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Mini Review

The Majority of Our Social Scientists do not Work for An Institution Rather they Work for Research Consultancies and Social Science Capacity for East African Health Research

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Abstract

There is a serious lack of senior African social researchers to lead wellbeing related research in Africa. Respondents' clarifications for deficient sociology research limit basically connected with a work in progress and worldwide financial imbalances. However, the predominance of independently contracted research consultancies was a recurring theme. These appear to divert university staff from supporting colleagues and training the next generation of researchers, limiting the dissemination of research findings, maintaining donors' control over the research agenda, and reducing the institutional capacity of university departments. Although limited research capacity in sub-Saharan Africa is primarily caused by macroeconomic factors, modifying the method by which much research is carried out could help. According to the findings of this exploratory study, commissioning consultancy research through institutions rather than individuals and incurring significant overhead costs could improve institutional research capacity.

Keywords: Sub-Saharan Africa, Research capacity, Health social sciences, Research consultancies, Knowledge economy, East African universities

INTRODUCTION

There is a serious lack of senior African social researchers to lead or oversee wellbeing related research in Africa (B. Rossi, 2004). This is despite the fact that many African social scientists have graduated and decades of research programs funded by the Northern government have been designed to build local capacity. The HIV epidemic "offers a supreme test of how effectively African universities can respond to emerging challenges." While weak research capacity probably affects all areas of health, however, the lack of senior social scientists in the field of sexual health is particularly evident (J. Simon, 2000). For instance, despite having trained local junior social scientists for more than ten years, large-scale HIV/AIDS research programs in Tanzania and Uganda have not been able to hire local social scientists to senior positions on international salaries (C Sitthi, 2000).

In addition, despite their sensitivity, Northern academics dominate international debates on social aspects of sexual health, such as the hypothesis of permissive African sexuality (MA Lansang, 2004). Numerous efforts have been made to improve research capacity in developing nations, with the WHO and other UN agencies, national development agencies, Rockefeller Foundations, and NGOs like the Population Council serving as major sponsors (B Jentsch, 2003). However, there is a lack of evidence regarding the most effective strategy, and debates continue regarding issues such as whether postgraduate education in the North contributes to the brain drain and whether Southern control of research budgets is beneficial (M Green, 2003). Consultancies, on the other hand, have only been discussed sparingly and largely in the obscure literature. A small exploratory study was carried out in Tanzania, Kenya, and Uganda to investigate the causes of the East African region's

inadequate capacity for health-related social science research, the factors that contribute to its perpetuation, and potential solutions (TT Edejer, 1999). The overall results have already been discussed elsewhere. This brief report focuses on the role of individual research consultancies in shaping research capacity and the individualized nature of research activity.

METHODS

In 2003 and 2004, I conducted in-depth interviews with 29 prominent individuals working in East Africa to support, commission, or conduct health-related social science research. There were 18 Ugandan four Kenyan three British two North American one Tanzanian, and Nigerian interviewees making the findings Biased toward Uganda (A Costello, 2000). This was mostly a snowball sample that included seven senior social scientists from Makerere, the oldest university in East Africa with the largest research program in Uganda. Others came from the London School of Hygiene and Tropical Medicine (three), the Universities of Nairobi (two), and Dar es Salaam (one), as well as the most prominent independent research centers and NGOs in Uganda and Kenya that supported research. There were no representatives from the new universities. Small institutions are not identified in order to safeguard respondents' anonymity. With nine junior researchers from Makerere and the MRC Programme on AIDS in Uganda, as well as five senior researchers and one junior researcher from the University of Dar es Salaam and the National Institute for Medical Research, Tanzania, informal discussions were held. A gathering conversation was held with four of the Ugandans (three men, one lady), following a similar timetable utilized for the top to bottom meetings (J Cleland, 2006). Analytical themes were used to summarize the interviews. Accounts, which were not gender-specific, showed a lot of agreement. The Discussion takes into consideration a variety of viewpoints. The main report was distributed to interviewees for comments and confirmation that their perspectives were accurately presented. Four comments were made.

Processes for research: consultancies

Social scientists in East Africa carry out the majority of their research through consultancies. It is unclear how much time academics devote to them, possibly to conceal this from supervisors, but most estimates put it at around 50% of working time. Most of the time is spent teaching, and there is very little time for academic research in Makerere (J Caldwell, 1989). You can spend all of your time working on well-paid, short-term consultancy studies for NGOs that need something done in three weeks and will pay you well. The low salaries at universities are a big reason for consultancies. A department head explained that if they relied on your salary, they would never be able to pay their bills. Additionally, contrast. The majority of research commissioners usually government agencies or non-governmental organizations look for contracts with individuals or occasionally with

consulting firms, but rarely with university departments. University staff typically assists with the bid and subsequent research for private consultancy firms formed for a specific purpose. Charging bodies are purportedly reluctant to pay overheads to foundations, and when they do, they are for the most part extremely low, e.g., 5-20% in Makerere divisions, 20% at the College of Dar es Salaam, and a limit of 15% at a Kampala free exploration place. It was said that senior management at Makerere encouraged departments to become consulting firms and demanded overhead payments of 30%. However, this caused university staff to work independently, undercutting departments and earning more.

DISCUSSION

Even though the majority of respondents were Ugandan, the data from Kenya and Tanzania suggest that these findings are applicable to most of sub-Saharan Africa, while the larger body of literature and conversations with other researchers suggest that they are also applicable to most of East Africa. As the majority of academic research is led by Northern intellectuals, this region suffers from a severe lack of health-related social science research capacity. African social scientists import appropriate theory and, at best, export empirical data, perpetuating "the international intellectual division of labor. Limited capacity of African nations to define their problems and solutions on their own may have very real effects. For instance, the HIV epidemic's frustratingly slow response among Africans is due to the fact that the issue and its solutions were socially constructed in the West. This study, like most others before it, identifies global economic disparities as the primary factor limiting research capacity. However, these findings also suggest that the problem is perpetuated by the highly individualized nature of research in East Africa, fuelled by the dominance of individually-contracted consultancies, something that has not been mentioned in nearly all of the published literature. They are employed there. Consultancies of this kind appear to limit research capacity: Most of the time, reports aren't shared with everyone, which doesn't help people understand each other. University departments don't have to pay overhead, and staff members are distracted from teaching, helping colleagues, or writing. Additionally, consultancies exacerbate African social science research's narrow policy orientation. This study looked at how research consultancies could be used to build research capacity, a topic that hasn't been much discussed in the rest of the literature. There was widespread agreement on the principle that consultancies should be contracted with institutions rather than individuals, with overheads of approximately 30%. This may, in the long run, result in commissioning agencies receiving better value, facilitate a more collaborative approach to research, and fund numerous initiatives to improve research capacity. The division of consultancy fees between researchers and their institution is already regulated by some African universities and research

centers, such as the University of KwaZulu-Natal and the REACH Trust in Malawi. However, established independent consultants would probably oppose institutionalization due to their experience with patronage, mismanagement, and corruption and their low university salaries. Additionally, individual consultancies were said to be more cost-effective and straightforward by commissioning agencies. In general, efforts to increase research capacity do not address the issue of research consultancies, despite the fact that, in practice, they compete for the commitment of researchers.

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