KENYA WORKSHOP 2: STRENGTHENING EVIDENCE BASED MIDWIFERY PRACTICE

OLIVE GARDENS, NAIROBI

03-06 FEBRUARY 2014
INTRODUCTION

This is the second report in a series of four workshops that will be conducted over the two-year project period. The workshops are aimed at capacity building of Kenyan midwives in research skills.

This workshop helped the participants gain insights on qualitative research, quantitative research, choosing a methodology, paradigms and methods, ethical considerations and on how to write a good proposal.

The participants were also challenged to be more proactive in their workspaces and to use their knowledge to better the care given to mothers and babies.

About the Participants

Eighteen midwives attended this workshop and two were absent with apology. The midwives are drawn from different parts of the country, working in government hospitals, clinics and health centres with different levels of experience.

Three midwives out of the total twenty were selected to champion research activities in the country. They represent different counties within Kenya and shall receive support from the Country Focal Lead, UK mentor and the facilitators. At the end of the project, the three are expected to have their research proposals published.

Workshop Format

The workshop was delivered through lectures by the facilitators, group discussions, presentations by the participants and group activities.

Workshop Resources

1. Handouts
2. Evaluation Forms
3. Teaching Aids (Laptops, Projector, Wi-Fi)

The Facilitators

The facilitators for this workshop included:

1. Prof. Grace Omoni - Professor of Midwifery, University of Nairobi and Director School of Nursing Sciences and also Chairperson LAMRN
2. Dr. Sabina Wakasiaka - Lecturer, University of Nairobi
3. Dr. Julius Oladipo – Consultant

Workshop Evaluation

At the end of the workshop, the participants were asked to fill a workshop evaluation form/questionnaire.

Based on the feedback received, the participants found all topics of discussion quite informative and useful but would prefer an extra workshop day as the topics covered were quite comprehensive.
Session 1: Introduction and welcome remarks

Anne Nendela did the welcome remarks. She expressed her joy that all participants had arrived safely and asked that all participants re-introduce themselves to the group.

Swaleh Matano opened the day’s proceedings with a word of prayer.

Rules and regulations

The following rules were agreed upon by all participants to guide the smooth running of the workshop:

- Have mutual respect for each other.
- All participants should have their phones off or on silent.
- Respect time. Edith Gicheha was appointed as the Time Keeper.
- Have an energiser break when people’s energy levels are low.

Session 2: Review of participants research proposals

During the first Workshop, the participants were given an introduction to Evidence Based Practice (EBP). In this introduction, they learnt what evidence is and how to identify examples of evidence based practice in their day to day as well as how to translate evidence into practice.

They also learnt how to set their research priorities and come up with their research questions, how to conduct and critique a literature review.

Armed with this information, all twenty midwives were charged with putting into practice what they learned by each writing a Research Proposal with the hope of not only having it published at the end of the Project period but also making a contribution in midwifery practice and having their research implemented.

This session of workshop two therefore was a chance for each midwife to present their work and receive feedback from the facilitators and their fellow colleagues. This step was critical in guiding and critiquing the work the midwives had come up with so far with the hope of giving helpful insights and guidelines to refine and improve their work. The facilitators focused on the following sections:

1. Research Title
2. Research Questions
3. Objectives
4. Introduction
5. Literature Review
6. References

Activity

Each midwife presented their proposal to the group. They then answered questions posed to them by the facilitators and as well as their fellow midwives.

At the end of the presentation, each midwife got recommendations on how to improve their proposal from the group.
Objective

- To establish the progress made by each participant.
- To identify problem areas that required attention and perhaps to be revisited for clarity.
- To offer direction through a critique of their work.
- To strengthen their presentation skills.

Outcome

- The facilitators were able to offer helpful feedback to each participant during this session.
- The participants gained useful information to help them revise their proposals.
- This session opened up the discussion on areas where the participants felt they were struggling and these topics were revisited.

Session 3: Paradigms, Methodology and Methods

Dr. Sabina Wakasiaka took the group through awareness of the main research paradigms, methodology and methods in an effort to help them understand the difference between each. She highlighted that a paradigm is “a basic set of beliefs which guide an action and impacts how we see the world, how we understand the world and how we explain the world.”

“Everyone has a set of beliefs, even if they are not aware of it,” she told the group.

Midwives for instance, follow a Professional Paradigm that contributes towards disciplinary knowledge construction. These set of beliefs and practice are therefore shared by the community of Midwifery professionals.

Research Paradigms were also discussed as she explained that a research paradigm is used to set limits of what can be researched, how it can be researched and how the results are to be interpreted. The key paradigms discussed were Positivism (Quantitative) and Constructivism (Qualitative).

Once a paradigm is determined, there needs to be a Methodology to base the research on. A Methodology is a discipline or body of knowledge theoretically underpinning a research. This can be described as ‘the design process for the research’.

Methods are how or the techniques that will be used to carry out the research. The methods used will be dependent on the paradigm and methodology followed.

The group was then given an activity in which they were required to look at different research questions and decide on which paradigm they belong to.

Before the start of the next session, the group were led in an energiser break by Grace Omollo.

Session 4: Quantitative Research

The objective of this session was to orient participants on the concept of quantitative research. This session was piloted by Dr. Julius Oladipo, an independent consultant.
The participants were taken through the **Hierarchy of evidence** (methods without formal controls and those with formal controls) and **Types of quantitative research**. The following types of quantitative research were discussed in detail:-

- **Opinion based practice**
  The group was given a series of examples of opinion based practice and asked to discuss the problems they see with this approach to research.

- **Case Reports and Case Series**
  Again the participants were given examples of case reports and case series and asked to identify the gap with this type of approach.

  It was noted that conducting a research solely on information obtained from case reports and case series did not provide sufficient evidence to justify a change in clinical practice. However, it was agreed that it was useful in identifying unexpected adverse events.

- **Cohort Studies**
  This refers to keeping track of a sample of people over time and can either be prospective or retrospective.

  The group looked at a series of cohort studies and discussed on the pros and cons of this type of approach.

- **Historical Controls**
  This type of study has formal controls. It involves gathering data from one or more groups from different points of time.

  It explores what has changed in the time elapsed between the two points in time that could affect its comparability with the present group. Such as nutrition, health care etc.

- **Case Control Studies**
  ‘Cases’ of patients who already have experienced some adverse event/disease and ‘controls’ who have not. Both groups are questions or have their records examined to establish whether they received the treatment.

  From discussions, the group uncovered that it is imperative that the controls are similar to the cases in every respect of importance other than the condition being studied.

- **Randomised Controlled Trials (RCTs)**
  This is considered the simplest yet most powerful and revolutionary tool of research. It is an experimental design in which people are assigned to a group at random: one group receives treatment (treatment group) and the other receives a placebo, no treatment or an old intervention (control group).

  RCTs gain their importance from their ability to isolate and quantify the impact of the intervention administered.
The group discussed the problems that this approach would pose and agreed that Bias was indeed a major one.

**Session 5: Close of Day One**

At the end of day one proceedings, the group was asked to work on the feedback they received on their individual proposals and to create a PowerPoint slide of the same to be presented at the start of the next days’ session.
DAY 2: 04TH FEBRUARY 2014

Session 1: Polishing of proposals

The participants spent the first half of the morning working on their proposals. They used this time to implement the feedback they received on their presentations the previous day as well as what they learned regarding paradigms, methodology, methods, and quantitative research.

They were also required to put their proposals in a PowerPoint presentation.

Session 2: Discussion

The session began with a word of prayer led by Jerusa Omari. Prof. Grace Omoni then had a brief talk with the participants on the following issues:

1. **LAMRN Coordinator Update**
   Prof. Omoni informed the group that there was a change in the Office of the LAMRN Coordinator. Unfortunately the previous Coordinator Sally Nduta had to leave and a replacement had been found. She introduced Maryanne Wanjiru Kimani to the group and asked all to accord her the necessary support.

2. **What is expected of ALL participants**
   Prof. Omoni also took the opportunity to inform all participants what is expected of them during this project period.
   i) All are required to attend the workshops.
   ii) Attendance not enough, you are required to participate as well.
   iii) To utilise what one learns and practice it in the workplace.
   iv) To pass on the knowledge to other midwives.
   v) To incorporate what is taught into the proposal writing.
   vi) To meet the deadlines given where the proposals are concerned.
   vii) To get in touch with the facilitators and Country Lead should you require further assistance or clarification when writing your proposal.
   viii) Plagiarism will not be tolerated. Work must be properly referenced.
   ix) If you submit your proposal for review and you do not receive feedback within a week, you are required to follow-up on the same.

3. **Conference March 2015**
   The project shall conclude in March 2015 with an International Conference. The conference shall be held in Kenya at a venue to be advised at a later date.

4. **Discussion**
   Prof. Grace Omoni then tabled the following items for discussion:-
   i) The First Lady’s Marathon – This is a marathon that will be held on March 9th, 2014 organised by Kenya’s First Lady Mrs. Margaret Kenyatta in an effort to raise funds to help mothers and children in Kenya survive and thrive. This is part of the Beyond Zero Campaign created by the Office of the First Lady with the goal of equipping all 47 counties with mobile clinics so that disadvantaged mothers have a safe place to give birth. The topic of the discussion was to gauge the view/feelings of the midwives at not being involved or included in this initiative.
ii) Incident that happened in a Busia hospital where nurses were captured beating a woman in labour.

iii) Proposal of LAMRN organising a walk to advocate for better services. “Stop focusing on the money.” Prof. Omoni told the group.

The discussion closed with the following parting shots:

i) Midwives should be proactive and use their knowledge to make a difference. It’s all about the work of your hands.

ii) Do we as midwives know our rights?

iii) Lift as you climb. Pass on and share knowledge. Mentor someone else just as you’re being mentored. Help another midwife grow and advance.

**Session 3: Presentation of Proposals**

The participants each presented their proposals to the group as PowerPoint slides. The facilitators focused on the following sections:

1. Research Title
2. Research Questions
3. Objectives
4. Introduction
5. Literature Review
6. Paradigms, Methodology and Methods
7. Quantitative Research
8. References

**Activity**

Each midwife presented their proposal to the group as PowerPoint slides. They then answered questions posed to them by the facilitators as well as their fellow midwives.

At the end of the presentation, each midwife got recommendations on how to further improve their proposal from the group.

**Objective**

- To ensure each midwife was able to create a PowerPoint presentation.
- To establish the progress made by each participant.
- To identify problem areas that required attention and perhaps to be revisited for clarity.
- To offer direction through a critique of their work.
- To strengthen their presentation skills.

**Outcome**

- The facilitators were able to offer helpful feedback to each participant during this session.
- The participants gained useful information to help them revise their proposals.
- This session opened up the discussion on areas where the participants felt they were struggling and these topics were revisited.
Session 4: Qualitative Research

This session was facilitated by Prof. Grace Omoni who took the group through an exploration of the use of interviews and focus groups for data collection. To be able to do this, the group needed to first understand the aim of qualitative research.

An interview is considered one of the most common forms of data collection in qualitative research and it can be either formal or informal. The group was asked to identify different types or ways an interview can be conducted and came up with the following: face-to-face, over the telephone, electronic such as Skype and use of a focus group.

Different interviewing styles were also identified:

i) Structured – all participants are asked the same questions in the same order. An interview schedule is used.

ii) Semi-structured – carried out as more of a conversation. Questions are asked but not in the same order or in the same way. An interview guide is used.

iii) Unstructured – interview asks an opening question and then the participant leads the rest. The participant has a huge influence in the direction of the interview.

The following are to be considered when carrying out the interview:

i) Type of interview

ii) Length of interview

iii) Place of interview

iv) Role of the interviewer

v) Preparation for the interviewer

vi) What bias the interviewer has and how this can be reduced

vii) Ground rules for performing the interview

viii) Interview pitfalls

Focus groups encourage open conversation as it involves a group of participants discussing a research problem or issue. The facilitator would usually pose a question to the group or introduce a topic for discussion. The role of a facilitator in Focus groups is to set the ground rules, agenda, encourage participation and to remain neutral.

Unfortunately, due to time constraints, the group was not able to take part in the interview role play activity.


Dr. Julius Oladipo, a consultant, took the group through this session where they learnt the components of a good proposal as well as the order in which they should appear.

i) Title

It is important to have a clear and descriptive title. However, your title should not be more than 30 words long.

“Every word you use is important”, he told the group.

The group then had a brief group activity where they went through a series of titles to identify the best – the most clear and descriptive title.
ii) **Purpose**

This is where you have your research questions. Research questions should not exceed 4 or 5. The purpose should provide answers to your objectives and research questions. “This section should not be a repetition of your title but a breakdown of your title”, he said. “This will be your Terms of Reference (TOR).”

iii) **Research Justification**

In this section, the group was advised that they are expected to give a literature review of their proposal to answer the following questions:

- Why is your research important?
- What difference/contribution will your research make?
- How will it add value?

iv) **Highlight the underlying theory**

A good proposal must highlight any underpinning model that the study is based on. The paradigm the study is derived on should be portrayed: positivist, interpretivist, and pragmatist.

The researchers’ position and views and how it will affect/influence the study is important.

v) **Methodology**

The methodology selected will determine the type of data collection method that will be used.

- Quantitative – case records, audit data, database searches, structured surveys and observations
- Qualitative – interviews, focus groups, observations
- Mixed Methods – combination of both quantitative and qualitative methods of data collection.

vi) **Sampling**

A clear description and justification of both your sampling strategy and your sample size is required.

vii) **Analysis**

Have a clear analysis plan.

viii) **Ethics**

- Highlight and address ethical issues posed by your research.
- Ethical procedures should be clearly outlined.
- Ethical permissions must be sought and granted. A reference number of the same should be quoted.
- Identify key stakeholders that will be affected by your research.
ix) **Impact**

Have a clear implementation plan.

x) **Describe the feasibility**

Have a realistic timetable for executing and completing the project.

In closing, Dr. Oladipo urged the group to ensure that their proposal is transparent, to remember to include an abstract. Of great importance was that they should properly reference their work.

**Session 6: Ethical Issues in Research**

Dr. Sabina Wakasiaka gave the group an introduction on Ethics in research through the following questions:-

i) **Why do we need Ethics**

- To protect the vulnerable – human and animal.
- Protect human rights.

ii) **What is the Nuremberg Code (1947)**

- The first ethical guideline for research conduct.
- Based on prior research (animal models).
- Voluntary informed consent.
- Benefits should outweigh the risks.
- Right to withdraw consent.
- Research must stop if harm is resulting.

iii) **What does this mean?**

- Informed consent – in a clear, concise manner and in a language that they participants understand.
  - Use an information sheet as well as a consent form.
  - Information sheet should be detailed.
  - Contacts of ethics committee should be provided.

- Participant has the right to:-
  - Privacy
  - To be treated with respect, sensitivity and dignity
  - Withdraw at any time
  - Refuse to participate
  - Access findings
  - Complain
  - Anonymity and confidentiality
  - Protection from embarrassment, pain, discomfort and lasting harm.
iv) You have a duty

- To ensure your research is ethically designed.
- To ensure you obtain appropriate approvals
- To ensure that your research adheres to ethical principles
- To ensure that any changes to the research are reported to the ethics committee
- To ensure that your findings are published honestly.

An energiser break followed conducted by Grace Omollo who took the group through a series of physical exercises to get their energy and alertness back up. After this, the participants then had a discussion on the main ethical issues relating to the impact of free maternal services at Kenyatta National Hospital (KNH).

In closing, she advised the participants to keep a research journal.

Session 7: Website overview

The project Coordinator Maryanne Kimani gave the group a brief orientation of the LAMRN website which focused on:

- How to access it
- How to navigate it
- How to register and use the discussion board, and
- Contacts of the LAMRN staff.

She concluded by urging the participants to peruse the website over the next few days and encouraged them to offer feedback on any issues they may be having, any features they would like changed as well as those they would like to see.

Session 8: Workshop Evaluation

Day two concluded with the participants completing a workshop evaluation. Report of this evaluation is included in Appendix 4.
DAY 3: 06TH FEBRUARY 2014

Session 1: Overview

The three champion midwives, together with Country Focal Lead Kenya and LAMRN Chairperson Prof. Grace Omoni and LAMRN member Dr. Sabina Wakasiaka travelled to Lusaka, Zambia for the mentorship session with LAMRN Principal Investigator (PI) Prof. Dame Tina Lavender. The mentorship session included the three champion midwives from Zambia and their Country Focal Leader Dr. Margaret Maimbelwa.

Session 2: Presentation of Proposals

The six midwives presented their proposals to the panel: Prof. Dame Tina Lavender, Prof. Grace Omoni, Dr. Margaret Maimbolwa and Dr. Sabina Wakasiaka. This provided an opportunity for the panel to give each midwife feedback on their work and suggestions of what to focus on or disregard.

Session 3: One on one mentoring

After presenting their proposals, the six midwives got to work on implementing the suggestions that they had each received. During this process, they each benefitted from a one-on-one session from their Country Focal Lead and PI Prof. Dame Tina Lavender as well as Dr. Sabina Wakasiaka.
## APPENDICES

### Appendix 1: Workshop Programme

<table>
<thead>
<tr>
<th>Time</th>
<th>Day 1 (20 midwives)</th>
<th>Day 2 (20 midwives)</th>
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<tbody>
<tr>
<td>08.30 - 09.00</td>
<td>Registration</td>
<td>Recap of day 1</td>
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<tr>
<td>09.00 - 09.30</td>
<td>Welcome and re-introductions</td>
<td>Qualitative Research</td>
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<tr>
<td></td>
<td><em>Prof Omoni</em></td>
<td><em>Prof Omoni</em></td>
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<tr>
<td>09.30 - 11.00</td>
<td>Feedback on activities since last workshop</td>
<td>Qualitative Research</td>
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<td></td>
<td><em>All</em></td>
<td>Group work (interview and focus group)</td>
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<td></td>
<td></td>
<td><em>Prof Omoni</em></td>
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<td>11.00 - 11.30</td>
<td>Break</td>
<td>Break</td>
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<tr>
<td>11.30 - 13.00</td>
<td><em>Paradigms, Methodology and Methods</em></td>
<td>What makes a good proposal</td>
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<td></td>
<td><em>Dr. Sabina Wakasiaka</em></td>
<td><em>Julius Oladipo</em></td>
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<tr>
<td>13.00 - 14.00</td>
<td>Lunch</td>
<td>Lunch</td>
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<tr>
<td>14.00 - 15.00</td>
<td>Quantitative Research</td>
<td>Ethical Considerations</td>
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<td></td>
<td><em>Julius Oladipo</em></td>
<td><em>Dr. Wakasiaka</em></td>
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<td>15.00 - 15.15</td>
<td>Break</td>
<td>Break</td>
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<tr>
<td>15.15 - 16.30</td>
<td>Quantitative Research</td>
<td>The way forward</td>
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<td></td>
<td><em>Julius Oladipo</em></td>
<td>Workshop evaluation</td>
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<td></td>
<td>Partograph Survey</td>
<td><em>All</em></td>
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<tr>
<td></td>
<td><em>Prof. Omoni</em></td>
<td><em>Prof. Omoni/Wakasiaka</em></td>
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<td>16.30</td>
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### Appendix 2: Workshop Attendance List

<table>
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<th>NO</th>
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<th>HOSPITAL</th>
<th>SIGNATURE</th>
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<tr>
<td>1.</td>
<td>Mary Mangera</td>
<td>Ekerenyo District Hospital, Nyamira County</td>
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<tr>
<td>2.</td>
<td>Luciana Arpalas</td>
<td>Maralal, District Hospital</td>
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<tr>
<td>3.</td>
<td>Edith Wathira</td>
<td>Kenyatta National Hospital, Nairobi</td>
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<td>4.</td>
<td>Margaret Njoroge</td>
<td>Kenya Medical Training Centre</td>
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<td>5.</td>
<td>Elijah K. Kirop</td>
<td>Moi University</td>
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<td>6.</td>
<td>Swaleh Matano</td>
<td>Malindi District Hospital</td>
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<td>7.</td>
<td>Serah Zawadi</td>
<td>Kilifi District Hospital</td>
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<td>8.</td>
<td>Ann Nendela</td>
<td>Kenyatta National Hospital</td>
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<td>9.</td>
<td>Raheli Mukhwana</td>
<td>Kenyatta National Hospital</td>
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<td>10.</td>
<td>Sr. Petronella Mueni</td>
<td>Regina Pacis University</td>
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<td>11.</td>
<td>Grace Omolo</td>
<td>Nakuru Provincial Hospital</td>
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<tr>
<td>12.</td>
<td>Ralpher Bernad</td>
<td>Kakamega</td>
<td><strong>Left the program</strong></td>
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<tr>
<td>13.</td>
<td>Millicent Maina</td>
<td>Kisii Level 5</td>
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<tr>
<td>14</td>
<td>Jerusa Omari</td>
<td>Kisii Level 5</td>
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<td>Judith Gesemba</td>
<td>Kenyatta National Hospital</td>
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<td>16</td>
<td>Evaline Ombasa</td>
<td>Ngong Sub district Hospital</td>
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<td>Nerea Ojanga</td>
<td>Kenyatta National Hospital</td>
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<td>Julia Kariuki</td>
<td>Makadara Health Centre</td>
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<tr>
<td>19</td>
<td>Rosemary Mideva</td>
<td>Pumwani Maternity Hospital</td>
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<td>20</td>
<td>Rachel M. Kalia</td>
<td>Coast Provincial General Hospital</td>
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18. Julia Kariuki Left the program
Appendix 3: Workshop Evaluation Form

Workshop Evaluation Form (February 2014)

How would you rate the workshops overall? (Please circle)

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
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</thead>
</table>

How would you rate the venue for the workshops? (Please circle)

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

How would you rate the organisation of the workshops? (Please circle)

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

Has attending the workshop benefitted you? Yes/No (please circle)

Were the workshop sessions relevant? Yes/No (please circle)
What did you find most useful from attending?

___________________________________________________________________________
___________________________________________________________________________

What did you find least useful from attending?

___________________________________________________________________________
___________________________________________________________________________

Is there anything you would have liked more of?

___________________________________________________________________________
___________________________________________________________________________

Is there anything you would have liked less of?

___________________________________________________________________________
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Any other comments about the workshop?

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WORKSHOP EVALUATION KENYA (FEBRUARY 2014)

Midwives: 16

<table>
<thead>
<tr>
<th></th>
<th>Very Poor</th>
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<th>Excellent</th>
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<tbody>
<tr>
<td>How would you rate the workshops overall?</td>
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<td>7</td>
<td>9</td>
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<tr>
<td>How would you rate the venue for the workshop?</td>
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<tr>
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<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Has attending the workshop benefitted you?</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Were the workshop sessions relevant?</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

What did you find most useful from attending?

1. Methodology and methods. What makes a good proposal? Quantitative research. Actually everything was good.
2. Have learned the methodology section with increasing clarity.
3. Research methodology – approaches to research.
4. Methodology and methods.
5. Everything taught.
6. The lectures and sharing our research work.
7. All contents of the workshop were very useful.
8. All were useful.
9. The way the workshop was organized.
10. How to write a good proposal.
11. How to do methodology and write a good research proposal.
12. Methodology and Ethics.
13. A very good description of paradigms and Ethical considerations.
14. The study of doing the study.
15. Empowered for the study I am doing?
16. Qualitative Research.
What did you find least useful from attending?

1. Nothing.
2. None.
3. None.
4. None.
5. No good breaks. Lunch hour very limited.
6. None.
7. None.
8. None.
9. None.
10. None.
11. None.
12. None.
13. Everything was useful.
15. Nil.
16. None, everything was useful.

Is there anything you would have liked more of?

1. Paradigms, Methodology & Methods
2. Facilitation to learn more.
3. None.
5. Ethical Issues needed to be given more materials of what it entails.
7. Teaching methods which varied.
8. Most of them were ok.
9. Workshop to take 3 days instead.
10. More discussions.
11. Literature writing.
12. Literature review.
13. Yes, sample size determination and sampling procedures.
14. Yes.
15. Time – at least an extra day.
16. More group work presentations for easy learning.
Is there anything you would have liked less of?

1. No.
2. None.
3. No.
4. None.
5. None.
6. None.
7. None.
8. No.
9. None.
10. None.
11. None.
12. No.
13. Not really.
14. No.
15. Missing the workshop.
16. None.

Any other comments about the workshop?

1. It was a good workshop that has helped me improve on my proposal.
2. Keep it up. Requesting on further lessons on data analysis.
3. Duration was inadequate for the workshop coverage of content to ensure group discussion sessions.
4. More time needed for certain topics in research as this is the first time some participants are attempting to do a research.
5. Workshop was good. We try to be finishing early so people can get to their homes early enough.
6. This is an excellent workshop as we had hands on experience on research.
7. Time was very limited hence need for addition of time in order for comprehensive grasping and exchange amongst ourselves.
8. I have learned.
9. Very useful and relevant to what we are doing.
10. It was good.
11. None.
12. It was well planned and I have gained much. Thank you.
13. Keep up the good work. Maybe we should be informed like 2 weeks in advance what is expected of us during the next workshop so we don’t waste time catching up. Thank you.
14. The time was too short for the workshop.
15. So helpful. Let the program continue.
16. Much time should be given for the topics to be covered.