and Funding of Research Proposals.....	3
C. Preparation of Strategic and Operational Plans	4
D. Organizational structure, leadership, management and plan execution.....	5
III. Recommendations	7
Annex A: Rapid Appraisal Methodology.....	12
Guide Questions for Review of Documents	12
Guide Questions for Health Researchers.....	15
Guide Questions for Council Members.....	20
Annex B: Comparison of Performance of RHRDCs Using the SOME Scoring System..	29

ACRONYMS

DOST	Department of Science and Technology
DOH	Department of Health
HRC	Health Research Consortium
NUHRA	National Unified Health Research Agenda
PCHRD	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.

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 the PNHRS 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 PNHRS.

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 15 regional health research consortia (6 in Luzon excluding NCR, 3 in the Visayas and 6 in Mindanao) are at different levels of development (see Annex B). Of the 15 regions, regions 8 and 11 are the most advanced and are leading the way for the rest of country to follow. Regions 1, 6 and 10 are not too far 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 the leading performers. Among the most common problems encountered by the regions are the following:

1. Low level of utilization of the RUHRA
2. Lack of meaningful research proposals and projects
3. Ineffective and inefficient management and organizational structure
4. Absence of a strategic direction and long-term development plan

The most serious shortcoming of most of the regions with the exception of Region XI is the lack of a long-term development plan and their complete dependence on the support provided by PNHRs. 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 PNHRs. 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 PNHRs 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

1. Limited description and analysis of the priority areas for research

All the fifteen regions 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 fifteen RUHRA documents showed that considerable effort was spent in describing the demographic and socio-economic conditions of the regions and of the component provinces. However, with the exception of the RUHRA of Region XI and that of Southern Luzon, 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.

2. Inadequate dissemination and discussion of the RUHRA

Another problem of the RUHRA is its dissemination or specifically, 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.

3. Lack of effort to engage the health research manpower to focus on the top health research priorities

Undoubtedly the most significant shortcoming of the consortiums' treatment of the RUHRA is its low utilization and limited application. There was no discernible effort on the part of the consortiums to actively engage the region's health researchers to focus on the top research priorities. Instead most of the skilled and experienced researchers are spending most of their time managing the consortiums' meager resources under the regional research funds. As a result, the researches being produced are too limited in scope and coverage to have a significant impact on the priority problems and issues.

B. Development, Review and Funding of Research Proposals

1. Absence of a long-term research and development program anchored on the region's research priorities

A major shortcoming of the operating business model adopted by the research consortiums is the absence of a long-term research development program or programs in accordance with the identified priority research areas. All the fifteen research consortiums are organized along working committees that are process-oriented and are structured to support the small-scale and individually driven research proposals under the RRF. Under this funding mechanism, the regions are authorized to fund research proposals with funding requirements below 100,000 pesos. Because of this funding restriction most of the research projects being

carried out have a narrow focus and there is little attention being paid to the bigger research issues that potentially carry greater health impact.

2. Few opportunities for institutional collaboration and interdisciplinary involvement

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

1. Lack of strategic direction and long-term development framework

All regions have formulated operational plans for 2009. The operational plans are process-oriented and structured along the functions of the different sub-committees. The approach 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. The PNHRs 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. Under these conditions, it is impossible to tell the relevance and usefulness of the proposed annual activities.

2. Three-year development plans lack strategic analysis and clear direction

With respect to the preparation of strategic plans, only Region XI has a well-crafted 5-year strategic plan in place. A number of regions (Regions I, III, IX, and X) have formulated three-year development plans. Unfortunately, the documents that came out 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

1. Process-oriented structure that do not involve the work of health researchers

All of the health research consortiums 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. The work of the sub-committees focus on the support functions of proposal review, capacity-building, information dissemination and ethical review. Unfortunately, the technical committees have nothing to support as there are no research programs being implemented and the researchers are not organized and made part of the organizational structure.

2. Lack of full-time manager and administrative support

Another problem with the 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.

3. Delay in plan execution and low level of fund utilization

An adverse consequence of the organizational inadequacy of the consortiums is the delay in the implementation of planned activities and poor budget utilization. Almost all regions including the most advanced regions are experiencing serious implementation delays. Some regions 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.

E. Promising Developments in Response to the Results of the Assessment

In response to the results of the assessment conducted by the SOME and through the provision of technical support by PCHRD/PNHRS staff, a number of health research consortia undertook some reforms and adjustments in their operations. Some of these promising developments and responses are presented below.

1. Review of the RUHRA and focusing of the work of the consortium on the top priority research areas

All the research consortiums in Mindanao, and Regions II, III and VIII have taken steps to review their respective RUHRA and identify the top priority concerns in an effort to narrow down the consortium's focus and in anticipation of the establishment of a research program or programs. The process involved consultation with researchers and a review of the RUHRA and NUHRA documents.

Regions VI and VII have also followed suit and are in the process of translating the RUHRA into regional research programs.

2. Preparation of more meaningful proposals that address the region's top research priorities and positioning the consortium to establish a research program

In Mindanao all the six regions collaborated to work on two research proposals to address the problem of high maternal and child mortality. The project proposals aim to improve the collection of data and information concerning maternal mortality and related services. In addition to these two common proposals, Regions XI, X and ARMM are in the process of developing proposals that address priority regional concerns. Other regions who have expressed interest and have scheduled meetings and workshops for engaging the researchers to develop more meaningful proposals include regions I, II, III, CAR, VI, VII and VIII.

One of the significant features of the ongoing work in proposal development is the designation of lead institutions who have signified strong interest and who possess the capacity to spearhead the proposal formulation process and

who will serve as the regional anchor for a specific priority research area. This development represents an important milestone in the regional consortium's effort to establish a long-term and comprehensive research program.

3. Organizational adjustments that address effectiveness and efficiency concerns
Another encouraging development is the initiative of some regional consortiums to assign full-time managers who will be responsible for the day-to-day operations of the organization. Regions XI and II have taken the leadership in this aspect. Initial feedback has shown that the presence of the full-time staff has clearly made a positive impact on the work of the two concerned regions.

4. Emergence of institutional leadership in the establishment of research programs

Perhaps the most significant development that could very well define the work of the regional research consortium in the future is the emergence of research institutions that are leading the efforts to initiate reforms in the way the consortium is going about its business. This development is very evident in Regions II, VI, VII, VIII and most of Mindanao with some institutions volunteering and offering their expertise and facilities to convene a meeting of health researchers and getting to focus on the region's health research priorities.

5. Preparation of strategic plans

Region XI and more recently Region VIII have invested time, effort and other resources in the formulation of 5-year strategic plans for the consortium. These initiatives are aimed at developing a planning framework that will serve as the platform for the future development of the consortium.

Other regions that have expressed interest in the development of a strategic plan include Regions I, II, CAR, VI and VII.

III. Recommendations

In the interest of clarity and simplicity, the recommendations are categorized into two namely: recommendations for the restructuring and retooling of the PNHRs committees and recommendations to repackage the funding assistance provided by the PNHRs to the regional consortiums.

A. Restructuring and retooling of the PNHRS Committees to better support regional technical assistance needs

Based on the results of the assessment of the performance of the regional research consortiums, the PNHRS needs to be restructured to be more responsive to the regional needs. The existing PNHRS structure that is based on the research support functions of capacity-building, information dissemination, ethics review and research management. While some of these committees possess some relevance to the work of the regional consortiums, there are other critical areas of support that are not reflected in the existing PNHRS structure. Some of the technical assistance needs include content experts who are needed to help the regions in the conduct of a systematic review of the RUHRA and experts in strategic planning and program development. The regions will also need assistance from experts in organizational development. These critical areas of assistance are described more extensively below.

1. Review of the RUHRA and identification of the top priority areas

As described in an earlier section, many regions are in the process of reviewing the RUHRA and use the occasion to focus on three or four priority areas for purposes of developing a research program. The approach that has been adopted by the regional health research consortiums is to convene the health researchers and reduce the list of research areas into three or four priorities. In making these critical decisions the regions need assistance from both process and content experts who can provide guidance to make sure that a consensus is reached and that the research areas selected truly reflect the needs of the regions. To facilitate this review and prioritization, the PNHRS should organize a pool of process experts who can help obtain maximum participation from the health researchers and content experts who can provide technical advice and guidance.

2. Establishment of research programs and development of research and project proposals

Once the region has identified its top priorities, the next step is to organize the health researchers who have the interest and expertise to conduct a systematic and comprehensive review of the research areas, formulate a long-term research program and design project proposals for funding. This highly technical process requires the presence of both process and most especially content experts who can

help frame and define the research problem, identify the critical research questions, and provide technical advice on the sequencing of research projects that best address the identified research priorities. The provision of technical assistance by the PNHRs is necessary to make sure that the regional research programs and projects are technically sound and are responsive to the national and regional needs.

3. Preparation of strategic and operational plans

The experience of Regions XI and VIII in the crafting of strategic plans demonstrate the importance of having resource persons who are not only well-versed in the strategic planning process but are also able to help the region conduct a strategic analysis of the problems and issues and frame the strategic issues for the region to move forward. There is no question that this is an important opportunity for the PNHRs to help the regional consortiums especially those who have already demonstrated their strong management capacities to take on more challenging roles and goals. The PNHRs need a pool of strategic planning and evaluation experts to respond to this regional need for technical assistance.

4. Streamlining of organizational structure and facilitating plan implementation

The attempts of the regional health research consortiums to address the organizational inefficiencies appear to be simplistic and do not address the core issues. The committee system clearly does not work especially in the absence of a program upon which it is anchored. While the engagement of full-time administrative staff is unquestionably helpful in supporting the work of the committees, this organizational adjustment will not address the lack of programmatic response and focus.

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 need 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.

B. Adjustments in the existing program of support from PNHRS

The most significant finding of the assessment is the realization that the existing program of assistance from the PNHRS needs to ensure that 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 package of assistance that will have the following features:

- 1. The program of financial and technical 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, the PNHRS 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 funding 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, PNHRS 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 PNHRS' 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 PNHRS should execute an agreement with the regional 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 PNHRS 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.

- 6. The assistance should foster inter-regional collaboration and sharing of experiences and expertise across regions.**

Given the similarities of the problems and issues across regions, it is recommended that the PNHRS explore opportunities for promoting inter-regional collaboration. One mechanism that can be adopted to facilitate the collaboration among regions is regional clustering. The clustered approach to the provision of technical support and assistance not only makes the provision of technical assistance more efficient but more importantly carries the added advantage of opening opportunities for sharing of resources and experiences.

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/ROHRA, 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?

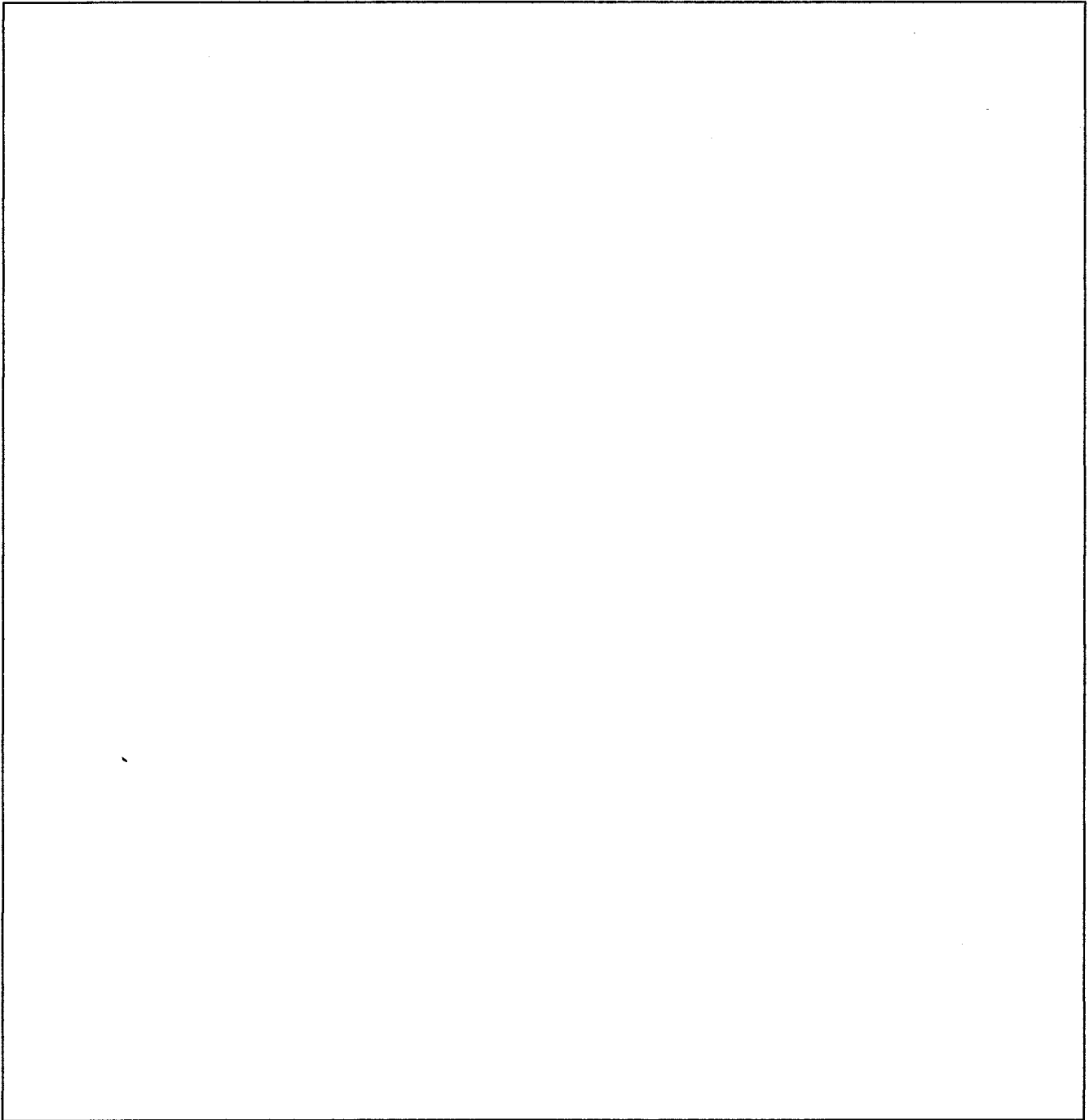
5.8. Is there an existing database of research studies conducted in the region?

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 Using the SOME Scoring System

Preparation, Dissemination and Utilization of RUHRA Max=5															
Performance Criteria	REGIONS														
	1	2	CAR	3	4	5	6	7	8	9	10	11	12	CARA GA	ARM M
RUHRA Availability (Yes=1 No=0)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
RUHRA Dissemination (Yes=1 No=0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RUHRA includes epidemiological and socio-economic description (Yes=1 No=0)	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0
RUHRA was utilized for strategic planning (Yes=1 No=0)	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
RUHRA was utilized for research proposal generation (Yes=1 No=0)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total Score	2	2	2	2	3	2	2	2	2	2	2	4	2	2	2

Preparation Review and Funding of Research Proposals

Max=12

Performance Criteria	REGIONS												ARM M										
	1	2	CAR	3	4	5	6	7	8	9	10	11		12	CAR AGA								
	*	*	*	*	*	*	*	*	*	*	*	*		*	*	*	*						
Number Prepared 0 prop = 0 1-2 prop = 1 3-4 prop = 2 > 4 prop = 3	1 2	3 5 3	4 3 4	3 9 3	3 2 3	1 1 2	1 2 3	0 0 0	3 0 0	3 2 3	7 3 2	6 3 3	2 3 0	4 2 4	2 2 2	6 3 3							
Number Reviewed and Funded 0 prop = 0 1-2 prop = 1 3-4 prop = 2 > 4 prop = 3	6	3	2	1	0	0	0	0	0	0	1	1	3	2	0	4	2	0	0	0	0	0	
Number Completed 0 proj = 0 1-2 proj = 2 3-4 proj = 4 > 4 proj = 6	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Score	8	4	3	3	2	2	5	0	8	2	5	7	3	2	3	2	3	3	2	3	3	3	

Legend:

- * Actual Score
- ** Weighted Score

Organizational Structure, Leadership and Management Max=4														
Performance Criteria	REGIONS													
	1	2	3	4	5	6	7	8	9	10	11	12	CAR AGA	ARM M
What is the organizational structure?														
Is there a full-time manager? Yes=1 No=0	0	1	0	0	0	1	0	1	0	0	1	0	0	0
Functional subcommittees 0 subcom = 0 1-2 subcom = 1 3-4 subcom = 2 >4 subcom = 3	5	3	4	2	5	3	1	5	3	2	5	3	1	3
Total Score	3	4	2	3	1	4	1	4	2	3	4	1	2	1

Legend:

* Actual Score

** Weighted Score

Organizational Structure, Leadership and Management Max=4														
Performance Criteria	REGIONS													
	1	2	3	4	5	6	7	8	9	10	11	12	CAR AGA	ARM M
What is the organizational structure?														
Is there a full-time manager? Yes=1 No=0	0	1	0	0	0	1	0	1	0	0	1	0	0	0
Functional subcommittees 0 subcom = 0 1-2 subcom = 1 3-4 subcom = 2 >4 subcom = 3	5	3	4	2	5	3	1	5	3	2	5	3	1	1
Total Score	3	4	2	3	1	4	1	4	2	3	4	1	2	1

Legend:

* Actual Score

** Weighted Score

Database Management and Utilization of Research Results Max=2															
Performance Criteria	REGIONS														
	1	2	CAR	3	4	5	6	7	8	9	10	11	12	CAR AGA	ARM M
Presence of database With =1 Without=0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
System for Utilization of Research Results With=1 Without=0	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0
Total Score	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0

Resource Mobilization Max=2															
Performance Criteria	REGIONS														
	1	2	CAR	3	4	5	6	7	8	9	10	11	12	CAR AGA	ARM M
Plan for resource mobilization <i>With=1 Without=1</i>	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Able to mobilize resources outside PCHRD <i>Yes=1 No=0</i>	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Total Score	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0

SUMMARY
Max=28

Performance Criteria	REGIONS												ARM M			
	1	2	CAR	3	4	5	6	7	8	9	10	11		12	CAR AGA	
Preparation, Dissemination and Utilization of RUHRA	2	2	2	2	3	2	2	2	2	2	2	4	2	2	2	2
Preparation Review and Funding of Research Proposals	8	4	3	3	2	2	5	0	8	2	5	7	3	2	3	3
Organizational Structure, Leadership and Management	3	4	2	2	3	1	4	1	4	2	4	4	1	2	1	1
Strategic/Operational Planning and Plan Implementation	4	2	2	2	1	1	3	1	4	2	4	5	1	1	1	1
Database Management and Utilization of Research Results	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	0
Resource Mobilization	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
Total Score	17	12	9	9	9	6	15	4	21	8	14	21	7	7	7	7

Ratings:

24-28 = Excellent (Able to manage and carry out health research and development activities, programs and projects with minimal external support)

14-18 = Good (Able to manage and carry out health research and development activities, programs and projects but will require regular external assistance and support)

19-23 = Very Good (Able to manage and carry out health research and development activities, programs and projects but may require focused assistance on certain areas).

9-13 = Fair (Cannot function without a fair amount of external assistance)

< 11 = Needs Intensive Assistance