

MAKERERE

P.O. Box 7072
Kampala UGANDA
Email: dean@musph.ac.ug



UNIVERSITY

Tel: +256 414 543 872
Mob: +265 794 944 401
website: www.sph.mak.ac.ug

COLLEGE OF HEALTH SCIENCES SCHOOL OF PUBLIC HEALTH

Office of the Dean

Job Advertisement

Background

Makerere University School of Public Health(MakSPH) in collaboration with the University of Stirling(UoS) of United Kingdom (UK) as the lead (and partners University of Malawi, South Africa MRC , the University of Cape Town and the University of Edinburgh) has received funding from Medical Research to conduct a two-year study entitled “*Regulating alcohol packaging and supply to protect health in Sub-Saharan Africa: evidence from policy systems in Malawi and Uganda-RAPSSA*”. The study aims to understand the adoption and formulation of the sachet and small plastic bottles/single use containers (SUC) bans, what mechanisms for implementation were proposed and put in place, how the bans were enforced in practice, as well as stakeholder and public perceptions of, and explanations for, intended and unintended consequences of the bans. Furthermore, the study will explore contextual factors important for the transferability of findings to other Sub-Saharan countries, in order to inform alcohol policy development and implementation across the region.

MakSPH seeks to recruit a curious, committed and motivated Research Assistant to work on this project. They will help conduct documentary analysis and qualitative interviews and focus group discussions. The successful candidate will work as part of a multi-disciplinary, multilingual, and multi-institution research team with colleagues from Malawi, Uganda, and the UK. The Research Assistant is expected to organize data collection, collect and analyze data, draft reports and articles and contribute to the dissemination of findings, as well as all undertake all other administrative duties required for the study. Training on qualitative research methods and analysis to be used in the project will be provided through an online programme, and ongoing capacity building and mentoring will be offered. There may be the potential to become involved in developing future research proposals. This post could be seen as a stepping stone to developing a career in Alcohol Policy research or other areas of Public health research.

Job Title: Research Assistant

Main role: The research assistant will work in collaboration with the Ugandan study Co-investigator and the Principal investigator. The post will involve working with the project team to undertake documentary research and analysis as well as qualitative research with a range of stakeholders at National, District level (including Government officials, parliamentarians etc.) and with community members in Uganda (in Wakiso and Gulu).

Data collection methods will include Key informant interviews and focus groups discussion to explore community members' experiences of the ban, of regulating alcohol packaging and supply in the protection of health.

Duties Description

The Research Assistant will conduct all the duties described below.

- To participate in a bespoke programme of training on the methods to be used in this study
- Organise all aspects of data collection (recruiting participants, gaining consent, arranging and conducting the interviews or focus groups). For the documentary analysis, to research and analyse all documentation (e.g. policies, legal documents and court cases, some media outputs)
- Liaise with relevant stakeholders in the study sites (community representatives, government representatives, policymakers, traditional authority representatives, academics, NGOs, faith leaders, and others as required), and to help maintain ongoing contacts with stakeholders throughout the study
- Be responsible for arranging transcription and translation (and will undertake a small number of transcriptions/ translations)
- Code and analyse the transcribed data (using Nvivo software for which training will be provided) and share the preliminary analysis with the international team.
- Be responsible for the secure storage and management of the data gathered and transcribed, in accordance with the data protection policy of MakSPH and the University of Stirling.
- Will take part in team meetings and supervision, as well as peer learning sessions organized by the research team in Malawi, Uganda, and the UK.
- Will be expected to work with the international team to write up findings in the form of reports and articles (including any first author publications). Further training on academic writing will be provided by the Team
- Involvement in research team meetings, seminars, and conferences will also be expected (including overseas)
- There may be opportunities to contribute to the development of future funding proposals.
- Perform all administrative duties required for the study

Contract Duration

The appointment is valid for one-year renewable on availability of funds and satisfaction of performance

Person Specification

Qualifications

- Educated to Master's degree level in a relevant discipline within Health or Social Sciences (e.g. public health, social policy, nursing, social work, medicine, pharmacy, and other disciplines)
- A valid certificate in Good Clinical Practice

Background

- Ability to travel to other districts i.e. (Wakiso and Gulu) and, here required, to other parts of Africa. Public transport costs will be reimbursed for travel to these areas. Accommodation will be also reimbursed if overnight stays are necessary.
- Evidence of being able to conduct research independently
- Experience in conducting qualitative research or similar policy public health research work that involved data-gathering, discussion, and establishing rapport with members of the community
- Data analysis skills

Essential Skills and Attitude

- Some experience of qualitative research and data collection
- Self-starter, able to work independently, to self-direct their learning,
- pro-active, who can use their own initiative,
- ability to use time effectively (during busy periods as well as quieter periods).
- Proven ability to establish rapport and interact effectively with project participants, stakeholders, and colleagues
- Excellent inter-personal skills with stakeholders at all level (from Government officials to community members)
- Evidence of good administrative and project management skills
- Evidence of excellent oral and written communication skills
- Good IT and computing skills
- Time management skills including the ability to prioritize workload
- Trustworthy and reliable
- Experience in recruiting participants into qualitative research studies (familiarity with issues of ethics and informed consent)
- Fluent in English and Luganda
- Knowledge of alcohol policy and/or current issues in alcohol harm and use
- Ability to travel to other districts (Gulu) by either own car or public transport; and, where required, to project meetings in other parts of Africa.

Desirable criteria

- Knowledge of current issues in alcohol policy and alcohol-related research
- Experience in qualitative research and analysing qualitative data
- Experience in working in multi-disciplinary academic teams or with multi-country teams
- Experience in working on multi-institution projects
- Skilled in translating and interpreting
- Experience in academic writing and conference presentation

Submission of application

Interested persons should submit their application including copies of academic documents and updated curriculum vitae stating at least two referees. These should be addressed to the Dean School of Public Health, Makerere University. Please provide reliable 24-hour phone contact and WhatsApp line if different. Only short-listed candidates will be contacted for interviews.

THE SUBMISSION DEADLINE IS 5 PM WEDNESDAY 28TH SEPTEMBER 2022

Deliver the application to MaKSPH reception desk. The envelop with the application should be labeled- Application for Research Assistant position on RAPSSA project (*Regulating alcohol packaging and supply to protect health in Sub-Saharan Africa: evidence from policy systems in Malawi and Uganda*).

SHORT SUMMARY OF THE PROJECT

RAPSSA- Regulating alcohol packaging and supply to protect health in Sub-Saharan Africa: evidence from policy systems in Malawi and Uganda

(funded by the UKRI-Medical Research Council, grant Ref: MR/V015257/1. Duration: 24 months)

Background

The age-standardized alcohol-attributable burden of disease and injury is highest in the WHO African Region, at 70.6 deaths and 3 044 DALYs per 100 000 people. This is substantially higher than in high income countries such as in Europe (62.8 deaths/2 726.5 DALYs per 100,000), placing an enormous strain on already challenged health systems. Drinkers in Africa consume 21% more alcohol per day than the global average and are more likely to drink heavily on a single occasion (46.6% of drinkers in Malawi and 56.9% in Uganda engage in 'heavy episodic drinking' compared to 39.5% globally). Alcohol consumption appears to be rising with commercialization of alcohol production and increasing availability of recorded and unrecorded alcohol in Africa. Two-thirds (32/47) of African countries (including Uganda) have no, or very limited, national alcohol strategies outlining policies to address and reduce consumption and the burden of disease. Context-specific evidence that might inform policies is limited in volume and quality. In Africa, one important issue is that of the sale of alcohol in small single use containers (sachets/ small plastic bottles under 200ml). These products - small disposable plastic sachets, pouches which contain single use quantities of alcohol (hereafter referred to as sachets)- often contain 40% spirits and lead to significant abuse amongst the most vulnerable and poorest communities and young people because they are cheap (e.g. 10p) and easy to conceal (thus can be drunk anywhere). This study will focus on Malawi and Uganda:

- In Uganda, the sachet ban was first part of an Ordinance placed in the District of Gulu where communities and local NGOs raised the societal impact of their consumption. The ordinance banned the sale and consumption of sachet waragi (and restricted bars and drinking joints late opening hours). Amongst growing concerns in 2017 the government banned the trade on alcohol in sachets, and in May 2019, a new law was enacted that made the manufacture and sale of sachet alcohol illegal .

This study aims are: to understand the adoption and formulation of the bans in each country, what mechanisms for implementation were proposed and put in place, how the bans were enforced in practice, as well as stakeholder and public perceptions of, and explanations for, intended and unintended consequences of the bans. Furthermore, the study aims to explore contextual factors important for the transferability of findings to other Sub-Saharan countries, in order to inform alcohol policy development and implementation across the region.

Research Questions

To achieve the overarching aims stated above, we will answer **3 Research Questions (RQs)** via **3 work packages (WP1, 2 and 3)** described below.

- **RQ1:** *How and why were policies to ban the manufacturing, distribution and selling of sachets of alcohol developed)?(WP1)*
- **RQ2:** *How have the national bans of alcohol sachets been implemented at district level since 2019 (Uganda)? (WP1, WP2, WP3)*

- **RQ3:** *What has been the perceived impact of the alcohol sachet bans on alcohol consumption and related harms at district level, and why? (WP2, WP3)*

Throughout the project, we will explore the contextual factors important in considering how to improve regulatory controls on single use containers (SUCs) in Sub-Saharan countries. We will use our project advisory group and conduct several online workshops with stakeholders at the start and throughout the project in order to gather more information and documentation on similar policy developments in other countries (e.g. Kenya, Tanzania). We will gather more information and knowledge around any legislation or regulation on packaging (large or small containers)/Labelling/Implementation of other National Alcohol policies in the region.

RESEARCH PLANS & WORK PACKAGES

(NB: these are draft until Ethical approvals have been secured at each institution and may be subject to changes)

WP1- Documentary analysis and key informant interviews

WP1.1 Documentary analysis: With the support of our extensive advocacy and policy partners in Uganda and Malawi, we will identify documents such as those related to the formulation of the National Alcohol Policies in Uganda and Malawi, related legislation and regulation documents (including any regulation or legislation passed or in preparation in Malawi and Uganda, any legislation around plastic containers (size, sealed, quality of packaging) and marketing, high court and district court rulings, bureau of standards regulations, consultation process documents (and any submissions available to review) for the policies and other reports) relating to the sachet bans and analyse their content, as well as use the documents to identify relevant stakeholders in both countries for interview. We may review media and newspaper articles if feasible. The documentary analysis will be ongoing and iterative to span across WP1 and WP2, therefore, looking retrospectively at the rationale for the ban, as well as the implementation of the ban. It will also cover any documentation available on the ban implementation, timelines. **Analysis:** We will analyse the documentary data using the Health Policy Analysis (HPA) framework and HPA triangle [actors, content, context and process], the SAFER WHO framework, and draw on other context-relevant theories to deepen our analysis, including implementation theory (28) and theories of policy formulation and adoption (29, 30).

WP1.2- Key informant interviews (ban rationale and implementation- National Level)

Sample: ~18 stakeholder interviews (9 in each country) with key national government officials; legislators; local and national NGOs and coalition representatives (Uganda Alcohol Policy Alliance (UAPA); Malawi Alcohol Policy Alliance (MAPA)). **Analysis:** Together with the documentary analysis, these interviews will enable us to understand for each country the context and process of the ban, the actors involved, their power sources and interests; the ideas that shaped the emergent policies and their perceptions of the implementation (including enforcement) of the bans, as well as any challenges or unintended consequences.

WP2- Interviews with district and local level stakeholders

Sample: ~20 in-depth semi-structured interviews (n=10 Malawi; n=10 Uganda) face to face, recorded and fully transcribed with officials responsible for the enforcement of the bans (e.g. Ministry of Trade and Industry, Bureau of standards, Police) at either district or local level and stakeholders with experience of enforcement traders and sellers). Interviews will be conducted in the districts of Wakiso (Uganda) and Lilongwe (Malawi) in each interviewee's language of choice (Luganda, English or Chichewa), and translated for analysis. We have budgeted for incentives and cost of attending for traders and sellers.

There will be an element of overlap between WP1.1 and WP2 interviews. Some district/ local/ national interviews are likely to cover both issues around implementation and enforcement of the policy

Recruitment: we will contact interviewees from contacts provided by other stakeholders and by our local networks (e.g. UAPA/ MAPA), and directly arrange interviews. **Topics** (indicative) will cover: Understanding of the bans and their expected role; communication about the bans; preparation prior to the law change; enforcement efforts, experiences, successes & challenges; resources required; intended and unintended impacts (including on consumption/economic/social outcomes); support provided/needed from national government. We will explore with participants all options that were tried in terms of regulation/self-regulation etc. (these could be local NGO efforts, by-laws in some areas or districts etc) that were used to reduce the harm – legislation will be

only one aspect of what was attempted, and there might be regulatory attempts or local efforts that are not well known. The final aim is to know if the ban is working, but if it is not working, we'll have to also explore what alternatives might work so we can make sensible recommendations

Analysis: See overall approach below; we will compare perspectives of the WP1.2 and WP2 interviewee to understand and compare the dynamics underpinning intended and unintended impacts within and between each country.

WP3- Focus group discussions with community members at local level

Sample: ~18 focus group discussions (9 focus groups in each country with up to 8 people)

These will take place face to face, be recorded and fully transcribed for analysis (using the Nvivo Software).

Sample: we will conduct focus groups with single gender groups of community members (adults); At least 3 groups in each country will be conducted with 16-18-year olds (with parental consent), who consumers of sachets prior to the ban . Other groups will be conducted with health staff from local health centres or hospitals and with traditional/ church leaders or school headteachers. Focus groups will be conducted in a variety of urban and semi-urban settings in the districts of Wakiso (and 1-2 groups in Gulu for Uganda and in the district of Blantyre in Malawi; focus groups will be conducted by bilingual Research Assistants in Luganda, English and Chichewa (then transcribed and translated as required for analysis). We have budgeted for incentives and cost of attending for Focus Group participants.

Recruitment: we will go through the usual gatekeepers who are the traditional leaders and conduct entry meetings to let community members know about the project and to invite people to attend to focus groups; in-country teams will contact headteachers, church leaders and health staff to organise focus groups directly.

Topics (indicative) will cover: Understanding of the problem of consumption of alcohol sachets and SUCs(single use containers) before and after the ban; knowledge/experiences of the ban and of its implementation and enforcement; perceived positive and negative impact on different drinkers (youths, vulnerable or deprived groups) and on patterns of consumption; unintended consequences (alternative products consumed; home-produced or illicit alcohol; economic impact); perceived changes in levels of addiction/harm presenting to local health facilities.