



# IMPLEMENTATION RESEARCH TRAINING

*First offering in WHO EMRO region*

Strengthening capacity of public health students, health managers and researcher-academics to identify and address implementation challenges during the deployment of disease control programmes in Pakistan



*Department of Community Health Sciences*

The Aga Khan University

Karachi - Pakistan





# IMPLEMENTATION RESEARCH TRAINING REPORT

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January 31, 2017

**Supported by**  
WHO-Special Programme for Research  
and Training in Tropical Diseases (TDR), Geneva



## **Left to Right:**

Dr Afshan Khurshid (TB Control Programme, Sindh), Ms Sultana Salim (Manager, CHS), Dr Farhat Abbas (Dean Medical College, AKU), Dr Sarah Saleem (Professor and Director, CEP), Dr Masood Solangee (Provincial Programme Manager, Dengue Control Programme, Sindh), Dr Robinah Najjemba (Technical Consultant, WHO-TDR), Dr Temituoyo Okorosobo (WHO-IR Consultant), Dr Edward Mberu Kamau (Technical Officer, WHO-TDR), Dr Shagufta Perveen (Senior Instructor and Principal Investigator, IR training, CHS), Dr Elnasir Lalani (Dean Research & Graduate Studies, AKU), Dr Masood Kadir (Professor & Vice Chair Education, CHS), Dr Aysha Zahidie (Senior Instructor, CHS), Ms Nousheen Pradhan (Senior Instructor, CHS), Dr Kashif Sangrasi (Instructor, CHS), Dr Tanzil Jamali (Community Medicine Resident and Course Coordinator, CHS)

## LIST OF ABBREVIATIONS

<b>APPNA</b>	Association of Physicians of Pakistani Descent in North America
<b>AKU</b>	Aga Khan University
<b>CEP</b>	Continuing Education Programme
<b>CHS</b>	Community Health Sciences
<b>CMR</b>	Community Medicine Resident
<b>DUHS</b>	Dow University of Health Sciences
<b>HPM</b>	Health Policy Management
<b>IR</b>	Implementation Research
<b>IRTK</b>	Implementation Research Toolkit
<b>KAP</b>	Knowledge Attitudes and Practices
<b>M &amp; E</b>	Monitoring and Evaluation
<b>NTD</b>	Neglected Tropical Disease
<b>SONAM</b>	School of Nursing and Midwifery
<b>SOPH</b>	School of Public Health
<b>TDR</b>	Special Programme for Research and Training in Tropical Diseases
<b>VCCT</b>	Voluntary Counselling and Confidentiality Testing
<b>WHO</b>	World Health Organization

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## EXECUTIVE SUMMARY

Implementation Research (IR) is important to address health systems constraints that may delay the adoption and delivery of new tools, strategies and interventions for disease control and prevention. It finds ways to implement and scale up interventions that are known to work. The knowledge and skills to identify, prioritize and address implementation challenges/bottlenecks are limited in Pakistan, and the curriculum of public health academic programmes is also not focused on research in real life context. Therefore, in response to the need for strengthening the capacity in IR an innovative learning model was designed and implemented via three sequential workshops from April 2016 to January 2017 with 50 participants trained in IR.



The purpose of these workshops was to divulge IR knowledge to public health students, programme managers/implementers and researcher-academics and to develop their skills to identify gaps and address challenges in deploying disease control strategies in Pakistan. The learning model banks on public health students as the main derive to take IR teams forward (Figure 1).

This was the first IR training in WHO EMRO region via the platform of Aga Khan University's Continuing Education Programme (CEP) of the Department of Community Health Sciences (CHS). CHS has a long history of offering short courses and training via CEP to build the capacity of health care professionals in various domains of public health.

This capacity building initiative was financially supported by WHO's Special Programme for Research and Training in Tropical Diseases (TDR) through an open competition in 2015. Only 43 out of 132 applications received funding from the short training IMPACT grants. AKU was the only university in the WHO's Eastern Mediterranean region selected to conduct workshops using the TDR IR toolkit.

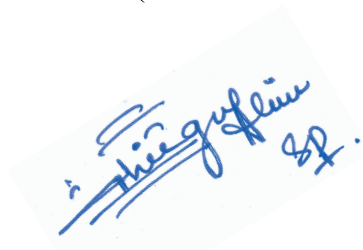
The IR toolkit developed by WHO-TDR was used as the main guiding resource with examples from the local context. The teaching pedagogy was a blend of interactive lectures, large and small group discussions, case studies, group presentations, videos, exercises and students presentations. Participants' understanding of the concepts was gauged through pre and post-workshop questionnaires. The team for this training included faculty and secretariat from Aga Khan University, Pakistan and five international IR experts from Ghana, Geneva and Nigeria, .

The AKU Department of Continuing Professional Education (DCPE) is accredited by the Pakistan Medical and Dental Council (PMDC) and the American Association of Continuing Medical Education (AACME). AKU-DCPE highly recognised this training and designated 27 AACME credits to the first workshop, 28.5 credits to the second and 22.5 AACME credits to the third workshop.

These workshops presented a unique opportunity to gather, for the first time, students from educational programmes of Masters in Public Health, Health Policy and Management, and/or M Phil or PhD from five institutes of Pakistan (namely Dow University of Health Sciences, APPNA Institute of Public Health, Aga Khan University, BAQAI Institute of Health Management Science, and Health Service Academy (HSA), Islamabad) along with programme managers / implementers and researcher-academics. The workshops served as a platform for them to develop linkages with each other, with international WHO-IR facilitators, with in-house faculty and departments.

Offering this IR training with contextually effective and culturally relevant examples helped us create a critical mass of existing and future public health professionals mentored to work for IR issues prevailing in the country. These individuals were expected to develop locally relevant IR research questions which they pursued across three workshops.

Three out of five teams were successful in submitting their proposal to various international funding agencies. One was funded from WHO-EMRO small grants scheme and is being implemented with provincial TB control programme, Sindh; another on tuberculosis is shortlisted for funding. The third proposal on HIV was submitted to WHO and its result is pending. Moreover, 16 faculty members from AKU (CHS and SONAM) and DUHS have also been trained in these workshops.



***Dr Shagufta Perveen***

MBBS; MSc Health Policy & Management

Principal Investigator & Course Director

Implementation Research Training

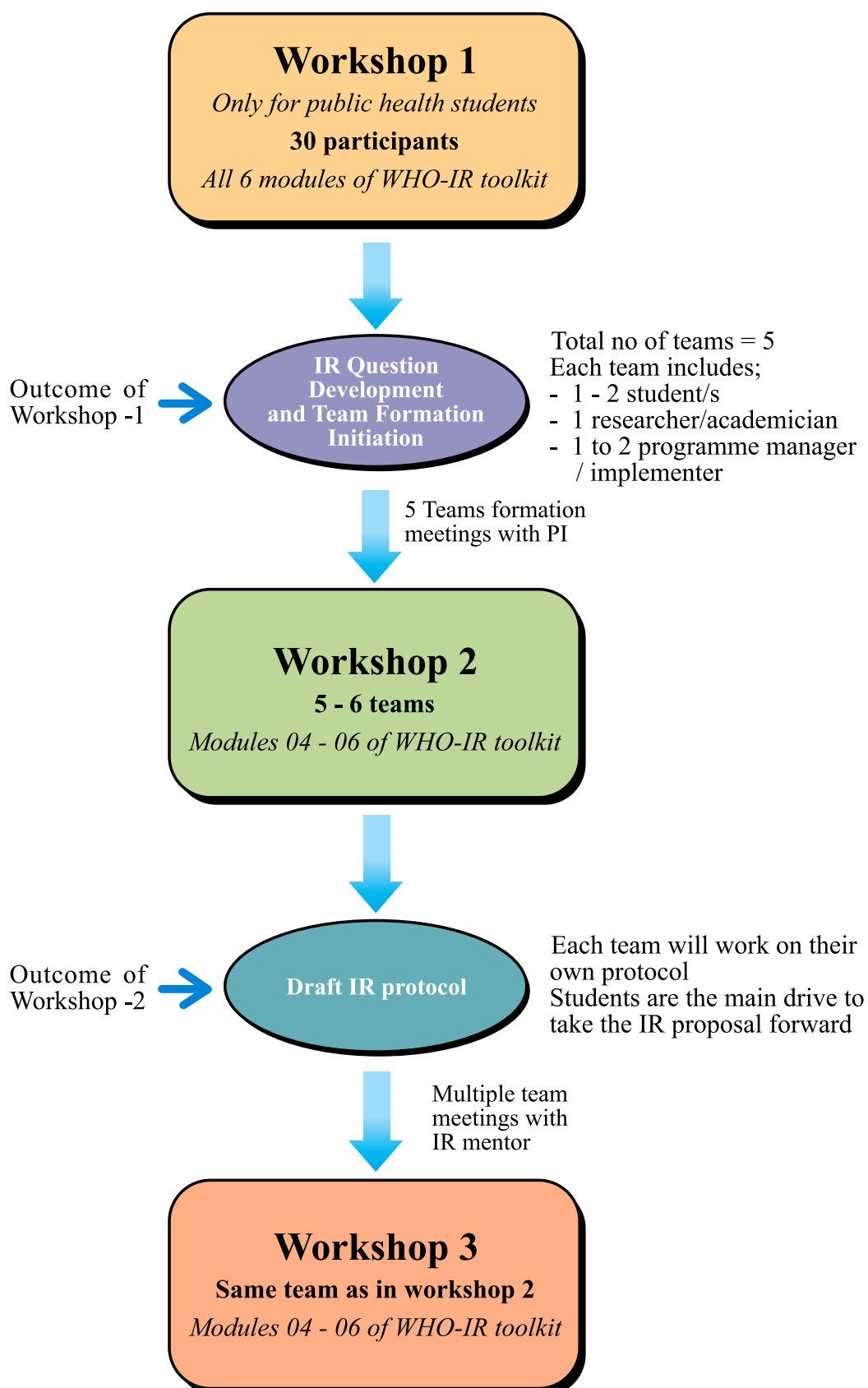
Senior Instructor

Department of Community Health Sciences

The Aga Khan University, Karachi, Pakistan

Member WHO - TDR Scientific & Technical Advisory Committee (STAC), Geneva



**FIGURE 1: PROPOSED LEARNING MODEL**

## GOAL OF THE TRAINING

To strengthen the implementation research capacity of public health students, health managers and research -academicians in order to improve management and implementation of disease control strategies in Pakistan.

## OBJECTIVES

To enable students/participants to:

1. Apply scholarly knowledge and skills by identifying key emerging IR topics and research gaps for relevant research in neglected tropical diseases (NTDs) and other major communicable diseases prevailing in the country
2. Address IR specific critical knowledge gaps and impart skills that can advance the understanding, analysis and application of interventions for the control of prevalent communicable diseases in Pakistan
3. Develop an IR proposal in the local context by the end of the third workshop and explore funding opportunity for the same

## TRAINING DURATION

- ♦ Workshop One: April 4-8, 2016 (five days)
- ♦ Workshop Two: August 22-27, 2016 (six days)
- ♦ Workshop Three: January 23-26, 2017 (four days)

## TRAINING VENUE

Multipurpose Hall, Centre for Innovation in Medical Education (CIME), Aga Khan University, Karachi (figure 2)



Figure 2: Training venue - CIME, AKU

[Please refer training brochure attached at the back of this report for an overview of the workshops.]

## RESOURCE PERSONS

### *Course Director and Principal Investigator*

1. Dr Shagufta Perveen, Senior Instructor, CHS-AKU

### *Course Coordinator*

1. Dr Tanzil Jamali, Community Medicine Resident, CHS-AKU

### *International IR Experts*

1. Dr Olumide Ogundahunsi, Scientist, Research capacity strengthening and knowledge management (RCS), WHO-TDR, Geneva, Switzerland
2. Dr Margaret Gyapong, Deputy Director Ghana Health Service, Director Dodowa Health Research Centre, Ghana
3. Dr Edward Mberu Kamau, Focal Person - Research capacity strengthening, WHO-TDR, Geneva, Switzerland
4. Dr Temituoyo Kennedy Okorosobo, WHO IR Consultant, Nigeria
5. Dr Robinah Najjemba, Technical Consultant, WHO-TDR, Geneva, Switzerland



### *Co-Facilitators*

1. Ms. Anam Feroz, Research Fellow, CHS-AKU
2. Dr Aysha Zahidie, Senior Instructor, CHS-AKU
3. Dr Imran Naeem, Senior Instructor, CHS-AKU
4. Dr Kashif Sangrasi, Instructor, CHS-AKU
5. Ms Kausar S. Khan, Senior Lecturer, CHS-AKU
6. Dr Maryum Huda, Instructor, CHS-AKU
7. Dr. Narjis Rizvi, Associate Professor, CHS-AKU
8. Ms Nousheen Pradhan, Senior Instructor, CHS-AKU
9. Mr Sohail Bawani, Senior Instructor, CHS-AKU
10. Dr. Tahir Rizwan Khan, Assistant Professor, SOPH, DUHS
11. Dr Tanzil Jamali, CMR, CHS-AKU
12. Dr Wafa Aftab, Senior Instructor, CHS-AKU
13. Ms. Yasmin Parpio, Assistant Professor, AKU-SONAM

### *Technical Advisors*

1. Dr Margaret Gyapong, Deputy Director Ghana Health Service, Director Dodowa Health Research Centre, Ghana
2. Dr Shehla Zaidi, Associate Professor, CHS-AKU

### *Administrative/Logistic Support from CHS-AKU*

1. Ms Nadira Ashraf, Assistant Manager, CEP
2. Mr Abid Ali Muhammad, Coordinator CEP
3. Ms Maher Nasir, Volunteer, CHS
4. Ms Sana Shaikh, Senior Assistant, CHS

### *Acknowledged contributions*

The guest speakers from Department of health, Government of Sindh working with TB, Malaria, and Dengue Control Programmes are acknowledged for their support to nominate programme representatives and for sharing their programme direction and key research needs in the inauguration.

## DISTINCTION BETWEEN THE THREE SEQUENTIAL WORKSHOPS

- i. Workshop one (April 04-08, 2016):** A nation-wide open call (annexure 1) to all public health institutes (both private and public sector) in the country was sent via AKU conference secretariat. Thirty applicants were selected based on the pre-defined eligibility criteria of the some 100 applications received.

The first workshop served as an orientation workshop for IR in Pakistan. Participants started by listening to the heads of different diseases control programmes (TB/HIV/ Malaria/ Dengue) about their programme's direction and key research needs.

This comprehension of overall IR knowledge will advance the understanding, analysis and application of interventions for disease control and prevention of prevalent communicable diseases in Pakistan.

Following pre-reading material in line with the six modules of IR in consultation with WHO-TDR was provided to the selected participants two weeks prior to commencement of the first workshop:

1. Gyapong, John O., et al. "Integration of control of neglected tropical diseases into health-care systems: challenges and opportunities." *The Lancet* 375.9709 (2010): 160-165. Available from: <http://www.sciencedirect.com/science/article/pii/S0140673609612496>
2. Peters DH1, Adam T, Alonge O, Agyepong IA, Tran N. Implementation research: what it is and how to do it. *BMJ*. 2013 Nov 20; 347:f6753. Available from <http://bjsm.bmj.com/content/48/8/731.short>
3. Brusich, Macy, et al. "Targeting educational campaigns for prevention of malaria and dengue fever: an assessment in Thailand." *Parasites & vectors* 8.1 (2015): 1-14. Available from <http://parasitesandvectors.biomedcentral.com/articles/10.1186/s13071-015-0653-4>
4. Rabbani, Fauziah, et al. "Improving community case management of diarrhoea and pneumonia in district Badin, Pakistan through a cluster randomised study—the NIGRAAN trial protocol." *Implementation Science* 9.1 (2014): 186. Available from <https://implementationscience.biomedcentral.com/articles/10.1186/s13012-014-0186-9>
5. Paul, Sukanta, et al. "Knowledge and attitude of key community members towards tuberculosis: mixed method study from BRAC TB control areas in Bangladesh." *BMC public health* 15.1 (2015): 1. Available from <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-1390-5>
6. Panisset, Ulysses, et al. "Implementation research evidence uptake and use for policy-making." *Health Res Policy Syst* 10.20 (2012): 4505-4510. Available from: <https://health-policy-systems.biomedcentral.com/articles/10.1186/1478-4505-10-20>
7. Hanson, Kara, et al. "Vouchers for scaling up insecticide-treated nets in Tanzania: methods for monitoring and evaluation of a national health system intervention." *BMC Public Health* 8.1 (2008): 1. Available from: <http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-8-205>

Participants were also advised to take an online course on research ethics. Each participant was provided with an IR toolkit developed by WHO-TDR (<http://www.who.int/tdr/publications/topics/ir-toolkit/en/>) on day one to be used as the main guiding resource for the training. The case study/group work facilitators were also provided with the IR toolkit facilitator guide (<http://www.who.int/tdr/publications/year/2014/ir-toolkit-facilitator-guide/en/>) to be used for their relevant sessions.



## Proceedings of the training

### Inaugural ceremony – April 04, 2016

The inaugural ceremony was attended by honorable university leadership and distinguished guests from Department of Health, Government of Sindh. Please refer annexure 2a for inaugural programme and annotated agenda of the first workshop.



**Dr Elnasir Lalani**

*Dean Research and Graduate Studies,  
Medical College, Aga Khan University*

Appreciating WHO-TDR global efforts in reducing the burden of diseases/ improving the quality of lives and health of individuals and communities



**Dr Farhat Abbas**

*Dean Medical College,  
Aga Khan University, Pakistan*

Delivering the welcome speech and highlighting AKU's collaboration with WHO-TRD as an important stepping stone towards capacity building of public health students, health managers and researcher-academics



**Dr Sarah Saleem**

*Professor and Director Continuing  
Education Programme (CEP)  
CHS - AKU*

highlighting role of AKU-CEP  
in capacity building



**Dr Shagufta Perveen**

*Principal Investigator & Course Director  
Implementation Research Training  
Senior Instructor,  
CHS - AKU*

highlighting the significance and  
objective of the training





**Dr Fahim Aijaz**  
*Deputy Director General Health,  
Government of Sindh*

Emphasizing importance of research to improve health of population and extending support to IR initiation in Pakistan



**Dr Naheed Jamali**  
*Director, Malaria Control Programme, Sindh*

Presenting government's efforts for controlling malaria in the province and key research needs of the programme assuring optimal collaboration with AKU for the IR training



**Dr Masood Solangee**  
*Manager, Dengue Control Programme, Sindh*

Emphasizing importance of dissemination of scientific research findings to convince the policy makers/improve in order health to outcomes



**Dr Masood Kadir**  
*Professor and Acting Chair,  
CHS - AKU*

Delivering the vote of thanks

The first workshop presented a unique opportunity to bring together and train for the first time, 30 public health students (annexure 3a) from various educational programmes of Masters in Public Health, Health Policy and Management, and PhD from five institutes of Pakistan namely;



Informative sessions blended with interactive teaching learning methods remained the key feature of the training. Teaching pedagogy included power point presentations, plenary discussions, reflective activities, case studies, hands-on exercises, large and small group discussions, Students' presentations, relevant videos and didactic sessions.

Covering all six modules of the IR-tool kit developed by WHO-TDR with examples from the local context, this workshop divulged overall IR knowledge to public health students in order to identify key emerging IR topics and research gaps for relevant research in NTDs and other major communicable diseases prevailing in the country. Following is a brief outline of the content covered in the training.

## Training Modules

### Module 0: Implementation Research – Introduction and basic orientation

Facilitator: Dr Edward Kamau

Dr Edward explained the basic concept of implementation research and its characteristics. Key steps in IR as depicted in figure 3 were discussed in-detail followed by a self-assessment exercise of participants on their current level of awareness, understanding, knowledge, skills and competence in IR (figure 4).

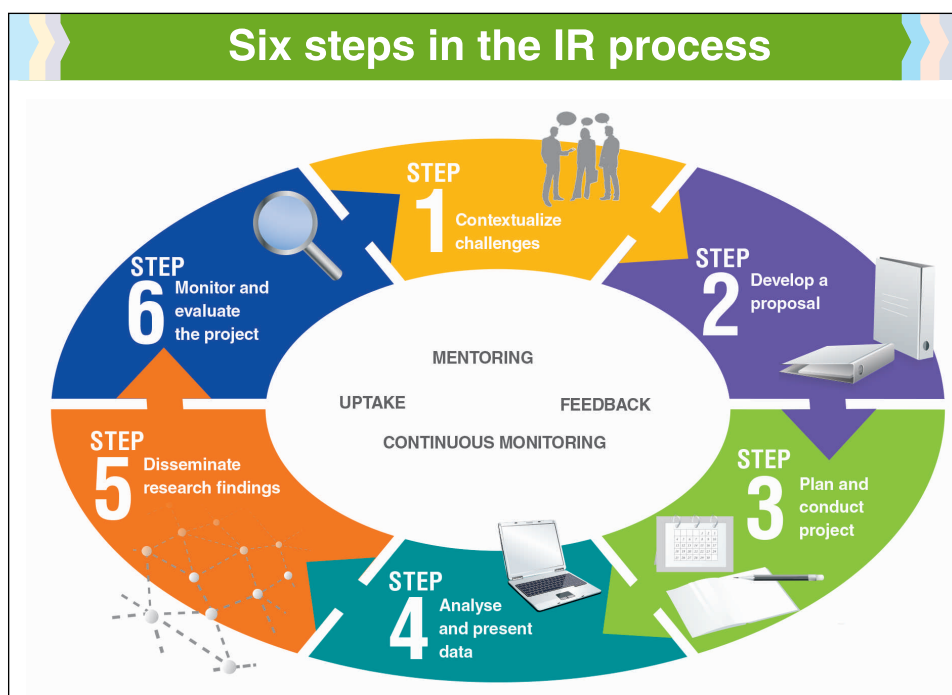


Figure 3: Steps of IR process

Exercise 1: Self-assessment framework						
Skill sets		1 Some awareness	2 Understanding	3 Knowledge	4 Skills	5 Competence
Contextualizing IR Issues						
Developing an IR proposal						
Planning IR						
Analysing IR data	Qualitative					
	Quantitative					
Communicating IR findings and feeding them back into the health system						
Monitoring and evaluating the project						

Figure 4: Self-assessment framework

## Module 1: Contextualizing Implementation Research Issues

Facilitator: Dr Temituoyo Okorosobo

Co-Facilitator for group work/case study: Ms Kausar S. Khan

### Objectives:

- To admire the process of identifying implementation problems and defining IR questions
- To analyze the environments and contexts in which IR projects are conducted
- To understand and appreciate the proposed planned intervention
- To discuss the principles of ethics and related ethical dilemmas in IR

This module started with participants' feedback for the day one activities. In continuation to Module 1, the key concepts of contextual factors (figure 5) and ethical principles in IR were discussed by Dr Temituoyo, Edward and Robinah emphasizing crucial role of ethics throughout the project cycle starting from proposal development till its completion/implementation.

### Class Activity:

Case study – hands-on exercise was conducted in four groups. Each group was provided an article titled “Male circumcision and HIV prevention: ethical, medical and public health trade-offs in low-income countries” to discuss among their respective group and make presentation(s) on the below given themes:

Themes	Key Discussion Points
Context	Physical, socio-economic, cultural, psychological, health care system
Intervention	Cost effectiveness, acceptable
Ethical Principles	Autonomy, beneficence, Non-maleficence, inequality

On completion of the above exercise, participants were divided into four groups to prepare mock proposals on the following diseases/ problems with IR context to be presented in the upcoming sessions i.e.:

1. Malaria (Himalayas group)
2. Polio (7M 1G group)
3. TB (Lotus group)
4. Nutrition (FANS group )

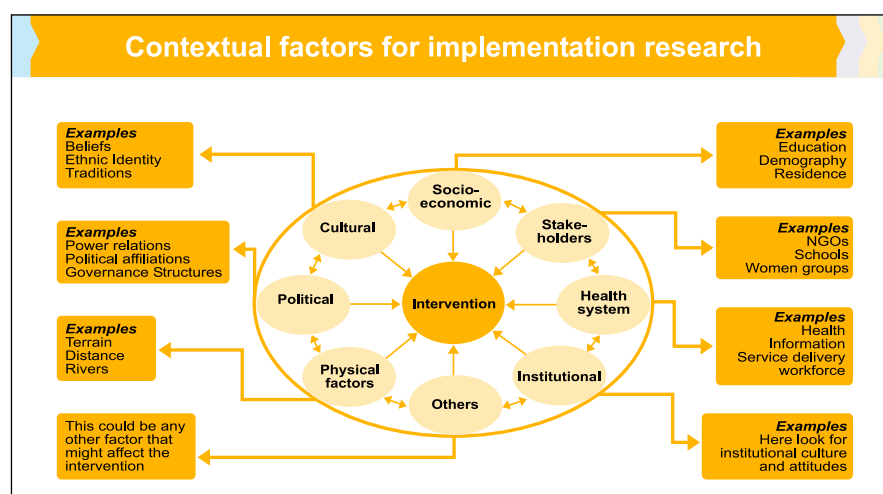


Figure 5: Contextual factors



## Module 2: IR Study Designs

Facilitator: Dr Temituoyo Okorosobo

Co-Facilitator for Group work/Case study: Dr Wafa Aftab

### Objective:

- To appreciate rationale use of different study designs in implementation research

At end of the day two, Dr Wafa Aftab facilitated the session on IR proposal development and important aspects to be taken care of.

Various study designs used in IR were discussed in detail (figure 6). Participants were asked to work in groups to discuss and decide for the potential study designs of their projects.

Research needs and design options		
Need	Design	Example
Adequacy	Before-after or time series	Introduction of health insurance in a resource poor setting, and examine the impact of health insurance on access to healthcare. Using before-after or time-series design to collect the data for the evaluation.
Plausibility	Comparison of intervention to control group pre-post. Cross-sectional studies	Introduction of a new approach to the improvement of maternal healthcare in selected districts. A number of districts with a similar socioeconomic development level were selected as control sites. The impacts or effects of the new approach were assessed by a comparison of "new approach - intervention" to "control" districts, using the method of differences in differences, for example.
Probability	Clusters RCT; pre-post interventions and control sites	Using mobile phones as a reminder to increase adherence to TB treatment. Each district is used as a cluster. Among ten districts, a cluster randomized controlled trial is employed to test the impact of using mobile phones as a reminder in the five districts randomly selected. The other five districts served as control sites.
Explanatory	Repeated measures on context and mechanisms	Using quantitative, qualitative or mixed methods to understand and examine change in use of health services by pensioners after retirement, and analyse main factors resulting in the changes.

Figure 6: Research needs and design options

## Module 3: Planning to conduct the Research

Facilitator: Dr Robinah Najjemba

Co-Facilitator for group work/case study: Dr Imran Naeem

### Objectives:

- To prepare for ethical review
- Project implementation process
- To understand practices related to IR

Dr Imran Naeem delivered a presentation focusing on process of ethical approval research projects and discussed the key principles to be followed during implementation of a research project (figure 7). Dr Robinah Najjemba highlighted important points where needed. The above concepts were emphasized by active engagement of participants by encouraging them to quote practical examples from their work situations. Participants had shown keen interest in applying the learned concepts in their respective projects.

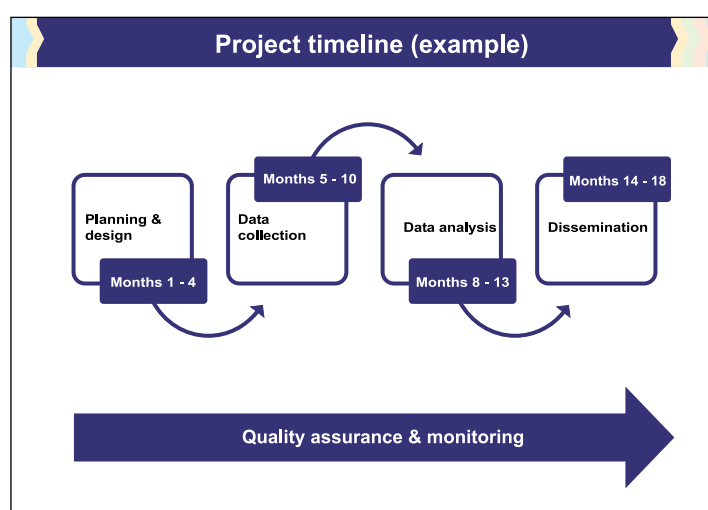


Figure 7: Project Timeline



## Module 4a: Quantitative Data Analysis and Presentation

Facilitator: Dr Temituoyo Okorosobo

Co-Facilitator for group work/case study: Dr Tanzil Jamali

### Objectives:

- To discuss appropriate quantitative data analysis planning process
- To understand basic measures to use with statistics in quantitative data analysis
- To comprehend various ways and resources used for quantitative data presentation

Dr Tanzil Jamali gave a presentation on various data analysis and presentation tool. The key message delivered was presenting quantitative data in a simple manner to make it more comprehensive and interesting (figure 8) for larger audience. Data presentation formats were also discussed with different examples. At the plenary session, all groups were asked to discuss plan of analysis of their assigned project, and discussed the results of the study to be disseminated using various formats of data presentation. To further strengthen the concept of data presentation format, a short video on gap-minder by Hans Roslings was also shown, which included info graphs, interactive graphs and maps.



Figure 8: Analysis

## Module 4b: Qualitative Data collection, analysis and Presentation

Facilitator: Dr Edward Kamau

Co-Facilitator for group work/case study: Ms Nousheen Pradhan/Dr Kashif Sangrasi

### Objectives:

- To know appropriate qualitative data collection techniques and tools for an IR project
- To describe appropriate qualitative data analysis planning process
- To appreciate the application of mixed methods in implementation research

Dr Kashif Sangrasi and Ms Nousheen Pradhan facilitated the session on qualitative data collection, analysis and presentation. The session started with discussing the objectives of the session. Dr Kashif then discussed various qualitative data collection methods and instruments that can be used depending on study design and objectives (figure 9). Data analysis planning and conducting was debated by Ms Nousheen. The various types of presentations of qualitative data and application of mixed methods were elaborated by Dr Kashif. All four groups appreciated the potential use of qualitative data in their proposals based on discussions generated during the session.

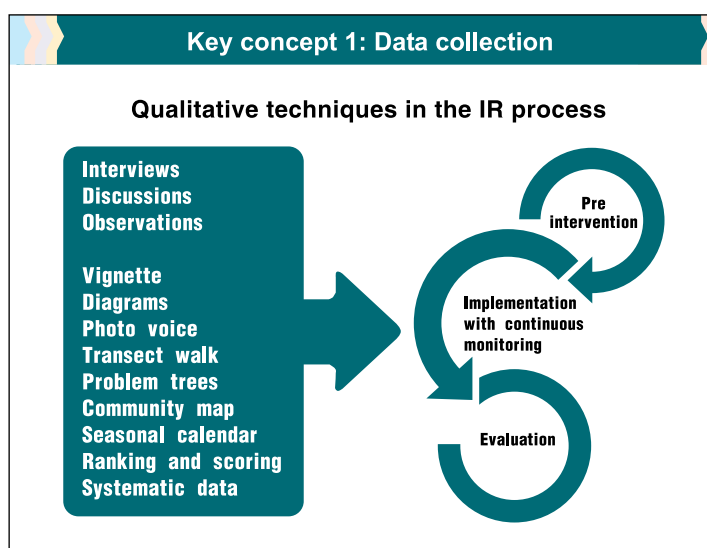


Figure 9: Various qualitative data collection techniques

## Module 5: Dissemination of Results and Research Findings

Facilitator: Dr Shagufta Perveen

Co-Facilitator for group work/case study: Dr Kashif Sangrasi

### Objectives:

- To appreciate the value of continuous stakeholder engagement for discussion and utilization of research results
- To acknowledge the value of developing a comprehensive dissemination strategy in a research project
- To understand the importance of tailored dissemination tools used for different target audiences

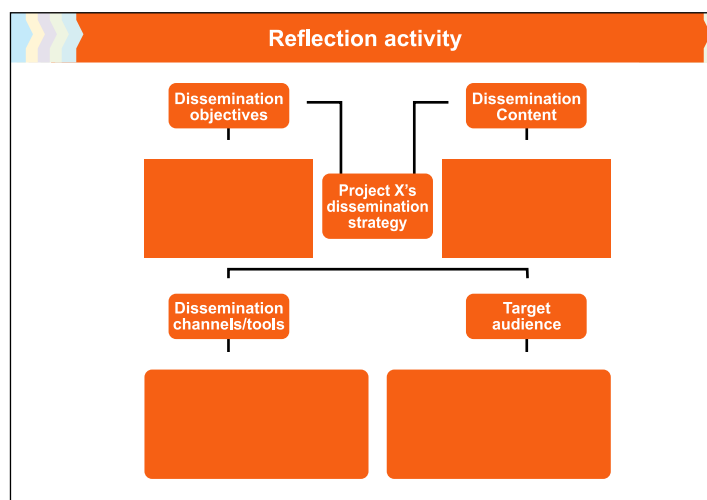


Figure 10: Guiding framework for developing dissemination strategy

Dr Shagufta Perveen then described in-detail various dissemination tools based on the pre-designed dissemination strategy used in an in-house IR project NIGRAAN and their impact in the local context for increased uptake of research findings. This dissemination strategy was drafted in an IR workshop held in Dhaka in 2013 which was later fine-tuned and implemented in the project and based on the presentation the WHO-TDR representative from Geneva asked to include it as a successful case study for the next version of IR toolkit (annexure 4). Dr Shagufta then facilitated a hands on exercise to develop a draft dissemination strategy based on a guiding framework as shown in (figure 10).

Dr Kashif Sangrasi delivered the presentation around three key concepts from IR toolkit i.e. (i) knowledge translation (ii) dissemination strategy and (iii) dissemination tools. Dr Shagufta Perveen then described in-detail various dissemination tools used in an in-house IR project NIGRAAN and their impact in the local context for increased uptake of research findings. Dr Shagufta then facilitated a hands on exercise to develop a draft dissemination strategy (figure 10).

## Module 6: Monitoring and Evaluation

Facilitator: Dr Robinah Najjemba

Co-Facilitator for group work/case study: Dr Aysha Zahidie

### Objectives:

- To appreciate the process involved in the development of a monitoring and evaluation plan
- To describe the implementation process of a monitoring and evaluation plan

Dr Aysha Zahidie delivered presentation around concepts of monitoring and evaluation from IR toolkit (figure 11). Dr Robinah Najjemba intervened at critical points to make session more and more interactive resulting in increased interest of participants to apply the learned concept in their respective projects.

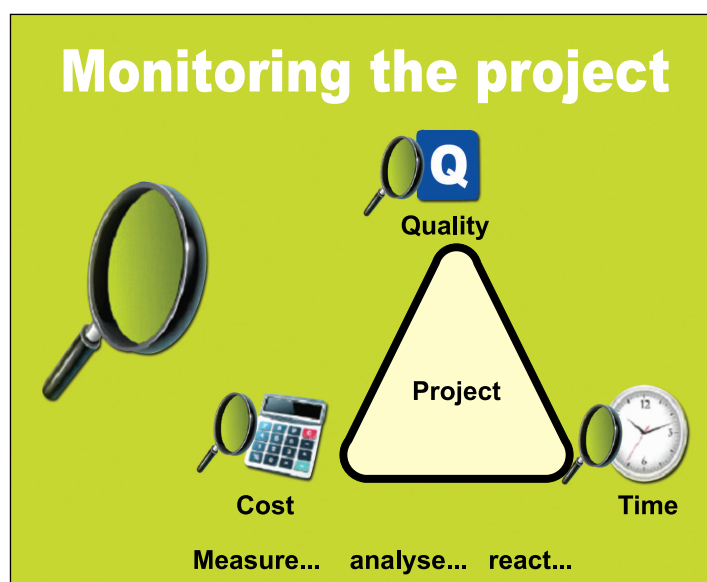


Figure 11: Monitoring the project

The AKU Department of Continuing Professional Education (DCPE) is accredited by the Pakistan Medical and Dental Council (PMDC) and the American Association of Continuing Medical Education (AACME). AKU-DCPE designated 27 AACME credits to the first workshop.

The Aga Khan University Department of Continuing Professional Education is accredited by the Pakistan Medical & Dental Council (PMDC) and the American Association of Continuing Medical Education (AACME) to provide continuing medical education. The American Association of Continuing Medical Education (AACME) designates this live educational activity for a maximum of **27.00 AACME Category 1 Credit(s)**.

Each participant should only claim those hours of credit that he/she actually spent in the educational activity.



At the end of the first workshop the course director (Dr Perveen) described the process for future IR workshops. Interested public health students trained in the first workshop were advised to submit a concept note by April 25, 2016 and proposed IR team which can pursue the project with commitment. The composition of the potential team (figure 1) was explained to the participants with public health student/s as the main drive. Five teams qualified for the second IR workshop. The format provided for draft concept note outlining how their IR proposal would improve the effectiveness of existing disease control programmes was:

### PROPOSED TEAM MEMBERS:

1. TITLE
2. PROBLEM STATEMENT
3. RESEARCH QUESTION
4. OBJECTIVES
5. METHODS
  - a. IR study design with justification
  - b. Study population
  - c. Study setting
  - d. Proposed data collection methods and instruments
  - e. Brief plan of analysis
6. ETHICAL CONSIDERATIONS

The concluding ceremony of the first workshop was graced with the presence of Dr Khalid Shaikh from Department of Health, Government of Sindh, and Dr Narjis Rizvi from CHS, AKU, who awarded AACME credits certificates to participants. Dr Shaikh highly admired IR training and assured continuous collaboration of Health Department Sindh for this important capacity building initiative in Pakistan.

Participants' understanding of the concepts was gauged through pre and post-tests in the first and second IR workshop (annexure 5a).

The training participants also appreciated the time and energy spent by international facilitators and AKU team for successfully conducting this training.

### *Outcome of the first workshop: IR question development and team formation initiation*

The course director had several team formation meetings with individual teams before the commencement of the second workshop in order to facilitate team composition and overall guidance for research question refinement/formulation.

- ii. **Workshop two (August 22-27, 2016):** The focus of the second workshop was the development of IR proposal of each specific team. There were five teams namely;

Team 1	Team 2	Team 3	Team 4	Team 5
Help Quit - Cure TB	TB-SMS (MCATT)	HIV Warriors	Nutri Corp	Malaria (Himalyas)

Each team consisted of 1-2 public health students already trained in the first workshop; 1-2 persons representing officials from provincial TB/HIV/Malaria/Nutrition control programmes and 1-2 researcher-academicians interested in IR and the area of research with relevant experience and knowledge. Please refer (annexure 3b) for composition of each team. Each team signed up a formal letter (annexure 3d) as an indication of agreement to work together. Renowned IR experts and WHO-TDR representatives were the lead facilitators of the second workshop along with in-house facilitators.

Based on modules 1, 2 and 3 of the IR toolkit the sessions were skill oriented encompassing identification of implementation research problem, finalization of implementation research question, problem statement development, deciding IR design and methodology and developing data collection instruments for each team's proposal followed by planning of research and including ethical considerations. Participant's knowledge of IR and understanding of concepts were gauged through a pre and post-test questionnaire in the second workshop as well (annexure 5b). AKU-DCPE designated 28.5 AACME credits to this six days long second IR workshop in sequence.

The Aga Khan University Department of Continuing Professional Education is accredited by the Pakistan Medical & Dental Council (PMDC) and the American Association of Continuing Medical Education (AACME) to provide continuing medical education.

The American Association of Continuing Medical Education (AACME) designates this live educational activity for a maximum of

**28.50 AACME Category 1 Credit(s).**

Each participant should only claim those hours of credit that he/she actually spent in the educational activity.



***Outcome of the second workshop: Draft proposals focused on key public health issues (TB/HIV/Malaria/Nutrition) in Pakistan.***

All the teams were advised at the end of the second workshop to fine tune their proposals on the following layout and explore potential funding agencies to submit the same.



## Proposal layout

### Page one:

- Title (action words/implementation theme/specific target population/specific geographical location)
- Research team

### Page Two: Synopsis

### Page Three: Table of contents

### Page Four: List of abbreviations

### Page Five: Statement of the problem

### Onwards:

- Literature Review (also encompassing role of the government disease control programme in a sub heading)
- Rationale
- Research Question/s
- Objectives
- Methodology
  - ♦ Study design
  - ♦ Study setting and duration
  - ♦ Target population
  - ♦ Sampling strategy
  - ♦ Eligibility criteria (inclusion and exclusion)
  - ♦ Data collection methods and tools
- Plan of data analysis
- Project Plan: timeframe/workplan
- Impact
  - ♦ Monitoring and Evaluation plan
  - ♦ Dissemination plan
- Budget and justification
- References
- Appendices
- Role of each team member in the study and their bio sketch / CVs

The teams were followed up from IR secretariat and they received continuous mentoring by the principal investigator to move forward.

**iii. Workshop three (January 23-26, 2017):** The objective of the third workshop was to impart and strengthen the data analysis (qualitative & quantitative), dissemination and monitoring and evaluation skills of IR teams formulated in the second workshop based on modules 4, 5 and 6 of the WHO-TDR IR toolkit. The workshop started with teams' presentations on a given layout (annexure 6) to share their existing status of the IR proposals.

The workshop offered hands on quantitative data analysis session on SPSS, qualitative data analysis skills, stakeholders analysis, dissemination strategy development practice and monitoring and evaluation plan development of each team (annexure 3c: agenda). AKU-DCPE designated 22.5 AACME credits to this four days long third and last IR workshop in sequence.

The Aga Khan University Department of Continuing Professional Education is accredited by the Pakistan Medical & Dental Council (PMDC) and the American Association of Continuing Medical Education (AACME) to provide continuing medical education.

The American Association of Continuing Medical Education (AACME) designates this live educational activity for a maximum of

**22.50 AACME Category 1 Credit(s).**

Each participant should only claim those hours of credit that he/she actually spent in the educational activity.





### ***Outcome of the third workshop: Complete IR proposals***

Offering this IR training with contextually effective and culturally relevant examples helped us groom a critical mass of future public health professionals mentored to work for IR issues prevailing in the country. These individuals developed locally relevant IR research questions which they followed as a team for proposal development and implementation.

### **Diverse mix of participants:**

Networking of public health students with disease control programmes' personnel and researcher-academics initiated a momentum to bridge the research-policy gap in IR.

## **OUTCOMES OF IR TRAINING IN PAKISTAN**

1. Three teams were able to submit their protocols for potential funding. Out of the three teams one (Team TB), qualified to receive funding from a small grants scheme by WHO - EMRO (a direct outcome indicator of the IR training). The outcome of the call for applications of the remaining two teams (MCATT and HIV) is still awaited. One team (nutrition) dropped due to unavailability of programme representatives as they were focused to deal with an emergency situation in district Thar, Sindh. Team Malaria had the support reassured from the Malaria Control Programme for carrying out their research. Additionally the participants of above mentioned teams worked on an idea related to Polio and they were also invited in the third workshop along with HIV, Malaria and 2 TB teams.

### ***Examples of three proposals developed during this IR training in Pakistan***

- i. Project Nijaat by team TB supported by WHO-TDR small grants scheme proposed a smoking cessation intervention for adoption by the national TB control programme in Sindh. It is being conducted at Dr. Iqbal Yad Chest Clinic (IYCC), Ojha Institute of Chest Diseases (OICD) by the School of Public Health, Dow University of Health Sciences, Karachi, in collaboration with Provincial TB Control Program, Sindh and the Aga Khan University, Karachi. This is a tri-phasic intervention project aiming towards integrating tobacco cessation intervention within Directly Observed Treatment Short course (DOTS).
- ii. One of the workshop teams (MCATT) proposed using an SMS-based health awareness system to tackle the issue of TB patients who fail to take essential medication during their treatment course. Members of the team noted that patients with life-threatening TB often discontinue treatment due to unpleasant side-effects or make errors while taking the many drugs. As a result, less than half of TB patients are cured and the team identified a lack of timely communication as being one of the impediments to the programme's success. By collaborating with TB-DOTS centres in Pakistan and Afghanistan, the team will be able to access patients to get a deeper understanding of the reasons why they abandon treatment. The insights will then be used to refine a system to deliver scheduled SMS messages in local languages to patients that would provide reminders about the stages of treatment and reassure them that side-effects are not a cause for concern. Patients would be given a mobile phone and SIM card to enroll into the programme with researchers following up to understand if the system is boosting adherence to the medication schedule. This proposal was also submitted to WHO and the team was then invited by the WHO EMRO regional training centre supported by TDR to further develop their proposal.

**From:** Wafa Kammoun  
**Sent:** Wednesday, October 4, 2017 2:48 PM  
**To:** Salima Farooq;  
**Subject:** Implementation Research (IR) course/ RTC-TDR Tunisia

Dear Salima Farooq,  
We are pleased to inform you that the Pasteur Institute of Tunis, Regional Training Center (RTC) supported by TDR, organize a Capacity Building workshop on “Capacity Building in Tropical Disease Implementation Research”, in Hammamet, Tunisia, during the period 25-27 October, 2017.

*In light of your proposal entitled: “Effectiveness of Short Messages Services (SMS) Technology in improving Tuberculosis Treatment Adherence and Success Rate among adults visiting at DOTs Basic Management Unit (BMUs) in Afghanistan and Pakistan”, submitted to the TDR Small Grant Scheme, we have the pleasure to invite you and Co-Principal Investigator to participate in this workshop, to provide a chance to further develop your proposal from implementation science and research viewpoints.*

Please note that all expenses related to your trip including travel and accommodation will be covered by our Regional Training Center funds.

If you accept such invitation, we will provide you an invitation letter and we expect that you to send us a scan copy of the first page of your passport, in addition, please fill the visa application file (attached) in order to facilitate your entry to the Tunisian territory and send it back to me ASAP.

Please note that you need to receive a visa on your passport from Tunisian embassy in your country.

**Looking forward to your kind response by 5 October, 2017.**

Yours sincerely,

Wafa Kammoun, PhD  
Project Manager  
Regional Training Center (RTC) supported by TDR  
for East Mediterranean region (EMR)  
Institut Pasteur de Tunis



- iii. Another proposal by HIV Warriors focused on boosting the utilization of sexual health services by those at the highest risk of contracting HIV/AIDS, the transgender community. The transgender community in Pakistan is a marginalized community facing many stigmas that limit their employment opportunities, access to healthcare and ability to participate in normal social activities. As a result, transgenders are more likely to become involved in high-risk activities such as prostitution where a lack of awareness about safe sex practices in society as a whole can lead to the transmission of the disease. The group's IR proposal involved working with the Sindh AIDS Control Programme and community outreach facilities - Voluntary Counselling and Confidentiality Testing (VCCT) centres - to engage and train members of the transgender community who would lead efforts to refer at-risk people from the transgender community to these VCCTs. Alongside the training, researchers would also conduct a Knowledge Attitudes and Practice (KAP) assessment to gauge perceptions about the disease. The data would be used to enhance training and the facilities at VCCTs as well as to increase referrals to central lab and treatment centres. This proposal was also successfully submitted to WHO and the result is awaited.

*One of the rationale and impact of training graduate students in public health is that they may contribute to IR-public health agenda as these students would be the future IR resource persons when they become professional.*

Other important outcomes of the training:

## 2. Faculty Capacity Building

These training workshops provided a platform for local capacity building of following 16 faculty members from AKU (CHS and SONAM) and DUHS.



*Dr Aysha Zahidie*



*Dr Wafa Aftab*



*Dr Kashif Sangrasi*



*Dr Imran Naeem*



*Ms Kausar S Khan*



*Ms Nousheen Pradhan*



*Dr Tanzil Jamali*



*Dr Narjis Rizvi*



*Dr. Maryum Huda*



*Ms Maryam Pyar Ali*



*Ms Anam Feroz*



*Mr Sohail Bawani*



*Mr Tahir Rizwan - DUHS*



*Dr Nabil Rashid - DUHS*



*Ms Yasmin Parpio*



*Ms Salima Farooq*

3. The inclusion of project NIGRAAN's dissemination strategy in the 2017 version of IRTK (annexure 5)
4. Two faculty members from CHS were invited as an external reviewer for different modules of the 2017 IRTK

## QUALITY ASSURANCE

Each session was evaluated by the participants in all three workshops (annexure 7a, b, c) and they have filled overall training evaluation as well (annexure 8a, b, c, d).

Workshop agenda and content were reviewed by both the technical advisors and they provided support as and where needed in better execution of these workshops in Pakistan. A picture gallery is also attached as annexure 9.



## Few comments by the international facilitators:



I want to take this opportunity to thank you and your team for your kind hospitality and the excellent and professional manner in which the workshop was organized

*Dr Margaret Gyapong*

"We have individually let you know that every aspect of the workshop was excellently put together and then very professionally executed. We had the most conducive atmosphere to conduct the workshop to the success."

*Dr Temituyo K Okorosobo*



Overall, I'm impressed by the process, outcomes and innovations that this workshop has brought in. The evolution of teams from the first workshop and the innovative delivery methods contributed immensely!

*Dr Robinah Najjemba*



Congratulations for having gone through all the modules of the IRTK. The model you adapted was very successful.

*Dr Robinah Najjemba*

"I observed effective team work and eagerly look forward to the next phase of your IR training. As I mentioned during the workshop, we will be following this grant more closely since the training model is unique and if successful seek ways to try it elsewhere for scale up. We are also excited by the potential to expand your regional collaborations with AUB in Lebanon and hopefully extend the collaboration to the TDR supported regional training centre in Tunis, Tunisia of the workshop!"

*Dr Edward Kamau  
(WHO-TDR, Geneva)*



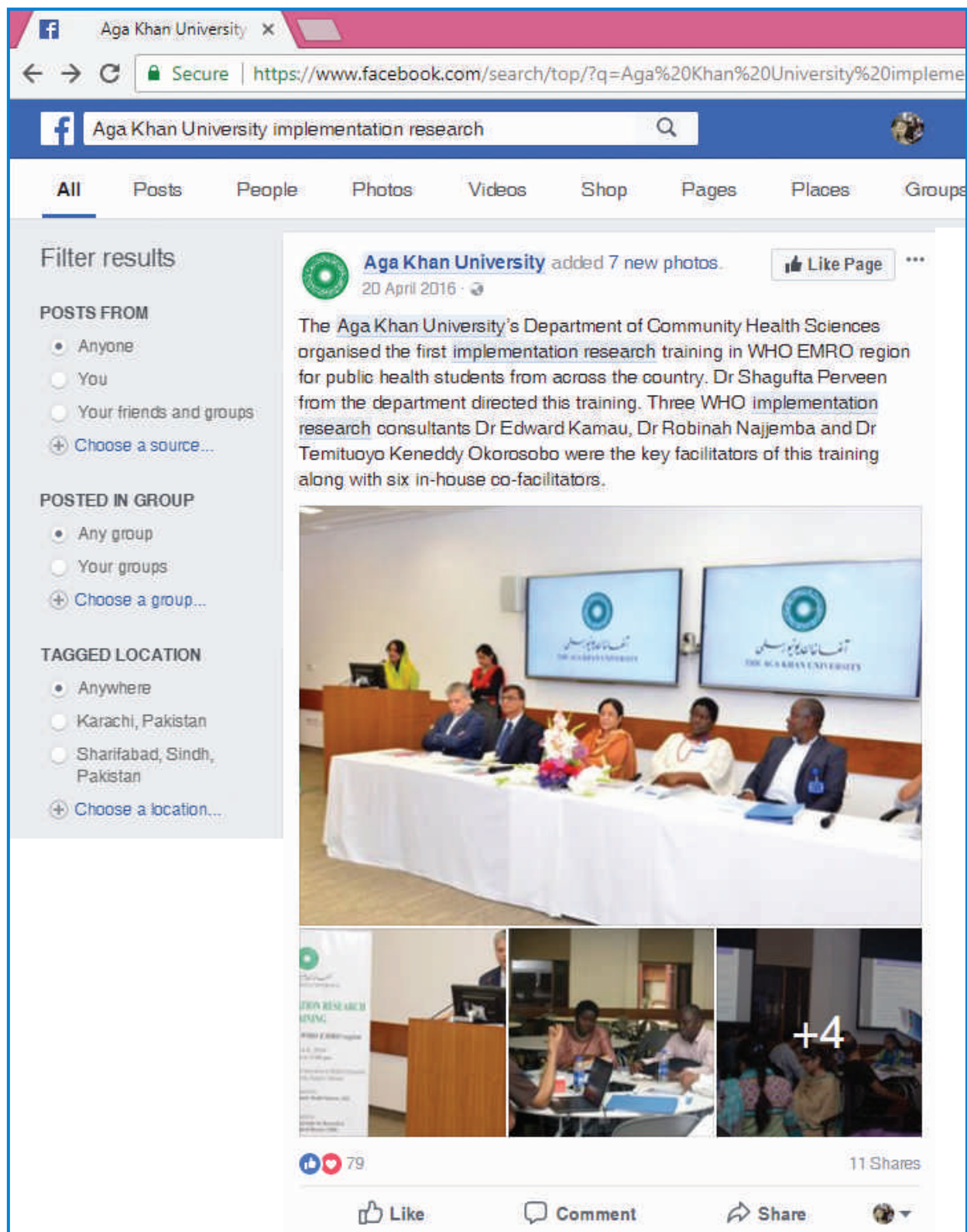


## DISSEMINATION

### At The Beginning

The first workshop proceedings were widely disseminated via AKU face book page from the platform of the department of public affairs, AKU. Following is the web link and snapshot of the same.

AKU Facebook Page:



## Dissemination at conclusion

The successful implementation of the innovative learning model was disseminated via AKU and WHO-TDR websites. The web link and snapshot of AKU media coverage and WHO - TDR are as follows;

1. Research for the real world | The Aga Khan University News February 06, 2017

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THE AGA KHAN UNIVERSITY

Home

## Research for the real world

Feb 6, 2017



Graduate students of public health from Aga Khan University and other universities have developed innovative, locally relevant implementation research projects to tackle the threat posed by infectious diseases such as malaria, tuberculosis and HIV/AIDS

These proposals were developed through a series of three workshops at Aga Khan University supported by the World Health Organization's Special Programme for Research and Training in Tropical Diseases (WHO-TDR). Participants of the workshop included academics, researchers and government officers involved in public health programmes for neglected tropical diseases who developed and presented their proposals at the final session in January 2017.



Implementation Research (IR) looks at how on-the-ground problems and constraints can impact the success of health initiatives. Before the start of the workshop Implementation Research Training – Calling Time on Tropical Diseases, all participants were required to submit a concept note outlining how their proposal would improve the effectiveness of existing disease control programmes.

During the workshops, which took place over a year, facilitators from the AKU and WHO-TDR taught key concepts in IR and guided participants as they applied their learning to hone their proposals into full-scale projects.

Speaking about the goals of the workshop, Dr Shagufta Perveen, a senior instructor in research at the Department of Community Health Sciences, AKU, and the principal investigator for the IR training grant from the WHO, said: "Pakistan has large scale immunization programmes and a variety of dedicated centres to treat serious diseases such as tuberculosis and HIV/AIDS.

"Unfortunately, real world issues such as a lack of health awareness, poverty, inadequate training and social stigmas are limiting the success of these programmes. The participants of these workshops are students of public health, researcher-academics and officials who are facing these problems on a daily basis and we're pleased that the solutions they've designed are being incorporated into government programmes to make them more successful."

The workshop has already delivered results with one of the TB proposals receiving grant funding from the WHO-TDR?.

**Tuberculosis team's proposal**

One of the workshop teams proposed using an SMS-based health awareness system to tackle the issue of TB patients who fail to take essential medication during their six-month-long course. Members of the team noted that patients with life-threatening TB often discontinue treatment due to unpleasant side-effects or make errors while taking the many drugs. As a result, less than half of TB patients are cured and the team identified a lack of timely communication as being one of the impediments to the programme's success.

### Latest News



**Building skills to bridge a growing gap**



**A second chance at school**



**Aga Khan University Master of Arts in Digital Journalism Programme Launched**

### AKU in the Media

- > Status and drivers of maternal, newborn, child and adolescent health in the Islamic world: a comparative analysis
- > In Kenya, and Across Africa, an Unexpected Epidemic: Obesity
- > Africa's next growth phase must be deliver equitable and durable prosperity



## 2. Unique training improving HIV and TB care in Pakistan

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## Unique training improving HIV and TB care in Pakistan

TDR news item  
6 March 2017

What is the connection between the smart phone application WhatsApp and improving diagnosis and treatment of HIV and tuberculosis? If you're in the eastern Mediterranean region, it's the new approach to implementation research training supported by TDR.

Teams of public health master's and PhD students, professional scientists and programme managers/implementers from Pakistan's Ministry of Health have been learning together for the past year how to write an implementation research (IR) proposal and get it funded.

IR workshop in Karachi, Pakistan, April, 2016  
Provided by Shagufta Perveen

"Implementation research is quite new to Pakistan," says Dr Shagufta Perveen, a senior instructor in the department of Community Health Sciences at the Aga Khan University (AKU). "Academicians do a lot of research for their scholarly achievement and career progression," she says. "But there is often no government programme prepared to implement the interventions effectively. The knowledge and skills needed to identify, prioritize and address implementation bottlenecks are very limited."

**Innovative training approach**  
Implementation research, Perveen knew, had the potential to bridge that gap. To effect lasting change, she proposed a unique learning model: a series of 3 workshops targeting both public health students and professionals, including researchers, academics, programme managers and implementers. Aimed at encouraging collaboration, the workshops forced participants to consider problems in a real-world context. This first-ever training on IR in the region was funded by a TDR IMPACT grant.

Participants started by listening to the heads of different disease control programmes talk about their key research needs. They then got an overview of how implementation research could identify barriers and test alternatives. Asked to come up with an IR question, many of the students stumbled at first. "They were identifying management problems, not IR problems," says Perveen, "so we tried to have them really internalize the concept of IR."

IR workshop in Karachi, Pakistan, February, 2017  
Provided by Shagufta Perveen

and teams lined up – each with 1 to 2 students, 1 researcher-academician, and 1 to 2 managers of disease control programmes. Six formal teams were formed – 2 focusing on tuberculosis; 1 on nutrition; 1 on malaria; 1 on HIV; and 1 on polio.

"Eventually, these students will be the professionals," says Perveen, "so it's critical that they begin thinking about IR and hone the skills they'll need to conduct it." One of the most important of those skills is proposal writing, and that was the focus of the second workshop, held in August, 2016. The 5 teams that were able to develop full proposals for submission to funding agencies and ethical review committees qualified for the third workshop, which focused on strengthening data analysis, and provided additional training in dissemination and monitoring and evaluation.

**Meeting the challenges of HIV and tuberculosis head-on**  
"This project is helping us understand the research process," says Anum Chagani, an MPH student at Dow University of Health Sciences. "It is also helping us apply what we've learned in the real world." As a member of the HIV team, Chagani helped develop a proposal to improve the utilization of voluntary confidential counseling and

**Find out more**

- [TDR Implementation Research Toolkit](#)
- [More about implementation research](#)
- [TDR grants](#)
- [All TDR research training](#)
- [More about tuberculosis](#)

## ROAD TO IMPLEMENTATION RESEARCH IN PAKISTAN

In late September, 2013, TDR held the of three workshops to pilot a new implementation research (IR) toolkit in Dhaka, Bangladesh. Developed through a process overseen at TDR, with a global committee comprising researchers, implementers and funders of implementation projects, the IR toolkit was designed to help investigators identify bottlenecks that limit effective delivery and access to medical interventions for those in need of them.

Among the 28 participants from countries throughout the Southeast Asia region -- Bangladesh, The People's Republic of China, Indonesia, Malaysia, Nepal, Nigeria, Pakistan and Sri Lanka -- was one Dr Shagufta Perveen. A senior instructor in the department of Community Health Sciences at Aga Khan University in Karachi, Pakistan, Dr. Shagufta had come as a participant to embrace the potential of IR in low middle income countries (LMICs) like her home country. "Academicians do a lot of research for their scholarly achievement and career progression," she says. "But there is often no government program involved for the uptake of research and ultimately to implement the interventions effectively."



*IR Workshop at International Centre for Diarrhoeal Disease Research Bangladesh, (icddr,b) – September 22-23, 2013*

Though Dr Shagufta had attended the Dhaka workshop as a participant but upon returning to Karachi, she received invitation from WHO, Geneva to facilitate the future IR workshops in Ghana followed by Swaziland, Ethiopia, Bahrain and Tunisia.





IR Workshop at Dodowa Health Research Centre, Accra, Ghana – November 25-29, 2013



## Capacity Building in Tropical Disease Implementation Research Manama, Bahrain, 19-21 February 2017



<http://media.alwasatnews.com/data/2017/5280/images/acef7288455b3bd0.jpg>



IR Workshop with Ministry of Health Representatives, Swaziland - November 09-16, 2014



IR Workshop facilitators, Swaziland - November 09-16, 2014

“Participants come to the workshop, listen, and leave. So I thought, how can we maintain their engagement after we all go our separate ways?”

This question led Dr Shagufta to apply for a TDR IMPACT grant. Designed to optimize Interventions, Methods, Policies, Actions, Campaigns or Tools, aim to promote a research culture within disease control programs and to improve an institution’s ability to conduct high quality research and use the results effectively.



# ANNEXURES

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آغا خان یونیورسٹی

THE AGA KHAN UNIVERSITY

# Implementation Research Training

(For MSc and PhD public health students)

First offering in WHO EMRO region

April 04 - 08, 2016

Multipurpose Hall, Centre for Innovation in Medical Education, Aga Khan University (AKU)

## Introduction

Implementation research (IR) is important to address health system constraints that may delay the adoption and delivery of new tools, strategies and interventions for disease control and prevention.

## Learning Objectives

- Identify key emerging IR topics and research gaps for relevant research in non-tropical diseases (NTDs) and other major communicable diseases prevailing in the country
- Comprehend IR knowledge that can advance the understanding, analysis and application of interventions for the control of prevalent communicable diseases in Pakistan

## Who should attend?

Students enrolled in any public health institute in Pakistan preferably in Health Policy and Management track

## Content of Training

- Contextualizing IR issues
- IR study designs
- Planning to conduct IR
- Data analysis
  - Quantitative data analysis
  - Qualitative data collection, analysis and presentation
- Dissemination of results and research findings
- Monitoring and evaluation

Aga Khan University Department of Continuing Professional Education (AKU-DCPE) is accredited by the Pakistan Medical & Dental Council (PMDC) and the American Association of Continuing Medical Education (AACME) to provide continuing medical education. AKU-DCPE will designate AACME credits to this activity.

## Course Director

Dr Shagufta Perveen  
Senior Instructor CHS-AKU  
WHO Consultant - Implementation Research

## Technical Advisor/Key Facilitator

Dr Margaret Gyapong  
Director Dodowa Health Research Centre, Ghana  
WHO Consultant 0 Implementation Research

Apply Now!



## Funded by:

Special programme for Research and Training in Tropical Diseases (TDR),  
World Health Organization (WHO), Geneva

## Organized by:

Department of Community Health Sciences (CHS)  
Aga Khan University, Karachi, Pakistan

## Applications, registration forms and queries to:

Nadira Ashraf | Tel: +9221 3486 4802/4954 | Email: [chs.cep@aku.edu](mailto:chs.cep@aku.edu)  
Tanzil Jamali | Tel: +9221 3486 4933 | Email: [tanzil.jamali@aku.edu](mailto:tanzil.jamali@aku.edu)

## ANNEXURE 2a

## ANNOTATED AGENDA

## Implementation Research Training

## Workshop 1

April 4-8, 2016

Moderator: Dr Aysha Zahidie

TIME	INAUGURAL PROGRAMME (Monday, April 4, 2016)
08:30-09:00 am	<b>Registration of participants</b>
<b>INAUGURAL SESSION (09:00-10:30 am)</b>	
09:00-09:05 am	<b>Recitation from the Holy Quran</b> Dr Tanzil Jamali
09:05-09:15 am	<b>Welcome Address</b> Dr Farhat Abbas Dean, Medical College, Aga Khan University(AKU)
09:15-09:30 am	<b>Background and Rationale of the Training, and brief Introduction of Facilitators and Participants</b> Dr Shagufta Perveen Senior Instructor and Course Director Department of Community Health Sciences (CHS), AKU
09:30-09:45 am	<b>Address by the Chief Guest</b> Dr Khalid Shaikh Department of Health, Government of Sindh
09:45-10:00 am	<b>Address by Dean Research and Graduate Studies – <i>subject to confirmation</i></b> Dr Elnasir Lalani Dean, Research and Graduate Studies, AKU
10:00-10:10 am	<b>Role of AKU Continuing Education Programme (CEP) in capacity building</b> Dr Sarah Saleem Professor and Director CEP, CHS – AKU
10:10-10:15 am	<b>Vote of Thanks</b> Dr Masood Kadir Professor and Acting Chair, CHS-AKU
10:15-10:30 am	<b>Group Photograph</b>
10:30 am	<b>Refreshments</b>

## ANNOTATED AGENDA

### Implementation Research Training

#### Workshop 1

April 4-8, 2016

PROVISIONAL AGENDA			
DAY ONE			
Monday, April 04, 2016			
	Time		Lead facilitator / Resource
1a.	09:00-10:30	<b>INAUGURAL followed by a group photograph</b>	Team IR
<i>Coffee / Tea Break (10:30 – 11:30)</i>			
1b.	11:30-13:30	<b>Introduction to the workshop</b> <ul style="list-style-type: none"> <li>➤ Agenda, administrative arrangements and ground rules.</li> <li>➤ Expectations, questions from the participants and feedback</li> <li>➤ Pre-workshop questionnaire</li> <li>➤ Participants share a brief summary of their projects.</li> </ul>	Dr Tanzil Jamali  Dr Temituoyo Okorosobo  Dr Tanzil Jamali Dr Shagufta Perveen
<i>Lunch Break (13:30 – 14:30)</i>			
1c.	14:30-15:30	<b>Introduction to Implementation Research (IR)</b> <ul style="list-style-type: none"> <li>➤ Presentation by provincial programme managers               <ul style="list-style-type: none"> <li>▪ TB Control Programme</li> <li>▪ Malaria Control Programme</li> <li>▪ Dengue Control Programme</li> </ul> </li> </ul>	Invited Programme Managers
<i>Afternoon Tea Break (15:30 – 16:00)</i>			
1d.	16:00-17:30	<ul style="list-style-type: none"> <li>➤ Introducing IR (including self-assessment)</li> </ul> <p><i>A discussion on the basic terms of IR. After this session the participants should understand basic IR terms and their application along with an orientation to subsequent toolkit modules and their rationale</i></p> <ul style="list-style-type: none"> <li>➤ Session evaluation by the students</li> </ul>	Dr Edward Kamau        Dr Tanzil Jamali



## Workshop 1

DAY TWO			
Tuesday, April 05, 2016			
Tea Break (10:30 – 11:00)			
Lunch Break (13:00 – 14:00)			
Tea Break (15:30 – 16:00)			
2a.	09:00-09:30	Feedback from participants on day one activities	Dr Robinah Najjemba
2b.	09:30-17:00	<p><b>MODULE 1</b></p> <p>➤ <b>Contextualizing Implementation Research Issues</b></p> <p><i>This module is designed to increase understanding and knowledge of how to put implementation research issues in context. The module will also increase understanding of intervention strategies and ethical considerations when implementing IR projects.</i></p> <p>By the end of this module participants will be able to:</p> <ul style="list-style-type: none"> <li>▪ Appreciate the process of identifying implementation bottlenecks / problems and defining IR questions</li> <li>▪ Analyse the environments and contexts in which IR projects are conducted</li> <li>▪ Understand and appreciate the proposed planned intervention</li> <li>▪ Describe the principles of ethics and related ethical dilemmas in IR</li> </ul> <p>➤ Session evaluation by the students</p>	<p>Dr Temituoyo Okorosobo / Ms Kausar S. Khan</p> <p>PowerPoint presentations Plenary discussions Reflection activity Case study</p> <p>Tanzil Jamali</p>

## Workshop 1

<b>DAY THREE</b> <b>Wednesday, April 05, 2016</b>			
3a.	09:00-09:30	➤ Feedback from participants on day two activities with random presentations of their refined IR questions	Dr Edward Kamau
3b.	09:30-10:30	<b>MODULE 2</b> ➤ <b>Introduction to proposal writing</b>  <i>This module focuses on IR study designs and provides an overview of study proposal.</i>	Dr Wafa Aftab
Morning Tea Break (10:30 – 11:00)			
3c.	11:00-13:00	➤ <b>IR study designs</b> By the end of this module participants will be able to: <ul style="list-style-type: none"> <li>▪ Appreciate rationale use of different study designs in implementation research</li> </ul> ➤ Session evaluation by the students	Dr Temituoyo Okorosobo / Dr Wafa Aftab  PowerPoint presentations Plenary discussions Hands on exercises  Dr Tanzil Jamali
Lunch Break (13:00 – 14:00)			
Afternoon Tea Break (15:30 – 16:00)			
3d.	14:00-17:00	<b>MODULE 3</b>  ➤ <b>Planning to conduct the Research</b>  <i>This module addresses the next steps after commitment of funding for an IR proposal is secured. It provides information on planning for the research project including preparation of the study protocol for ethical review process.</i>  <i>It covers the following key concepts with examples:</i> <ul style="list-style-type: none"> <li>▪ Preparing for ethical review</li> <li>▪ Project implementation process</li> <li>▪ Good practices in IR</li> </ul> ➤ Session evaluation by the students	Dr Robinah Najjemba / Dr Imran Naeem  PowerPoint presentations, Plenary Group discussions  Dr Tanzil Jamali

## Workshop 1

DAY FOUR			
Thursday, April 07, 2016			
Morning Tea Break (10:30 – 11:00)			
Afternoon Tea Break (15:30 – 16:00)			
4a.	09:00-13:00	<b>MODULE 4a</b> <b>➤ Quantitative Data Analysis and Presentation</b> <i>This session will outline the basics of Implementation Research quantitative data analysis and interpretation. It will also present key concepts in design of data analysis, data presentation and interpretation for the target audience.</i> By the end of this module participants will be able to: <ul style="list-style-type: none"> <li>Describe appropriate quantitative data analysis planning process</li> <li>Understand basic measures to use with statistics in quantitative data analysis.</li> <li>Comprehend various ways and resources used for quantitative data presentation.</li> </ul> <b>➤ Session evaluation by the students</b>	Dr Temituoyo Okorosobo / Dr Tanzil Jamali  PowerPoint presentations, Plenary Group discussions Video  Dr Tanzil Jamali
Lunch Break (13:00 – 14:00)			
4b.	14:00-17:00	<b>MODULE 4b</b> <b>➤ Qualitative Data collection, Analysis and Presentation</b> <i>This module will outline the basics of qualitative data collection, analysis, interpretation and presentation to the target audience.</i> By the end of this module participants will be able to: <ul style="list-style-type: none"> <li>Know appropriate qualitative data collection techniques and tools for an IR project</li> <li>Describe appropriate qualitative data analysis planning process</li> <li>Appreciate the application of mixed methods in implementation research</li> </ul> <b>➤ Session evaluation by the students</b>	Dr Kashif Sangrasi / Ms. Nousheen Pradhan / Dr Edward Kamau  PowerPoint presentations Group discussions Video  Dr Tanzil Jamali

# Workshop 1

<b>DAY FIVE</b> <b>Friday, April 08, 2016</b>			
	<b>09:00-09:30</b>	<b>Guest Lecture - Venue:</b> <i>lecture hall 2</i>	Dr Edward Kamau
5a.	<b>09:00-09:30</b>	<b>MODULE 5</b> <b>➤ Dissemination of Results and Research Findings</b> <i>This session presents the key concepts of knowledge translation (KT) that relate to Implementation Research. It provides guidance on preparation of research reports, peer-reviewed papers, press releases, conference presentations and policy briefs</i> By the end of this module participants will be able to: <ul style="list-style-type: none"> <li>▪ Appreciate the value of continuous stakeholder engagement for discussion and utilization of research results</li> <li>▪ Acknowledge the value of developing a comprehensive dissemination strategy in a research project</li> <li>▪ Understand the importance of tailored dissemination tools used for different target audiences</li> </ul> <b>➤ Session evaluation by the students</b>	Dr Shagufta Perveen / Dr Kashif S Sangrasi  PowerPoint presentations  Group discussions   Dr Tanzil Jamali
<i>Lunch Break (13:00 – 14:00)</i>			
5b.	<b>14:00-17:00</b>	<b>MODULE 6</b> <b>➤ Monitoring and Evaluation (M &amp; E)</b> <i>This session to has been designed help research teams track progress against set plans, check compliance to established standards, identify trends and patterns, adapt strategies and inform decisions for project management. The module builds skills to determine the relevance and fulfillment of objectives, developmental efficiency, effectiveness, impact and sustainability.</i> By the end of this module participants will be able to: <ul style="list-style-type: none"> <li>▪ Appreciate the process involved in the development of a M&amp;E plan</li> <li>▪ Describe the implementation process of a M&amp;E plan</li> </ul> <b>➤ Session evaluation by the students</b> <b>➤ Evaluation of the five days' workshop by the students</b> <b>➤ Post-workshop questionnaire</b>	Dr Robinah Najjemba / Dr Aysha Zahidie  PowerPoint presentations  Group discussions  Case studies   Dr Tanzil Jamali
5c.	<b>17:00 hrs</b>	<b>Certificate distribution to the participants</b>	<b>Facilitators</b>

## ANNEXURE 2b

## ANNOTATED AGENDA

## Implementation Research Training

## Workshop 2

August 22-27, 2016

Moderator: Dr Aysha Zahidie

TIME	INAUGURAL PROGRAMME (Monday, August 22, 2016)
08:30-09:00 am	Registration of participants
INAUGURAL SESSION (09:00-10:30 am)	
09:00-09:05 am	Recitation from the Holy Quran
09:05-09:20 am	<p>Welcome address</p> <p><b>Workshop Objectives and key milestones; brief introduction of lead facilitators from WHO, Co-facilitators and research teams</b></p> <p>Dr Shagufta Perveen Senior Instructor and Course Director, CHS-AKU</p>
09:20-09:30 am	<p><b>Role of the Department of Community Health Sciences (CHS) in capacity building</b></p> <p>Dr Fauziah Rabbani Professor and Chair, CHS-AKU</p>
09:30-09:40 am	<p><b>Comments by the Technical Advisor</b></p> <p>Dr Shehla Zaidi Associate Professor, CHS-AKU</p>
09:40-10:15 am	<p><b>Preventive Programmes, Sindh: Key Directions and Research Needs</b></p> <p>Programme Managers Department of Health, Government of Sindh</p>
10:15-10:30 am	Group Photograph
10:30 am	Refreshments



## ANNOTATED AGENDA

### Implementation Research Training

#### Workshop 2

August 22-27, 2016

PROVISIONAL AGENDA			
DAY ONE			
Monday, August 22, 2016			
	Time		Lead facilitator / Resource
1a.	09:00-10:30	<b>INAUGURAL followed by a group photograph</b>	Team IR
<i>Coffee / Tea Break (10:30 – 11:30)</i>			
1b.	11:30-13:30	<b>Introduction to the workshop</b> <ul style="list-style-type: none"> <li>➤ Agenda, administrative arrangements and ground rules.</li> <li>➤ Expectations, questions from the participants and feedback</li> <li>➤ Pre-workshop questionnaire</li> <li>➤ Participants share a brief summary of their projects.</li> </ul>	Dr Shagufta Perveen  Dr Margaret Gyapong  Ms Sana Shaikh  Dr Narjis Rizvi
<i>Lunch Break (13:30 – 14:00)</i>			
1c.	14:00-15:30	<b>Introduction to Implementation Research (IR)</b> <ul style="list-style-type: none"> <li>➤ Introducing IR               <ul style="list-style-type: none"> <li>▪ A discussion on the basic terms of IR. After this session the participants should understand basic IR terms and their application along with an orientation to subsequent toolkit modules and their rationale</li> <li>▪ Self-assessment exercise</li> </ul> </li> <li>➤ Session evaluation by the students</li> </ul>	Dr Olumide Ogundahunsi /  Dr Shagufta Perveen   Ms Sana Shaikh
<i>Afternoon Tea Break (15:30 – 16:00)</i>			
1d.	16:00-17:00	<b>MODULE 1</b> <b>Contextualizing Implementation Research Issues</b> <ul style="list-style-type: none"> <li>➤ Session on Defining IR questions               <ul style="list-style-type: none"> <li>▪ Appreciate the process of identifying implementation bottlenecks/problems and defining IR questions</li> </ul> </li> </ul>	Dr Margaret Gyapong /  Ms Kausar S. Khan

## Workshop 2

<b>DAY TWO</b> <b>Tuesday, August 23, 2016</b>			
2a.	09:00-09:30	Feedback from participants on day one activities	Dr Narjis Rizvi
<i>Morning Tea Break (10:30 – 11:00)</i>			
2b.	09:30-17:00	<b>MODULE 1 (cont...):</b> <b>Contextualizing Implementation Research Issues</b>  This module is designed to increase understanding and knowledge of how to put implementation research issues in context. The module will also increase understanding of intervention strategies and ethical considerations when implementing IR projects.  > Session on <b>Contextual analysis</b> <ul style="list-style-type: none"> <li>Analyse the environments and contexts in which IR projects are conducted</li> </ul>	Dr Margaret Gyapong /  Ms Kausar S. Khan  PowerPoint presentations  Plenary discussions  Group Exercise
<i>Lunch Break (13:00 – 14:00)</i>			
2c.	14:00-15:00	> Session on <b>Understanding intervention and principles of ethics</b> <ul style="list-style-type: none"> <li>Understand and appreciate the proposed planned intervention</li> <li>Describe the principles of ethics and related ethical dilemmas in IR</li> </ul>	Dr Margaret Gyapong /  Dr Narjis Rizvi 2-5 she is busy in MBBS Interviews  from 2:00- 5:00
<i>Afternoon Tea Break (15:00 – 15:30)</i>			
2d.	15:30-17:00	> <b>Case Study</b>  Session evaluation by the students	Co-facilitators  Ms Sana Shaikh
	17:00	<b>Facilitators Meeting</b>	

## Workshop 2

<b>DAY THREE</b> <b>Wednesday, August 24, 2016</b>			
	<b>08:30-09:30</b>	<b>Guest Lecture - Venue: Lecture Hall 2</b>	Dr Margaret Gyapong
<i>Morning Tea Break (10:30 – 11:00)</i>			
<b>3a.</b>	<b>10:00-10:30</b>	Feedback from participants on day two activities	Ms Nousheen Pradhan
<b>3b.</b>	<b>10:30-11:30</b>	<b>MODULE 2: WRITING IR PROPOSAL</b>  ➤ <b>An overview of proposal writing</b> <ul style="list-style-type: none"> <li>▪ Components and characteristics of an IR proposal</li> </ul> ➤ <ul style="list-style-type: none"> <li>▪ Difference between a conventional and an IR proposal</li> </ul>	Dr Wafa Aftab PowerPoint presentations Plenary discussions
<b>3c.</b>	<b>11:30-13:00</b>	➤ <b>Writing the introduction section of IR proposal</b> <ul style="list-style-type: none"> <li>▪ Title, literature review, rationale</li> <li>▪ Statement of the problem &amp; objectives</li> </ul>	Ms Nousheen Pradhan / Dr Olumide Ogundahunsi PowerPoint presentation Plenary discussions / Short Group Exercises
<i>Lunch Break (13:00 – 14:00)</i>			
<b>3d.</b>	<b>14:00-15:30</b>	➤ <b>Research Designs</b> This session aims to build the participants' capacity that allows them to determine the appropriate research designs that will meet their research objectives and answer their research questions  By the end of this session research teams will be able to: <ul style="list-style-type: none"> <li>▪ Write the methods and study design section of their proposals</li> </ul>	Dr Margaret Gyapong / Dr Wafa Aftab  PowerPoint presentations, Plenary Group discussions
<i>Afternoon Tea Break (15:30 – 16:00)</i>			
<b>3e.</b>	<b>16:00-17:30</b>	➤ <b>Write-shop</b>  ➤ Session evaluation by the students	IR facilitators  Ms Sana Shaikh
	<b>17:30</b>	Session evaluation by the students	

## Workshop 2

DAY FOUR			
Thursday, August 25, 2016			
4a.	09:00-10:30	<b>Qualitative research methods, instruments and plan of data analysis</b> Session evaluation by the students	Dr Narjis Rizvi / Dr Kashif Sangrasi
<i>Morning Tea Break (10:30 – 11:00)</i>			
4b.	11:00-13:00	<ul style="list-style-type: none"> <li>➤ <b>Quantitative research methods and plan of data analysis</b></li> <li>➤ Session evaluation by the students</li> </ul>	Dr Yasmin Parpio / Dr Maryam Huda
<i>Lunch Break (13:00 – 14:00)</i>			
4c.	14:00-15:30	<b>Group Activity</b>	Dr Kashif Sangrasi
<i>Afternoon Tea Break (15:30 – 16:00)</i>			
4d.	16:00-17:30	<ul style="list-style-type: none"> <li>➤ <b>Write-shop</b></li> <li>➤ Session evaluation by the students</li> </ul>	IR facilitators Ms Sana Shaikh
17:30 <b>Facilitators Meeting</b>			
DAY FIVE			
Friday, August 26, 2016			
	08:30-09:30	<b>Guest Lecture - Venue: TR 3</b>	Dr Olumide Ogundahunsi
<i>Morning Tea Break (10:30 – 11:00)</i>			
5a.	10:00-11:30	<ul style="list-style-type: none"> <li>➤ <b>Quality management and ethical considerations in IR</b></li> <li>➤ <b>Project Plan</b></li> <li>➤ <b>Impact</b></li> <li>➤ <b>Supplements</b></li> </ul> Session evaluation by the students	Dr Aysha Zahidie / Dr Shagufta Perveen  Ms Sana Shaikh
5b.	11:30-12:30	➤ <b>Looking for a funding match and preparing your application</b>	Dr Wafa Aftab
<i>Lunch Break (12:30 – 14:00)</i>			
5c.	14:00-16:00	<b>Group Presentations and feedback</b> <ul style="list-style-type: none"> <li>▪ Team 1</li> <li>▪ Team 2</li> <li>▪ Team 3</li> </ul>	All Facilitators
<i>Afternoon Tea Break (16:00 – 16:30)</i>			
	16:30	<b>Facilitators Meeting</b>	



## Annexure 2: Agenda of the IR workshops

## Saturday, August 27, 2016

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## ANNEXURE 2c

## ANNOTATED AGENDA

## Implementation Research Training

## Workshop 3

January 23-26, 2017

PROVISIONAL AGENDA			
DAY ONE			
Monday, January 23, 2017			
	Time	Session Title	Lead facilitator / Resource
	08:45-09:00	Registration	
1a.	9:30-09:30	<b>Opening Session</b> <ul style="list-style-type: none"> <li>➤ Tilawat-e-Quran Pak!</li> <li>➤ Catch up from the last workshop and planning for this workshop</li> <li>➤ Introduction of IR teams</li> </ul>	Dr Shagufta Perveen
1b.	9:30-10:30	<b>IR teams protocol presentations</b>	Dr Robinah Najjemba
<i>Group Photograph and Tea Break (10:30 – 11:00)</i>			
1c.	11:00-11:45	<b>MODULE 4a:</b> <b>Quantitative Data Analysis and Presentation</b> Overview of quantitative data analysis process and SPSS Software	Ms Yasmin Parpio
	11:45-13:00	Statistical analysis in quantitative research: Descriptive & inferential statistics ➤ Hands on practice on SPSS	Ms Yasmin Parpio Dr Tahir Rizwan Dr Maryam Huda
	13:00-13:30	Comprehend various ways and resources used for quantitative data presentation ➤ Session evaluation by the students	Ms Yasmin Parpio Ms Sana Shaikh
<i>Lunch Break (13:30 – 14:30)</i>			
1d.	14:30-15:30	<b>Group work on quantitative data collection, analysis and presentation plan</b> Activity: Each team will <b>prepare</b> quantitative data collection, analysis, and presentation plan of their specific IR protocol	Dr Narjis Rizvi Dr Kashif Sangrasi Dr Imran Naeem Dr Shagufta Perveen Dr Wafa Aftab
<i>Afternoon Tea Break (15:30 – 15:45)</i>			
1d.	15:45-17:30	<b>Group presentations on quantitative data collection, analysis and presentation plan</b> Activity: Each team will <b>present</b> quantitative data collection, analysis, and presentation plan of their specific IR protocol	Dr Shagufta Perveen Ms Yasmin Parpio Dr Tahir Rizwan Dr Maryam Huda Dr Robinah Najjemba
	17:30 hrs	<b>Facilitators Meeting</b>	

### Workshop 3

<b>DAY TWO</b> <b>Tuesday, January 24, 2017</b>			
2a.	09:00-10:30	<b>MODULE 5</b> <b>➤ Dissemination of Results and Research Findings</b> <i>This session presents the key concepts of knowledge translation (KT) that relate to Implementation Research. It provides guidance on preparation of research reports, peer-reviewed papers, press releases, conference presentations and policy briefs</i>  By the end of this module participants will be able to: <ul style="list-style-type: none"> <li>▪ Appreciate the value of continuous stakeholder engagement for discussion and utilization of research results</li> <li>▪ Acknowledge the value of developing a comprehensive dissemination strategy and tailored dissemination tools used for different target audiences in a research project</li> <li>▪ Prepare the dissemination plan of their IR projects</li> </ul>	Mr Muhammad Altamash Dr Shagufta Perveen Ms Anam Feroz
		➤ Session evaluation by the students	Ms Sana Shaikh
2b.	10:30-11:00	<b>➤ Stakeholders analysis</b>  ➤ Session evaluation by the students	Mr Sohail Bawani  Ms Sana Shaikh
Tea Break (11:00 – 11:03)			
2c.	11:30-13:00	<b>➤ Group work on project dissemination plan</b>	Ms Anam Feroz Dr Narjis Rizvi Dr Kashif Sangrasi Dr Imran Naeem Dr Shagufta Perveen Dr Wafa Aftab
2d.	13:00-15:30	<b>➤ Group Presentations by IR teams</b>	Mr Muhammad Altamash Ms Anam Feroz Dr Shagufta Perveen Dr Robinah Najjemba
	15:30 hrs	<b>Facilitators Meeting</b>	
	16:00 hrs	<b>Hi-Tea at Arena</b>	

## Workshop 3

<b>DAY THREE</b> <b>Wednesday, January 25, 2017</b>			
3a.	09:00-10:30	<b>MODULE 4b:</b> > <b>Qualitative data collection, analysis and presentation</b>  Fundamentals of Qualitative Research  > Session evaluation by the students	Ms Kausar S Khan   Ms Sana Shaikh
<i>Morning Tea Break (10:30 – 11:00)</i>			
3b.	11:00-12:00	Overview of qualitative research designs and measurement strategies  > Session evaluation by the students	Ms Yasmin Parpio Dr Shagufta Perveen  Ms Sana Shaikh
3c.	142:00-13:30	Introduction to qualitative data analysis (manual analysis: process and typologies, activity)  > Session evaluation by the students	Mr Sohail Bawani  Ms Sana Shaikh
<i>Lunch Break (13:30 – 14:30)</i>			
3d.	14:30-15:30	> <b>Group work on qualitative data collection, analysis and presentation plan</b>	Dr Narjis Rizvi Dr Kashif Sangrasi Dr Imran Naeem Dr Shagufta Perveen Dr Wafa Aftab
<i>Tea Break (15:30 – 15:45)</i>			
3e.	15:45-17:30	> <b>Group presentations on qualitative data collection, analysis and presentation plan</b>	Ms Kausar S Khan Mr Sohail Bawani Ms Yasmin Parpio Dr Shagufta Perveen Dr Robinah Najjemba
	17:30	<b>Facilitators Meeting</b>	



### Workshop 3

<b>DAY FOUR</b> <b>Thursday, January 26, 2017</b>			
4a.	09:00-10:30	<b>MODULE 6</b> <b>➤ Monitoring and Evaluation (M &amp; E)</b> <i>This session has been designed to help research teams track progress against set plans, check compliance to established standards, identify trends and patterns, adapt strategies and inform decisions for project management. The module builds skills to determine the relevance and fulfilment of objectives, developmental efficiency, effectiveness, impact and sustainability.</i>  By the end of this module participants will be able to: <ul style="list-style-type: none"> <li>▪ Appreciate the process involved in the development of a monitoring and evaluation (M&amp;E) plan</li> <li>▪ Describe the implementation process of a M&amp;E plan</li> </ul> <b>➤ Session evaluation by the students</b>	Dr Robinah Najjemba  Ms Nousheen Pradhan  Dr Aysha Zahidie   Ms Sana Shaikh
<i>Morning Tea Break (10:30 – 11:00)</i>			
4b.	11:30-13:00	<b>MODULE 6 (Contd.)</b> <b>➤ Group work on project M&amp;E plan development</b>	Dr Narjis Rizvi Dr Kashif Sangrasi Dr Imran Naeem Dr Shagufta Perveen Dr Wafa Aftab
<i>Lunch Break (13:00 – 14:00)</i>			
4c.	14:00-15:30	<b>Group Presentations by IR teams on their specific protocol M &amp; E plan</b> <b>➤ Overall course Evaluation</b>	Dr Robinah Najjemba Ms Nousheen Pradhan Dr Aysha Zahidie Ms Sana Shaikh
<b>Concluding Session</b>			
4d.	15:30-15:40	Reflections from participants	Participants Representatives
	15:40-15:50	Remarks by WHO facilitator	Dr Robinah Najjemba
	15:50-16:00	Distribution of Certificates to participants	Dr Robinah Najjemba Dr Fauziah Rabbani Dr Shagufta Perven
	16:00-16:20	Distribution of shield to facilitators and teams	Dr Fauziah Rabbani Dr Robinah Najjemba
	16:20-16:30	Vote of thanks	Dr Fauziah Rabbani
	16:30	Tea and Refreshment	

**ANNEXURE 3a**

## LIST OF PARTICIPANTS

### Implementation Research Training

**Workshop 1**

April 4-8, 2016

**Dow University of Health Sciences (DUHS), Karachi:**

1. Ms **ANUM AMIN MUHAMMAD CHAGANI**, MPH student (year-I), DUHS, Karachi, Pakistan.  
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## ANNEXURE 3b

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Workshop 2

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## ANNEXURE 3d: Team Formation Letter

### Team HIV

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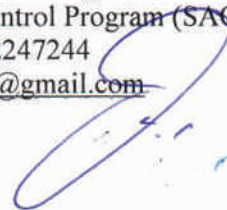
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Signature:



Date: 22, Aug 2016

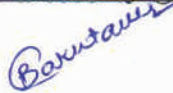
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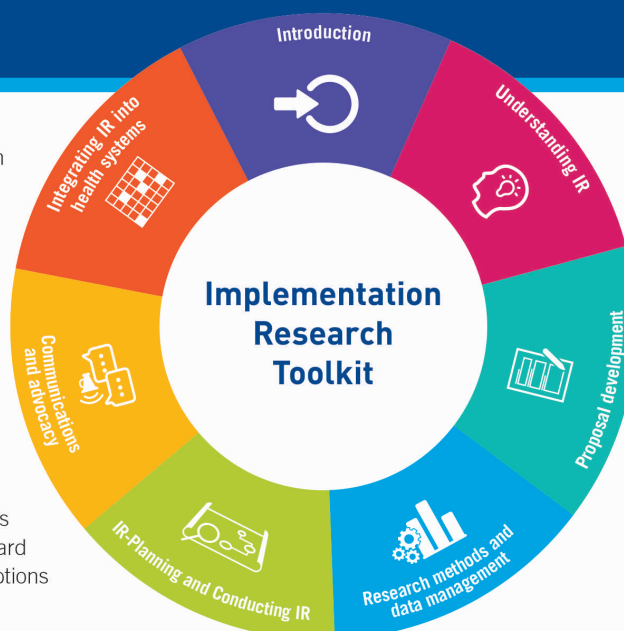


## ANNEXURE 4

# Implementation Research Toolkit

Implementation research (IR) is conducted within health systems and community settings, removed from the controlled settings associated with other types of scientific research. It is an ongoing process that provides continuous feedback of results back to the health system, facilitating adaptation of services and interventions. So, by its nature, IR is adaptive. People may not come to work; the rains may impact access of people to services; delivery of key materials may be delayed. IR teams must be willing and able to adapt their projects to address such real-life likelihoods.

The newly revised *Implementation Research Toolkit* is designed to help people learn and adapt a standard process that leads to results. It is now available with options for downloading and printing individual modules.



<http://www.who.int/tdr/publications/topics/ir-toolkit/en/>

**Case study 2****A dissemination strategy for an IR Project: A case of the NIGRAAN project, Pakistan**

**Background:** Dissemination of research findings is crucial to facilitate uptake of research findings and for translating them into action. If the dissemination is to be effective, tools should be appropriate for the target audience, the message should be clear and succinct. Furthermore, the message must be timely. Moreover, if the health improvements are to be observed, the dissemination should go beyond just communicating by aiming to transfer new knowledge and understanding to the target audience, so that they are empowered to take the necessary actions.

**Methods:** NIGRAAN, a community-based implementation research (IR) project in rural Pakistan, was conducted by the Department of Community Health Sciences at the Aga Khan University (AKU) in Karachi, in collaboration with the Sindh Provincial Department of Health. Nigraan is an Urdu word meaning 'supervisor'. This two-year IR project aimed to identify ways to strengthen structured supportive supervision of lady health workers (LHWs) by lady health supervisors (LHSs), in order to improve community case management of pneumonia and diarrhoea in children under five years of age in Badin district of Sindh Province. Effective dissemination and knowledge translation enhances the execution process of a given IR project, as well as the use of the findings. A dissemination strategy should be developed during the planning phase of the project and should involve the relevant stakeholders. The research findings should be shared with stakeholders on a continuous basis throughout the project cycle using appropriate dissemination tools. The dissemination strategy for the NIGRAAN project was developed based on the TDR/WHO IR Toolkit dissemination framework. The relevant target audiences (community members, LHWS, LHSs, programme managers and implementers and the scientific community) were engaged at the appropriate timelines of the project lifespan.

**Conclusion:** A dissemination strategy was developed during the project planning phase and relevant stakeholders were actively involved. Furthermore, the dissemination tools were specific to the dissemination objectives and target audience.

**Lessons:** In creating a dissemination plan, researchers should consider the project goal, target audience, medium and execution plan. Developing an explicit dissemination strategy in advance guides the process of knowledge translation. Secondly, to enhance the use of the research findings, dissemination must not be an end-of-project dissemination activity but must be adopt a continuous and integrated knowledge translation approach. Additionally, the multidisciplinary and collective approach used to disseminate results on an on-going basis builds trust of stakeholders.

## Case study 2

## A dissemination strategy for an IR Project: A case of the NIGRAAN project, Pakistan

Table. NIGRAAN project dissemination strategy

Dissemination Objective	Content	Dissemination Tool	Target audience	Timeline
Creating awareness about the project among the community	<ul style="list-style-type: none"> <li>Value of project</li> <li>Potential benefits for the community</li> </ul>	<ul style="list-style-type: none"> <li>Community meetings</li> <li>Electronic media (newspapers, radio)</li> </ul>	Community members	From outset of the project
Creating awareness among policy-makers about the project	<ul style="list-style-type: none"> <li>General and technical overview of the project</li> <li>Integration into existing systems/ structures</li> </ul>	<ul style="list-style-type: none"> <li>Executive Project Management Team Meeting (EPMT)</li> <li>Project brochure</li> <li>Policy briefs</li> </ul>	Policy Makers at district and provincial level	At the launch of the project
Sensitization of the community about the progress of the project	<ul style="list-style-type: none"> <li>What's happening?</li> <li>Community response to the project</li> <li>Field challenges and support requirements from the community</li> </ul>	<ul style="list-style-type: none"> <li>Local electronic media (newspapers radio)</li> <li>LHSs' appraisal meetings</li> </ul>	<ul style="list-style-type: none"> <li>Community</li> <li>Community-based organizations</li> </ul>	Ongoing
Sensitizing the Lady Health Supervisors (LHSs) and Lady Health Workers (LHWs) about the project	<ul style="list-style-type: none"> <li>Overview of project and intervention</li> <li>What to expect?</li> <li>Roles and responsibilities</li> <li>Expectations from stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Training workshop</li> <li>Formal dissemination seminars for LHSs at AKU</li> </ul>	<ul style="list-style-type: none"> <li>Lady Health Supervisors</li> <li>Lady Health Workers</li> </ul>	Intermittent
Updating policy-makers and community leaders on the progress of the project	<ul style="list-style-type: none"> <li>Field updates (what's happening? /progress)</li> <li>Any issues arising from within the system and/or community affecting the technical structure of the project</li> <li>Support requirements</li> </ul>	<ul style="list-style-type: none"> <li>Project Support Team meetings</li> <li>District Project Management Team meetings</li> </ul>	Policy makers, community representatives other stakeholders with an active interest in the project	Intermittent periods
Updating the funding agency about the progress of the project	<ul style="list-style-type: none"> <li>Progress of project activities</li> <li>Any technical issues arising</li> <li>finances</li> </ul>	<ul style="list-style-type: none"> <li>Progress reports</li> <li>Emails, telephone calls</li> </ul>	World Health Organization	Yearly and end of project
Add to existing scientific knowledge	<ul style="list-style-type: none"> <li>Process of the research</li> <li>Research findings</li> </ul>	Published articles	Scientific community	Ongoing basis
Inform the AKU staff on the progress	Activities, successes, challenges and recommendations	<ul style="list-style-type: none"> <li>Faculty meetings</li> <li>Departmental presentations</li> </ul>	AKU staff	Intermittent
Contribute to LHW-P curriculum	Trainer's manual to improve community case management of pneumonia and diarrhoea in children under five years	Trainers manual	Lady health supervisors	After the formative phase

Source: Rabbani F et al. Improving community case management of diarrhoea and pneumonia in district Badin, Pakistan through a cluster randomised study--the NIGRAAN trial protocol. Implement Science. 2014; 9:186.

## PRE POST TESTS SCORES

### Implementation Research Training

#### Workshop 1

April 4-8, 2016

Learning of participants was assessed through pre/post-tests' scores. The results are appended below: Overall, there was an increase by 8.2% in the knowledge and skills of the participants. The mean pre-test score of the participants was 4.5% while the mean post-test score of the participants was 12.7%.

**Table 2: Mean difference in scores of pre workshop and post workshop**

	N	Mean	Std. Deviation	Mean difference	95% CI	p-value
Pre workshop score	30	4.5	2.3	-8.2	-9.7, -6.76	<0.001
Post workshop score	30	12.7	4.2			

**Table 3: Individual question difference before and after the training**

				95% Confidence		
	Questions	Mean	SD	Lower	Upper	p-value
<b>Q1</b>	What is implementation research?	-1.6	1.0	-2.0	-1.2	<0.001
<b>Q 2</b>	What are the differences between implementation research and clinical research	-1.7	1.1	-2.2	-1.3	<0.001
<b>Q3</b>	Why are contextual issues important to consider when conceptualizing an IR	-1.6	1.1	-2.0	-1.2	<0.001
<b>Q4</b>	What are the differences between implementation research and clinical research	-1.2	1.4	-1.7	-0.67	<0.001
<b>Q 5</b>	Why are contextual issues important to consider when conceptualizing an IR	-2.0	1.4	-2.5	-1.5	<0.001

Paired t test applied,  $P < 0.05$  significant



## ANNEXURE 5b

## PRE POST TESTS SCORES

### Implementation Research Training

#### Workshop 2

August 22-27, 2016

Learning of participants was assessed through pre/post-tests' scores. The results are appended below: Overall, there was an increase by 1.63% in the knowledge and skills of the participants. The mean **pre-test score** of the participants was **10.77%** while the mean **post-test score** of the participants was **12.40%**.

**Table 2: Mean difference in scores of pre workshop and post workshop**

	N	Mean	Std. Deviation	Mean difference	95% CI	p-value
Pre workshop score	22	10.77	3.99	-1.63	-4.5, -1.2	0.25
Post workshop score	22	12.40	4.66			

**Table 3: Individual question difference before and after the training**

				95% Confidence		
	Questions	Mean	SD	Lower	Upper	p-value
<b>Q1</b>	What is implementation research?	-1.82	1.5	-0.88	-0.52	0.59
<b>Q 2</b>	What are the differences between implementation research and clinical research	-1.36	1.5	-0.81	0.53	0.67
<b>Q3</b>	Why are contextual issues important to consider when conceptualizing an IR	-0.06	1.5	-1.31	0.04	0.06
<b>Q4</b>	Why is it important to involve multiple stakeholders at the beginning of an - IR	-0.18	1.7	-0.95	0.58	0.62
<b>Q 5</b>	What are the main differences between a 'conventional' research proposal and IR	-0.50	1.8	-1.34	0.34	0.23



## PRESENTATION OUTLINE

### Implementation Research Training

#### Workshop 3

January 23-26, 2017

Slide No.	Content	Additional comments
1.	Title, Names of team members, Date of presentation	<p>✓ Dear teams! Please note that the total number of slides should not be more than 15.</p> <p>✓ Maximum time allocated for each presentation is 10 minutes.</p> <p>✓ It is advised to upload your presentation before the workshop starts on January 23, 2017.</p>
2.	Implementation research problem	
3.	Problem statement	
4.	Rationale	
5.	Research question / objective/s	
6.	Role of the disease control programme	
7.	Methods: Study design / setting / duration	
8.	Target population / sample size / sampling strategy	
9.	Eligibility criteria (inclusion and exclusion)	
10.	Data collection methods and tools	
11.	Gantt chart	
12.	Plan of data analysis	
13.	Monitoring and Evaluation plan	
14.	Dissemination plan	
15.	Proposed Budget and role of each team member	

Objective	Study design	Data collection techniques	Data collection tools

## DAILY SESSIONS EVALUATIONS

### Implementation Research Training

#### Workshop 1

April 4-8, 2016

#### Quantitative Daily Sessions Evaluation

Participants evaluated each day's session for the below given set of statements:

1. Objectives of the sessions were met
2. Relevance of the topic to overall objectives of the course
3. Helped to increase the knowledge on the topics
4. Presentations were at my level of understanding
5. Clarity of content
6. Important points were emphasized
7. Interaction between participants and facilitators
8. Facilitators ability to answer questions clearly
9. Overall assessment

#### Evaluation of Daily Sessions by the Participants

Rating Scale: 1 = Unsatisfactory; 2 = Fair; 3 = Good; 4 = Excellent; 5 = Outstanding

Sessions	Facilitator/ Co-Facilitator	1	2	3	4	5	6	7	8	9	Mean
Introducing Implementation Research	Edward Kamau	4.0	4.0	4.0	3.8	3.8	4.0	4.1	4.2	4.2	4.0
Contextualizing Implementation Research Issues	Temituoyo Okorosobo	3.6	3.8	3.8	3.6	3.8	3.9	4.1	4.0	3.8	3.8
Group Work: Contextualizing Implementation Research Issues	Kausar S. Khan	3.6	3.5	3.6	3.7	3.5	3.6	3.6	3.8	3.6	3.6
IR Study Designs	Temituoyo Okorosobo	4.1	4.2	4.3	4.2	4.4	4.4	4.5	4.5	4.3	4.3
Group Work: IR Study Designs	Wafa Aftab	4.0	4.0	4.2	4.1	3.9	4.1	4.3	4.1	4.1	4.1
Planning to conduct the research	Robinah Najjemba	4.0	4.0	4.1	4.2	4.0	4.2	4.3	4.2	4.2	4.2
Group Work: Planning to conduct the research	Imran Naeem	4.0	4.0	4.0	4.0	4.0	4.1	4.0	4.1	4.0	4.0
Quantitative Data Analysis and Presentation	Temituoyo Okorosobo	4.2	4.2	4.1	4.4	4.3	4.2	4.4	4.4	4.3	4.3
Group Work: Quantitative Data Analysis and Presentation	Tanzil Jamali	3.8	3.8	3.8	3.9	4.0	4.0	3.9	3.9	3.9	3.9
Qualitative Data Collection, Analysis and Presentation	Kashif Sangrasi	3.9	4.0	3.8	4.0	3.9	3.9	4.1	3.9	3.9	3.9
Group Work: Qualitative Data Collection, Analysis and Presentation	Nousheen Pradhan & Edward Kamau	4.0	4.0	4.1	4.1	4.0	4.0	4.1	4.1	4.1	4.1
Dissemination of Results and Research Findings	Kashif Sangrasi	4.2	4.2	4.1	4.2	4.2	4.2	4.1	4.2	4.2	4.2
Group Work: Dissemination of Results and Research Findings	Shagufta Perveen	4.3	4.4	4.4	4.4	4.4	4.3	4.5	4.4	4.5	4.4
Monitoring and Evaluation	Robinah Najjemba	4.2	4.4	4.3	4.2	4.2	4.2	4.2	4.3	4.4	4.4
Group Work: Monitoring and Evaluation	Aysha Zahidie	3.7	3.8	3.7	3.7	3.7	3.6	3.8	3.9	3.9	3.8
<b>Mean</b>		<b>4.0</b>	<b>4.0</b>	<b>4.0</b>	<b>4.1</b>	<b>4.0</b>	<b>4.0</b>	<b>4.1</b>	<b>4.1</b>	<b>4.2</b>	<b>4.1</b>

**Qualitative Daily Sessions Evaluation**

Most of the below reflected comments of participants' on the daily sessions seems heartening for the training facilitators:

**Session: Introducing Implementation Research (April 4, 2016)**

Facilitator: Dr Edward Kamau

1. Well organized
2. I learnt Implementation Research with excellent motivational technique
3. Excellent. Keep two way interactive sessions on other days as well. Excellent facilitators
4. Kindly shorten the time duration
5. Great session
6. Excellent first day, it was quite clear and well defined
7. This is an excellent training which is much needed
8. Very humble guy
9. Edward needs to be more explanative please
10. Informative session
11. Very useful
12. Today's session was excellent and enhanced my understanding of IR

**Session: Contextualizing Implementation Research (April 5, 2016)**

Facilitator: Dr Temituoyo Okorosobo	Co-Facilitator: Ms Kausar S. Khan
<ol style="list-style-type: none"> <li>1. Very good, energetic and motivational lecture</li> <li>2. Dr Temituoyo, the most interactive and most practical facilitator. It's the way open to all sorts of queries</li> <li>3. Very interactive and informative Excellent</li> </ol>	<ol style="list-style-type: none"> <li>1. Need Temituoyo Okorosobo to elaborate more points</li> <li>2. Good</li> <li>3. Good and effective lecture</li> </ol>

**Session: IR Study Designs (April 6, 2016)**

Facilitator: Dr Temituoyo Okorosobo	Co-Facilitator: Dr Wafa Aftab
<ol style="list-style-type: none"> <li>1. Excellent control over the session</li> <li>2. Please improve food quality and presentation</li> <li>3. Overall It was good</li> <li>4. Very good teaching style</li> <li>5. Excellent way of teaching</li> <li>6. Interactive session</li> <li>7. Interesting and good session</li> </ol>	<ol style="list-style-type: none"> <li>1. Both Speakers are outstanding and explained everything in understandable manner</li> <li>2. Excellent Session</li> <li>3. Well presented</li> <li>4. Overall it was good</li> <li>5. Easy going and understandable presentation</li> </ol>

**Session: Planning to conduct the research (April 6, 2016)**

Facilitator: Dr Robinah Najjemba	Co-Facilitator: Dr Imran Naeem
<ol style="list-style-type: none"> <li>1. Good interaction</li> <li>2. Overall clear concepts</li> <li>3. Very excellent and interesting</li> <li>4. Sometime accent is bit difficult in understand, overall she had delivered in a perfect way</li> <li>5. The session was very good and very informative. But there must be some evaluation exercise for each individual regarding planning and monitoring of the project to consent writing so that it would increase our understanding Dr. Robinah was very interactive and facilitating in her lecture and her message came out clearly</li> <li>6.</li> </ol>	<ol style="list-style-type: none"> <li>1. Good presentation</li> <li>2. The session was highly interactive and we must have more such kind of interactive sessions that aids in self-learning</li> <li>3. Very nice and polite way of delivering. Interactive and helpful</li> <li>4. Very excellent and all my concepts related to this topic are cleared</li> <li>5. Timely completed all the sessions. Good time management Overall Good, practically emphasized</li> </ol>

**Session: Quantitative Data Analysis and Presentation (April 7, 2016)**

<b>Facilitator: Dr Temituoyo Okorosobo</b>	<b>Co-Facilitator: Dr Tanzil Jamali</b>
<ol style="list-style-type: none"> <li>1. Good interaction</li> <li>2. He explained at the level of our understanding</li> <li>3. Very interactive class with good sense of humor, enjoyed learning from him</li> </ol>	<ol style="list-style-type: none"> <li>1. Topic was easy; we had good understanding as the facilitator was also communicating and asking questions relevant to assigned project. This must be done with qualitative one too</li> <li>2. He should work hard to draw the attention of the participants, make it interesting</li> <li>3. Lecture and presentation were excellent</li> <li>4. Good knowledge, little bit more expressive</li> </ol>

**Session: Qualitative Data Collection, Analysis and Presentation (April 7, 2016)**

<b>Facilitator: Dr Kashif Sangrasi</b>	<b>Co-Facilitator: Ms Nousheen Pardhan and Dr Edward Kamau</b>
<ol style="list-style-type: none"> <li>1. I have learnt many new things during this session like the type of sampling. But it needs to be explained further with examples</li> <li>2. More explanation needed</li> </ol>	<ol style="list-style-type: none"> <li>1. Good knowledge, but little difficult, define terms first, then move on</li> <li>2. Contents and teaching style was good. But due to shortage of time the facilitators had not explained regarding few things like questions, sample size for qualitative research</li> </ol>

**Session: Dissemination of Results and Research Findings (April 8, 2016)**

<b>Facilitator: Dr Shagufta Perveen</b>	<b>Co-Facilitator: Dr Kashif Sangrasi</b>
<ol style="list-style-type: none"> <li>1. She is doing outstanding job and very helpful</li> <li>2. Best approach, very enthusiastic. She had motivated and developed my interest in IR by her presentation</li> <li>3. The examples shared were excellent and more practical</li> <li>4. The session was good and the life example of Nigraan helped me in disseminating the information to difficult stakeholder before and after the project</li> <li>5. Good interactive session</li> </ol>	<ol style="list-style-type: none"> <li>1. Good Session</li> <li>2. It was a good session, that has increased my knowledge</li> <li>3. The content was much to deliver in short time, overall lecture was good, informative, objective was clear</li> <li>4. Finally you are the one who stopped the jumping in of Okorosobo that's may be just because he may think that you are clearing everything. You left nothing for him to explain</li> <li>5. He is marvelous</li> </ol>

**Session: Monitoring and Evaluation (April 8, 2016)**

<b>Facilitator: Dr Shagufta Perveen</b>	<b>Co-Facilitator: Dr Kashif Sangrasi</b>
<ol style="list-style-type: none"> <li>1. Good presentation</li> <li>2. Excellent presentation with great knowledge</li> <li>3. Excellent knowledge</li> <li>4. An interactive session</li> </ol>	<ol style="list-style-type: none"> <li>1. Was so fast, should be with the slides</li> <li>2. Good work</li> <li>3. Pace was bit fast</li> <li>4. The facilitator was very good and she had explained everything in detail and kept every one engaged in the lecture via continuous interactive</li> </ol>



## ANNEXURE 7b

## DAILY SESSIONS EVALUATIONS

## Implementation Research Training

## Workshop 2

August 22-27, 2016

## Quantitative Daily Sessions Evaluation

Participants evaluated each day's session for the below given set of statements:

1. Objectives of the sessions were met
2. Relevance of the topic to overall objectives of the course
3. Helped to increase the knowledge on the topics
4. Presentations were at my level of understanding
5. Clarity of content
6. Important points were emphasized
7. Interaction between participants and facilitators
8. Facilitators ability to answer questions clearly
9. Overall assessment

## Evaluation of Daily Sessions by the Participants

Scoring Scale: 1 = Unsatisfactory; 2 = Fair; 3 = Good; 4 = Excellent; 5 = Outstanding

N=30

Sessions	Facilitator/ Co-Facilitator	1	2	3	4	5	6	7	8	9	Mean
An Overview to Proposal Writing	Dr Wafa Aftab	4.0	4.0	4.0	4.0	4.0	4.0	4.1	4.1	4.0	4.0
Defining IR Questions	Dr Margaret	4.1	4.3	4.2	4.3	4.3	4.4	4.3	4.3	4.3	4.3
	Dr Narjis Rizvi	3.9	3.9	3.8	3.8	3.8	3.9	3.9	4.0	4.1	3.9
	Dr Olumide	3.7	3.7	3.7	3.8	3.8	3.9	3.7	3.9	3.9	3.8
Introduction to IR	Dr Shagufta Perveen	3.8	3.7	3.7	4.2	4.2	4.0	3.8	3.8	3.8	3.8
Looking for a funding match and preparing your application	Dr Wafa Aftab	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.8
Planning to conduct the research	Dr Imran Naeem	3.6	3.6	3.6	3.5	3.5	3.6	3.6	3.5	3.5	3.5
Qualitative Research Methods, Instruments and Plan of data analysis	Dr Kashif Sangrasi	4.3	4.2	4.3	4.2	4.2	4.2	4.2	4.3	4.3	4.3
	Dr Narjis Rizvi	4.2	4.2	4.2	4.2	4.2	4.1	4.2	4.3	4.2	4.2
Quality Management and Ethical Considerations	Dr Ayesha Zahidie	3.8	3.9	3.8	3.8	3.8	3.8	3.7	3.8	3.8	3.8
	Dr Shagufta Perveen	3.6	3.6	3.7	3.7	3.7	3.6	3.6	3.7	3.6	3.6
Quantitative Research Methods and plan of data Analysis	Dr Maryam Huda	4.3	4.3	4.3	4.3	4.3	4.2	4.4	4.2	4.3	4.3
	Dr Yasmin Parpio	4.6	4.6	4.6	4.6	4.6	4.6	4.7	4.6	4.7	4.6
Research Design	Dr Wafa Aftab	2.7	2.7	2.7	2.8	2.7	2.7	2.9	2.8	2.9	2.7
Understanding Intervention and principles of ethics	Dr Margaret	4.1	4.0	4.1	4.1	4.2	4.3	4.5	4.4	4.2	4.2
	Ms Kausar S. Khan	4.1	4.1	4.3	4.2	4.3	4.2	4.3	4.4	4.3	4.2
Writing introduction section of IR Proposal	Dr Olumide	1.7	1.7	1.7	1.7	1.8	1.7	1.7	1.8	1.7	1.7
	Ms Nousheen Pradhan	4.3	4.3	4.3	4.3	4.4	4.3	4.4	4.4	4.3	4.3
Mean		3.8	3.8	3.8	3.8	3.9	3.8	3.9	3.9	3.9	3.8

### Qualitative Daily Sessions Evaluation

Most of the below reflected comments of participants' on the daily sessions seems heartening for the training facilitators:

#### Session: Introducing Implementation Research (August 22, 2016)

Facilitator: Dr Olumide Ogundahunsi	Facilitator: Dr Shagufta Perveen
<ol style="list-style-type: none"> <li>1. Beautifully explained the difference between</li> <li>2. IR and other kinds of research</li> <li>3. Very attractive presentation</li> <li>4. Engaged audience</li> <li>5. Quite satisfied with session</li> </ol>	<ol style="list-style-type: none"> <li>1. Speaker was very clear on the topic but very brief due to shortage of time</li> <li>2. Time must stand by be increased</li> <li>3. Her sense of humor and group involvement made the session very effective</li> <li>4. She was outstanding</li> </ol>

#### Session: Contextualizing Implementation Research (August 23, 2016)

Facilitator: Dr Margaret Gyapong	Co-Facilitator: Ms Kausar S. Khan
<ol style="list-style-type: none"> <li>1. The session was good, but it must be didactic</li> <li>2. There must be some exercise as activity</li> <li>3. Examples discussed were good</li> <li>4. Excellent</li> </ol>	Nil

#### Session: An overview to proposal writing (August 24, 2016)

Facilitator: Dr Olumide Ogundahunsi	Co-Facilitator: Dr Wafa Aftab
No Comments	No Comments

#### Session: Planning to conduct the research (August 25, 2016)

Facilitator: Dr Narjis Rizvi	Co-Facilitator: Dr Kashif Sangrasi
<ol style="list-style-type: none"> <li>1. Much Informative</li> <li>2. The Session was outstanding</li> <li>3. The facilitator was very interactive and was giving life examples that aid in better understanding of the concepts</li> </ol>	No Comments

#### Session: Quantitative Data Analysis and Presentation (August 25, 2016)

Facilitator: Dr Yasmin Parpio	Co-Facilitator: Dr Maryam Huda
<ol style="list-style-type: none"> <li>1. The Session presented by her was a mesmerizing session. I really enjoyed the session delivered by Dr Yasmin</li> <li>2. Dr Yasmin Parpio explained the content in very simple way and has tried her to memorize the content</li> </ol>	<ol style="list-style-type: none"> <li>1. The facilitator has warmed on the topic. She discussed everything in good way. Although she keeps audience engage and was interactive. But because of time constraints she was bit fast. Altogether the session was good</li> <li>2. Much informative and conduct in an easiest way</li> </ol>

**Session: Quality management and Ethical Considerations (August 26, 2016)**

<b>Facilitator: Dr Ayesha Zahidie</b>	<b>Co-Facilitator: Dr Shagufta Perveen</b>
1. Best approach, very enthusiastic. Objectives of the lecture was relevant to the topic 2. Clear and contextual	1. She is doing outstanding job and very helpful

**Session: Planning to conduct Research (August 27, 2016)**

<b>Facilitator: Dr Imran Naeem</b>
No Comments

## DAILY SESSIONS EVALUATIONS

### Implementation Research Training

#### Workshop 3

January 23-26, 2017

#### Quantitative Daily Sessions Evaluation

Participants evaluated each day's session for the below given set of statements:

1. Objectives of the sessions were met
2. Relevance of the topic to overall objectives of the course
3. Helped to increase the knowledge on the topics
4. Presentations were at my level of understanding
5. Clarity of content
6. Important points were emphasized
7. Interaction between participants and facilitators
8. Facilitators ability to answer questions clearly
9. Group activities helped in clarifying concepts
10. Overall assessment

#### Evaluation of Daily Sessions by the Participants

Scoring Scale: 1 = Unsatisfactory; 2 = Fair; 3 = Good; 4 = Excellent; 5 = Outstanding

N=22

Sessions	Facilitator/Co-Facilitator Number of Students filled forms	1	2	3	4	5	6	7	8	9	10	Mean
Quantitative Data Analysis and Presentation	Yasmin Parpio (13)	4.6	4.7	4.8	4.7	4.8	4.8	4.7	4.7	4.6	4.8	4.7
	Maryam Huda (11)	4.1	4.2	4.1	4.1	4.1	4.2	4.1	4.3	4.2	4.2	4.1
	Tahir Rizwan Khan (13)	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.6	4.4	4.5	4.5
Dissemination of Results and Research Findings	Muhammad Altamash (13)	4.8	4.8	4.9	4.9	4.8	4.9	5.0	4.9	4.9	4.9	4.9
	Shagufta Perveen (14)	4.8	4.9	4.9	4.9	4.8	4.7	4.8	4.9	4.9	4.8	4.8
	Anam Feroz (13)	4.4	4.7	4.6	4.7	4.5	4.7	4.4	4.6	4.7	4.6	4.6
Stakeholder Analysis	Sohail Bawani (14)	4.6	4.7	4.8	4.8	4.8	4.6	4.8	4.7	4.8	4.7	4.7
Fundamental of Qualitative Research	Kausar S Khan (14)	4.4	4.5	4.4	4.3	4.4	4.6	4.6	4.6	4.6	4.6	4.5
Overview of Qualitative Research Designs and Measurement Strategies	Yasmin Parpio (14)	4.8	4.9	4.9	4.7	4.8	4.9	4.9	4.9	4.7	4.8	4.8
	Shagufta Perveen (10)	4.6	4.5	4.7	4.6	4.5	4.6	4.7	4.6	4.5	4.6	4.6
Introduction to Qualitative Data Analysis	Sohail Bawani (13)	4.5	4.7	4.7	4.6	4.7	4.6	4.6	4.7	4.5	4.7	4.6
Monitoring and Evaluation	Robinah Najjemba (10)	4.6	4.6	4.6	4.7	4.7	4.7	4.7	4.7	4.7	4.7	4.7
	Nousheen Pradhan (14)	4.4	4.5	4.4	4.5	4.5	4.5	4.5	4.5	4.4	4.5	4.5
	Ayesha Zahidie (12)	3.9	4.0	3.9	4.0	4.0	4.0	4.0	4.1	4.2	4.2	4.0
<b>Grand Total</b>		<b>4.5</b>	<b>4.6</b>	<b>4.6</b>	<b>4.6</b>	<b>4.6</b>	<b>4.6</b>	<b>4.6</b>	<b>4.6</b>	<b>4.6</b>	<b>4.6</b>	<b>4.6</b>

**Qualitative Daily Sessions Evaluation**

Most of the below reflected comments of participants' on the daily sessions seems heartening for the training facilitators:

**Session: Quantitative Data Analysis and Presentation (January 23, 2017)**

<b>Facilitator: Ms Yasmin Parpio</b>	
<ol style="list-style-type: none"> <li>1. Facilitator own concepts very clear. Very clear and informative lecture</li> <li>2. Excellent knowledge and implementation</li> <li>3. Soft-spoken, very informative session in easy language, student friendly faculty, outstanding performance</li> <li>4. Excellent session</li> <li>5. All the facilitators helped to make it very simple and east to learn</li> </ol>	
<b>Co Facilitator: Dr Maryam Huda</b>	<b>Co-Facilitator: Dr Tahir Rizwan Khan</b>
<ol style="list-style-type: none"> <li>1. Excellent knowledge and implementation</li> </ol>	<ol style="list-style-type: none"> <li>1. Excellent knowledge and implementation</li> <li>2. Explained very well</li> <li>3. Excellent session</li> </ol>

**Session: Dissemination of Results and Research Findings (January 24, 2017)**

<b>Facilitator: Dr Muhammad Altamash</b>	
<ol style="list-style-type: none"> <li>1. Very informative and interactive session</li> <li>2. The topic was very nice and it was presented with good examples and very small points were emphasized and the facilitator has cleared my all concepts regarding dissemination strategies and dissemination tips and also about one working for each stakeholder</li> <li>3. Very well presented</li> <li>4. Excellent presentation, very thorough, Example are excellent, Keep it up.</li> <li>5. It was a sleepy cold morning. He made it very lively and interactive</li> <li>6. Very good/clear/to the point</li> <li>7. Enjoyed the session. Very interactive and informative</li> <li>8. A very good lecture, enhancing the knowledge on the subject</li> <li>9. Great, splendid knowledge and delivery, explained effectively with examples</li> <li>10. Excellent session, very good way of presentation, relevance to our topics; Outstanding performance, very informative presentation, best presentation style; Terrific session, still I believe, more pictorial/pictures if included in the presentation would have been a great deal</li> </ol>	
<b>Facilitator: Dr Shagufta Perveen</b>	<b>Co-Facilitator: Ms Anam Feroz</b>
<ol style="list-style-type: none"> <li>1. Good way for delivery, good presentation of ideas and clear concepts regarding data presentation</li> <li>2. Excellent</li> <li>3. Got the concepts clear</li> <li>4. Very well done</li> </ol>	<ol style="list-style-type: none"> <li>1. Good work</li> <li>2. Videos were great</li> <li>3. A very sweet face, helping in all ways</li> <li>4. Well presented, content was clear and it increased knowledge, very helpful in group discussions</li> </ol>

**Session: Stakeholder Analysis (January 24, 2017)**

<b>Facilitator: Mr Sohail Bawani</b>
<ol style="list-style-type: none"> <li>1. Good</li> <li>2. Increased knowledge about stakeholder identification and prioritization But I want</li> <li>3. Good/Interactive</li> <li>4. Cleared the concepts very well</li> <li>5. Very practical, excellent</li> <li>6. An excellent presentation and presenter as well</li> </ol>



**Session: Fundamental of Qualitative Research (January 25, 2017)**

<b>Facilitator: Ms Kausar S Khan</b>	
1.	New knowledge gained
2.	Few point were not 100% clear but overall a good session

**Session: Overview of Qualitative Research Designs and Measurement Strategies (January 25, 2017)**

<b>Facilitator: Ms Yasmin Parpio</b>	<b>Facilitator: Dr Shagufta Perveen</b>
1. Very effective session. Help us in understanding qualitative methods 2. Brainstorming activities 3. Session was awesome. She has answered all the questions 4. Fantastic and interactive session Very interactive session, full of information	1. It is a good session. But it need to give more time

**Session: Introduction to Qualitative Data Analysis (January 25, 2017)**

<b>Facilitator: Mr Sohail Bawani</b>
1. A very mind-opening session, excellent session 2. Very interesting way of giving examples 3. Excellent, practical 4. Great 5. Practical activities very well done, there should be some more time for this session

**Session: Monitoring and Evaluation (January 26, 2017)**

<b>Facilitator: Dr Robinah Najjemba</b>	
1. Useful practical facilitation 2. Very nice facilitation 3. Quite informative and interactive as hands-on proactive was part of it	
<b>Co-Facilitator: Ms Nousheen Pradah</b>	<b>Co-Facilitator: Dr Ayesha Zahidie</b>
1. Video was good, session connected with group activity well 2. Very nice presentation 3. Session help in refining our M&E plan 4. Outstanding session. Keep it up!! Looking forward to attend more session by Ms Nousheen 5. Made a logic after all!! 6. Very well given messages 7. Good/Interactive	1. A small description can be given, connect things, don't repeat already explained things. Otherwise great knowledge 2. Well managed session

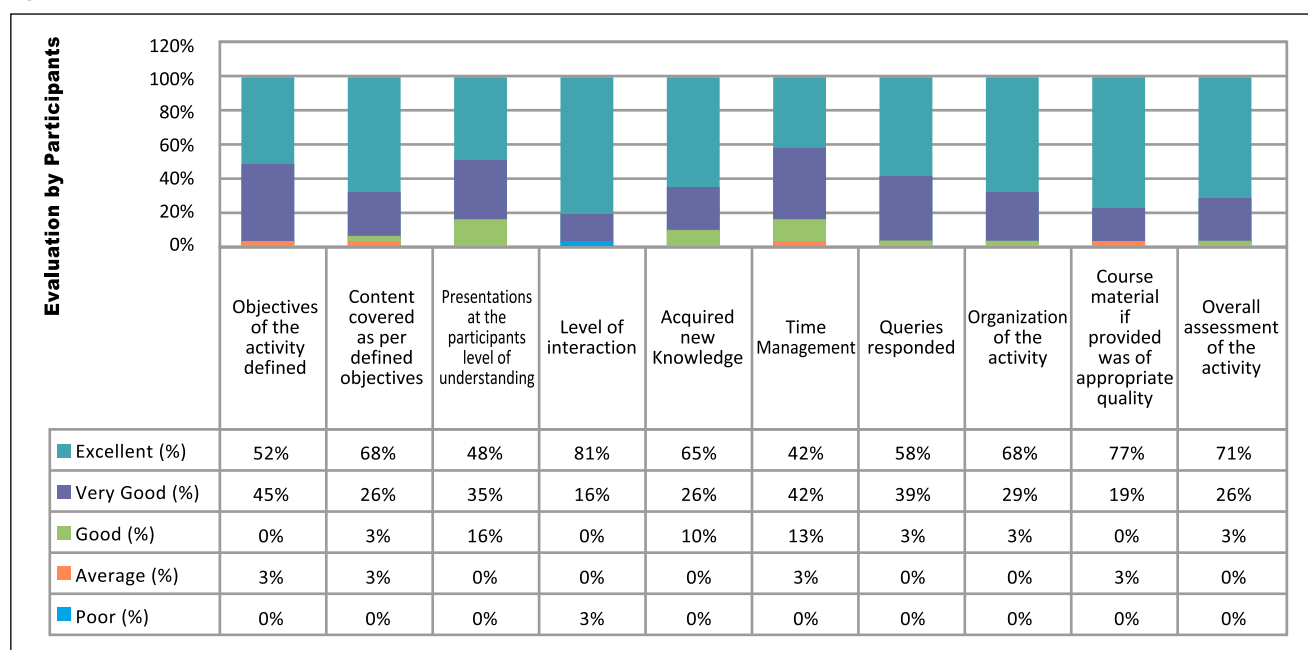
## ANNEXURE 8a

## OVERALL EVALUATION OF TRAINING BY PARTICIPANTS

## Workshop 1

April 4-8, 2016

## Quantitative Evaluation



## Qualitative Evaluation

In response to the given set of questions/statements, the following comments were received with respect to overall evaluation of the training.

**What were the strengths of this training and why?**

1. Speakers particularly Tuoyo really have a good teaching skills so we learned dry subject with good interest
2. Very comprehensive workshop
3. Excellent workshop. It was worth attending
4. Learnt many new things. Time management was very good. Speakers were very cooperative, helpful and took all the sessions in interactive way
5. Organized and timely
6. Interactive, engaged participants very well
7. Practical need of our country is discussed
8. Meet diverse groups
9. Facilitators involved each and every one
10. Queries were responded by giving good examples
11. Very well organized workshop - I won't be able to forget it
12. This training was very excellent and update to implementation research. I learnt different objective of IR in depth and broad level.
13. Implementation research is a new knowledge because they improve knowledge
14. Training was best and give an idea to research in terms of implementation and was new one for me
15. The workshop is definitely a treasure of knowledge
16. Brief description about IR training covering each & every aspect: How to make IR proposals, questions, conduct IR study

17. Knowledge about Implementation in research, more detail about qualitative study designs, and how to plan an implementation research proposal
18. Organized, time management was good, objective was clear, sessions were interactive and it was new topic but we got good grasp on it
19. This workshop gave us new perspective of research which will help us to incorporate this information and skills in future
20. The facilitators were flexible and dedicated towards their goal, so we have learned a lot from them. The best part was the two way discussion, it helps a lot in building the concepts
21. This training provided and motivated the implementation research overview and helped for IR proposal and research in professional manner
22. I really appreciate the work done by you people, I really want to be a part of IR, very effective and useful workshop. I have learnt a lot related to IR
23. The involvement of the local programme teams
24. IR is new area to me so I availed this opportunity and I have complete understanding which I can apply now to any program. I appreciate this type of activity. Excellent workshop. Food was also good. Overall well planned and organized activity
25. The facilitators, course material and logistics were well organized. Excellent efforts
26. Dr Temituoyo won the key of the workshop. He makes the course/module very interesting
27. Organized and extremely interactive sessions and food was really yummy :)
28. This type of training should be organized in future too
29. Participatory approach
30. Appreciate the way time was managed and all the faculty delivered lectures as expected. BRAVO
31. Proposal development was a good approach to prepare us in our future proposal development work
32. All the facilitators were very cooperative and always willing to help all. Moreover all the training material provided is good. All the facilitators have helped, not only during their session but also after the session
33. Well organized, very interactive. Excellent
34. The lectures were well balanced and the mode of knowledge dissemination was very interactive
35. The facilitators were very friendly and supportive during the entire training period which turned out to be biggest strength of the training

#### **What were the weaknesses of this training and why?**

1. Please maintain temperature it is too cold here
2. Some sessions were little lengthy and less interactive
3. Time required for this kind of workshop with course coverage of this extent needs more time
4. Some people were from other study programme like clinical side and some phrases were new for them
5. The time frame was short and content was much. In future if time frame is increased and the proposal is done individually so definitely it will increase our knowledge
6. Break time was limited, otherwise that was good
7. There was no such weaknesses in the workshop, overall the program was perfect, but I want to address suggest minor weakness for that when forming groups, it should be formed randomly
8. Few sessions were extensive
9. One international facilitator done excellent job
10. I like the way of presentation of Dr Shagufta

#### **Suggestions that can help to improve this activity in future are welcome**

1. It should be more than one week so that we could have taken every step in detail and could have come up with a proposal (a final) one to submit
2. There should be one constant facilitator with each group
3. Very well organized, keep it up!
4. On day one, all the vertical programmes should have presented their presentations
5. Qualitative research should have been more emphasized

6. Implementation Research should focus on community problems and preventive strategies of communicable disease in public setup in future
7. Continue these type of trainings as people gain knowledge and apply on public to improve health and identify problem
8. You people did your job marvelously - No need to improve anything
9. More about qualitative methods can be taught
10. A little more emphasis on study designs
11. Such sessions should be held in future also
12. Well organized session with kind hearted experts. Great learning with them
13. It should base on 7 days at least to complete each module effectively. Moreover, these types of workshops should be done 3 monthly
14. As many of the participants attending are not completely aware of the specific program issues, therefore some existing challenges should be highlighted in the beginning of training or emailed before
15. Really amazed by how you people arranged and organized the program
16. Time should be specified for group presentation
17. This training should be for two weeks so that one can learn proposal development aspects
18. Ask for making proposal individually.
19. Must have participants presentation randomly regarding the session thought
20. Just great

## Anything Else you would want the course facilitators to know

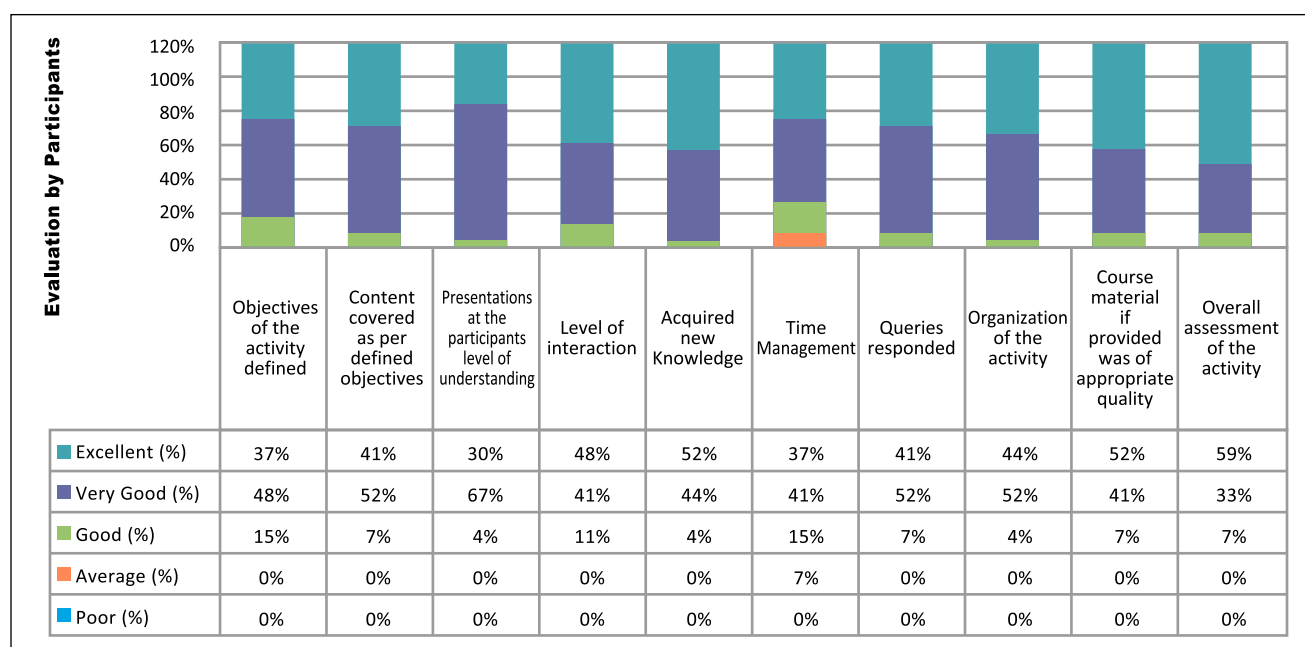
1. Very good effort and a new strategy
2. Very humble & affectionate attitude of facilitators. Keep it up
3. Course facilitator should give real and clear example related to objective of session
4. Everything is excellent
5. You have done Great!
6. Amazing workshop put together. A great learning experience. Well done!
7. They have done outstanding job, they should continue such training programs
8. They did excellent. Keep it up so we can get more knowledge
9. It was good experience
10. They have already great knowledge
11. I loved the training, it gave me an opportunity to learn so much and intermingle with people of different background
12. I want AKU facilitators to empower qualitative research as quantitative is easy. Yesterday we took qualitative lecture from Ms Nousheen, I really want again to take qualitative session because I know nothing
13. They are best-Well done!
14. Excellent workshop and I really learned a lot of things
15. A wonderful experience of life
16. If possible to brain storming and research implementation workshop arrange on Sundays as it will be more flexible for working professionals and students as well. For this workshop specially took my annual leaves otherwise it was not possible for me to stay away for one week
17. I am excited to be part of this training at AKU
18. Excellent course/workshop. Dr Tuoyo was wonderful and the whole team from abroad and local ones too

## OVERALL EVALUATION OF TRAINING BY PARTICIPANTS

### Workshop 2

August 22-7, 2016

### Quantitative Evaluation



### Qualitative Evaluation

In response to the given set of questions/statements, the following comments were received with respect to overall evaluation of the training.

#### What were the strengths of this training and why?

1. Dr Shagufta for Coordination; Dr Margaret for technical support; Homogeneous Group for better understanding
2. Facilitators were amazing
3. Basic knowledge of IR is understood in a very practical and implementable method
4. Very interactive - Practically implementation phase
5. Practical Approach - Interactive
6. Participants were from the diverse public health field which actually helped to gain more knowledge on different infectious diseases
7. Dr Shagufta for arranging this workshop
8. To know more about implementation research and developing proposals
9. Gained new knowledge
10. Excellent facilitators
11. Good group interaction as well as with facilitators
12. It was more practical than the first one - it was quite best of where our knowledge level regarding IR was very organized and up to the understanding level
13. Engaging participants; hands-on practice; write shop; involving programme persons
14. The training helped me in acquiring new knowledge and got a lot of exposure to research process
15. Interactive session, workshop followed logical sequence, sampling
16. The best part at the training is excellent interaction and creative ideas that CHS came with



**What were the weaknesses of this training and why?**

1. Group was not consistent
2. Timing were slow
3. Pre and Post test should be in MCQs form (2)
4. Time duration for proposal development is bit short
5. Please share the complete programme to participants before starting. So they can schedule their work accordingly, as I was not aware regarding timings that had affected my workshop a lot
6. It was a good programme as there were more participation from other programmes( MNCH, Malaria Program, EPI Program)
7. There were no such weakness observed, however one thing is important that the facilitators were tend to be there throughout the workshop in the group that the students can learn more and more from them
8. Time Management; Absence of faculty due to which participants suffered
9. As usual no weakness but it was difficult in managing time (full day for a week)
10. Timing - long days
11. Dengue team - No better understanding of issues/problem
12. Wasn't structured

**Suggestions that can help to improve this activity in future are welcome**

1. Some documents related to IR should be shown - Some IQ question or common sense question should be asked as mind teaser
2. Everything was very good
3. Evaluation should be MCQ
4. Should be more structured
5. Diversification by more groups/programmes involvement
6. Timings of the workshop 9 - 3
7. As participant of 2nd workshop as beginner. I thought I missed workshop 1 & difficult to absorb and understand the concept. If it is a series of workshop, the participants should be in all workshops
8. Faculty pressure should be mandatory ; If possible so try to arrange it on weekend because it is so difficult to take off from work for a whole week
9. The programme should also be given the benefits so they take it serious and support students
10. More time could have been allocated on hands-on practice
11. Interaction and communication with programme person can be improved
12. Involvement of policy makers, other tier, above Programme and Manager, Better food Menu!!

**Anything else you would want the course facilitators to know**

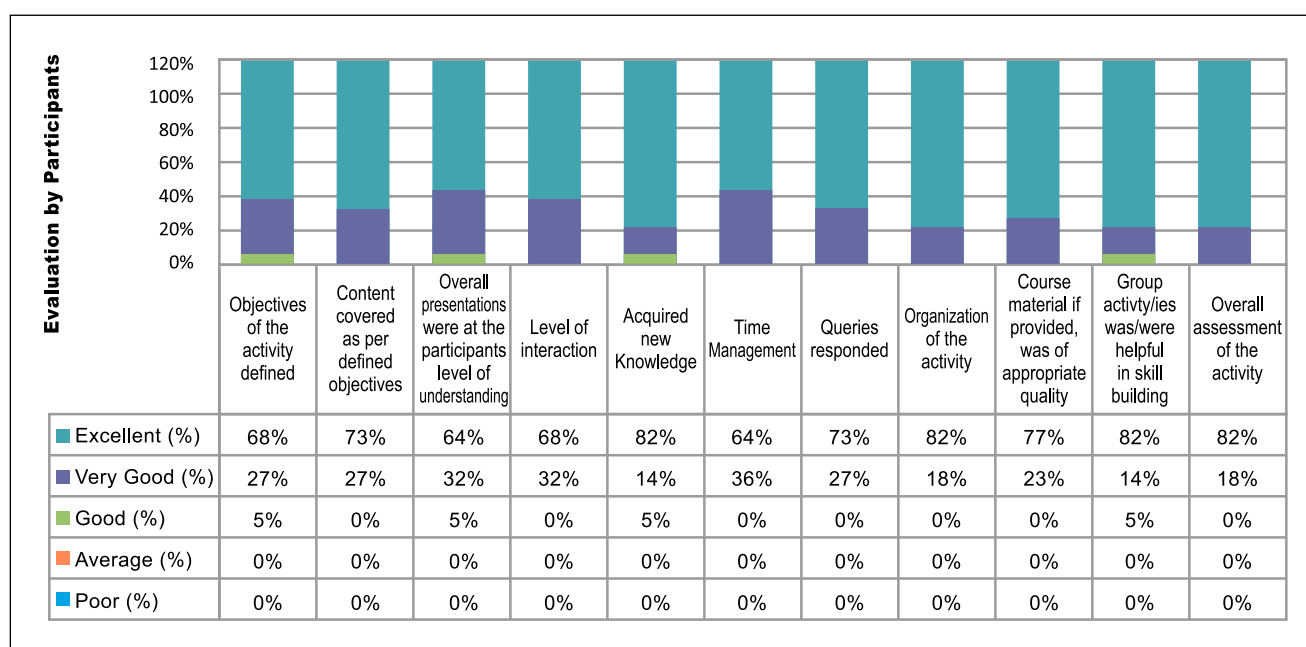
1. Basic knowledge about vertical programmes should be explained by people of programme
2. No! It was excellent workshop
3. one day, pre-workshop discussion with the participations.
4. More on strengthening IR
5. Keep it for 5 days
6. The course facilitators were outstanding and were very committed to define their best regarding IR Knowledge.
7. Dr Yasmin Parpio's presentation and way of presenting was excellent, she did great job it was brief and easy to understand ; rest of the speakers were good too; Dr Margaret session was so interactive and fruitful ; Last workshop was excellent very well organised. We really missed Dr Touyo and Dr Robinah
8. Faculty support is much appreciated and was very helpful throughout
9. Few of the course facilitators who facilitated session on funding qualitative methods should keep the level of audience in mind. Overall, all course facilitators especially Kausar S Khan, Dr Shagufta, Dr Aolumide, Dr Margaret all were magnificent. Keep it up!
10. Should continue this type of training in future for students
11. In depth of the progress/organization also the visiting faculty should be provided the same before their arrival!

## OVERALL EVALUATION OF TRAINING BY PARTICIPANTS

January 23-26, 2017

### Workshop 3

#### Quantitative Evaluation



#### Qualitative Evaluation

In response to the given set of questions/statements, the following comments were received with respect to overall evaluation of the training.

#### What were the strengths of this training and why?

1. Interaction of students from different institutes and having diverse background
2. In my opinion, it was one of a workshop in which I not only learned knowledge but a lot of skills. I will implement this in my future trainings. I believe based on current scenario globally, IR is very important to be practiced, because there is way too much literature present but representing or using the recommendation from researches is very important to disseminate the knowledge to communities and not only just disseminate but also in a manner which they also implement in their lives by making sure to interact with them breaking the barrier of cultures and various areas
3. A variety of facilitators
4. Practical activities were very helpful
5. The teams and the staff and the facilitators all are highly knowledgeable and provided extensive information
6. The content presented in the workshop will help us in the project implementation
7. Wonderful event with informative sessions one after other having interactive and brainstorming activities
8. It was best workshop because the implementation research training was very new concept for us and it enable me learn how to write proposals and implement them
9. Excellent team work

10. For me I have spent time for the first in detail learning and hands-on for M&E and the dissemination of findings! For me this was the biggest strength
11. The main strength were the qualified facilitators conducting the workshop. Exercises helped to understand the topics
12. Practical approaches were adopted and all the practical problem dealing in Implementation Research proposal preparation were discussed
13. A new research area introduced in Pakistan, it enhanced our skills in the implementation research area. Helped us to acquire new knowledge
14. New concept, M&E, Dissemination explained very well via this course
15. We got new knowledge about dissemination and M&E plan
16. Very interactive session, Group activities were effective. Thanks to Dr Shagufta for all the hard work! Appreciate to Sana and Nadira for all communication. Wonderful experience
17. It was a very interactive session and the objectives were well defined

**What were the weaknesses of this training and why?**

1. Timings (9:00-3:00) is enough. Otherwise all good
2. Too much time
3. I think I have not seen any weakness in the workshop because it was well organized
4. All the participants were good at proposal writing but Data Analysis by SPSS was a bit difficult
5. Some lectures were very monotonous and need some exercise in between rather than at the end

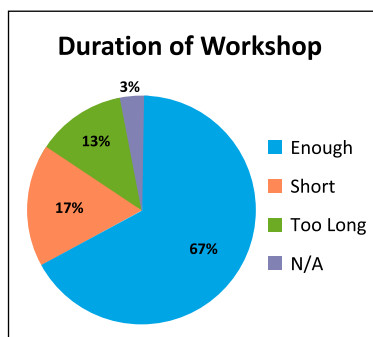
**Suggestions that can help to improve this activity in future are welcome**

1. International facilitators
2. Overall great, just focus on timing and also provide pre-teaching as hard copy
3. Good
4. Very well interactive and should be replicated often
5. The gap between the workshop must be reduced
6. More sessions on Data Analysis and Interpretation of Data are important from outcome analysis point of view
7. I think the content could have been copped up in three days
8. If some linkage can develop between clinical site and public health/community health - through some proposal or idea

**Anything Else you would want the course facilitators to know**

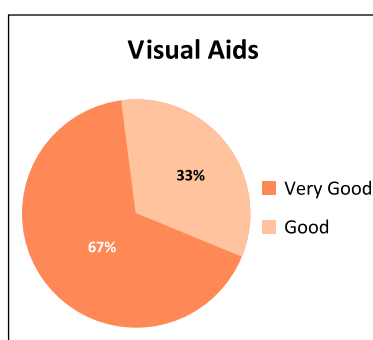
1. Good
2. Keep it up!
3. The facilitators were very professional with excellent skills and devolved their knowledge excellently
4. This is the best course as it involves all the important components of Research up till Implementation. It should continue in Future with other batches of Public Health Students
5. Dr Rubinah: Very good input and quarries addressed
6. Ms Yasmin Parpio: Queen of Biostatistics, explain concept very well, her sessions were interactive and interesting
7. Dr Shagufta: Guiding on each and every step
8. Session by Dr Shagufta was great. There was continuous facilitation by Dr Robinah; She really helped us to be consistent and keep on improving

## Participants' overall feedback on training logistics



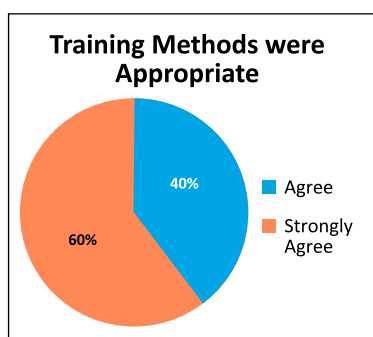
### Duration

On assessing duration we came to know that 67% of the participants notified that duration of the workshop was enough, 17% informed that duration was short while 13% identified it as too long and rest 3% fall in not applicable category.



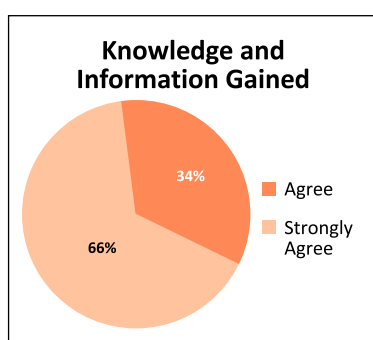
### Visual Aids

Visual aids used during training were also rated by the participants and it presented that 67% of the participants marked it as very good while 33% of the participants marked it as a good.



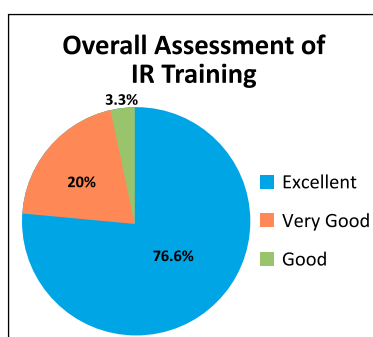
### Training Methods

Moreover, participants also assessed regarding training methods. 60% of the participants responded that they agreed with the training methods and 40% of the participants responded that they are strongly agreed with the training methods.



### Knowledge and Information Gained

Lastly, 66% of the participants agreed that they gained knowledge and information during workshop and 34% of the participants strongly agreed that they gained knowledge and information during workshop.



### Overall Perception about Training

The overall perception of the workshop revealed that 76.6% of the participants reported it as an excellent training, 20% of the participants reported very well and only 3.3% of the participants reported it as good.



## ANNEXURE 9

Strengthening capacity of students, health managers and researchers to identify and address implementation challenges during the deployment of disease control programs in Pakistan

### Workshop 1



## Implementation Research Training

*First offering in WHO EMRO region*

April 04 - 08, 2016



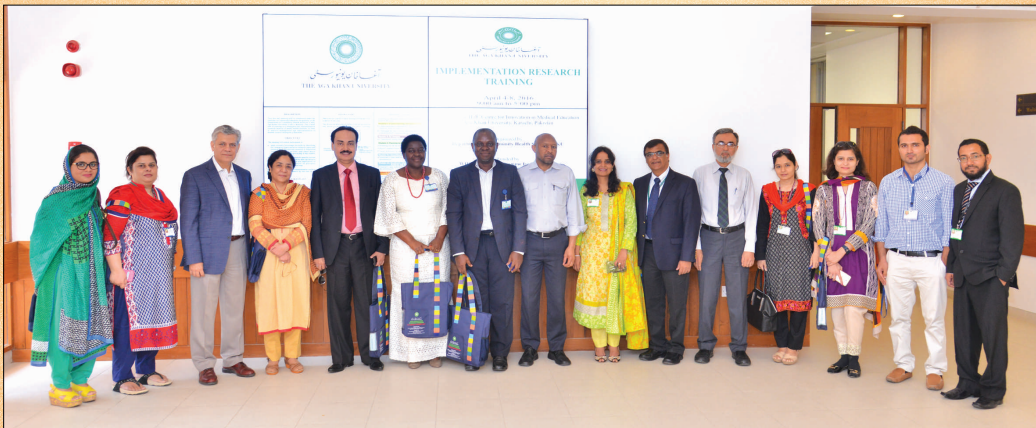
Continuing Education Programme, Department of Community Health Sciences,  
Aga Khan University, Karachi, Pakistan



## Implementation Research Training

*First offering in WHO EMRO region*

April 04 - 08, 2016



Continuing Education Programme, Department of Community Health Sciences,  
Aga Khan University, Karachi, Pakistan



## Snapshots of workshop 1



Group Interaction



Lecture





Case Study



Certification Distribution





International IR Experts with Dr Shagufta Perveen



Dr Shaikh presenting AKU souvenir to Dr Robinah Najjemba



Dr Temituyo honoured with AKU and cultural souvenirs



Workshop 2



## Implementation Research Training Proposal Writing Workshop

August 22-27, 2016



Continuing Education Programme, Department of Community Health Sciences,  
Aga Khan University, Karachi, Pakistan



## Implementation Research Training



Continuing Education Programme, Department of Community Health Sciences,  
Aga Khan University, Karachi, Pakistan





Dr Margaret explaining the concept of contextualisation in IR



Participants appreciating the session





Ms Kausar Saeed Khan (CHS faculty) delivering the session on contextual analysis



Dr Margaret and Dr Olumide providing feedback to participants



### Workshop 3



## Implementation Research Training

*First offering in WHO EMRO region*

April 04 - 08, 2016



Continuing Education Programme, Department of Community Health Sciences,  
Aga Khan University, Karachi, Pakistan



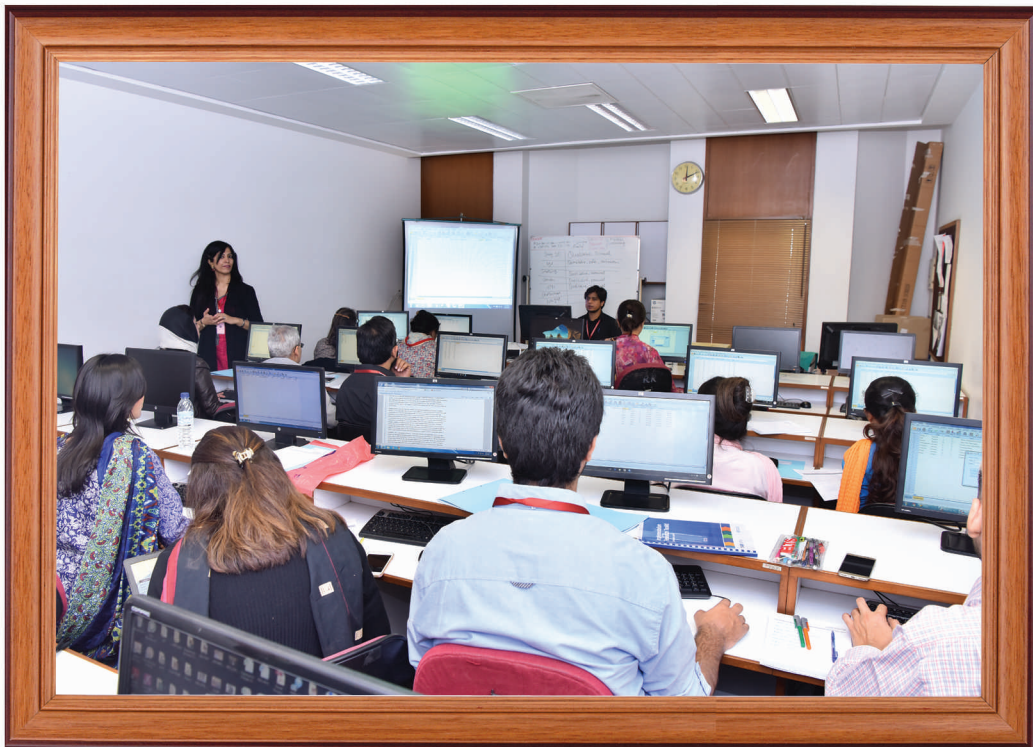
Group Discussion: Team HIV Warriors



### Workshop 3

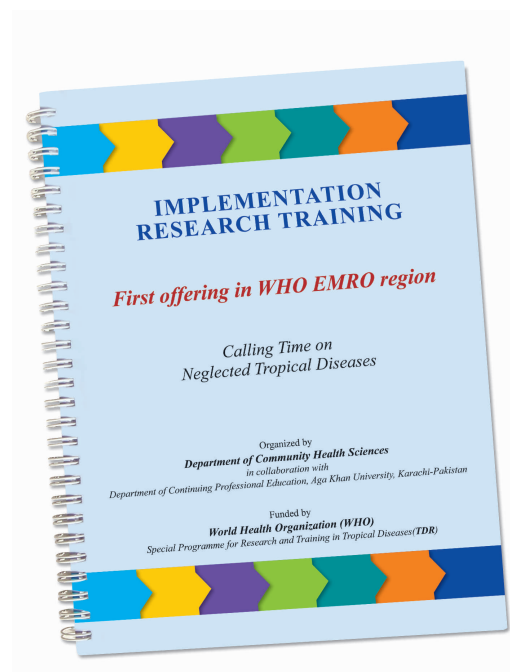


Participants' presentation of group work



Computer based hands-on practice session

## SOUVENIRS FOR THE THREE WORKSHOPS





## Notes

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