CEPHaS Survey

Strengthening Capacity in Environmental Physics, Hydrogeology and Statistics for Conservation Agricultural Research (CEPHaS) project: Participant Survey

About the survey:

This is an online survey administered to participants of the 'Strengthening Capacity Physics, Hydrogeology and Statistics for Conservation Agricultural Research (CEPHaS)' project. This survey will assess your utilisation of CEPHaS supplied training and resources, as well as your experiences, perceptions and practices following your involvement with the CEPHaS project. This survey should take between 10-15 minutes to complete. Participation is both anonymous and voluntary, although we would appreciate you taking the time to complete the survey as the information will help us assess the success of the CEPHaS project and to improve future versions of similar programmes.

Do you consent to complete the survey? ✱ *Required*

- Yes
- No

Part A - Participant Characteristics

What is your age? ✱ *Required*

- 18-24
- 25-34
- 35-44
- 45-54
- 55 and older

With which gender do you most closely identify? ✱ *Required*

- Male
- Female
- Prefer not to say

Please select the name of the institute where you currently work ✱ *Required*

- University of Zambia (UNZA)
- Zambia Agricultural Research Institute (ZARI)
- University of Zimbabwe (UZ)
- Lilongwe University of Agriculture and Natural Resources, Malawi (LUANAR)
- Liverpool School of Tropical Medicine (LSTM)
- British Geological Survey (BGS)
- Rothamsted Research (RR)
- University of Nottingham (UoN)
- Other

If you selected Other, please specify:

What is your position at this institute? ✱ *Required*

- Undergraduate student
- Graduate student (e.g. Current PhD or Masters student)
- Laboratory staff (e.g. Laboratory technician, Laboratory lead)
- Research support staff (e.g. Deputy project manager, Project manager, Finance)
- Early career researcher (e.g. Research Assistant, Postdoctoral researcher)
- Mid career researcher (e.g. Lecturer)
- Senior researcher (e.g. Associate professor/Professor)
- Other

If you selected Other, please specify:

What is your highest level of education? ✱ *Required*

- Bachelors degree
- Postgraduate Dip/Cert/Masters
- PhD
- Other

If you selected Other, please specify:

Part B - Training

How many trainings have you attended through CEPHaS? ✱ *Required*

- 0
- 1
- 2 or more

Part B1.1 - Training Most Utilised

Of the trainings that you attended, which **one** have you utilized the most? ✱ *Required*

When did you complete this training? ✱ *Required*

- ○ 2018
- ○ 2019
- ○ 2020
- ○ 2021

On average, how frequently have you used this training? ✱ *Required*

- ○ Daily
- ○ Weekly
- ○ Monthly
- ○ Less than monthly
- ○ I do not utilise this training

Which, if any, of the following **barriers** prevented you from applying this training? Please select **all** that apply.

- ☐ Insufficient mentorship/support
- ☐ Insufficient equipment
- ☐ Insufficient guidelines
- ☐ Insufficient knowledge/skills
- ☐ Insufficient training

- [ ] Insufficient time
- [ ] The training was not applicable to my work
- [ ] No personal interest in the material
- [ ] Other

If you selected Other, please specify:

Is there any additional support that you did not receive that you feel would have supported your application or transfer of your training?

Part B1.1 - Training Most Utilised, Application

How have you **applied** this training? Please select **all** that apply. ✱ *Required*

- ☐ Teaching within my institute
- ☐ Teaching outside my institute
- ☐ Within my own research
- ☐ Supported others' research (i.e. laboratory work, finances, management)
- ☐ Community service
- ☐ Other

If you selected Other, please specify:

Which, if any, of the following enabled you to apply this training? Please select **all** that apply. ✱ *Required*

- ☐ Mentorship/support
- ☐ Access to equipment
- ☐ Access to guidelines
- ☐ Having the applicable knowledge/skillset
- ☐ Sufficient training
- ☐ Sufficient time
- ☐ The training was applicable to my work
- ☐ Personal interest in the material
- ☐ Other

If you selected Other, please specify:

Which, if any, of the following barriers prevented you from applying this training more? Please select **all** that apply. ✱ *Required*

- ☐ Insufficient mentorship/support
- ☐ Insufficient equipment
- ☐ Insufficient guidelines
- ☐ Insufficient knowledge/skills
- ☐ Insufficient training
- ☐ Insufficient time
- ☐ The training was not applicable to my work
- ☐ No personal interest in the material
- ☐ There were no barriers that prevented me from applying this training
- ☐ Other

If you selected Other, please specify:

Part B1.2 - Training Most Utilised, Transfer

Apart from teaching, have you **transferred** this training, in any other way? ✱ *Required*

- ○ Yes (i.e. - supporting/supervising students, colleagues, general public)
- ○ No, I have not transferred the knowledge/skills I gained from this training to anyone

Apart from teaching, **how** have you transferred this training? Please select **all** that apply.

- ☐ Supporting/supervising students
- ☐ Supporting/supervising colleagues within my institute
- ☐ Supporting/guiding colleagues outside of my institute (e.g. ministry officials)
- ☐ Supporting/guiding the general public (e.g. community members)
- ☐ Other

If you selected Other, please specify:

Which, if any, of the following enabled you to transfer this training? Please select **all** that apply.

- ☐ Mentorship/support
- ☐ Access to equipment
- ☐ Access to guidelines
- ☐ Having the applicable knowledge/skillset
- ☐ Sufficient training
- ☐ Sufficient time
- ☐ The training was applicable to my work
- ☐ Personal interest in the material

- [ ] Other

If you selected Other, please specify:

Which, if any, of the following barriers prevented you from transferring this training more? Please select **all** that apply.

- [ ] Insufficient mentorship/support
- [ ] Insufficient equipment
- [ ] Insufficient guidelines
- [ ] Insufficient knowledge/skills
- [ ] Insufficient training
- [ ] Insufficient time
- [ ] The training was not applicable to my work
- [ ] No personal interest in the material
- [ ] There were no barriers that prevented me from transferring this training
- [ ] Other

If you selected Other, please specify:

Which, if any, of the following barriers prevented you from transferring this training? Please select **all** that apply.

- [ ] Insufficient mentorship/support

- [ ] Insufficient equipment
- [ ] Insufficient guidelines
- [ ] Insufficient knowledge/skills
- [ ] Insufficient training
- [ ] Insufficient time
- [ ] The training was not applicable to my work
- [ ] No personal interest in the material
- [ ] There were no barriers that prevented me from transferring this training
- [ ] Other

If you selected Other, please specify:

Is there any additional support that you did not receive that you feel would have supported your application or transfer of your training?

Part B1.3 - Training Least Utilised

Of the trainings that you attended, which one have you utilised the least? ✱ *Required*

When did you complete this training? ✱ *Required*

- ○ 2018
- ○ 2019
- ○ 2020
- ○ 2021

On average, how frequently have you utilised this training? ✱ *Required*

- ○ Daily
- ○ Weekly
- ○ Monthly
- ○ Less than monthly
- ○ I do not utilise this training

Which, if any, of the following **barriers** prevented you from applying this training? Please select **all** that apply.

- ☐ Insufficient mentorship/support
- ☐ Insufficient equipment
- ☐ Insufficient guidelines

- [ ] Insufficient knowledge/skills
- [ ] Insufficient training
- [ ] Insufficient time
- [ ] The training was not applicable to my work
- [ ] No personal interest in the material
- [ ] Other

If you selected Other, please specify:

Is there any additional support that you did not receive that you feel would have supported your application or transfer of your training?

Part B1.4 - Training Least Utilised, Application

How have you **applied** this training? Please select **all** that apply. ✱ *Required*

- ☐ Teaching within my institute
- ☐ Teaching outside my institute
- ☐ Within my own research
- ☐ Supported others' research (i.e. laboratory work, finances, management)
- ☐ Community service
- ☐ Other

If you selected Other, please specify:

Which, if any, of the following enabled you to **apply** this training? Please select **all** that apply. ✱ *Required*

- ☐ Mentorship/support
- ☐ Access to equipment
- ☐ Access to guidelines
- ☐ Applicable knowledge/skillset
- ☐ Sufficient training
- ☐ Sufficient time
- ☐ The training was applicable to my work
- ☐ I was interested in the material
- ☐ Other

If you selected Other, please specify:

Which, if any, of the following barriers prevented you from applying this training more? Please select **all** that apply. ✱ *Required*

- ☐ Insufficient support
- ☐ Insufficient equipment
- ☐ Insufficient guidelines
- ☐ Insufficient knowledge/skills
- ☐ Insufficient training
- ☐ Insufficient time
- ☐ The training was not applicable to my work
- ☐ I was not interested in the material
- ☐ There were no barriers that prevented me from applying this training
- ☐ Other

If you selected Other, please specify:

Part B1.5 - Training Least Utilised, Transfer

Apart from teaching, have you **transferred** this training, in any other way? ✱ *Required*

- ○ Yes (i.e. - supporting/supervising students, colleagues, general public)
- ○ No, I have not transferred the knowledge/skills I gained from this training to anyone

Apart from teaching, how have you **transferred** this training? Please select **all** that apply.

- ☐ Supporting/supervising students
- ☐ Supporting/supervising colleagues within my institute
- ☐ Supporting/guiding colleagues outside of my institute (e.g. ministry officials)
- ☐ Supporting/guiding the general public (e.g. community members)
- ☐ Other

If you selected Other, please specify:

Which, if any, of the following enabled you to transfer this training? Please select **all** that apply.

- ☐ Mentorship/support
- ☐ Access to equipment
- ☐ Access to guidelines
- ☐ Having the applicable knowledge/skillset
- ☐ Sufficient training
- ☐ Sufficient time
- ☐ The training was applicable to my work
- ☐ Personal interest in the material

- [ ] Other

If you selected Other, please specify:

Which, if any, of the following barriers prevented you from transferring this training more? Please select **all** that apply.

- [ ] Insufficient mentorship/support
- [ ] Insufficient equipment
- [ ] Insufficient guidelines
- [ ] Insufficient knowledge/skills
- [ ] Insufficient training
- [ ] Insufficient time
- [ ] The training was not applicable to my work
- [ ] No personal interest in the material
- [ ] There were no barriers that prevented me from transferring this training
- [ ] Other

If you selected Other, please specify:

Which, if any, of the following barriers prevented you from transferring this training? Please select **all** that apply.

- [ ] Insufficient mentorship/support

- [ ] Insufficient equipment
- [ ] Insufficient guidelines
- [ ] Insufficient knowledge/skills
- [ ] Insufficient training
- [ ] Insufficient time
- [ ] The training was not applicable to my work
- [ ] No personal interest in the material
- [ ] There were no barriers that prevented me from transferring this training
- [ ] Other

If you selected Other, please specify:

Is there any additional support that you did not receive that you feel would have supported your application or transfer of your training?

Part B1.6 - Trainings, Additional Trainings

Are there any additional trainings that you would have liked to receive? *Optional*

Part B2.1 - Single Training

Which training did you attend? ✱ *Required*

Which training did you complete this training? ✱ *Required*

- 2018
- 2019
- 2020
- 2021

On average, how frequently have you used this training? ✱ *Required*

- Daily
- Weekly
- Monthly
- Less than monthly
- I do not utilise this training

Which, if any, of the following **barriers** prevented you from applying this training? Please select **all** that apply.

- Insufficient mentorship/support
- Insufficient equipment
- Insufficient guidelines

- [ ] Insufficient knowledge/skills
- [ ] Insufficient training
- [ ] Insufficient time
- [ ] The training was not applicable to my work
- [ ] No personal interest in the material
- [ ] Other

If you selected Other, please specify:

Part B2.2 - Single Training, Application

How have you **applied** this training? Please select **all** that apply. ✱ *Required*

- ☐ Teaching within my institute
- ☐ Teaching outside my institute
- ☐ Within my own research
- ☐ Supported others' research (i.e. laboratory work, finances, management)
- ☐ Community service
- ☐ Other

If you selected Other, please specify:

Which, if any, of the following enabled you to apply this training? Please select **all** that apply. ✱ *Required*

- ☐ Mentorship/support
- ☐ Access to equipment
- ☐ Access to guidelines
- ☐ Having the applicable knowledge/skillset
- ☐ Sufficient training
- ☐ Sufficient time
- ☐ The training was applicable to my work
- ☐ Personal interest in the material
- ☐ Other

If you selected Other, please specify:

Which, if any, of the following barriers prevented you from applying this training more? Please select **all** that apply. ✱ *Required*

- ☐ Insufficient mentorship/support
- ☐ Insufficient equipment
- ☐ Insufficient guidelines
- ☐ Insufficient knowledge/skills
- ☐ Insufficient training
- ☐ Insufficient time
- ☐ The training was not applicable to my work
- ☐ No personal interest in the material
- ☐ There were no barriers that prevented me from applying this training
- ☐ Other

If you selected Other, please specify:

Part B2.3 - Single Training, Transfer

Apart from teaching, have you **transferred** this training, in any other way? ✱ *Required*

- ○ Yes (i.e. - supporting/supervising students, colleagues, general public)
- ○ No, I have not transferred the knowledge/skills I gained from this training to anyone

Apart from teaching, **how** have you transferred this training? Please select **all** that apply.

- ☐ Supporting/supervising students
- ☐ Supporting/supervising colleagues within my institute
- ☐ Supporting/guiding colleagues outside of my institute (e.g. ministry officials)
- ☐ Supporting/guiding the general public (e.g. community members)
- ☐ Other

If you selected Other, please specify:

Which, if any, of the following enabled you to transfer this training? Please select **all** that apply.

- ☐ Mentorship/support
- ☐ Access to equipment
- ☐ Access to guidelines
- ☐ Having the applicable knowledge/skillset
- ☐ Sufficient training
- ☐ Sufficient time
- ☐ The training was applicable to my work
- ☐ Personal interest in the material

- [ ] Other

If you selected Other, please specify:

Which, if any, of the following barriers prevented you from transferring this training more? Please select **all** that apply.

- [ ] Insufficient mentorship/support
- [ ] Insufficient equipment
- [ ] Insufficient guidelines
- [ ] Insufficient knowledge/skills
- [ ] Insufficient training
- [ ] Insufficient time
- [ ] The training was not applicable to my work
- [ ] No personal interest in the material
- [ ] There were no barriers that prevented me from transferring this training
- [ ] Other

If you selected Other, please specify:

Which, if any, of the following barriers prevented you from transferring this training? Please select **all** that apply.

- [ ] Insufficient mentorship/support

- [ ] Insufficient equipment
- [ ] Insufficient guidelines
- [ ] Insufficient knowledge/skills
- [ ] Insufficient training
- [ ] Insufficient time
- [ ] The training was not applicable to my work
- [ ] No personal interest in the material
- [ ] There were no barriers that prevented me from transferring this training
- [ ] Other

If you selected Other, please specify:

Part B2.4 - Single Training, Additional Support & Trainings

Is there any additional support that you did not receive that you feel would have supported your application or transfer of your training? *Optional*

Are there any additional trainings that you would have liked to receive? *Optional*

Part B3 - No Trainings

Why did you not attend any trainings through CEPHaS? ✱ *Required*

Are there any trainings you would have liked to receive? *Optional*

Part C1 - Resources

Which of the following resources supplied by CEPHaS do you have access to? Please select **all** that apply. ✱ *Required*

- [ ] Equipment (e.g. laptops, lab equipment, field equipment)
- [ ] Software (e.g. R, Hydrus, Windows packages)
- [ ] Training materials (e.g. videos, guides)
- [ ] Standard Operating Procedures (SOPs)
- [ ] I do not have access to any of these resources
- [ ] Other

If you selected Other, please specify:

Have you used any of these resources? ✱ *Required*

- ( ) Yes
- ( ) No

Why did you not use any of the resources supplied by CEPHaS?

Are there any resources that you would have liked to receive?

Part C2.1 - Resources, Most Utilised

Which of these resources supplied by CEPHaS have you used? Please select **all** that apply. ✱ *Required*

- [ ] Equipment (e.g. laptops, lab equipment, field equipment)
- [ ] Software (e.g. R, Hydrus, Windows packages)
- [ ] Training materials (e.g. videos, guides)
- [ ] Standard Operating Procedures (SOPs)
- [ ] Other

If you selected Other, please specify:

Which resource have you utilised the most? ✱ *Required*

On average, how frequently have you used this resource? ✱ *Required*

- ○ Daily
- ○ Weekly
- ○ Monthly
- ○ Less than monthly

How have you utilised this resource? Please select **all** that apply. ✱ *Required*

- [ ] Teaching within my institute
- [ ] Teaching outside my institute
- [ ] Within my own research
- [ ] Supported others' research (i.e. laboratory work, finances, management)
- [ ] Community service
- [ ] Other

If you selected Other, please specify:

Which, if any, of the following enabled you to utilise this resource? Please select **all** that apply. ✱ *Required*

- [ ] Mentorship/support
- [ ] Access to equipment
- [ ] Access to guidelines
- [ ] Having the applicable knowledge/skillset
- [ ] Sufficient training
- [ ] Sufficient time
- [ ] The resource was applicable to my work
- [ ] Personal interest in the resource
- [ ] Other

If you selected Other, please specify:

Which, if any, of the following barriers prevented you from utilising this resource more? Please select **all** that apply. ✱ *Required*

- [ ] Insufficient mentorship/support
- [ ] Insufficient equipment
- [ ] Insufficient guidelines
- [ ] Insufficient time
- [ ] Insufficient knowledge/skills
- [ ] Insufficient training
- [ ] The resource was not applicable to my work
- [ ] No personal interest in the resource
- [ ] There were no barriers that prevented me from utilising this resource
- [ ] Other

If you selected Other, please specify:

Is there any additional support that you did not receive that you feel would have supported your application of the resource supplied? *Optional*

Part C2.1 - Resources, Least Utilised

Which resource have you utilised the least? ✱ *Required*

On average, how frequently have you utilised this resource ✱ *Required*

- ○ Daily
- ○ Weekly
- ○ Monthly
- ○ Less than monthly
- ○ I have not utilised this resource

Which, if any, of the following enabled you to utilise this resource? Please select **all** that apply.

- ☐ Mentorship/support
- ☐ Access to equipment
- ☐ Access to guidelines
- ☐ Having the applicable knowledge/skillset
- ☐ Sufficient training
- ☐ Sufficient time
- ☐ The training was applicable to my work
- ☐ Personal interest in the resource
- ☐ Other

If you selected Other, please specify:

Which, if any, of the following barriers prevented you from utilising this resource more? Please select **all** that apply.

- ☐ Insufficient support
- ☐ Insufficient equipment
- ☐ Insufficient guidelines
- ☐ Insufficient knowledge/skills
- ☐ Insufficient training
- ☐ Insufficient time
- ☐ The resource was not applicable to my work
- ☐ No personal interest in the resource
- ☐ There were no barriers that prevented me from utilising this resource
- ☐ Other

If you selected Other, please specify:

Is there any additional support that you did not receive that you feel would have supported your application of the resource supplied? *Optional*

Are there any additional resources you would have liked to receive? *Optional*

Part D - The CEPHaS Experience

Which of the following have you experienced through your involvement with CEPHaS? Please select **all** that apply. ✱ *Required*

- [ ] Fieldwork
- [ ] Data analysis
- [ ] Laboratory work
- [ ] Teaching/training others
- [ ] Career progression opportunities (higher education, new job opportunities)
- [ ] Networking/collaborations
- [ ] Publication opportunities
- [ ] Mentorship
- [ ] Presenting at conferences
- [ ] Research support (e.g. finance, contracts)
- [ ] Leadership responsibilities
- [ ] Attending training(s)
- [ ] Other

If you selected Other, please specify:

Of these experiences, were there any that **you experienced for the first time**? Please select **all** that apply. ✱ *Required*

- [ ] Fieldwork
- [ ] Data analysis
- [ ] Laboratory work

- [ ] Teaching/training others
- [ ] Career progression opportunities (higher education, new job opportunities)
- [ ] Networking/collaborations
- [ ] Publication opportunities
- [ ] Mentorship
- [ ] Presenting at conferences
- [ ] Research support (e.g. finance, contracts)
- [ ] Leadership responsibilities
- [ ] Attended training
- [ ] I did not experience any of these for the first time
- [ ] Other

If you selected Other, please specify:

Of these experiences, which was the most useful to **you**? ✱ *Required*

Why was this experience the most useful to you? ✱ *Required*

Of these experiences, which do you feel was the most useful to **your institute**? ✱ *Required*

Why was this the most useful to your institute? ✱ *Required*

Part E - Sustainability & Future Considerations

Is there anything else that CEPHaS could have done to support you? *Optional*

Is there anything else that CEPHaS could have done to support your institute?

Part F1 - Survey Satisfaction & Follow Up

Is there anything else that you would like to share that has not been covered in this survey? *Optional*

Can you be available to participate in a follow up interview to further understand your experiences with the CEPHaS project? ✱ *Required*

- Yes
- No

Part F2 - Interview Follow Up

Thank you for agreeing to participate in a follow up interview. Please provide an email address so that we can contact you. ✱ *Required*

Survey not completed

We are sorry that you have chosen not to participate in this survey.

If you have any questions regarding this survey, please contact Justin Pulford of the Liverpool School of Tropical Medicine at justin.pulford@lstmed.ac.uk.

Thank you

Thank you for participating in this survey. The information you have provided will allow us to further assess the perceptions and effectiveness of the CEPHaS project.

If you have any questions regarding this survey, please contact Justin Pulford of the Liverpool School of Tropical Medicine at justin.pulford@lstmed.ac.uk.

Final page

This survey is now complete.