

Throughout the world, reproductive health professionals are still unable to access reliable, high quality, locally relevant and practical information on a regular basis. How can the flow, exchange and use of reproductive health information be improved? The Knowledge for Health (K4Health) project at the Johns Hopkins Center for Communication Programs conducted qualitative information needs assessments in Malawi, India and Senegal.

I. Learning objectives

- Compare and analyze health information needs and capacity across countries and national, district and community levels of the health system.
- Identify key barriers to health professionals accessing and using health information.
- Explain how to blend new information and communication technologies (ICTs) with traditional approaches to make information available.
- Demonstrate how improved knowledge exchange and use strengthens health systems and ultimately contributes to better health outcomes.

II. Research questions

- What are health professionals' information needs and preferences?
- How do health professionals seek and share information?
- What are the preferred communication channels?
- What are the challenges to accessing and using up-to-date health information?



III. Methods

- a. Multi-country qualitative study
- i. Coverage: National, district and community levels
- ii. Audience: Policy makers, program managers, health service providers

"... We haven't actually as a country been able to have standardized and updated materials to use You find that we want to conduct a **CBDA training and we are using curriculum which was developed** maybe 10 years ago which lacks a lot of information like HIV."

–Program Manager, Management Sciences for Health, Malawi

Strengthening health systems to meet information needs: A multi-country study

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Summary of qualitative study methods

| | Country | | | |
|--------------------------|---------|-------|---------|-------|
| Method | Malawi | India | Senegal | Total |
| Key informant interviews | 25 | 46 | 75 | 146 |
| Focus group discussions | 10 | 9 | 2 | 21 |

IV. Results

a. Information needs across countries

| | Common information needs across countries | Country-specific information needs |
|-----------|---|--|
| | Practical and up to date information on FP/RH Central repository for health information Evidence based information and best practices | Up-to-date technical information on HIV/AIDS Local data for program implementation Evaluations on BCC campaigns Timely dissemination of research results Partner support to share their information and commit resources for improved knowledge management KM manager to facilitate knowledge exchange among key stakeholders |
| District | | Technical information on FP/RH and HIV/AIDS Lessons learned from different health programs Timely dissemination of research results Information for policy implementation Information for guideline development and dissemination Capacity building opportunities for district staff and professional networks |
| Community | • Timely and practical information on diagnostics and treatment | Technical information on FP/RH and HIV/AIDS Practical information on family planning adapted for community health workers Information on capacity building |

"I know about it. I've heard about computer, Internet. I do not know how to operate. This subject should be taught to us through visuals etc. Then it is easy to understand. It is good if everybody is taught."

- Auxiliary Nurse Midwife worker, India

b. Information sources across countries (Malawi, India and Senegal)

| | Common aources across countries | Country-specific sources |
|-----------|---|--|
| National | Internet/Web sites Intranet Government Web site(s) Training workshops Professional networks Meetings and workshops | • USAID Projects |
| District | Internet Libraries Meetings | Professional journals and continuing education Letters and telephone |
| Community | Health staffRadio | Television Trainings and booklets Monthly meetings District Health Office libraries |

"It is essentially through meetings that information is shared. We also use email to organize meetings or to provide certain documents [...] The phone is used primarily to convene the meetings."

- Local Politician, St. Louis District, Senegal



"The most challenges that we face is mainly on the way information reaches us. Information reaches us late and we don't have materials to disseminate the information."

–FGD, Nsenjere Health Center, Malawi

c. Preferred communication channels across countries (Malawi, India and Senegal)

| | Common preferences across countries | Country-specific preferences |
|-----------|--|--|
| National | E-mail Meetings and workshops Print materials Mobile phones | Professional networks Faxes |
| District | E-mail (limited) Meetings and workshops Print materials Mobile phones | |
| Community | Meetings and workshops Print materials Radio Mobile phones | • Television |

"I really like the face to face; the dynamic there is in exchanging, and the opportunity of asking questions, and comparing ideas."

- NGO, development partner, Senegal

Knowledge for Health

d. Barriers across countries (Malawi, India and Senegal)

| | Common barriers across countries | Country-specific barriers |
|-----------|---|--|
| National | Busy schedules/lack of time Weak knowledge sharing or seeking culture Delays in receiving information Absence/insufficient skills to use technology Lack of resources | Lack of appropriate packaging of research information Lack of central location to house country level information Cost of mobile phone use Lack of strategic analysis of data Websites not always up-to-date Information not made publicly available |
| District | Information received is: • Too technical • Incomplete • Bulky format • Not timely | Lack of strategic analysis of data Written guidelines arrive late and easily forgettable verbal instructions are issued instead Inadequate staff training Unreliable and expensive Internet and lack of computers Lack of culture of information sharing and seeking |
| Community | Delay in receiving information Lack of simple, understandable information Lack of computers and capacity to use Lack of training | Lack of information during medical emergencies Weak information seeking culture Located far from information sources Busy schedules/lack of time Language (most materials in English) |

V. Summary of findings/Conclusions

Needs identified to assist health professionals in their jobs:

1) Up-to-date, relevant information:

- Essential information in RH/FP and HIV/AIDS is especially limited for district and community staff
- Frontline health workers are often operating with insufficient training and outdated materials
- Frontline health workers need to receive information in a timely manner and a usable format

2) Stronger knowledge management (KM) systems:

- Stronger links are needed between levels of the health system so essential health information can reach the lowest level more efficiently.
- Information communication technologies (such as mobile phones and PDAs) hold great potential for improving knowledge management across levels of the health system.
- Need for a centralized information hub at the country level where resources can be organized and stored for easy access

3) Capacity building to improve knowledge sharing among professional networks and local organizations. Information does not flow between different levels of the health system due to lack of resources, weak infrastructure, and limited/no KM system.

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