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K4Health™

Knowledge for Health

K4HEALTH GUIDE FOR CONDUCTING HEALTH INFORMATION NEEDS ASSESSMENTS



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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AV	Audio/visual
BCC	Behavior Change Communication
CBDA	Community-Based Distribution Agent
CHW	Community Health Worker
DHS	Demographic and Health Surveys
FGD	Focus Group Discussion
FP/RH	Family Planning/Reproductive Health
HIPNET	Health Information and Publications Network
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
ICTs	Information and Communication Technologies
CCP	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
K4Health	Knowledge for Health project
KII	Key Informant Interview
MSH	Management Sciences for Health
NGO	Non-Governmental Organization
PDA	Personal Digital Assistant
PHN	Population, Health, and Nutrition
PVO	Private Voluntary Organization
RFA	Request for Application
SMS	Short Message Service (text messaging)
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

1. Overview

In order to plan health information programs, it is important to first evaluate the current capacity of knowledge management and knowledge exchange systems. This can provide the foundation for evidence-based and needs-driven programs and policies.

As part of the Knowledge for Health (K4Health) project, the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP)—along with its partners FHI 360 and Management Sciences for Health (MSH)—has conducted global and country-level qualitative studies of family planning and reproductive health (FP/RH) information needs. These assessments helped inform the project’s goal of bringing relevant, evidence-based information, knowledge, and best practices to health professionals in international public health settings.

K4Health developed this guide in order to walk others through the process of assessing information needs among individuals working at different levels of the health system; to share lessons learned and tips for various methodologies; and to provide tools that can be used or adapted in future assessments. It is intended to be a useful reference material for all health professionals, including policy makers, program managers, and health care providers. By sharing its experiences with others in the international health community, K4Health hopes to improve knowledge management systems, strengthen health programs and policies, and reduce cost and duplication of effort.

To that end, the objectives of this guide are:

1. To share a methodology for conducting assessments of FP/RH information needs at the global and country levels.
2. To share lessons learned, present overall findings from K4Health needs assessments, and provide tips for others conducting similar assessments.
3. To provide sample needs assessment instruments, templates, and training materials, which can be adapted for future assessments.
4. To discuss dissemination of results, including materials and meetings.

This guide provides advice on planning needs assessments and discusses the following methods that can be used to determine health information needs: an environment scan; online surveys; and qualitative methods, consisting of key informant interviews, focus group discussions, and network mapping using a participatory technique called Net-Map. The guide also shares results from K4Health needs assessments along with illustrative case studies from India and Malawi. Finally it provides recommendations for conducting a health information needs assessment and includes examples of the global and country-level instruments used by K4Health.

In May 2013, recommendations for dissemination of research results were added to the guide, based on lessons learned from K4Health dissemination workshops in five countries.

2. Planning the needs assessment

Before conducting an information needs assessment, researchers need to develop an overall goal for the assessment, determine whose information needs will be studied (the intended audience), and finally define a list of research questions.

The purpose of K4Health needs assessments was to determine the FP/RH information needs of health professionals working at all levels of the health system. Key audiences were policy makers, program managers, health care providers, community health workers, and members of professional FP/RH networks. Research questions fell into the following four main categories: (1) health information needs; (2) health information networks (global, regional, and country-based); (3) existing technology and tools; and (4) current infrastructure. For a complete list of research questions, refer to Appendix D.

3. Methodology

How an organization chooses to do a needs assessment depends on a number of factors, including: scope of the project, capacity, budget, and intended use of the results. Since the K4Health project is global in scope but also has national-level activities in certain countries, K4Health developed a methodology that could provide a snapshot of global information needs while also looking at specific issues in specific countries.

K4Health conducted the needs assessment in three stages. The two components of the global studies—the Environment Scan and Global Online Survey—were completed first. Then, K4Health carried out the qualitative assessments at the country level. These three separate components complemented each other to provide a more complete picture of information needs from the global to the local level.

3.1 Environment scan (global level)

3.1.1 Description

An “environment scan” (also sometimes called an “environmental scan”) is the process of seeking, collecting, and analyzing information for a specific purpose—often to inform a program, research study, or other activity. Environment scans are almost always conducted at the *beginning* of a project to help determine its future course or direction.

Due to the vast amount of information available (particularly considering online sources), it is best to begin an environment scan by defining some key areas of focus most relevant to the organization or project. The K4Health Environment Scan explored five areas consistent with the key topic areas of the overall project: (1) health information needs; (2) Internet access in less developed countries; (3) promising technologies and tools for K4Health audiences; (4) health knowledge networks; and (5) key FP/RH stakeholders.

K4Health collected information for the Environment Scan from three main sources: (1) online databases and bibliographies, such as PubMed and POPLINE, to identify published literature; (2) online search engines, such as Google and pertinent listservs, to identify grey literature, relevant projects, and health information networks; and (3) telephone interviews with knowledge managers at 17 organizations that participated in meetings of the Health Information and Publications Network (HIPNET) in 2008 and 2009 (see Appendix B for the interview guide). The interviews provided context and real-life examples to supplement information obtained from online sources.

View the full [K4Health Environment Scan report](#) for more information about the methodology.

3.1.2 Strengths and limitations of the methodology

Combining online literature searches with information from existing knowledge networks and interviews among key informants can give a global sense of trends on a specific topic. The K4Health Environment Scan provided a synthesis of broad FP/RH information needs at the global level. Using existing data on information and communication technologies (ICTs), knowledge-sharing mechanisms, and health information needs from the Environment Scan, K4Health developed recommendations about global knowledge management systems. For example, the Environment Scan confirmed that language barriers often prevent health professionals from accessing the information they need. It also uncovered existing information about innovative solutions to overcome these challenges, such as regional Web portals and local kiosks that provide Web access to health information sites.

An environment scan can be a fast and relatively inexpensive way to learn about the needs of audiences at a global level. Although the K4Health Environment Scan was quite in-depth, researchers can conduct an environment scan in a short period of time because most of the materials are already available. Thus, a strength of this methodology is the ability to conduct the search from anywhere (provided one has access to the Internet), and with limited time and resources.

Despite its relative brevity, the scan's results can be vital to knowledge management programs. Environment scans provide a snapshot of a topic at a certain time, allowing for tailoring of programs or interventions. Conventional environment scans analyze what already exists, through such mechanisms as literature searches, Google searches, and media queries. K4Health chose to supplement this kind of "passive" searching with a more "active" component: interviews with key individuals. While this was a purposeful sample, it provided a broader perspective than the literature search alone could have provided, bringing some added nuance.

One limitation to the methodology is the lack of specificity. While environment scans offer a broad perspective, they may not be able to provide more specific details regarding countries, populations, or outliers. The K4Health Environment Scan was not tailored by country, so the information may not be relevant in all contexts or among all groups of stakeholders.

3.1.3 Tips for using this methodology

Overall strategies for conducting environment scans:

- **Explore non-traditional publications, such as grey literature, listserv postings, and organizational websites.** While scientific articles and publications are crucial to an environment scan, it is just as important to expand beyond peer-reviewed materials in order to truly capture the breadth of a topic.
- **Supplement online searching with selected key informant interviews.** While many organizations may only have time for an online search or a review of the literature, supplementing with in-person or phone interviews can give more depth to the findings.
- **Broaden or narrow the scan, depending on the needs of the project.** The K4Health Environment Scan looked at a wide range of information needs at a global level, but other researchers may choose to do a quick environment scan on a more refined geographic area or topic.

Tips for using online search engines and databases (for example, Google, PubMed, POPLINE):

- **Try different databases and different search terms.** There may be some trial and error involved to ensure that the right data are gathered.¹
- **Make sure all search terms are spelled correctly.**²
- **Use Boolean operators (and, or, not).** The use of “and” will narrow a search, “or” will broaden a search, and “not” will exclude a concept.³
- **If the search yields too few results:**
 - **Search for synonyms and/or related terms.** For example, when searching for “family planning,” also try “contraception.”
 - **Use truncation characters** to retrieve alternate endings of the same word. Many databases use the asterisk (*) symbol as a truncation character. For example, entering “informat*” into a database would retrieve items containing “information,” “informative,” “inform,” etc.
 - **Try another database.** If the search is not yielding the necessary results, it may be time to move to a different search engine or database.⁴

¹ University of Cincinnati Libraries. Tips for Online Searching. Retrieved September 16, 2011 from: <http://libraries.uc.edu/help/th/searchtips.html>.

² Ibid.

³ Ibid.

⁴ Ibid.

⁴ University of Cincinnati Libraries. Tips for Online Searching. Retrieved September 16, 2011 from:

- **If the search yields too many results:**
 - **Exclude certain sub-fields by using “not.”** For example, search for “contraception not condoms” or “family planning not depo,” depending on what terms should be excluded.
 - **Use phrase searching, by placing the exact term needed in quotation marks.** For example, if a search on community health workers also brings up items related to community events, place the words “community health worker” in quotation marks.⁵
 - **Use limiters.** Depending on the search engine or database, there may be an “advanced search” function that allows researchers to refine a search based on date, language, or other criteria. This will help eliminate results that are not helpful to the study.⁶

3.1.4 Illustrative interview questions

Below are a few sample questions that can be used during interviews as part of an environment scan. See Appendix B for the full K4Health Interview Guide.

Environment Scan—Sample questions for interviews

1. Who are the intended audiences for your products and activities?
2. Have you conducted a health information needs assessment of your audience? If not, how do you decide what products and activities would be most appropriate for your audience(s)?
3. What communication channels, tools, and technologies have you used to:
 - Disseminate information products?
 - Facilitate knowledge sharing among audience members?
 - Promote learning (any kind of training or professional development)?
4. Which of the above do you rely on the most? How successful has each one been in getting information into the hands of your audiences?
5. Which new technologies and tools do you think hold the most promise for disseminating health information? Are you currently exploring any of these?
6. In which global, regional, and/or local knowledge networks do your organization and its staff participate?

⁵ University of Cincinnati Libraries. Tips for Online Searching. Retrieved September 16, 2011 from: <http://libraries.uc.edu/help/th/searchtips.html>.

⁶ Ibid.

3.2 Global online survey

3.2.1 Description

When conducted among the target audience of a program or activity, health information surveys can provide crucial information about knowledge gaps, use of information, and preferred communication channels. Surveys can be short, and researchers can pretest and deliver them in a relatively fast timeframe. There are a number of online programs through which researchers can conduct surveys, and listservs, websites, and social media platforms offer easy and inexpensive promotion venues for potential survey respondents.

Conducted in three languages (English, Spanish, and French) over a one-month period (March 25 to April 24, 2009), K4Health disseminated its Global Online Survey through a targeted email announcement sent to the headquarters and field offices of the United Nations Population Fund (UNFPA), the U.S. Agency for International Development (USAID), the World Health Organization (WHO), and numerous public health organizations and professional networks. The survey instrument consisted of 39 questions about health information needs, preferred sources of health information, information-sharing preferences, and use of ICTs.⁷ (See Appendix C for the survey instrument.)

The survey yielded 808 responses from 110 countries. Most respondents (67%) completed the survey in English, but 22% completed the Spanish version, and 11% completed the French version. K4Health combined data from all three versions of the survey instrument into one comprehensive dataset and analyzed the data using Microsoft Excel. Data from close-ended questions were disaggregated by region, job function, organizational affiliation, education, and gender to examine needs and interests shared by particular audience groups.⁸

View the [Global Online Survey](#) report for more information about the methodology.

3.2.2 Strengths and limitations of methodology

Because a needs assessment takes place at the beginning of a program cycle, and data must be collected and analyzed in a timely matter, surveys—especially online surveys—offer several advantages over other methods, such as print questionnaires and in-depth interviews. They are inexpensive, take a short time to collect the data, provide accurate data, offer efficient data processing and analysis, and protect the anonymity of participants.

Online surveys can give researchers the ability to study the needs of a wide range of professionals. For example, the K4Health Global Online Survey reached a diverse group of individuals working in international public health, such as technical advisors, program managers, and clinicians, representing a wide variety of professional, technical, and geographic areas. A large number of

⁷ Ohkubo, S. (2009). Summary report: Global Online Survey. Johns Hopkins Center for Communication Programs (CCP). Available from: <http://www.k4health.org/needs-assessments/GlobalOnlineSurvey>

⁸ Ibid.

respondents completed the survey. K4Health used the results to develop activities and tools to communicate FP/RH to specific audiences.

While being a sound and timely method, a key limitation to such a survey is that it only reaches respondents with reliable access to the Internet. In addition, a sampling frame is usually not available or controllable—that is, researchers cannot know exactly how many people receive the survey announcement through dissemination venues, such as listservs. As a result, the actual response rate is unknown. Such limitations could potentially result in a biased sample and consequently lead to low data quality. Despite the survey’s limitation, however, it is important to note that these self-selecting respondents likely play a key role in providing information to front-line health care providers and in exchanging knowledge to improve health service delivery.

3.2.3 Tips for using this methodology

A global online survey can be useful as one of the mixed methods in the needs assessment design. Ideally, it should take place at the beginning stages of the needs assessment so that the survey findings can effectively inform the design of qualitative study and instruments.

With the rapid growth of mobile phone penetration in developing countries, the application of mobile capabilities into online survey methods extends survey coverage to hard-to-reach areas with no computers or reliable Internet connection. Short message service (SMS) can support simple survey question formats such as single choice, multi-choice, and open-ended questions.

To overcome limitations and ensure better data quality, K4Health recommends the following strategies:

- **Identify key informants to collect information about hard-to-reach audiences.** Key informants with Internet access serve as intermediary audiences who can provide information about and represent primary audiences without Internet access. Several communication theories, such as two-step flow⁹ and diffusion of innovations,¹⁰ validate the importance of using key informants in research to measure flow of information and knowledge.
- **Conduct rigorous pretests and cognitive interviews.** Pretests and cognitive interviews improve the survey questionnaire design and ensure that survey questions are understood in the same way across groups varying in job function, location, and language. Cognitive interview is a technique used by researchers to detect survey items that are not understood by respondents as intended. It helps identify how respondents interpret and answer given questions, as well as how to revise or create new items to better fit different contexts.¹¹

⁹ Katz, E. (1957). The Two-Step Flow of Communication: An Up-To-Date Report on a Hypothesis. *Public Opinion Quarterly*; 21(1): 61-78.

¹⁰ Rogers, E.M. (2003). *Diffusion of Innovations* (5th Edition). New York, NY: Free Press.

¹¹ The Measurement and Methods Core, Center for Aging in Diverse Communities, University of California San Francisco. Using Cognitive Interviews to Develop Structured Surveys. Retrieved September 15, 2011 from: <http://dgim.ucsf.edu/cadc/cognitiveinterviews2010.pdf>

- **Enlist support from leaders and champions of global health information agencies and networks.** By helping disseminate survey announcements more widely such agencies and networks provide greater access to the target audience and potentially increase the number of survey respondents.
- **Complement the online survey with other data collection methodologies.** Strategies such as follow-up in-depth interviews with survey respondents allow researchers to probe questions and achieve greater data quality.
- **Triangulate results with key findings from other needs assessment components.** Combining the results with an environment scan or systematic qualitative studies can bring greater meaning to the findings.
- **Use multiple strategies to increase the response rate.** If possible, give a small financial incentive. If this is not possible, then non-financial incentives, such as free health-related literature or other promotional materials, also motivate many people to participate in online surveys. In addition, offering various language versions of the survey often increases the response rate of survey. Surveys can also be promoted by the leaders of various organizations and professional groups.

3.2.4 Illustrative survey questions

The following sample questions can be used in a health information survey. See Appendix C for the full survey instrument, including answer options for the questions below.

Global Online Survey—Sample questions for interviews

1. What is your programmatic area of focus?
2. For which topics do you need more information to perform your job?
3. From whom do you obtain health information?
4. What are the biggest barriers to accessing accurate and up-to-date information related to your job?
5. Which Information Technology (IT) devices do you have access to for work-related activities?
6. How frequently do you share paper and/or electronic resources with your colleagues?

3.3 Qualitative assessments (country level)

3.3.1 Key informant interviews

3.3.1.1 Description

A key informant interview (KII) refers to the process of collecting qualitative in-depth information from an individual who is particularly knowledgeable about the topic of interest. The purpose of key informant interviews is to speak with a wide range of people who have access to the information desired. These experts have specific knowledge and understanding, and they may be able to discuss the nature of problems and recommend solutions.¹²

3.3.1.2 Strengths and limitations of methodology

Key informant interviews can help researchers to understand the information needs, priorities, and preferences of a given community. They allow researchers to obtain information from people with diverse backgrounds and opinions. Researchers can ask in-depth and probing questions and obtain respondents' candid discussions about sensitive topics.

KIIs require relatively few resources, allowing researchers to gather rich detail on a topic relatively quickly and easily. The interviewer can establish rapport with the participant and can clarify the meaning of questions. An added advantage is the opportunity to build or strengthen relationships with important stakeholders in the community. Furthermore, conducting these interviews in a community can raise awareness around certain issues.¹³

Despite the advantages, selecting the best key informants that represent diverse backgrounds and viewpoints may be difficult. In addition, these informants may have particularly busy schedules, so it may be challenging to schedule interviews. Finally, a large sample may be needed in order to represent more points of view in the results.¹⁴

3.3.1.3 Tips for using this methodology¹⁵

- **Choose a qualified interviewer.** Look for someone who is friendly and a good listener, understands local customs, and inspires confidence and trust.
- **Identify suitable key informants.** Make sure key informants have a good understanding of the issue that the researchers want to explore.
- **Include primarily open-ended questions in the interview.** Develop an interview guide well in advance of the interview to ensure that all areas of interest are covered.
- **Hold the interview in a comfortable location.** Try to put the respondent at ease.

¹² UCLA Center for Health Policy Research. Health DATA Program – Data, Advocacy and Technical Assistance. Key Informant Interviews. Retrieved July 27, 2011 from: http://www.healthpolicy.ucla.edu/healthdata/ttt_prog24.pdf

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Ibid.

- **Record and transcribe the interviews.** Be sure to ask the respondents for permission to record their interviews.
- **Let the respondent do most of the talking.** Interviewers should be active listeners and show interest in the respondents' opinions.
- **Take measures to reduce bias in the interviews.** Encourage interviewers to avoid judgmental tones and leading questions.
- **After the interviews, review the notes.** If the interviewer did not understand something, be sure to contact the respondent for clarification.

3.3.1.4 Illustrative KII questions

The sample questions below can be used to conduct key informant interviews. See Appendix D for the full protocol.

Key Informant Interviews: Sample questions

1. Tell us about a recent major decision related to health programs/policy that was made by your organization. What information was used to make this decision? Where was the information to make this decision found?
2. How is the latest health information shared within your organization? With colleagues or staff in remote areas? [**Probes:** Telephone? Email? Meetings?] Please give a recent example.
3. What are the barriers to using health information for decision-making? [**Probes:** Data access, Data quality, Technical capacity] What can be done to address these barriers?
4. What are the **best channels** for your organization to receive information [**Probes:** Internet? Mobile phone? Print documents? Interpersonal communication?] Please rank these.
5. What are the **preferred formats** for your organization to receive information? [**Probes:** Fact sheets? Handbooks? Journal articles? E-learning? Internet searches?] Please rank these.
6. In what **language(s)** would information be most useful for your organization?
7. How do members of this organization use mobile phones as part of their work? How is SMS used? Is it useful for sharing health information? What challenges do people experience in using mobile phones?
8. How do colleagues use the Internet for work? For what purposes? Where do people in your organization access the Internet? What challenges have been experienced in using the Internet?

3.3.2 Focus group discussions

3.3.2.1 Description

The purpose of focus group discussions (FGDs) is to gather information about a particular topic by interviewing a group of people directly affected by the issue. FGDs differ from individual interviews, as they allow for interaction among all the members of the group.

3.3.2.2 Strengths and limitations of methodology

FGDs can provide nuanced responses that allow the researcher to understand differences in perspectives among respondents. They can shed light on the factors influencing opinions or behavior, and they provide a forum through which to capture the attitudes and perspectives of a program's target audience, even about sensitive topics. Group dynamics can generate new thinking, and this setting can also provide an opportunity to learn about the interactions among different members of the group.¹⁶ Also, because FGDs are a face-to-face conversation, as with individual interviews, results may be easier to understand than statistical data. Furthermore, focus groups often uncover information more quickly than in individual interviews. Finally, the researcher can obtain information through non-verbal responses—that is, facial expressions or body language.¹⁷

There are some key limitations, however. First, FGDs take time to plan and conduct, and they can be costly to convene. Some ideal participants may not be able to leave their jobs to attend these discussions. Group discussions can be difficult to control, so time can often be lost to irrelevant topics. Also, respondents sometimes succumb to peer pressure, giving similar answers to the moderator's questions. Finally, the small sample size does not necessarily represent the opinions and concerns of the larger population.¹⁸

3.3.2.3 Tips for using this methodology

Focus group planning:

- **Carefully consider the composition of your FGD.** Most focus group discussions include participants who have common characteristics, related to the topic of study (for example, health officials). However, researchers may choose to include a more diverse group in the FGD, depending on research goals. While a homogeneous group may encourage participants to contribute to the conversation, as they may feel that they are talking among their peers, it may be important to contrast viewpoints from different sectors of the population.¹⁹

¹⁶ Krueger, R. A., and M. A. Casey. (2000). *Focus groups: A Practical Guide for Applied Research* (3rd edition). Thousand Oaks, Calif.: Sage.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ulin, P.R., Robinson, E.T., and Tolley, E.E. (2005). *Qualitative Methods in Public Health: A Field Guide for Applied Research*. San Francisco, Calif: Jossey-Bass.

- **Keep the group size to 8 to 10 participants.** In most cases, this size is enough to stimulate discussion among participants while still being manageable for the moderator.²⁰
- **Collect background data on the participants.** This will help the researchers as they analyze and report results.²¹
- **Try to keep the time to less than two hours.** Most FGDs are between one to two hours. If longer, consider giving participants a break.
- **Have a trained moderator.** It is crucial that FGD moderators are adequately trained, as their skills in phrasing questions can affect responses and skew results. This can help the discussion remain on-topic. Assistant moderators can take notes and keep track of time.
- **Hold FGDs at the community level.** In order to make sure that invited participants can attend, hold the FGDs where most participants are co-located. The venue should be neutral, private, free from distractions, and easily accessible.²²

Focus group facilitation:²³

- **Make participants comfortable.** Arrange participants in a circle, ensuring that everyone can see one another. Provide refreshments, but place them away from the circle to avoid distractions.
- **Become familiar with the questions beforehand.** The FGD moderator should practice questions out loud, know the purpose of each question, and know how much time to spend on each question. Do not stray from the facilitation guide.
- **Record and transcribe the discussion.** The research team should also take notes.
- **Be ready for unexpected problems.** Examples include bad weather, low turnout, unexpected or uninvited participants, participants unwilling to talk.
- **Empower participants to contribute to the discussion.** Make sure participants know that the research team values their opinions, and that the point of the study is to learn from them. This may help inspire them to speak up and participate fully.
- **Avoid leading questions.** Instead, try value-neutral and information-seeking questions. For example, rather than asking, “Does poor quality data impede decision-making in your community?” instead ask, “Can you tell me more about the barriers to using health information for decision-making in your community?”

²⁰ Ulin, P.R., Robinson, E.T., and Tolley, E.E. (2005). *Qualitative Methods in Public Health: A Field Guide for Applied Research*. San Francisco, Calif: Jossey-Bass.

²¹ Ibid.

²² Krueger, R. A., and M. A. Casey. (2000). *Focus groups: A Practical Guide for Applied Research* (3rd edition). Thousand Oaks, Calif.: Sage.

²³ Ibid.

- **Ask open-ended questions, and ask only one question at a time.** Even if the questions are related, participants usually cannot remember more than one at a time.
- **Repeat key phrases from the question.** Participants can lose focus after several people respond to a question. Repeating key phrases will help them stay focused.
- **Be comfortable with silence.** Some participants may need additional time to consider the question, so do not rush participation.
- **Probe for more information.** When participants are not providing enough information, ask follow-up questions and try to solicit the information you need.

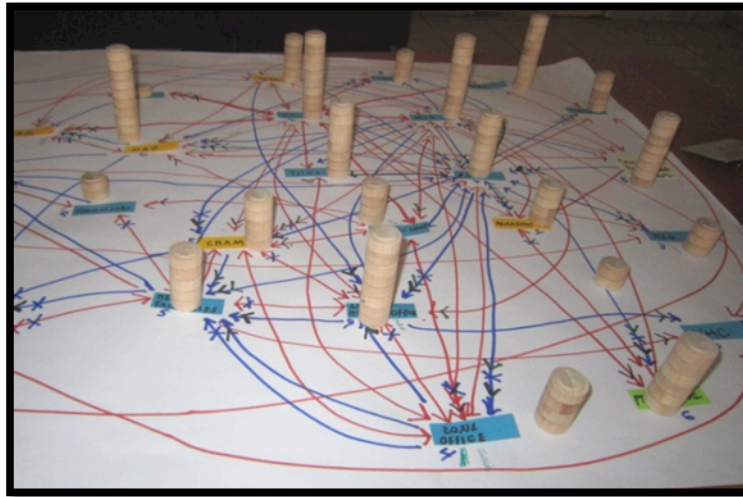
3.3.2.4 Illustrative FGD questions

The sample questions below can be used when conducting focus group discussions. See Appendix D for the full protocol.

Focus group discussions: Sample questions

1. Tell us in detail about a time when people in your district/community needed job-related health information. When was it? What information was needed? Where was it found? How? Did people receive the information when needed or were there any delays? (*Let several participants provide experiences*). Please share any other examples of your colleagues' or community's efforts to obtain information.
2. How is the latest health information shared within your district/community? [**Probes:** Telephone? Email? Meetings?] With colleagues or clients in remote areas? Please give a recent example.
3. What are the barriers to using health information for decision-making in your district/community? [**Probes:** data access? data quality? technical capacity?] What can be done to address these barriers?
4. What are the best communication channels for your district/community to receive information [**Probes:** Radio? Television? Internet? Mobile phone? Paper/print documents? Interpersonal communication?] Please rank these.
5. How do members of this district/community use mobile phones as part of their work? What challenges do people experience in using mobile phones?
6. **For para-medical staff/CHWs.** Show participants a picture of a computer. Ask: What is this? How is it used? Is there one in your village? Then ask: What is the Internet? Is there a cyber-café/kiosk in your village? Do people you know use the Internet? Who and for what purpose?
7. **For district-level or management staff.** How do colleagues use the Internet for work? For what purposes? Where do people in your district/community access the Internet? What challenges have been experienced in using the Internet?
8. Of the technologies mentioned here, are there any that are better for transferring/sharing health information at the district/community level? Why?

3.3.3 Network Mapping (Net-Map)



Participants in the Malawi Net-Map exercises used wooden towers to indicate relative influence of the various actors. © 2011, Natalie Campbell, Courtesy of MSH

3.3.3.1 Description

Network Mapping (Net-Map) is a social mapping tool that combines the visual aspects of creating a map with an interview. Net-Maps can be created by individuals or groups. Using a participatory approach, respondents work with interviewers to address a key question and create a network map of actors related to the question/topic of inquiry. They list all relevant actors, examine links between them, and then add wooden “influence towers” (see photo above) to represent power and influence of the various actors. Finally, the individual (or group) discusses the goals of the various actors. Through this process, respondents can consider how to strengthen weak links and leverage strong ties with influential actors.²⁴ Researchers obtain a detailed map of actors, qualitative and quantitative data about the perceived power and influence of the actors in the network, and recommendations from participants regarding how to improve the current situation. Detailed instructions for conducting Net-Map can be found at:

<http://netmap.files.wordpress.com/2008/06/net-map-manual-long1.pdf>.

3.3.3.2 Strengths and limitations of methodology

Generally, Net-Map is a relatively low-tech and low-cost way of visually presenting connections among different actors. Researchers can use it with a variety of stakeholders, from rural community members with little formal education to government officials and international actors. Net-Map allows the researcher and the respondents to visualize a network, the actors’ relative influence in that network, and bottlenecks and opportunities to strengthen network ties.

²⁴ Schiffer, E., Hauck, J. (August 2010) Net-Map: Collecting Social Network Data and Facilitating Network Learning through Participatory Influence Network Mapping. *Field Methods* 22(3).

Furthermore, this process has the added benefit of showing relative influence and goals of the various actors.²⁵

Through the Net-Map process, researchers can better understand the flow of information in a community. Researchers may find out information they never would have learned through an interview due to the visual cues and discussion surrounding map creation. (For a case study about the K4Health experience with Net-Map in Malawi, see section 6.1 of this guide.) By collaboratively drawing the map, respondents interact with one another and surface agreement and areas of tension around the topic of discussion. Net-Map can improve project planning, monitoring and evaluation, team work, and strategic networking. It also helps detect network problems, bottlenecks, and opportunities.

A key limitation to Net-Map is the time required to identify all the actors, determine their links, and discuss levels of influence. Net-Map should be limited to smaller-sized social networks, ones with fewer than fifty actors. Furthermore, researchers need guidelines and proper training to generate the map manually and further software training to execute computer-based maps. While it is fairly simple and intuitive to complete the basic level of analysis, such as drawing the networks and collecting the qualitative narratives, more in-depth analysis of the data requires familiarity with social network analysis (SNA) software. Providing all facilitators and members of the research team with SNA software training—and ensuring that they have a solid understanding of social networks and are able to interpret SNA data—requires additional time and resources.

An additional limitation of Net-Map is the actual scheduling; it may be challenging to find a time when busy and/or hard-to-reach actors are available at the same time. Finally, the information on level of influence is quite subjective; thus, it is important to select participants carefully and to include a wide range of actors in the discussion.

3.3.3.3 Tips for using this methodology

- **Capture detailed notes during map development.** Conducting group or individual interviews using the Net-Map approach is fairly straightforward and lends itself to a lively discussion. It is crucial to capture the rich details of the session to refer back to later.
- **Use Net-Map as a tool to collect rich qualitative data around the *discussion* of the map.** This is usually preferable, particularly in a situation where researchers have limited training. The other option is focusing on the quantitative data generated from the map, which requires a Net-Map expert for analysis and interpretation of the data.
- **Conduct pre/post Net-Map sessions to gather pre/post-intervention data.** If time and resources allow, this can be a great way to see how a network changes over time and what impact your intervention has had, if applicable. See section 6.1 of this guide for more details.

²⁵ Schiffer, E., Hauck, J. (August 2010) Net-Map: Collecting Social Network Data and Facilitating Network Learning through Participatory Influence Network Mapping. *Field Methods* 22(3).

3.3.3.4 Illustrative Network Mapping (Net-Map) Questions²⁶

The sample questions below can be used during Network Mapping. See Appendix E for the full protocol.

Net-Map: Sample questions

1. Determining key actors²⁷

What actors exchange knowledge about health topics? Please list all organizations working in health at all levels of the national health system, including social security, health, police and armed forces, private clinics, NGOs, and others. Do not forget to locate yourself on the map. [**Probes:** Who are the actors who produce, distribute, or gather technical information about health? Who are the actors who can influence people who do this or develop policies that determine how? Who are the actors who are directly or indirectly involved in the exchange of information?

2. Drawing key links

For the following links, who provides _____ to whom?

- **Formal authority:** Legal right/ability to control other(s), which could be expressed in the form of sending command, collecting reports, and/or direct supervision. Who has authority over whom, or who reports to whom?
- **Technical information:** This is knowledge communicated in the form of policy, protocols, publications, guidelines/manuals, curricula, job aids, materials for information, education, and communication (IEC) or behavior change communication (BCC), or survey instruments.
- **Funding:** Provision of financial or in-kind support.

3. Attributing influence

Who influences how health knowledge is exchanged? Which actors have the most influence to change or modify the exchange of health knowledge? Where does each actor's influence come from and how do they use it? What is the origin of the influence?

4. Determining organizational priority and programmatic emphasis

- Are there any perceived conflicts in the goals or priorities among actors?
- Are there perceived synergies of goals or priorities among actors?
- What gets in the way of the cooperation or the exchange of knowledge among organizations?
- What contributes or enhances the cooperation or the exchange of knowledge among organizations?

²⁶ Schiffer, E., Hauck, J. (August 2010) Net-Map: Collecting Social Network Data and Facilitating Network Learning through Participatory Influence Network Mapping. *Field Methods* 22(3).

²⁷ K4Health asked Net-Map participants to name primarily organizational actors, rather than individual staff members. Staff turnover can make it difficult to obtain detailed information at the individual level. Also, not all Net-Map participants may be familiar with an organization's individual staff members. However, in some cases it may benefit the Net-Map exercise to collect the names of influential individuals in addition to groups.

4. Results and their use in programming

4.1 Overview of results

The K4Health needs assessments provided vital data about health information and knowledge management systems from the global level to the country and local levels.

The K4Health Environment Scan revealed the latest information regarding Internet access, use of mobile phones, and professional networks at the global level.²⁸ It also showed the promise of emerging technologies for information sharing, such as voice-based information systems and podcasting. In addition, it revealed a host of health and development knowledge networks that have recently emerged to serve policy makers, researchers, program managers, health care providers, and the general public.

The Global Online Survey provided details about the information needs of health professionals related to FP/RH technical areas, such as adolescent health and community-based family planning services, and program management topics, such as performance and quality improvement.²⁹ The survey also showed communication and technology preferences of respondents, which informed the implementation of knowledge management activities.³⁰

Qualitative interviews and focus groups provided insight about knowledge management systems, the flow of information among different levels of the health system, preferred communication vehicles, and the main barriers to accessing health information. Net-Maps showed who controls information flow and where knowledge management systems may need more support. They also revealed supervision and technical assistance links among various actors, and they suggested the need for increased information flow and supervision among certain organizations.

For detailed results of each study, see the full reports, which can be found at <http://www.k4health.org/needs-assessments>. For links to specific reports, see Appendix A.

4.2 Use of results

The K4Health information needs assessments provided the groundwork on which to design activities to strengthen knowledge management and exchange systems among health care professionals. The following are a few examples of recommendations that stemmed directly from one or more components of the K4Health needs assessments:

- **Health information programs should establish regular mechanisms to receive feedback from and facilitate collaboration among their audiences in order to tailor, package, and share suitable materials according to audience needs.** The K4Health study revealed that professionals at all levels of the health system—and in all geographic

²⁸ Kols, A. (2009) Knowledge for Health Environment Scan. Johns Hopkins Center for Communication Programs (CCP).

²⁹ Ohkubo, S. (2009) Summary report: Global Online Survey. Johns Hopkins Center for Communication Programs (CCP).

³⁰ Ibid.

areas—desire resources that are current, easy to understand, and appropriately packaged. For example, a health policy maker may seek technical information packaged as a fact sheet with key statistics and policy implications of the data, while a community health worker has a greater need for “bytes” of *practical* information at the point of care.

- **Health programs should consider a variety of communication channels, both traditional and electronic, to ensure that health information is reaching all target audiences.** Emerging technologies are spreading rapidly at the global and country levels. However, access to these technologies—and knowledge about their use in information sharing—varies widely across and within countries. For example, while Internet access was reported to be much more available at the national level than at the district and community levels, mobile phones seem to be widely available among health professionals at all levels. Other handheld devices, such as personal digital assistants (PDAs) and smart phones, offer wireless access to the Internet; however, neither these devices nor the required wireless networks are readily available in developing countries to date.
- **Professional networks and face-to-face meetings should be utilized to improve knowledge management systems and information sharing across levels of the health system.** Our assessments showed that there is a high value placed on face-to-face information exchange, particularly at the country level. This type of information exchange offers the ability to seek clarification immediately, and it takes less time than reading a book. Many doctors will ask a colleague for information first before consulting any reference material.

Without conducting these studies, we would not have been able to provide these concrete programmatic recommendations—and many others—for improving knowledge management activities at various levels of the health system.

5. Dissemination

Ensuring that study results are available to the community in which the study was conducted—and to others who may use them in other contexts—is a key element of conducting research.

In the case of the K4Health needs assessments, dissemination took several forms. For the K4Health Environment Scan and Global Online Survey, final results were presented to colleagues and disseminated electronically to target audiences via email listservs, the K4Health project website, and other vehicles. For the country-level needs assessments, dissemination through similar electronic dissemination channels was preceded by participatory in-country meetings.

During the in-country dissemination meetings, the research teams presented results to stakeholders and solicited feedback to validate and better understand the results. Researchers distributed study materials at these events, and then used feedback from participants to develop action plans and/or finalize needs assessment reports (both a detailed, long version and a more succinct version highlighting key points). The action plans and final reports were further disseminated through the K4Health project website, listservs, journal articles, and conference presentations.

When planning for a dissemination meeting, it is important to involve the same group of stakeholders that was involved in planning the needs assessment study itself. These stakeholders can provide input and contribute to high-level planning for the dissemination meeting (for example, objectives, scope, size, and location). It is generally a good idea to start planning the dissemination meeting several months in advance, as there are a number of preparations that require time and attention.

In all five countries in which K4Health held in-country dissemination meetings, it was crucial to have K4Health staff (or members of partner organizations) on the ground to help plan the workshop in advance. This team can help with logistics and can contact the Ministry of Health, funding organization, and other in-country stakeholders that will be involved in the meeting.

5.1 Items to consider when planning in-country dissemination meetings

5.1.1 Meeting objectives

One of the main objectives of a dissemination meeting should be to validate and better understand the results of the needs assessment, and also to obtain feedback that can be incorporated into a follow-up action plan.

When you consult with the in-country stakeholders that helped to conduct the study, ask them what else they would like to get out of a dissemination meeting. What are their main concerns? You may also want to ask them up front if they would like to be involved in the meeting as a speaker, moderator, greeter, or in another role.

5.1.2 Budget parameters/ line items

One of the first things that should be discussed is the budget for the meeting. This will determine its size and scope, as well as other details (for example, materials, invitation list).

When developing the budget, consider starting with the following line items:

- Venue/room rental fee – which will often include audio-visual (AV) charges (but not always)
- Food/drink – breakfast, lunch, and/or other refreshments
- Printing charges – brochures, other printouts, CD-ROMs (if appropriate)
- Documentation – photographer, videographer (if appropriate), note-taker
- Travel/lodging for staff
- Travel/lodging for additional speakers and other participants (if deemed appropriate)
- Staff costs – such as for administrative and logistical support
- Consultant fees
- Miscellaneous – additional funds for last-minute expenditures

5.1.3 Size and scope

The parameters of your study, and your budget, will determine the scope of your dissemination. You may decide to have only one national-level meeting, or you may choose to have additional meetings at the regional and/or sub-regional levels.

For example, the K4Health team conducted a national-level workshop in India as well as one meeting at the state level (in Lucknow). The K4Health team in Malawi conducted regional and national workshops. In Peru, the K4Health team held just one national meeting, but the budget allowed for transportation of regional participants to the national meeting.

Keep in mind that you want to invite enough people to have diverse perspectives, while still maintaining a group small enough to ensure participation. If the group is too large, it may discourage some participants from sharing their thoughts. (Dividing up into small groups is an option for a larger group, but make sure to have a way to record and/or take notes in all small group sessions to ensure that you receive all the feedback.)

Since the goal of a needs assessment is ultimately to learn about gaps that could inform change in a country, the K4Health dissemination workshops were very focused on recommendations. This included a discussion about how the current project could link up with existing knowledge management missions and activities.

5.1.4 Timing

Consider roughly how long you want the meeting to last: Half-day? Full day? Two days? The objectives and general scope of the meeting will help you determine this and set your agenda (see below for more on developing an agenda).

Make sure you consider local protocols, customs, and holidays (both religious and secular) when selecting your meeting date. For example: Does this country regularly hold meetings on Fridays? Are there religious holidays that might conflict with your chosen date? For these considerations, make sure you tap into the local knowledge of your staff or consultants on the ground.

Often, meetings such as these are held when stakeholders may already be in town for a larger conference or another event. For example, the K4Health dissemination meeting in Senegal was held just before the International Family Planning Conference in Dakar. This allowed our U.S.-based staff to attend both meetings, and it allowed the team to invite people outside of Dakar who may have already been planning to attend the conference.

5.1.5 Venue

Once you have determined the date and size of the meeting, you can reserve the meeting space. While a very small workshop (10-15 people) can likely be hosted at your organization's office, it is usually necessary to rent a larger conference room. Depending on the setting, these spaces sometimes need to be reserved several months in advance, so planning ahead is crucial. Usually, other meeting details (food/drink, AV equipment, table set-up) can be handled by the venue staff; make sure to ask about what is included when you make your reservation.

5.1.6 Invitations

After you determine the size and scope, and you have decided on a date, you can develop the invitation list. In-country staff can help determine the best representation among organizations, and they also may have the most up-to-date contact lists. Be sure to consider NGOs, government staff, donors, and others (as relevant) at the various levels that you would like to include in your meeting. If inviting participants to come from out of town, discuss whether your budget could cover some or all of their travel/lodging costs. In-country staff can send the invitations for you; you may want to discuss the best, most appropriate way to invite people to the meeting (mail, email, personal calls). Make sure that the invitations go out with enough time for people to plan, and encourage people to RSVP by a certain date so you can get an accurate count for the venue and have enough print materials.

5.1.7 Meeting agenda

It is customary for these events to begin with a short welcome speech. During several K4Health dissemination meetings, these speeches were given by a local government official or donor representative. This can be a good way to involve other organizations and encourage their participation.

The main results presentation can come next: During the K4Health meetings, these were generally limited to 90 minutes or less, to allow for adequate discussion and follow-up presentations. If you have an in-country researcher available, s/he may be the one to give this presentation. Make sure that the main results are presented, followed with an overview of recommendations; this is often what participants will be most interested in discussing (and contributing toward).

Following the main results, it can be helpful to have presentations by other experts—commenting on or adding to the results. For example, during the half-day national-level dissemination workshop in India, three K4Health staff members presented the results; immediately following, an invited panel of non-K4Health experts commented on issues related to the results presentations. The moderator (K4Health staff) asked questions of the panelists, who were able to give a number of helpful suggestions. Not only did participants respond favorably to the panel format, but some were actually able to implement some of the study recommendations right away. For example, the director of a training institute developed a list of frequently asked questions (FAQs) for a kit for the accredited social health activists (ASHAs—grassroots health workers at the village level), based on recommendations from the panelists.

During the state-level meeting in India, the results presentation occurred in the morning, and the afternoon consisted of a capacity building workshop. In some cases, resources may be leveraged from other programs, and the dissemination workshop can be combined with training activities or other events.

In Peru, the results presentation focused on the objective of the project, the methodology, and the results. Then, a panel of several national-level stakeholders (non-K4Health) analyzed the results and added to them. The moderator (K4Health staff) was essential for keeping time and steering discussion, as were other K4Health staff members who led small-group discussions. In the small groups, one discussion leader sat with each team, facilitated, and took notes. The groups went through a "Challenge Model," in which participants identified challenges related to accessing and using FP/RH information.³¹ The discussion leaders wrote up the notes following the meeting and sent out final action plans.

³¹ The Challenge Model, a tool developed by Management Sciences for Health (MSH), helps teams address real problems and achieve results. To access the Challenge Model online, visit: <http://www.msh.org/resource-center/challenge-model.cfm>

Sample agendas from India (both at the national and state level) and Ethiopia are included in Appendix F. Note that these agendas allowed adequate time for meals and breaks; this is an important time for informal discussion as well as networking. Also note the variation among the country examples; agendas can be drastically different depending on the setting, availability of speakers, and a host of other factors.

One of the most important things is to allow enough time for adequate discussion after each presentation—this is where you will hear and understand concerns of the participants. If you have a large enough group, you can consider dividing up into smaller discussion groups after the main presentations; however, as noted previously, make sure that you have a way of taking notes and/or recording these sessions so you do not lose any valuable information shared during these conversations.

5.1.8 Materials

At the K4Health dissemination meetings, participants received copies of the study reports, which usually took the form of a 2–4 page summary, with a short description of methods, results, and recommendations.

In most countries, the study team validated results with the participants during the meeting, but the team did not change the report participants' feedback or questions.

On the other hand, some teams chose to distribute *preliminary* reports to emphasize the participatory aspect of the dissemination meetings, and then they finalized them with the help of the stakeholders at the workshop. For example, in Ethiopia, stakeholders at the K4Health dissemination workshop listened to presentations and reviewed the report, and then helped clarify recommendations and offer additional explanations of results. (Note: The K4Health team did not distribute the report in advance of the meeting but doing so may have generated even more helpful comments.)

In other cases, the teams finalized the reports before the workshops, but participant feedback was incorporated into follow-on materials and action plans (see the Malawi example below).

If you choose to distribute a draft report, it is important for the materials not to *look* final. For example, you can include a “Draft” watermark on the report, print “Draft” in the header area of the report, or print a minimally designed report, for example, in Microsoft Word format—or use another method to make it clear that the study report has not been finalized without stakeholder input.

In addition to the shorter summary reports, longer reports can also be distributed, if desired (in Ethiopia, the full draft report was distributed via CD-ROM). PowerPoint slides (from meeting presentations) can also be distributed as printouts or as part of a CD-ROM.

5.1.9 Capturing participants' feedback and developing a follow-up plan

Capturing the discussion during the meeting is crucial in order to fully address participants' feedback afterward. Meeting documentation can take the form of an audio or video recording; in some cases, detailed notes may be sufficient. Whatever the format, it is important to document questions and ensure that they are addressed (either in the final report or follow-on materials).

To solicit feedback, a moderator can ask questions about next steps and action items that stem from the needs assessment. A follow-up plan can be developed as a group; even if it is a rough outline, this could help build a coalition that could support follow-on activities and encourage use of the needs assessment results. See the box below for an example of the priority action steps proposed during the dissemination meeting in Malawi.

Action Steps from the Malawi Dissemination Meeting

Once the health information needs assessment in Malawi had been completed, K4Health conducted two dissemination meetings at the national and district levels in Malawi to share the findings of the assessment and facilitate development of a common vision to address the main gaps. Participants in both meetings hoped to see, in two years, "Happier, healthier and more productive individuals, families, and communities as a result of better access to and use of family planning, reproductive health, and HIV/AIDS information."

To realize this vision, K4Health and the participants proposed and agreed on three priority actions as stepping stones to improved access to and use of essential FP/RH and HIV/AIDS information among program managers and service providers at all levels:

1. At the national level: Establishment of Knowledge Management Taskforce to manage and disseminate technical information through electronic toolkits.
2. At the district level: Establishment of two District Learning Centers (DLCs) at hospitals in Nkhotakota and Salima to provide a range of resources, including print and electronic materials (including the Malawi Toolkits) via computers with free access to online and CD-ROM-based learning.
3. At the community level: Creation of an SMS-based mobile phone network between district health centers.

These action steps helped inform the K4Health Malawi Pilot Project, which was implemented between 2010 and 2012 to improve the exchange and use of knowledge on FP/RH and HIV/AIDS at the national, district, and community levels. For more about this pilot project, including evaluation results, please visit the [K4Health website](#).

There are a host of benefits of holding a dissemination meeting beyond simply presenting and explaining study results to participants and other stakeholders. First, participants can help develop recommendations and outline next steps. Having funders at the meeting can also lead

to funding of follow-on activities. Involving a range of individuals can help promote ownership of the study results among country-level stakeholders. Finally, presenting the methodology may encourage others to conduct needs assessments in other settings, to further address gaps in health information.



Participants ask questions during the K4Health Network Mapping (Net-Map) dissemination workshop in Addis Ababa, Ethiopia.
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5.2 Recommendations for dissemination meetings

The following recommendations are based on K4Health's experiences conducting dissemination meetings in five countries:

1. **Work with an in-country team on logistics.** They will help to determine scope, create the invitation list, and set up the venue.
2. **Invite stakeholders with a variety of perspectives.** Make sure to include individuals from government agencies, NGOs, donor agencies, religious groups, and other prominent national (and/or regional and community, as appropriate) organizations. In most settings, it was easier to schedule a national-level meeting, due to better access to technology and other issues. However, to fully develop action plans, it can be crucial to involve stakeholders from the regional, state, and local levels.
3. **Have an informed moderator.** He or she can ensure that the presenters stick to the schedule and that the discussion is relevant.
4. **Allow adequate time for explaining the methodology and answering questions fully.** Not everyone is familiar with the methods (particularly the qualitative methods) used in needs assessments.
5. **Document participant feedback.** Use their feedback to finalize study materials. In order to fully engage participants, distribute a *draft* report and ensure them that their feedback, questions, and recommendations will be addressed and incorporated into the final report.
6. **Develop a follow-up plan.** Make it attainable and specific to the different levels of the

needs assessment study, if relevant. (See Malawi example above.)

7. **Offer clear recommendations** (and perhaps a list of priorities). This makes it easier for funders to support follow-on activities.
8. **Think about funding timelines when planning the meeting.** For example, if USAID concept proposals are due in June, it may be a good idea to have the meeting a few months in advance of the deadline so recommendations can be fully fleshed out. If this is not possible, it may be a good idea to have a preliminary ("mini" dissemination meeting) with the funder, in hopes that they could set aside some funding for follow-on activities.
9. **Be flexible.** Although it is ideal to hold the meeting as soon as possible after the study to capitalize on enthusiasm, it can often be difficult to find a day that works for all invitees and potential speakers (particularly high-level officials). Involving the in-country team in every step of planning can help with last-minute changes and delays.
10. **Be realistic.** It may take time for action plans to come to fruition. Furthermore, some stakeholders will still need more evidence. Particularly on the donor side, there may be the need for more than just a dissemination workshop—for example, a pilot project or a 5-6 month experiment phase in which study recommendations are implemented—in order to fund follow-on activities.

6. Case studies

Below are two case studies that showcase the methods used in the qualitative studies in Malawi and India.

6.1 Using qualitative needs assessment data to plan knowledge management interventions in Malawi

In 2009, the K4Health Malawi team conducted a qualitative needs assessment consisting of key information interviews (KIIs) and focus group discussions (FGDs). In February 2010, K4Health launched the Malawi Pilot Project, which works at the national, district, and community levels to provide access to and promote the use of information for Family Planning and Reproductive Health and HIV/AIDS health workers, managers, and service providers to improve service delivery.

Information from the KIIs and FGDs directly informed the pilot project. For example, because the needs assessment showed that most health care providers, even those in rural areas, have access to mobile phones, K4Health worked with Frontline SMS and the Malawi Ministry of Health to create an SMS-based mobile phone network between district health centers and community-based distribution agents (CBDAs).

In an effort to include key stakeholders in the assessment and design of the project, the K4Health team conducted two district-level Network Mapping (Net-Map) studies, the first in May 2010 and a follow-up Net-Map in June 2011 to evaluate the impact of K4Health interventions. The Net-Map complemented findings from the KIIs and FGDs and allowed the K4Health Malawi team to tailor the activities better to address information needs in Malawi. Moreover, the K4Health Malawi team discovered valuable information through the Net-Map process that would not have been revealed through an interview. For example, by drawing information-sharing maps, the team learned about the key role of NGOs in the flow of health information in Malawi. Participants explained that district hospitals get overloaded with information, which causes a bottleneck. As a result, local NGOs step in and play a large role in the distribution of information to health workers. After learning this during the 2010 Net-Map, the Malawi K4Health team involved NGOs heavily in its dissemination and promotions efforts.

“The Net-Map results revealed the high level of influence held by NGOs in the community,” said Natalie Campbell, K4Health Malawi Project Manager. “This information led us to include NGOs in many of our project interventions and dissemination work, which we may not have done– if we hadn’t known this.”

The process of Net-Map encourages active participation, and allows for a wide range of contributors, from community health care workers to national health officials. Net-Map participants can suggest solutions to address challenges and can provide key information regarding local context and the relative influences of various actors.

According to Campbell, who led the Net-Map exercise in June 2011, “Net-Map provides us with

the *participants'* view of what's going on the ground and where *they* feel the influence and leverage points are. Every known actor involved in the flow of HIV testing and counseling and FP information is identified through the mapping process. And sometimes the influence lies with the person that you least expect.”

Net-Maps can also be used to evaluate the ways in which health information networks change over the course of a project. The two district level Net-Map exercises conducted by K4Health in Malawi (in May 2010 and June 2011) had identical formats. However, the outcomes were significantly different. Not only were there several new actors identified during the follow-up Net-Map but *levels* of influences also had changed. For example, participants in the 2010 Net-Map did not mention CBDAs, health surveillance agents (HSAs), or clients as actors in health information flow. In 2011, participants not only mentioned them but also reported that these actors played a prominent role in the flow of information back and forth with each other, as well as with other institutions. When asked which links may have been strengthened due to mobile devices, the participants were quick to point out several *new* links that existed due to these interventions, and previously existing links that had been strengthened.

The Malawi experience has shown that Net-Maps can provide rich data, complementing information revealed through KIIs and FGDs. These sessions can be fun, interesting ways to engage stakeholders in the project lifecycle. Furthermore, follow-up mapping sessions initiate meaningful dialogue among participants, allowing them to consider achievements and project benefits and brainstorm ideas about the way forward.

6.2 Using an iterative needs assessment approach to ensure quality of data in India

While other K4Health needs assessments focused on information needs across a country, the team in India decided to explore a smaller sector of the health system, due to the country's large size.

“We looked at all levels of the health system in just one district of one state,” said Nandita Kapadia-Kundu, the lead researcher for the India assessment. Kapadia-Kundu and her team concentrated on the Lucknow district in the state of Uttar Pradesh, examining different levels of the health system: state, district, sub-district, and village/block.

Conducted from September 2009 through November 2009, the study consisted of 46 key informant interviews and 9 focus group discussions. The interviews included state-level officials from the National Rural Health Mission (NRHM), district and block officials, auxiliary nurse midwives (ANMs), and accredited social health activists (ASHAs—grassroots health workers at the village level). The research team made a special effort to understand the health information needs of ASHAs. Researchers also interviewed USAID officers, NGO staff, and representatives of professional organizations. The 9 FGDs involved primarily grassroots workers and community representatives.

Not only did the team adapt the methodology upfront to account for India's size, they also made changes to the interview guide in order to ensure better quality data. At first, when asking health

workers what their information needs were, the research team compiled a list of topics, such as newborn care, contraceptives, and antenatal care, without much context. To improve the usefulness of the data, Kapadia-Kundu and her team knew that they needed to elicit more nuanced responses, particularly among the ASHAs. Because ASHAs interact directly with the community on a range of health topics, they thought it would be especially important to capture the specific types of information they need, and the ways in which they share information with their communities.

Since the India study wanted to uncover ways to improve information delivery for ASHAs, the research team needed to determine the context of the ASHAs' information needs—that is, their comprehension, preferred delivery method, and intended use of health information. Thus, the India team adapted the interview guide in order to capture the information needs of health workers' day-to-day lives. They added the question, “What did you do *yesterday*?” This simple question allowed the ASHAs to provide details about when and where their information sharing occurred. Then the researchers asked for details about *how* the ASHAs shared information, *when* they last shared information, and to *how many people* they delivered this information.

“We had to work hard to get to that level, but finally we were able to collect meaningful data and found fascinating results,” said Kapadia-Kundu. The study showed that health workers at the district level and below needed practical information to meet the everyday needs they encounter in the course of their jobs. Furthermore, through additional probing, the researchers determined crucial details about information needs in the context of ASHAs' day-to-day work. Specifically, they discovered the *range* of an ASHA's information needs. Not only can an ASHA be asked about technical health information during the course of her day (for example, the benefits of an IUD), but she can also be asked for practical, day-to-day information to make health care decisions (for example, times of operation of health centers or information about hospital processes). Thus, the study pointed to the importance of access and timeliness of information: An ASHA often has multiple information needs concurrently, and if this information is not available and easily accessible *to* the ASHA, then she cannot share it with the community.

The iterative process used in this study required extensive supervision during data collection and data processing. “Qualitative data is far more difficult to analyze than quantitative. So we had to set up good systems, and there was a process for transcribing and analyzing.” said Kapadia-Kundu.

Close attention to the country's context also proved useful in planning the study. Focusing on the different levels of the health system allowed the research team to see where information bottlenecks occur in the sharing of information from one level to the next (see report for more details: [Strengthening Health Systems Needs Assessment Report for Uttar Pradesh, India](#)). These particulars would not have been known to the researchers without their innovative approaches to data collection.

According to Kapadia-Kundu, “We're already getting requests to share our methodology with others in other parts of India, and our methodology will be very useful to them in future needs assessments.”

7. Recommendations

This guide has offered tips and suggestions for various needs assessment methods. In addition, the following are overall suggestions that can lead to a more comprehensive needs assessment and can ensure high data quality.

- Using a mixed-methods approach in the needs assessment design is critical. Both the K4Health Environment Scan and Global Online Survey have proved to be useful and complemented the qualitative studies. Ideally, these activities should take place at the beginning stages of the needs assessment so that the findings and results from these methods can effectively inform the design of qualitative study and instruments.
- Future qualitative assessments could include some factual questions, such as: Do you have an information officer? If so, where does s/he sit? How often do you have working group meetings? These types of questions assess the amount of attention and resources devoted to knowledge management systems in-country and get a better gauge of current knowledge management capacity.
- Given the resources invested in a needs assessment—regardless of the chosen methodologies—it is important to widely disseminate the results through in-country dissemination meetings, conferences, and peer-reviewed publications.

8. Conclusions

To design and implement effective knowledge management for health programs, it is important to understand the roles, knowledge gaps, and opportunities at all levels of the health system. Through the three-tiered approach outlined in this guide, other organizations can obtain evidence which can be applied to improve knowledge management and health information programs worldwide. Furthermore, the tools and templates contained in this guide can be adapted and used to conduct further needs assessments at the global and country levels.

Appendix A. Links to full needs assessment reports

To view the full Environment Scan, the Global Online Survey report, the four-page summaries, or the country-specific qualitative reports, visit the K4Health website at www.k4health.org. Links to specific documents are listed below.

Environment Scan:

Full report (142 pages):

<https://www.k4health.org/resources/knowledge-health-environment-scan>

Summary report (25 pages):

<https://www.k4health.org/resources/knowledge-health-environment-scan-summary-report>

Global Online Survey:

Summary report (32 pages):

<http://www.k4health.org/needs-assessments/GlobalOnlineSurvey>

Highlights (4 pages):

<https://www.k4health.org/resources/highlights-k4health-global-online-survey>

Qualitative Country Needs Assessments:

- **Ethiopia**
 - Full report: <http://www.k4health.org/resources/ethiopia-family-planningreproductive-health-information-needs-assessment-and-network>
 - 4-page report: <http://www.k4health.org/resources/key-findings-ethiopia-needs-assessment-and-network-mapping-study>
- **India**
 - Full report: <http://www.k4health.org/resources/strengthening-health-systems-key-findings-information-needs-assessment-uttar-pradesh-india>
 - 4-page report: <http://www.k4health.org/resources/strengthening-health-systems-key-findings-information-needs-assessment-uttar-pradesh-india>
- **Malawi**
 - Full report: <http://www.k4health.org/resources/malawi-assessment-information-needs-among-health-managers-and-health-service-providers>
 - 4-page report: <http://www.k4health.org/resources/key-findings-malawi-health-information-needs-assessment>

- **Peru**
 - Full report: <http://www.k4health.org/resources/peru-knowledge-health-results-reproductive-health-information-needs-assessment>
- **Senegal**
 - Full report (English): <http://www.k4health.org/resources/senegal-health-information-needs-assessment>
 - Full report (French): <http://www.k4health.org/resources/evaluation-des-besoins-dinformation-en-mati%C3%A8re-de-sant%C3%A9-au-s%C3%A9n%C3%A9gal-rapport-final-de>
 - 4-page report (English): <http://www.k4health.org/resources/senegal-needs-assessment-key-findings>

***Journal of Health Communication* Special Issue: Meeting the Information Needs of Health Care Providers, Program Managers, and Policy Makers in Low- and Middle-Income Countries**

- **Full issue:** <http://www.tandfonline.com/toc/uhcm20/17/sup2>
- **Individual articles:**
 - **Empowering People and Organizations through Information** (Najeeb Al-Shorbaji):
<http://www.tandfonline.com/doi/full/10.1080/10810730.2012.670553>
 - **Working Together to Meet the Information Needs of Health Care Providers, Program Managers, and Policy Makers in Low- and Middle-Income Countries** (Tara M. Sullivan, Sarah V. Harlan, Neil Pakenham-Walsh & Symphrose Ouma):
<http://www.tandfonline.com/doi/full/10.1080/10810730.2012.666629>
 - **Towards a Collective Understanding of the Information Needs of Health Care Providers in Low-Income Countries, and How to Meet Them** (Neil Pakenham-Walsh):
<http://www.tandfonline.com/doi/full/10.1080/10810730.2012.666627>
 - **Enhancing Access to Health Information in Africa: A Librarian's Perspective** (Nasra Gathoni):
<http://www.tandfonline.com/doi/full/10.1080/10810730.2012.666628>
 - **Meeting the Health Information Needs of Health Workers: What Have We Learned?** (Margaret D'Adamo, Madeleine Short Fabic & Saori Ohkubo):
<http://www.tandfonline.com/doi/full/10.1080/10810730.2012.666626>

- **Understanding Health Information Needs and Gaps in the Health Care System in Uttar Pradesh, India:**
<http://www.tandfonline.com/doi/full/10.1080/10810730.2012.666625>
- **Qualitative Study of Health Information Needs, Flow, and Use in Senegal:**
<http://www.tandfonline.com/doi/full/10.1080/10810730.2012.666624>
- **Building a National Model for Knowledge Exchange in Malawi: Findings From a Health Information Needs Assessment:**
<http://www.tandfonline.com/doi/full/10.1080/10810730.2012.666623>

Appendix B. Questionnaire for K4Health's Environment Scan Interviews

AUDIENCE

1. Who is the audience for your KM products and activities?
 - Jobs/education/professional credentials
 - Geographical location
 - Rural/urban
2. What kinds of health information do you produce/disseminate?
 - Topics
 - Type
 - Purpose

NEEDS ASSESSMENTS

3. Have you conducted a health information needs assessment of your audience?
If yes – get description. What were the key findings?
4. If not, how do you decide what information products and KM activities would be most appropriate for your audience?

KNOWLEDGE SHARING

5. How do you keep in touch with your audience (especially people in the field)? What communication channels, tools, and technologies have you used to:
 - Disseminate information products
 - Facilitate knowledge sharing between audience members
 - Promote learning (any kind of training or professional development)

-Which of these do you rely on the most? How successful has each one been in getting information into the hands of managers and frontline providers?
6. What are the strengths and limitations of the communication channels, tools, and technologies you mentioned?

Probe for the following:
 - Print publications (distributed as hard copies or pdfs)
 - CD-ROMs for publications, training courses, etc.

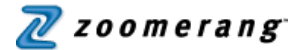
- Email: listservs, moderated discussion forums
 - Web-based services: websites, portals, databases, forums, eLearning
 - Communities of practice
 - Social networking and Web 2.0 tools: blogs, wikis, social networking sites (Facebook and MySpace), social bookmarking, YouTube, etc.
 - Mobile devices: cell phones, smartphones, PDAs, laptops
 - Face-to-face interaction at workshops, conferences, etc.
 - Videoconferencing
7. How do you judge the success of your knowledge sharing efforts? (e.g., informal feedback from audience members, stats on website use, formal surveys)
 8. Which new technologies and tools do you think hold the most promise for disseminating health information? Is your organization exploring any of them?
 9. Other lessons learned?

KNOWLEDGE NETWORKS

10. What global, regional, and/or local knowledge networks does your organization and its staff participate in?
11. If the organization has local field offices -- to what extent do field offices belong to local knowledge networks? What do they do to promote knowledge sharing with local health managers and providers?

Appendix C. Questionnaire for K4Health’s Global Online Survey

The following is the Global Online Survey (conducted using the Zoomerang online survey tool). K4Health conducted the survey in English, French, and Spanish. (Only the English questions are included in this appendix.)



K4Health Health Information Needs Assessment

Thank you for participating in an online survey about your health information needs. The survey consists of 3 pages with a total of 39 questions. At the end of each page, click the purple “submit” arrow to go to the next page. This is an anonymous survey, and your answers will be kept confidential.

Your Job and Organization

1. Please select the category that best describes the programmatic area of your work.

- Advocacy
- Policymaking
- Health communication
- Health service delivery
- Performance and quality improvement
- Logistics and supply chain management
- Health systems financing
- Health information systems
- Research, monitoring and evaluation
- Health systems strengthening
- Health administration
- Other, please specify

2. Please select the category that best describes your function.

- Policy maker
- Program manager
- Technical advisor
- Administrative staff
- Service provider/clinician
- Journalist
- Researcher/evaluator
- Teacher/trainer
- Librarian/information officer
- Student
- Other, please specify

3. Please select the category that best describes your organization/clinical institution.

- Academic/research institution
- NGO/PVO (local or international / non-profit or for profit)
- Government/ministry
- USAID/Washington
- USAID/Mission
- United Nations Agency
- Private commercial sector
- News media
- Other, please specify

4. Please select the subject areas in which you are currently working. (Choose all that apply.)

- Family planning/reproductive health
- HIV/AIDS
- Maternal and child health
- Infectious diseases (e.g., tuberculosis, malaria, others)
- Environmental health
- Nutrition
- Other, please specify

Health Topics of Interest

5. For which family planning/reproductive health (FP/RH) topics do you need more information in order to perform your job? (Choose all that apply.)

- Ensuring reproductive health essential medicines and contraceptives
- Healthy timing and spacing of pregnancies
- Long-acting (e.g., IUD, others) and permanent (e.g., female sterilization, others) family planning methods
- Community-based family planning services
- Advocacy for better family planning policy and practice
- Integrating family planning with HIV/STI care and prevention services
- Integrating family planning with maternal and child health services
- Post-abortion care
- Empowerment of women to ensure reproductive rights (e.g., choice of family planning methods, delay of child marriage, others)
- Engagement of boys and men in family planning programs
- Health equity in family planning/reproductive health for poor and underserved populations
- Adolescent reproductive health
- Population, health and environment
- Gender-based violence
- Sexually transmitted infections (STIs), including HIV
- Obstetric fistula
- Postpartum family planning
- Other, please specify

6. For which program management topics do you need more information in order to perform your job? (Choose all that apply.)

- Behavior change communication
- Staff training, supervision and motivation
- Diversification of service delivery points
- Diversification of contraceptive methods mix
- Logistics and supply chain management
- Health systems financing
- Performance and quality improvement
- Evidence-based programming (e.g., research, guidelines, monitoring and evaluation, management information systems, others)
- Client-centered care
- Supportive policies
- Peer education
- Operational planning
- Social marketing
- Budgeting
- Public-private partnerships
- Other, please specify

7. For which leadership and management topics do you need more information in order to perform your job? (Choose all that apply.)

- Developing organizational vision and mission
- Strategic planning (long-term planning to define organizational goals and strategies to reach goals, includes annual operational planning)
- Business planning (focused planning to establish a new product, service, market or business unit)
- Organizational restructuring
- Monitoring and evaluation
- Decentralization at district and municipal levels
- Board development (for non-governmental organizations, faith-based organizations, community-based organizations, others)
- Fundraising
- Leadership development
- Coaching
- Teamwork
- Change management
- Multi-sectoral partnership development (working across sectors)
- Human resource management
- Financial management
- Grants management
- Supportive supervision
- Pre-service education & in-service training
- Other, please specify

8. For which HIV/AIDS topics do you need more information in order to perform your job? (Choose all that apply.)

- Prevention of HIV sexual transmission
- Prevention of HIV mother-to-child transmission
- Prevention among most at-risk populations (e.g., sex workers and clients, injecting drug users, men who have sex with men, prisoners, others)
- Prevention of medical transmission (e.g., blood and injection safety, post exposure prophylaxis, others)
- Prevention among youth
- Male circumcision (infant and adult)
- Prevention among discordant couples
- Counseling and testing (e.g., voluntary C&T, provider initiated C&T, others)
- Integrating family planning with HIV/STI care and prevention services
- Adult treatment (e.g., antiretroviral treatment, drug resistance, opportunistic infection prevention and treatment, primary care, sexually transmitted infections care, others)
- Pediatric treatment
- Antiretroviral drugs
- Retention in care and adherence to treatment
- Long-term complications (e.g., cardiovascular disease, cancers, drug toxicity, others)
- TB/HIV (e.g., screening, treatment, infection control, others)
- Care and support (e.g., palliative care, psychosocial, economic, food and nutritional, spiritual, others)
- Stigma/discrimination reduction
- Adolescent care
- Orphans and vulnerable children
- Gender issues (e.g., increasing gender equity, reducing violence and coercion, others)
- Human resources (e.g., training, task shifting, retention of staff, others)
- Health systems strengthening
- Laboratory support (e.g., screening, diagnosis, monitoring, others)
- Procurement and logistics
- Quality assurance and quality improvement
- Organizational development (e.g., building capacity of community-based groups and networks of people living with HIV/AIDS, others)
- Strategic information (e.g., surveillance data for decision making, others)
- Advocacy
- Income generation for people living with HIV/AIDS
- Other, please specify

9. What do you think are the most important priorities in your current field of work? Please list up to three.

- 1
- 2
- 3

Resources and Tools of Interest

10. How useful are the following types of information resources for obtaining health information?

	Very useful	Somewhat useful	Not useful	Don't know
Research/journal articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fact sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training curricula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementation guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wall charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory/cue cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flipcharts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checklists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviews/syntheses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graphics/charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How useful are the following types of electronic resources for obtaining health information?				
	Very useful	Somewhat useful	Not useful	Don't know
Online discussion forum (facilitated on a specific topic for a specific period of time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online communities of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online training/e-learning courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online conferences/Web conferences/Webinars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listserv/discussion group/electronic mailing list (not facilitated nor time-bound)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web search engines (e.g., google.com, yahoo.com, others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social/professional networking websites (e.g., Facebook, MySpace, Orkut, Skyrock, LinkedIn, others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Databases (e.g., PubMed, Popline, others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CD-ROMs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instant messages (IM)/real time text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online chat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSS feeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMS text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video clips/YouTube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How useful are the following types of interpersonal communication for obtaining health information?				
	Very useful	Somewhat useful	Not useful	Don't know
Technical assistance/guidance (e.g., from experts, consultants, others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. From whom do you obtain health information? (Choose all that apply.)

- Staff/colleagues
- Headquarters
- Partner organizations
- Donors/clients
- Consultants
- Other, please specify

14. Do you develop health information products (e.g., manuals, articles, guidelines, curricula, others) as part of your work?

- Yes
- No

15. If yes, what are your challenges? What resources, tools, or assistance do you need to facilitate the process of developing health information products?

.....

.....

.....

16. Do you have a need to adapt health information products to make them more appropriate to local contexts (e.g., text editing, changing design, layout, language, others)?

- Yes
- No

17. If yes, what are your challenges? What resources, tools, or assistance do you need to facilitate the process of adapting health information products?

.....

.....

.....

18. How frequently do you use the following ways to communicate with other professionals who work in different locations?

	Very useful	Somewhat useful	Not useful	Don't know
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online discussion forum (facilitated on a specific topic for a specific period of time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Telephone conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listservs/discussion groups (e.g., Google Groups, Yahoo Groups, others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice Over Internet Protocol (VOIP, e.g., Skype, others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social/professional networking websites (e.g. Facebook, MySpace, Orkut, Skyrock, LinkedIn, others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. If you have ever participated in any types of professional networks (e.g., IBP Consortium, Global Health Council, FIGO member societies, others), please list the names below.

.....

.....

Information Delivery and Sharing Preferences

20. Please rank the following ways to receive health information in order of preference (1=most preferred).

	1	2	3	4	5	6	7	Don't know
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CD-ROM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMS text message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paper/printed document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal/verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Do you have routine access to the following Information Technology (IT) devices that can be used for work related activities?

	Yes	Yes, but access is limited	No
Computer with the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer with a CD-ROM drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DVD player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iPod/MP3 player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PDA (Personal Digital Assistant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Are you familiar with any Web-based collaborative writing tools?

- Yes
- No

23. If yes, have you used the following tools? (Choose all that apply.)

- Google Docs (docs.google.com)
- Microsoft Office Live (www.officelive.com)
- Zoho Docs/Writer (docs.zoho.com)
- Adobe Buzzword (www.adobe.com/acom/buzzword)
- Other, please specify

24. Are you familiar with any Web-based project management tools?

- Yes
- No

25. If yes, have you used the following tools? (Choose all that apply.)

- Basecamp (www.basecamphq.com/)
- Sharepoint (www.microsoft.com/sharepoint/)
- Central Desktop (<http://www.centraldesktop.com/>)
- IBP Knowledge Gateway (www.ibpinitiative.org/knowledge_gateway.php)
- Other, please specify

Information Sharing

26. Where is most of the information that you need to do your work located or kept?

- On my personal computer
- In my personal files (paper)
- In department files
- On my organization's Website or Intranet
- In my organization's library or resource center
- On CD-ROMs
- On my flash drive/memory stick
- Other, please specify

27. What are the biggest barriers to accessing accurate and up-to-date information related to your job?

.....

.....

.....

28. How frequently do you share paper and/or electronic resources with your colleagues?

- Daily
- Weekly
- Monthly
- A few times a year
- Never
- Other, please specify

29. How much time do you spend on the Internet for searching and sharing health information?

- More than 4 hours a day
- Between 1 and 4 hours a day
- Less than 1 hour a day
- Never
- Other, please specify

Background Information

30. At which level does your organization/institution work? (Choose all that apply.)

- Globally
- Regionally (multiple countries in a region)
- Country-level
- Subcountry-level (e.g., district, city, town, etc.)
- Other, please specify

31. In which country do you work? (Select one primary country from the drop-down list) **see the note below**

Note: 240 countries (including territories or dependencies) are listed.

32. If you work in more than one country, list other countries below.

33. What is the highest level of education that you have completed?

- Primary School
- Secondary School
- Technical School
- Para Medical School
- 2-year College (Associate's)
- 4-year College (Bachelor's)
- Graduate School (Master's)
- Graduate School (PhD)
- Medical School (MD)

34. Are you:

- Male
- Female

35. Do you have additional comments?

Contact Information (Optional)

36. Would you like to receive information on expanding access to reproductive health essential medicines (including contraceptives) from WHO?

- Yes
- No

37. May we contact you for more in-depth information on how we can meet your knowledge needs at work?

- Yes
- No

38. Would you like to receive evidence-based health information from the K4H Project?

- Yes
- No

39. If you chose yes to any of the questions above, please provide your contact information (name and e-mail address).

Thank you very much for taking the time out of your busy schedule to participate in the K4H Project Health Information Needs Assessment. If you have any questions about the survey, please contact <email address>.

Appendix D. Qualitative study: KII and FGD protocol

K4Health Background

Mission

K4Health is a knowledge management project designed to increase the use and dissemination of evidence-based, accurate, and up-to-date health information to improve health service delivery and health outcomes worldwide. K4Health facilitates how this information is captured, synthesized, shared, adapted, and used.

Primary Audience

K4Health provides knowledge management services for policy makers, program managers, and health service providers working in international public health.

Partners

The U.S. Agency for International Development’s (USAID) Office of Global Health funds the K4Health project implemented by the Johns Hopkins Bloomberg School of Public Health’s Center for Communication Programs (CCP), Family Health International (FHI), and Management Sciences for Health (MSH)

Knowledge Management Activities

K4Health’s users learn from each other’s experience, save costs, and avoid duplication of effort by:

- Collectively developing “toolkits” of up-to-date and evidence-based resources that make information on specific health topics easy to find and easy to use;
- Adapting existing toolkit knowledge resources for local and regional use;
- Developing new toolkit resources—articles, guides, curricula, fact sheets, job aids, and e-learning courses;
- Providing feedback to each other on toolkit resources through discussion boards;
- Participating in global, regional, and country-level forums;
- Accessing free online and offline e-learning courses on a variety of health topics;
- Networking virtually with health care professionals, communities of practice, and technical working groups from around the world via the K4Health web site.

Through a continuous feedback mechanism, K4Health monitors and evaluates its products and services to ensure that they meet the needs of the audience. In addition, K4Health constantly explores innovative ways to use existing, new, and emerging technologies to capture and deliver knowledge. The K4Health portal at www.K4Health.org serves as the central hub for K4Health’s global, regional, and country-level knowledge management activities.

Regional and Country-Level Activities

K4Health is currently conducting information needs assessments in multiple countries of sub-Saharan Africa, Asia, the Middle East, and Latin America. The needs assessment results inform the project as well as its international and local partners of the health information needs of the

audience, and lead to tailored knowledge management programs at regional and country levels. Working with local partners, K4Health builds local capacity through technical assistance and creates a sense of ownership to ensure the sustainability of its country programs.

Purpose of Country Needs Assessments

The threefold purpose of the needs assessments is:

- To understand current health knowledge management systems and resources in place in a particular country,
- To identify areas for improvement
- To make recommendations for strengthening the availability and use of health information.

Guiding Research Questions

- (1) Needs.** What are the health information needs of USAID health officers, policy makers, program managers, healthcare providers and community health workers? How are these different audiences currently meeting their health information needs? What are the gaps and how can they be addressed by K4Health and others? What specific types of content would help audiences be more effective and efficient in their work?
- (2) Networks.** What health information networks (global, regional and country-based) currently exist? What purpose do they serve? What lessons can be drawn from these networks? Which networks should K4Health collaborate with so as to maximize its impact and minimize duplication? Is there a gap in the existing networks that K4Health could fill? What are examples of effective uses of networks? What is the view of network members about the effectiveness of these networks?
- (3) Technology and tools.** What are the most promising technologies and tools available for knowledge management? What channels are international organizations using successfully to connect with their staff, colleagues, partners and clients? (Internet? Mobile phones? Smart Phones? PDAs? Other technologies?) How are they being used? What are the success stories? What are the challenges?
- (4) Infrastructure.** What access to the Internet exists in-country? How does Internet access vary within a particular country? What about mobile phone access? What issues should be considered when developing websites and creating other online knowledge exchange mechanisms (e.g. bandwidth, existence of Internet cafés, etc.)?
- (5) Key stakeholders.** Who are the key health information stakeholders and opinion leaders? What are the key health topics of interest to these groups?

Approach

Multiple methods will be used to determine health information needs and related issues in select countries. Informal briefings/courtesy meetings will be held with senior program managers at government organizations. Key informant interviews will be conducted with senior level program or technical officers (from stakeholder organizations), librarians/information specialists as well as with members, organizers and administrators of existing networks. Focus group

discussions will be held with different levels of program managers, health care providers and community health workers. A K4Health partner (CCP, FHI, & MSH) will take the lead in each selected country to facilitate in-country contacts and roll out the needs assessment activities described in this scope of work.

The K4Health team will also work with K4Health partners and country research teams to compile a draft report which will include key findings, conclusions and recommendations regarding health information needs and appropriate delivery mechanisms. This draft report will be circulated to USAID and K4Health partners for review. Once the review is complete, country teams will make revisions and produce a final report. Each team will also be responsible for developing a PowerPoint presentation of key findings, conclusions, and recommendations.

Activities to be undertaken are further described below.

Phase I. Design

Key informant interview guides, network interview guides, and focus group discussion guides will be designed in consultation with USAID and K4Health partner staff and will be pre-tested and revised appropriately. Each in-country research team will be responsible for pre-testing the interview guides and sharing information from the pre-test with the K4Health team. To ensure consistency across countries, any changes to the guides must be approved by the K4Health team. (Note: It is understood that certain concepts might be framed differently, some questions may be eliminated (e.g., those not applicable or appropriate), and that some questions may be added to the guides to meet specific country needs.)

Phase II. Implementation

Field work will take place in countries representing the regions of sub-Saharan Africa, Asia, Latin America, and North Africa and the Middle East. It will be led by a K4Health partner with in-country presence. Technical assistance and support will be provided by the K4Health Team, local consultants or research firms

Courtesy visits. To set the stage for the needs assessment activity, it is important to meet with up to five key stakeholders at USAID, Ministry of Health/government, and other national-level agencies. Courtesy visits will take place before data collection begins in order to:

- Notify key groups of the needs assessment activity,
- Gain appropriate approvals,
- Gather feedback on the needs assessment activity including suggestions for questions to ask and people to interview, and
- Ask key questions about health information needs and in-country capacity.

Key informant interviews. Key informant interviews will be conducted with K4Health stakeholders. Interviews will be conducted with senior technical officers (e.g., Director of Programs, Technical Director) from USAID, government/ministry, NGO/PVOs, universities, and other important groups identified by USAID and K4Health partners. Key informants will likely

reside in the Capital City. The number of interviews will vary by country, but we anticipate about 25- 40 in each country, (depending on the size of in-country programs and the number of key stakeholders).

Network stakeholder interviews. Network stakeholder interviews (group or individual interviews, to be determined) with members, organizers, and/or administrators of existing local networks will be conducted to try to determine what purpose the networks serve, how they enroll new members and how they keep their current members engaged. These networks could include:

- Associations of medical doctors, nurses, midwives, and pharmacists, support networks.
- Advocacy groups, educational networks, and other relevant professional associations and networks.

The number of network stakeholder interviews will range between 10-15 people, depending on in-country network activity.

Focus group discussions. Focus group discussions (FGDs) will be conducted in different regions, districts or municipalities, and settings. Each focus group will include between 8 to 12 participants. Focus group discussions will be conducted in each country with different types of program managers and health care providers. The mix of “level” and “type” of audiences will likely differ by country depending on the structure of the health system and programs. The total number of focus group discussions will also vary by country but will average from 10-14.

Analysis of secondary data. In order to add rigor to the findings it is important to provide analytical insights to guide the process and to back up the qualitative information from the key informant interviews and focus group discussions. Useful information might include:

- (a). What is the communication infrastructure in country (i.e. internet availability, mobile phone reception, etc.)?
- (b). What quantities and types of health information products are available?
- (c). How have different health information products and services been used in the past?

Phase III. Report preparation

A draft country report (25-30 pages, plus English transcripts of the taped key informant interviews, network stakeholder interviews, and FGDs in annex) analyzing and summarizing data results will be circulated to K4Health, its partners, and USAID. It will include conclusions as well as recommendations on how to effectively reach K4Health audiences with the health information they need.

Country research teams will address suggested revisions from USAID and K4Health and will produce a final country report. A PowerPoint presentation of country results will also be developed and presented to K4Health, USAID, K4Health partners and others, both in the US and in each country.

Phase IV. Results dissemination

Results of the needs assessment will be widely disseminated to K4Health partners, USAID Washington, USAID missions, USAID cooperating agencies, HIPNet (Health Information and

Publications Network), as well as to each country where needs assessment activities took place. Results will be presented in a final report to these groups .During in-country results dissemination, visioning sessions to review the preliminary results and brainstorm about ways to address the needs identified will be conducted with stakeholders.

The tables below shows the anticipated time frame to complete the scope of work.

Tentative Work Plan for Needs Assessment

Activity	Month				
	1	2	3	4	5
I. Design					
(a). Update SOW to incorporate local needs.	X				
(b). Prepare work plan and budget	X				
(c). Recruit consultants		X			
(d). Revise instruments and harmonize with local needs		X			
(e). Train research team		X			
(f). Pre-test instruments		X			
(g). Analyze pre-test results		X			
(h). Disseminate and discuss pre-test results		X			
(i). Prepare final instruments and translate (if necessary)		X			
(j). Arrange courtesy visits					
(k). Select Key Informants & FGD participants			X		
(l). Liaise with contact people & arrange logistics			X		
II. Implementation					
(a). Analyze of secondary data		X			
(b). Conduct courtesy visits					
(c). Conduct key informant interviews			X		
(d). Conduct focus group discussions			X		
III. Report Preparation					
(a). Transcribe recordings				X	
(b). Translate transcriptions to English				X	
(c). Prepare progress report				X	
(d). Analyze data				X	
(e). Prepare draft report & PPT				X	
(f). Edit draft report & PPT					X
(g). Present findings to local stakeholders and partners					X
(h). Complete final report & PPT					X

Key Informant Interview Guide
Knowledge for Health Program
Health Information Needs Assessment
December 3, 2009

BACKGROUND

First, we'd like to ask a few questions about **this organization's work**.

1. Please describe your role (i.e., primary job/title) in the organization.
2. Please describe the overall goal and objectives of this organization/program. [**Probes:** Services provided and to whom? At which levels (global, regional, country level sub-country level, etc.)? Countries of work?]
3. What are the main activities implemented this organization to increase family planning use?

FAMILY PLANNING USE

Now we would like to ask some questions about **increasing the use of family planning methods such as condoms, contraceptive pills, traditional methods, etc.**

4. How can family planning use be increased in this country? Please explain.
5. What are the barriers to family planning use? Which are the most challenging barriers?
6. How should these barriers be addressed?

DEMAND FOR HEALTH TOPICS

Now we would like to talk about the need for information on **specific FP/RH topics**.

7. What are the most important **FP/RH priorities** in this country? [**Probe:** What are the specific priority areas (e.g., community-based family planning, long-acting and permanent methods, LAM)?] Can you rank them in order of importance?
8. What specific **FP/RH** information do people in this organization need to increase family planning use in your country? [**Probe:** Ask the respondent to think about a typical day and typical FP/RH information needs.]

USING HEALTH INFORMATION FOR DECISION MAKING

Now we would like to ask you some questions about how your organization uses information for reproductive health (policy/program) decision making.

9. For program managers:
- a. How does your organization make FP/RH program decisions? (For example, describe who is involved in the decision making process, what steps need to be followed.) [**Probes:** What role do/does [the following] play: Civil society? Community needs? Political environment? Social environment? Economic environment?]
 - b. What types of information does your organization use to make FP/RH program decisions? [**Probes:** DHS data, large survey data, Health information systems, program monitoring, conference or workshop reports, synthesis papers, etc.]
 - c. Tell us about a recent major decision related to FP/RH programs that was made by your organization.
 - d. What information was used to make this decision?
 - e. Where was the information to make this decision found?

For policy makers:

- f. How does your organization influence FP/RH policy decisions? (For example, describe who is involved in the decision making process, what steps need to be followed.) [**Probes:** What role do/does [the following] play: Civil society? Community needs? Political environment? Social environment? Economic environment?]
- g. What types of information does your organization use to influence FP/RH policy decisions? [**Probes:** DHS data, large survey data, Health information systems, Program monitoring, conference or workshop reports, synthesis papers, etc.]
- h. Tell us about a recent major decision related to FP/RH policies that was made your organization.
- i. What information was used to make this decision?
- j. Where was the information to make this decision found?

INFORMATION SEEKING AND SHARING

10. Now let's talk about how people in your organization **seek and share health information**.
- a. Where do people in your organization look for the **latest FP/RH information**? Please give a recent example.
 - b. How is the **latest FP/RH health information shared** within your organization? [**Probes:** Telephone? Email? Meetings?] Please give a recent example.
 - c. How is the latest **FP/RH information** shared with colleagues or staff in remote areas? [**Probe:** Can you give an example?] What types of resources and/or activities would help better **reach colleagues or clients in remote areas** with important health

information? Please describe **how** these resources would help reach these colleagues or clients.

- d. How is staff in this organization encouraged to update their knowledge and skills and put the new information into practice? [**Probes:** In-service training? Workshops? Conferences?]
- e. Does anyone in your organization have the job of gathering, organizing, storing, and sharing FP/RH information? If yes, who is that person? What does that person do and how do they gather, organize, store, and share FP/RH information? How does this person encourage others to use that information in practice?

BARRIERS

11. Next let's discuss the **biggest barriers or challenges** to accessing, sharing and using up-to-date FP/RH information in your organization and in your profession.
- a. What are the barriers to using FP/RH information for decision-making? [**Probes:** Data access, Data quality, Technical capacity, Political, Social, Economic environment]
 - b. What other barriers has your organization experienced in using information to make FP/RH decisions?
 - c. What can be done to address these barriers?

PROFESSIONAL NETWORKS

Now let's talk about professional networks.

12. A **professional network** is defined as any group or activity that allows professionals from the same field to connect with one another and share ideas. Networks can be local (in-person) or online groups and include: professional associations, communities of practice, technical working groups, university or school-based networks, support groups, e-mail-based listservs or group mailing lists, or even informal networking such as meetings with colleagues.
- a. Do members of this organization belong to any professional associations, technical working groups, or networks? Which ones?
 - b. How does membership in professional associations, technical working groups, or networks benefit this organization's work?
 - c. What barriers have members of your organization experienced that prevented participation in professional associations, technical working groups, or networks (face to face and online)?
 - d. What could be done to address these barriers?

INFORMATION FORMATS

13. What are the **best communication channels** for your organization to **receive** information [Probes: Radio? Television? Internet? Mobile phone? Paper/printed documents? Interpersonal communication?] Please rank these.
14. What are **the preferred formats** for your organization to receive information? [Probes: Fact sheets? Handbooks? Journal articles? E-learning? Internet searches? CD ROM? Video?] Please rank these.
15. Would your organization be interested in a web site on FP/RH if one could be created? What features would you like to see on the web site? What types of information?
16. In what **language(s)** would information be most useful for your organization? [Probe: Consider levels/different job roles.]
17. How could audio (e.g., radio) or video be used to share FP/RH information by your organization? How could others use audio or video to share FP/RH information?

INFORMATION DELIVERY AND SHARING PREFERENCES

Finally, let's talk about **technologies** that your organization and its staff use for work-related activities.

18. Mobile/Cell Phone Technology

- a. Out of 10 colleagues how many have a mobile phone?
- b. How do members of this organization use cell phones as part of their work?
- c. How is SMS used? Is it useful for sharing health information? [Note: SMS or Short Message Service is a communication service which allows the interchange of short text messages between mobile telephone devices.]
- d. What challenges do people experience in using mobile phones?

19. Internet/On-line Access

- a. How do colleagues use the internet for work? For what purposes?
- b. Where do people in your organization access the internet?
- c. What challenges have been experienced in using the internet?

20. Does this organization have/use a **printer**? If not, how are print materials received?

21. Does this organization have/use a **photocopier**? If not, how are print materials copied?

22. Of the technologies mentioned here, are there any that are better for transferring/sharing FP/RH information? Why?

OTHER

23. What else should be added to our conversation?

Thank you for your participation. Your answers will remain completely confidential and will help develop a successful and meaningful knowledge exchange program for the <insert country/region name>.

Addendum to KII Guide: For USAID PHN Officers

As you may know the K4Health Project is working with a variety of knowledge networks and databases to provide program managers and service providers in developing countries with reproductive health information tools and resources which they can adapt and use in-country. As part of our services, we are investigating the potential for a USAID Population, Health, and Nutrition (PHN) Officers' Help Desk, which will enable USAID PHN officers and their staff (requires registration) to get answers to health related programmatic and research questions within 24-48 hours. We are interested in finding out from you the types of information you need, but have difficulty finding.

24. What are the most important **topical priorities** for the <insert country/region name> in your current field of work? Why these areas?

25. Where does USAID staff find the following information? Is it typically easy or difficult to find?

- a. Details of in-country, regional, and global health programs (when started, costs, length, evaluation reports, etc)
- b. Information about topic specialists at USAID partners and Cooperating Agencies or about other donors and their projects in your country
- c. Reports about lessons learned and best practices
- d. Training curricula/Job aids and tools
- e. Concept papers and other information for RFA generation
- f. Scientific studies/journal articles
- g. Data and statistics
- h. What other information could be useful that has not yet been talked about?

26. How frequently do colleagues use **USAID** resources to find information?

- a. USAID public web site?
- b. Other USAID Mission web sites?
- c. USAID Intranet (if they say they use it, ask which parts of the Intranet they use – Global Health Section, other sections)?
- d. USAID library services/Knowledge Services Center?
- e. USAID Global Health E-learning courses?
- f. USAID Development Experience Clearinghouse?

27. How frequently do colleagues use **other** resources to find information?

- a. Listservs or electronic newsletters (which ones)

- b. Other Web sites (which ones)
- c. Other e-learning sites (ask for examples)
- d. Electronic journals/publications (ask about how difficult access to journal articles is for them)
- e. Others?

28. Would a service like the help desk described earlier be useful? Why? How? Please explain.

29. What is the best way to ask help desk questions? By sending e-mail? By instant message (ex: Google Chat)? By completing an online form? By telephone? By discussion forum or on-line community board?

OTHER

Let's summarize the key points from our discussion.

30. What else should be added to our conversation?

Thank you for your participation. Your answers will remain completely confidential and will help develop a successful and meaningful knowledge exchange program for <insert country and region name>.

FGD Guide
Focus Group Discussion Guide
Knowledge for Health (K4Health)
Health Information Needs Assessment
December 3, 2009

INTRODUCTION

As we talk together today, I'd like you to think about what kinds of FP/RH information is needed by people in your organization to do their jobs. What sources are used and how do people seek the latest FP/RH information? What (if any) barriers prevent people from accessing the latest FP/RH information? What (if anything) can help people in your organization access the latest FP/RH information?

FAMILY PLANNING USE

Now we would like to ask some questions about **increasing the use of family planning methods such as condoms, contraceptive pills, traditional methods, etc.**

1. How can family planning use be increased in this country? Please explain.
 2. What are the barriers to family planning use? Which are the most challenging barriers?
 3. How should these barriers be addressed?
-

DEMAND FOR HEALTH TOPICS

Now I would like to talk about the need for information on **specific FP/RH topics.**

4. What **kind of FP/RH information does your organization** need to help improve family planning use in this country? [**Probes:** Is information needed on long-acting and permanent methods? Hormonal methods? Barrier methods?]
 5. Tell us in detail about a time when people in your organization needed job-related FP/RH information. When was it? What information was needed? Where was it found? How? Did people receive the information when needed or were there any delays? (*Let several participants provide experiences*). Please share any other examples of your colleagues' or community's efforts to obtain information.
-

USING HEALTH INFORMATION FOR DECISION MAKING

Now we would like to ask you some questions about how your organization uses information for reproductive health (policy/program) decision making.

6. How does your organization make FP/RH program decisions? (For example, describe who is involved in the decision making process, what steps need to be followed.) [**Probes:** What role do/does [the following] play: Civil society? Community needs? Political environment? Social environment? Economic environment?]
7. What types of information does your organization use to make FP/RH program decisions? [**Probes:** DHS data, large survey data, Health information systems, program monitoring, conference or workshop reports, synthesis paper, etc.]
8. Tell us about a recent major decision related to FP/RH programs that was made by your organization.
9. What information was used to make this decision?
10. Where was the information to make this decision found?

INFORMATION SEEKING AND SHARING

11. Now let's talk about how people in your organization **seek and share health information** related to work.
 - a. Where do people in your organization look for **the latest FP/RH information**? Please give a recent example.
 - b. How **is the latest FP/RH health information** shared within your organization? [**Probes:** Telephone? Email? Meetings?] Please give a recent example.
 - c. How **is the latest FP/RH health information** shared with colleagues or clients in remote areas? [**Probe:** Can you give an example?] What types of resources and/or activities would help better **reach colleagues or clients in remote areas** with important health information? Please describe **how** these resources would help reach these colleagues or clients.
 - d. How is staff in this organization encouraged to update their knowledge and skills and put the new information into practice? [**Probes:** In-service training? Workshops? Conferences?]
 - e. Does anyone in your organization have the job of gathering, organizing, storing, and sharing FP/RH information? Who is that person? What does that person do and how do they gather, organize, store and share FP/RH information? How does this person encourage others to use that information in practice?

BARRIERS

12. Next let's discuss the **biggest barriers or challenges** to accessing, sharing and using up-to-date FP/RH information in your organization and in your profession.
 - a. What are the barriers to using FP/RH information for decision-making? [**Probes:** Data access, Data quality, Technical capacity, Political, Social, Economic environment]

- b. Can you tell us about any other barriers that your organization has experienced in using information to make FP/RH decisions?
- c. What can be done to address these barriers?

PROFESSIONAL NETWORKS

13. A **professional network** is defined as any group or activity that allows professionals from the same field to connect with one another and share ideas. Networks can be local (in-person) or online groups and include: professional associations, communities of practice, technical working groups, university or school-based networks, support groups, e-mail-based listservs or group mailing lists, or even informal networking such as meetings with colleagues.
- a. Do members of your organization belong to any professional associations, technical working groups or networks? Which ones?
 - b. How does membership in professional associations, technical working groups or networks benefit this organization's work?
 - c. What barriers have members of your organization experienced that have prevented participation in professional associations, technical working groups, or networks (face to face and online)?
 - d. What could be done to address these barriers?

INFORMATION FORMATS

14. What are the **best communication channels** for your organization to **receive** information [Probes: Radio? Television? Internet? Mobile phone? Paper/printed documents? Interpersonal communication?] Please rank these.
15. What are **the preferred formats** for your organization to receive information? [Probes: Fact sheets? Handbooks? Journal articles? E-learning? Internet searches? CD ROM? Video?] Please rank these.
16. Would your organization be interested in a web site on FP/RH if one could be created? What would you like to see on the web site? What types of information?
17. In what **language(s)** would information be most useful for your organization? [Probe: Consider levels/different job roles.]
18. How could audio (e.g., radio) or video be used to share FP/RH information by your organization? How could others use audio or video to share FP/RH information?

INFORMATION DELIVERY AND SHARING PREFERENCES

Finally, let's talk about **technologies** that are used for work-related activities.

19. Mobile/Cell Phone Technology

- a. Out of 10 colleagues how many have a mobile phone?
- b. How do members of this organization use cell phones as part of their work?
- c. How is SMS used? Is it useful for sharing health information? [Note: SMS or Short Message Service is a communication service which allows the interchange of short text messages between mobile telephone devices.]
- d. What challenges do people experience in using mobile phones?

20. Internet/On-line Access:

For para-medical staff or CHWs:

- a. Show participants a picture of a computer. Ask: What is this? How is it used? Is there one in your village?
- b. Then ask about the internet: What is the internet? Is there a cyber-café/kiosk in your village/town? Do you know people who use the internet? Who and for what purpose?

For district-level or management staff

- a. How do colleagues use the internet for work? For what purposes?
- b. Where do people in your organization access the internet?
- c. What challenges have been experienced in using the internet?

21. Of the technologies mentioned here, are there any that are better for transferring/sharing FP/RH information? Why?

22. **Lexicon:** What are the commonly used terms in your organization/community for the following:

- a. Cell phone
- b. Internet
- c. Computer
- d. On-line
- e. Information
- f. Resources

OTHER

Let's summarize the key points from our discussion.

23. What else should be added to our conversation?

Thank you for your participation. Your answers will remain completely confidential and will help develop a successful and meaningful knowledge exchange program for <insert country name> and the overall <insert region name>.

Interview Guide
For Stakeholders of Local Networks
Knowledge for Health (K4Health)
Health Information Needs Assessment
December 3, 2009

Introduction

Hello. My name is <insert your name>. I am part of a team conducting a health information needs assessment. The USAID-funded Knowledge for Health Project is developing a global knowledge exchange program in HIV/AIDS and FP/RH which will promote knowledge sharing and encourage use of the latest research to design and implement programs. We are talking to key stakeholders, like you, of local networks that support family planning and reproductive health. We would like to learn how these networks function, how they keep members engaged and how information is shared within the network so we can better shape our solutions to meet the knowledge exchange needs and demands within <insert country name> and the overall <insert region name>.

The interview will take about one hour to complete and you can stop the interview at any point if you'd like. Please share your opinions, both positive and negative. Everything that you say today will be kept confidential. I will be taking notes during the interview and recording the conversation to back up my note-taking. The needs assessment team will be the only ones to read my notes and listen to the audio-tape.

Let me stop for a moment to respond to any questions you may have. [PAUSE - ANSWER ANY QUESTIONS]. May we turn on the tape recorder? <Turn on tape recorder.>

NETWORK BACKGROUND INFORMATION

Today we are going to talk about <insert name of network>. I'd like to start by asking a few basic questions about the network.

1. Please describe the overall objective(s) of the network.
2. When was the network created? How was it created (who launched it and how)? How is it funded? What is *your* organization's role with the network?
3. In what areas of the country or region does it operate? Who is the primary audience of the network? In general, what is the job and educational level of the network audience? Where is the audience located (rural/urban areas)? Are there other networks in this country that may also serve this audience?

COMMUNICATION AND KNOWLEDGE SHARING

Next let's discuss communication methods used by the network.

4. Please list and explain the ways *network administrators/organizers* communicate with *members*. (PROBES: Do they use telephone calls? Text messages? Email? A website calendar? Online discussion forums? Face-to-face interaction at network activities?)
 - a. Of the methods listed, which are used most frequently? Why?
 - b. Which methods are used the least? Why?
 - c. What are the pros and cons of the different methods mentioned?
 - d. What other tools would support communication between network members?

5. Please list and explain the ways *network members* communicate with *each other*. (PROBES: Do they use telephone calls? Text messages? Email? A website calendar? Online discussion forums? Face-to-face network activities?)
 - a. Of the methods listed, which are used most frequently? Why?
 - b. Which methods are used the least? Why?
 - c. What are the pros and cons of the different methods mentioned?
 - d. What other tools would support communication among network members?

6. Does the network share the contact information of its members? Does the network facilitate any type of social networking or collaboration among members? (*By social networking we mean a service that allows members to connect with friends, family, and colleagues and to meet people with similar interests in order to build their own communities of personal or professional contacts. These are usually web-based services but it is also possible to have a face-to-face component.*) If this is the case, please describe any tools, methods or activities the network uses for social networking purposes.

7. What type of information or resources do network members generally seek? How do they obtain and share this information?
 - a. Do members download information from the internet? If so, where: at work? An internet café? Do members share documents as email attachments?
 - b. Do members share documents as hard copies? How? Is there a designated person who downloads information and then distributes it to other members? Or do members share information that is already printed and available locally?
 - c. Do members send information to each other via text messaging?

NETWORK ACTIVITIES

Now let's talk about the network activities.

8. Please describe the types of activities or events that are organized by the network (both face-to-face and virtual).
 - a. Of the activities mentioned, where does each activity usually take place? (In major cities? In rural areas? In other specific locations?)
 - b. How often does each activity take place?
 - c. What methods does the network use to advertise and promote these activities among its members?
 - d. Which type of activity tends to draw the greatest participation among members?

9. How does the network promote learning among members? Does it organize any kind of training or professional development for members? What communication channels or tools does the network use for these activities?
10. What are the biggest barriers to organizing network activities in <insert country name>? How has the network overcome these barriers?
11. How does the network keep track of the needs of its membership? How does the network judge its success in meeting these needs? (PROBES: is informal feedback solicited from network members? Are formal surveys used? Other methods?)
12. What are the greatest successes this network has experienced? What are the greatest challenges? What could be done to make this network even more successful?

MEMBERSHIP

Finally, let's talk about the network membership.

13. How does the network define a member? (PROBE for person, organization or both?) Are member roles and responsibilities defined? Are these described in a document? If so, may we have a copy of this document?
14. How many members belong to this network? What are the benefits of being a member in the network?
15. What proportion of the network membership is active? – by active member, we mean a person who regularly engages with the network group by participating in network activities or contributing information or ideas. Is a certain type (profile) of member more active than another? Are members more or less active in different parts of the country?
16. How is the network promoted? What methods are used to recruit new members? What are the advantages and disadvantages of each method mentioned?

OTHER

17. What else would you like to add to our conversation?
-

Thank you for your participation. Your answers will remain completely confidential and will help develop a successful and meaningful knowledge exchange program for <insert country name> and the overall <insert region name>.

Appendix E. Qualitative study: Net-Map with KIIs and FGDs

Field guide to National-level Net-Map exercise in Peru

Before the interview

- On a flipchart sheet write the date and the question at the top.
- Write the names of the links on the corner of the flipchart sheet, using a marker with the color that corresponds to each link.

Research Overview:

- Give a brief introduction of the team that is to conduct the interviews and of the K4Health Project.
- Explain the purpose of the interview and give a short summary of the network map (Net-map).
- Provide a short definition of the information on family planning and reproductive health and of the information flow.
- Enter the basic demographic data about the respondent.

Hello. I am<indicate your name>. I am part of a team that is conducting an assessment for the Knowledge for Health Project (K4Health) of the need people have for information on family planning and reproductive health in Peru. K4Health promotes the exchange of knowledge and encourages the use of the latest research for decision making and program implementation. The purpose of this assessment of needs in Peru is to analyze the demand, access and use of information on family planning and reproductive health among health professionals and managers at different levels of the health system, and to identify opportunities to increase the exchange of information where it is needed.

To achieve this purpose, we are using the Network Map (Net-Map) technique to interview participants at different levels of the national health system in Peru. Net-Map is an interview technique that studies the prospects and influence of different stakeholders involved in reproductive health in Peru, and examines how these individuals or entities interact with each other. Since you are an expert in this field, we would like to interview you to help us understand who is involved in the management and exchange of information and knowledge on reproductive health in Peru. We will begin by listing all the people (or players) involved in the exchange of information and then we shall determine how they are linked. We will examine how influential each person is in the process and finally, we will discuss ways to improve the flow of information to health providers at the lowest levels of the health system.

When using Net-Map, it is crucial to take into account how things actually happen and not how they should happen or what is printed on official documents. Therefore, we need the expertise of

people like you who are part of the process and know it first-hand. We would like to know what kind of information on family planning and reproductive health providers of the Peruvian health system need, in order to better serve the needs for information on health and to improve the exchange of information in Peru.

The general question we seek to answer in this interview is:

How can we improve the exchange of information on family planning and reproductive health and what are the information needs of providers at different levels of the health system?

Important terms:

- When we talk about the information on family planning and reproductive health, we mean information and knowledge such as best practices, clinical protocols, program guides, research articles, auxiliary equipment, information materials, education and communication (ECI). We are not referring to the statistics of services or other data provided by the Health Information System.
- When we talk about the exchange of information on family planning and reproductive health, we are referring to the collection, production and dissemination of technical information among the stakeholders of the national health system.
- When we talk about improving the exchange of information on family planning and reproductive health, we mean that health personnel should handle adequate technical information in a timely and high quality fashion in order to improve the quality of these services.

The interview will last approximately two hours and you can stop the interview at any time if you so desire. Please share your views, both positive and negative. Everything you say today will remain confidential. I will take notes during the interview and I would like to record our conversation to back up my notes. The team members who are assessing needs are the only ones who will be reading my notes and listening to the recording.

Is it OK that I record this conversation?

Let me pause for a moment to answer any questions you have. Do you have any questions? [PAUSE: ANSWER QUESTIONS]. <Turn on the recorder.>

Step 1: Enter demographic data

1. Name of person interviewed:
2. Institution/organization the person interviewed belongs to:
3. Position of person interviewed:
4. Gender: Male / Female
5. Age: <25 years old / 25-40 years old/40 years old or more
6. What is your level of education:
7. Location: District, province, department
8. Telephone:
9. Email:
10. Date of interview:
11. Interviewer:
12. Time the interview begins: Time the interview ends:
13. Interview duration:

Step 2: Identifying the players

1. Explain that the first step in developing the map is to identify the key players who work in family planning and reproductive health. By players we mean the organizations that work in FP and RH, including government institutions, NGOs, professional associations, private clinics, and donors. Present the global list of players so that the person or group can select the key players. Then ask the following questions:

- a) Which players are involved in exchanging information on family planning and reproductive health with first-level health workers?

Please list all organizations that work on family planning and reproductive health at all levels of the national health system, including social security, police and armed forces health service, private clinics, NGOs and other services you know. Do not forget to place yourselves on the map.

- Who are the players that produce, distribute and collect technical data on family planning and reproductive health?
- Who are the players who can influence people who do this, or develop policies that determine how to do this?

2. Explain that the different-colored sticky notes represent the various categories of players:
 - Government (Pink)
 - NGOs (Yellow)
 - Donor (Blue)
 - Networks or professional associations (Green)
 - Community groups (Purple)
 - Other (White)

3. Place the players on the flip chart sheet, in no particular order.

Step 3: Draw links between the players

Explain that in this step the links between the players are identified and analyzed. Explain the meaning of link: "A link is a connection, relationship or exchange between players". In this study, we are looking specifically at the information exchange between players. The purpose of the link in the development of the map is to understand how each player relates to other players and to how many other players he is connected - this way we are trying to visualize the flow of information between players. Links should be related to the main question (information on family planning and reproductive health). Then ask the following question, explaining every time what the meaning of each link is:

For the following links, who provides _____ to whom?

a. Capacity-building

Meaning: sessions organized with the aim of improving reproductive health knowledge and practices of the people receiving capacity-building

- **MAKE A NOTE OF WHAT KIND OF TECHNICAL INFORMATION IS REFERRED TO IN THE LINK**

b. Supervision

Meaning: visits aimed at reviewing local practices, services or data

- **MAKE A NOTE OF WHAT KIND OF TECHNICAL INFORMATION IS REFERRED TO IN THE LINK**

c. Technical Assistance

Meaning: providing technical information to develop, enhance, and distribute policies, procedures, protocols, guidelines / manuals, curricula, information / education / communication materials (IEC), tools to conduct surveys. Includes evaluation meetings or national informative meetings.

- **MAKE A NOTE OF WHAT KIND OF TECHNICAL INFORMATION IS REFERRED TO IN THE LINK**

d. Consultancy / counsel

Meaning: expert counsel given on family planning and reproductive health; this relation is more informal than that of technical assistance

- **MAKE A NOTE OF WHAT KIND OF TECHNICAL INFORMATION IS REFERRED TO IN THE LINK**

e. Financing

Meaning: the transfer of resources, including funds and supplies

- **MAKE A NOTE OF WHAT KIND OF TECHNICAL INFORMATION IS REFERRED TO IN THE LINK**

1. Draw arrows between stakeholders using a different color for each link. Draw only one link at a time (for example, complete all links related to *capacity-building* before starting with the links related to *supervision*), but allow them to add links afterwards if they remember anything else.

- If it seems the interviewee is not clear on the differences between the links, or is talking about exchanges which are off the subject, repeat the definitions and ask the question about the arrow once again.
- If the interviewee is unsure about the arrow—does not know if it happens or not, does not know how often it happens, or does not know if it really happens or should happen—draw it if the arrow refers to something that:
 - o the interviewee is sure that happens and
 - o occurs frequently or is important (for example, a meeting with the Ministry, which only happens once a year, is very important though not frequently occurring).

Step 4: Analyze the map

1. Explain that this step consists of analyzing the map and the exchange of technical information between the stakeholders. Ask the following questions:

- a) How does the exchange of information between different stakeholders occur?
- b) What are the occurring challenges in the information exchange?
- c) What are the barriers to the access and use of information on family planning and reproductive health?
- d) Who are the stakeholders that need technical information on FP / RH but that are not receiving it?

Step 5: Attribute decision-making power

1. Explain that in this step the decision-making power or influence of each stakeholder is identified. Explain the meaning of decision-making power or influence: *“When we talk about decision-making power or influence, we mean.....” The capacity or ability to implement, change or improve the exchange of information.* Then, ask the following questions:

- a. What are the different ways in which someone can influence the exchange of information on family planning and reproductive health in Peru?

Facilitator: If you forget anything, you can mention some examples: formal supervision, financing / funding, technical information, counsel, advocacy and pressure, or professional level / respect.
- b. Who has more power to change or modify the exchange of information on family planning and reproductive health toward first level workers?

2. Explain that in this section the power of decision / influence of each stakeholder is attributed. Explains the levels used for the attribution and the meaning of each level: *“.....”* Then, ask the following questions:

- a. What is the level of influence of each stakeholder, beginning with the most influential stakeholders?

3. Then, ask the interviewee to explain the level of influence of each player:

- a. Where does the influence of each stakeholder come from and how is it used?
- b. What is the origin of the influence of all stakeholders whose influence is very high, very low, or appears to vary, or is not very clear?
- c. Ask for explanations, for example:

"Stakeholders X and Y have the greatest degree of influence. Where does that influence come from?"

"Why is Stakeholder W more influential than Stakeholder Z if Stakeholder W does not have many links?"

DO NOT ASK INTERVIEWEE TO CHANGE THE LEVEL OF INFLUENCE. SIMPLY, CONTINUE ASKING QUESTIONS UNTIL YOU UNDERSTAND THE INTERVIEWEE'S ANSWER OR UNTIL IT IS CHANGED BY THE INTERVIEWEE.

4. Finally, review the entire board, starting by stating the level of influence of the stakeholder with the highest level, down to the stakeholder with the lowest level. The goal of this exercise in three stages is to allow the interviewee to reflect upon his/her answers and possibly make changes whenever contradictions are noted.

Step 6: Determine the focus of each stakeholder

1. Explain that in this step each stakeholder's primary activity in the issue of family planning and reproductive health is identified—the organizational focus or programmatic priority. If interviewee wishes to attribute more than one, ask which is paramount and underline, marking the first letter on the map. Ask the following question:

- a. What is the organizational focus of each stakeholder and his/her programmatic emphasis on reproductive health and family planning?
 - (S) Services (meaning: organization with people for the delivery of contraceptive supplies and sexual and reproductive health care)
 - (A) Advocacy / communication (meaning: actions aimed at influencing people, perceptions, policies and decisions)
 - (I) Research (meaning: a process aimed at the pursuit of knowledge through methodologies)
 - (P) Technical assistance
 - (F) Funding

2. After determining the priorities of each stakeholder, reflect over the map and ask the following probing questions:

- a. Are there conflicting objectives or priorities among stakeholders?
- b. Are there synergistic objectives or priorities among stakeholders?
- c. What stands obstacle to cooperation or knowledge sharing between organizations?
- d. What contributes to or enhances cooperation or knowledge sharing between organizations?

Step 7: Probing questions

Explain that, at this time, the interviewee may add, to the map, other stakeholders that are currently not on the map but should be, as well as signaling those important links that are weak, nonexistent or that have the potential of being fortified. This is an open discussion.

Based on the map that we have created and our discussion today, we talk about possible solutions:

- a. How could family planning and reproductive health information which arrives at health care providers of each level be improved?
- b. What are the mechanisms that could be created or improved in order to achieve those changes?

1. Explain that this final section focuses on the interviewee's organization specifically. }

- a. What specific information about family planning and reproductive health does the health staff at your level need in order to better perform their job?
- b. Where do people at your level turn to for the latest information on family planning? Please give a recent example. [Ask about individuals, organizations, etc.]
- c. What are the communication channels staff members at your level prefer to use to receive information? [Inquire: Radio? Television? Internet? Mobile phone? Printed Documents? Interpersonal communication?] Please rate them. If Internet, what browser? Do they resort to any Web page from a specific institution? Which one?
- d. How could your organization better reach other professionals from remote areas in order to provide them

Field guide to National-level Net-Map exercise in Ethiopia

Pre-Interview

- Tape together 2 pieces of flip chart paper. Write the date and the question at the top.
- Write the names of the links in the corner of the flipchart page, using the color to correspond with links.

Overview of Research:

- Give a brief introduction of the interview team and the K4Health project
- Explain the purpose of interview and give a brief overview of Net-map
- Give a brief definition of reproductive health knowledge and knowledge flow
- Record basic demographic data about the respondent

Hello. My name is <insert your name>. I am part of a team conducting a health knowledge needs assessment in Ethiopia for The Knowledge for Health (K4Health) project. K4Health promotes knowledge sharing and encourages the use of the latest research for programmatic decision-making and implementation. The purpose of this needs assessment in Ethiopia is to analyze the demand for, access to, and use of, FP/RH knowledge among health providers and managers at different levels of the health system and to identify opportunities to increase the flow of knowledge where it is needed.

To do this, we are using the Net-Map technique to interview participants at different levels of the health system in Ethiopia. Net-Map is an interview technique that examines the perspectives and influence of various stakeholders working in reproductive health in Ethiopia, and looks at how these stakeholders interact with each other. Since you are an expert in this field, we would like to interview you in order to help us understand who plays a role in managing and sharing reproductive health knowledge and information in Ethiopia. We will start by listing all of the actors involved in sharing knowledge, and then determine how they are linked, examine how influential each actor is in the process, and finally look at ways to improve the flow of knowledge to health workers at lower levels of the health system.

By using Net-Map, we will look at how things are actually done rather than how things should be or what is written in formal documents. This is why we need the insight of people like you, who are part of the process and know it from the inside. We would like to hear what kind of health knowledge *you* need so we can better meet the health knowledge needs and improve knowledge-sharing in Ethiopia.

The overall question we want to answer with this interview is:

How do you understand the current FP/RH knowledge management system in Ethiopia?

Important terms:

- **Family Planning/Reproductive Health:** “RH is a state of complete physical, mental and social well-being and...not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. RH therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed [about] and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of birth control which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.”
- **Family Planning/Reproductive health knowledge:** When we talk about reproductive health knowledge we are referring to knowledge/evidence on the topic; such as best practices, clinical protocols, program guidelines, research findings, job aids, IEC materials and authoritative reports. We do not mean service statistics or other data provided by the Health Knowledge System.
- **Knowledge management:** When we talk about knowledge management we are referring to the way the aforementioned RH knowledge is identified, utilized, and exchanged. It entails: generating, gathering, synthesizing, storing and disseminating FP/RH related knowledge/knowledge to the policy makers, program managers and service providers.

The interview will take about two hours to complete and you can stop the interview at any point if you'd like. Please share your opinions, both positive and negative. Everything that you say today will be kept confidential. We will be taking notes during the interview and would like to audio record this conversation to back up my note-taking. The needs assessment team will be the only ones to read my notes and listen to the audio-tape.

Is it ok to audio record this conversation?

Let me stop for a moment to answer any questions you may have. Are there any questions you'd like to ask? [PAUSE - ANSWER ANY QUESTIONS]. Turn on the recorder.

Step 1: Record Demographic Data

General Information about the Respondent:

1. Name of respondent:
2. Agency/Organization of respondent:
3. Job title of respondent:

4. Sex: Female/Male
5. Age: < 25 yrs/ 25-40 yrs/40yrs+
6. Education of respondent:
7. Location: Village/Small Town/City
8. Phone number:
9. Email address:
10. Date of interview:
11. Interviewer:
12. Interview start time: Interview end time: Total time for interview:
(Total number of minutes)

Step 2: Determine Actors

Explain that the first step in the development of the map is the identification of key actors or stakeholders working in family planning and reproductive health. When we talk about **FP/RH actors** we are referring to organizations or key stakeholders who have a role in a FP/RH network.

- 1) Present the comprehensive list of actors to the person or group so that they can select the key actors. Then ask the following questions:

- **What actors exchange knowledge on family planning and reproductive health?**

Please list all organizations working in family planning and reproductive health at all levels of the national health system, including social security, health, police and armed forces, private clinics, NGOs and others who know. Do not forget to locate yourself on the map.

- **Probes:**
- Who are the actors who produce, distribute or gather technical information on family planning and reproductive health?
- Who are the actors who can influence people who do this, or develop policies that determine how?
- Who are the actors who are directly or indirectly involved in the exchange of information?

- 2) Explain that the different color sticky-notes depict the actor categories:
 - Donor (Orange): (e.g., USAID, Department for International Development, Hewlett Packard, Buffet)
 - Government (Pink): (e.g. Ministry of Health, Ministry of Finance and Economic Development)
 - International NGO (Yellow): (e.g., Pathfinder, Engender Health, Marie Stopes)

- Local NGO (Green): (e.g., Family Guidance Association of Ethiopia, Consortium of Reproductive Health Associations)
 - FP/RH Associations and forums (Blue): (e.g. FP/RH technical working groups)
- 3) Place actors on flipchart sheet, **in no particular order**. (You can put actors you know to be most ‘active’ in the center of the map, but do not spend time doing this with the interview participant.)

Step 3: Drawing links between actors

- 1) Explain that in this step the links between the actors are identified and analyzed. Explain the meaning of the link: "A link is a connection or exchange between actors ...Its purpose in the development of the map is... The links must be related to the main question (family planning and reproductive health). Then the next question, explaining each time the meaning of each link:

For the following links, who provides _____ to whom?

- **Formal authority:** Legal right/ability to control other(s), which could be expressed in the form of sending command, collecting report and/or direct supervision. Who has authority over whom, or who reports to whom?
- **Technical information:** This is knowledge communicated in the form of – policy, protocols, publications, guidelines/manuals, curricula, job aids, IEC/BCC material, survey instruments.
- **Technical training:** Technical assistance in the form of training, giving advice or appointing expert in the field. Does not include funding.
- **Funding:** Provision of financial or in-kind support.

- 2) Draw arrows between actors using a different color for each link. Draw one link at a time (e.g., finish all of *technical training* before starting on *funding*), but let them add links later if they remember something.

Note: If it appears that the respondent was not clear on the differences between the links, or they are talking off topic, repeat the explanations and ask the question again before drawing the arrow.

Draw the arrow only if:

- the respondent is sure that the link is accurate
- occurs frequently or is important / strong (for example, a meeting with the ministry only happens once a year is very important but does not happen very often.)
- it relates to the main research question

Step 4: Attribute influence

Explain that in this step influence of each actor is identified. Explain the meaning of decision-making power or influence: When we talk about **influence** we are referring to decision making power within an FP/RH network, or ability to make change, either positive or negative. Ways of

influencing include, but are not limited to: formal supervision, funding/budget allocation, technical knowledge, advice, advocacy and pressure, or standing/respect.

1) Then ask the following question:

Who influences how FP/RH knowledge is exchanged?

2) Attribute influence:

- a. First ask the influence level of each actor quickly, starting with the most influential actor(s).
- b. Then go back and ask them to explain each one. Then ask the following question:

- **Which actors have the most influence to change or modify the exchange of FP/RH knowledge?**
- **Where does each actor's influence come from and how do they use it?**
- **What is the origin of the influence?**

In particular, get explanations about all actors that are very high, very low, or seem a bit inconsistent or unclear where their influence comes from.

- i. For instance, "Actor X and Y are the highest influence, where does their influence come from?" "Why is Actor W higher than Actor Z if actor W doesn't have many links?"
- ii. **DO NOT PROMPT THEM TO CHANGE THE INFLUENCE. JUST ASK QUESTIONS UNTIL YOU UNDERSTAND THEIR ANSWER OR THEY CHANGE IT.**
- c. Last, review the entire map, starting by stating the influence level of the actor with the highest level all the way down to the lowest.
- d. The purpose of doing this in three stages is to allow the interview participant to reflect on his/her answers and possibly make changes upon noticing inconsistencies.

Step 5: Determine the focus or goal of each actor

1) Explain that this step identifies the core activity - the organizational or programmatic priority - for each actor, on the issue of family planning and reproductive health. If you want to attribute more than one goal, ask which ones should be stressed/emphasized, mark the first letter on the map. Ask the following question:

Determine the focus (goal) for each actor, determine their organizational priority and programmatic emphasis in family planning/ reproductive health.

Note: Let the actors come up with their own list of goals. Potential goals/priority areas:

(S) Services, (A) Advocacy/Communication, (R) Research, (T) Technical, (F) Funding.

2) After determining the priorities of each actor, reflect on the map and ask the following questions:

- 1. Are there any perceived conflicts in the goals or priorities among actors?**
- 2. Are there perceived synergies of goals or priorities among actors?**
- 3. What gets in the way of the cooperation or the exchange of knowledge between organizations?**
- 4. What contributes or enhances the cooperation or the exchange of knowledge between organizations?**

Appendix F. Sample dissemination meeting agendas

<p>Agenda</p> <p>National Level Results Dissemination</p> <p>Understanding Health Information Needs at the State, District, Block and Village Levels</p> <p>Key Findings from a Needs Assessment in Uttar Pradesh</p> <p>Knowledge for Health</p> <p>Venue: Taj Ambassador, New Delhi</p> <p>Friday, April 30, 2010</p>

Objectives:

- To present health information needs, sources and barriers across all levels of the health system.
- To present K4Health KM solutions that can improve reach, usefulness, and use of health information and strengthen capacity.
- To develop a vision for follow-on KM activities to address gaps at various levels of the health system.

Time	Item	Who
9:30	Lamp lighting ceremony	Dr Sanjanthi Velu; Ms Shakuntaka Gamlin, Jt Sec, IEC, GOI; Mr A. R. Nanda, Executive Director, PFI
9:35	Welcome	USAID Representative
9:40	Opening Remarks	Ms Shakuntaka Gamlin, Jt Sec, IEC, GOI
10:00	Keynote address	Mr A. R. Nanda, Executive Director, PFI
10:15	Knowledge for Health: Expanding Access to and Use of Strategic Health Information	Angela Nash Mercado, JHU/CCP
10:30	Strengthening Health Systems: Key Findings from an Information Needs Assessment in Uttar Pradesh, India	Dr Nandita Kapadia-Kundu, JHU/CCP
11:00	ASHA's Health Information Needs	Geetali Trivedi, JHU/CCP
11:15	Tea break	
11:30	Understanding Professional Health Networks and ICT Use and Access	Dr Sanjanthi Velu, JHU/CCP
11:45	Results discussion: <ul style="list-style-type: none"> • What results were as expected or confirmed what you know? • What results were surprising based on your experience? • What else would you like to learn about health information demand? 	Dr Sanjanthi Velu, JHU/CCP

Time	Item	Who
12:15	How can Knowledge for Health tools improve health capacity in India?	Angela Nash Mercado, JHU/CCP
12:30	Panel discussion: Applications of needs assessment findings Dr Vishwajeet Kumar, Associate, JHU & Centre Director, KGMU-CARE-JHU Collaborative Project. USAID Representative (TBD) Dr Reddy, Public Health Foundation of India Dr Saroj Pachauri, Regional Director, Population Council Dr Dileep Mavlankar, Indian Insitute of Management, Ahmedabad.	Nandita Kapadia-Kundu, JHU/CCP
1:15	Wrap-up	Dr Sanjanthi Velu, JHU/CCP
1:30	Lunch	

Agenda
State Level Results Dissemination
Understanding Health Information Needs at the State, District, Block and Village Levels
Key Findings from a Needs Assessment in Uttar Pradesh
Knowledge for Health
Venue: KGMU Convention Centre, Lucknow
Wednesday, April 28, 2010

Objectives:

- To present health information needs, sources and barriers across all levels of the health system.
- To present K4Health KM solutions that can improve reach, usefulness, and use of health information and strengthen capacity.
- To develop vision for follow-on KM activities to address gaps at various levels of the health system.

Time	Item	Who
10:00	Registration	Participants
11:00	Lamp lighting ceremony	Key stakeholders at state level, ASHAs
11:05	Welcome/Opening Remarks	Dr Sanjanthi Velu, JHU/CCP USAID Representative
11:15	Keynote Address	Mr P. Skukla, Principal Secretary, UP
11:30	Knowledge for Health: Expanding Access to and Use of Strategic Health Information	Angela Nash Mercado, JHU/CCP
11:45	Strengthening Health Systems: Key Findings from an Information Needs Assessment in Uttar Pradesh, India	Dr Nandita Kapadia-Kundu, JHU/CCP
12:05	ASHA's Information needs	Geetali Trivedi, JHU/CCP
12:20	Understanding Professional Health Networks and ICT Use and Access	Dr Sanjanthi Velu, JHU/CCP
12:30	How Can Knowledge for Health Tools Improve Health Capacity in India?	Angela Nash Mercado, JHU/CCP
12:45	Question & Answer Session	Dr Nandita Kapadia-Kundu, JHU/CCP Geetali Trivedi, JHU/CCP
1:00	Lunch	

**Understanding FP/RH Information Needs and Networks in Ethiopia:
Key Findings from Needs Assessment and Network Mapping**

Knowledge for Health (K4Health) Project

Johns Hopkins University Center for Communication Programs (JHU-CCP)

Venue: Hilton Hotel, Addis Ababa

Wednesday, May 2, 2012

Objectives:

- To present results of the K4Health health information needs assessment and Network Mapping, across all levels of the health system.
- To present K4Health KM solutions that can improve reach, usefulness, and use of health information and strengthen capacity.
- To discuss a vision for addressing health information gaps in Ethiopia.

Agenda:

Time	Item	Who
9:00	Participants arrive; introductions	
9:15	Key Results from FP/RH Needs Assessment and Network Mapping Study	Dr. Samson Hailegiorgis
10:45	Tea break; Results discussion	All participants, Dr. Samson Hailegiorgis (moderator)
11:30	Overview of the Knowledge for Health Project: Expanding Access to and Use of Strategic Health Information	Sarah Harlan, JHU-CCP
12:00	Closing remarks	Sarah Harlan, JHU-CCP
12:15	Adjourn/lunch	