

Results of the K4HSA Online Survey

The USAID/Southern Africa Regional HIV/AIDS Program (RHAP) seeks to strengthen the ability to capture and exchange knowledge among key stakeholders working in the fight against HIV/AIDS. As part of this effort, the Knowledge for Health Southern Africa (K4HSA) Program is developing a series of regional Knowledge Management activities to facilitate information sharing on HIV/AIDS and integrated reproductive health (RH) services.

One of the first steps in designing these activities was to conduct a health information needs assessment in the region. The objective was to determine information needs and effective knowledge sharing mechanisms in Southern Africa in order to develop activities that meet regional and country-specific needs. This report summarizes the results of an online survey conducted in May and June 2009 as part of the K4HSA needs assessment.

Characteristics of Respondents

A total of 149 health professionals from 16 countries participated in the K4HSA online survey. The largest group of respondents (44%) reported working in South Africa, and smaller contingents (5% to 8% each) work in Botswana, Namibia, Zambia, Zimbabwe, Swaziland, and Mozambique. Most respondents are affiliated with non-governmental and private voluntary organizations (58%), in-country PEPFAR teams (18%), or academic and research institutions (6%). About 60% are women, and over 65% have advanced degrees.

Most respondents are program managers (44%), technical advisors (18%), or researchers and evaluators (8%). They reported being most active in health service delivery, health systems strengthening, and health communication. Many work in PEPFAR program areas, including HIV prevention (52%), orphans and vulnerable children (OVC) (48%), adult care and treatment (46%), and tuberculosis and HIV (45%).

Key Findings

- The need for information on program management is as great as the need for information on HIV/AIDS;
- Respondents rely largely on fellow staff and colleagues (78%) and partner organizations (70%) for health information;



- Respondents find it time-consuming and difficult to sort through health information available in print and online, and to figure out which sources are the most relevant and appropriate;
- Access to computers with CD-ROM drives and Internet connections is almost universal. Forty percent of respondents spend more than one hour daily searching for and sharing health information on the Internet;
- Eighty percent of respondents use email daily to communicate with other professionals, and there is a preference for receiving health information by email; and
- Most respondents develop health information products as part of their work and see a clear need to adapt and translate them for the local context.

Information Needs

Survey respondents expressed a variety of HIV/AIDS-related information needs in order to do their jobs, including care and support (53%); organizational development (53%); prevention among youth (52%); and orphans and vulnerable children (51%).

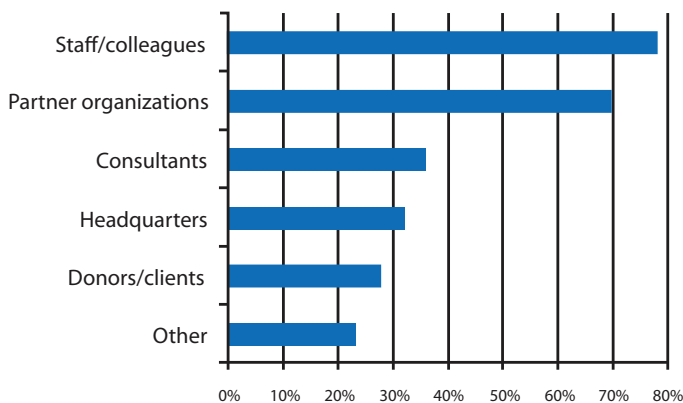
Respondents also expressed a variety of program management information needs in order to do their jobs, including monitoring and evaluation (61%); PEPFAR program and partner management (55%); collaboration and linkages with other partners/donors (51%); and Country Operating Plans (50%).

According to respondents who work at the country and sub-country level, two types of region-specific information would be useful: latest surveillance and epidemiological data and information on best practices and program experience.

Obtaining Health Information

Respondents largely rely on fellow staff, colleagues, and partner organizations for health information (see Figure 1). They are less likely to get information from consultants, headquarters, or donors and clients. Other sources frequently mentioned, include: scientific journals, the Internet, government health ministries and agencies, and training courses and workshops.

Figure 1. Sources of health information



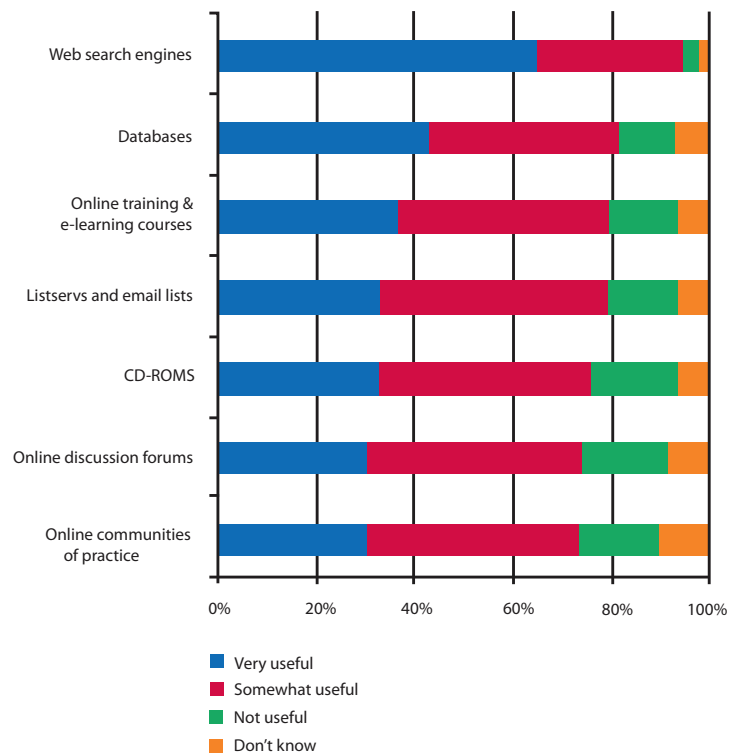
Ninety percent of respondents consider a wide range of print resources to be very or somewhat useful for obtaining health information, including fact sheets, research and journal articles, handbooks, implementation guides, training curricula, and graphics and charts. Most respondents also find all forms of interpersonal communication to be very or somewhat useful for obtaining health information, although they prefer technical assistance and workshops over professional networks, conferences, and meetings.

Online search engines are considered the most useful electronic resource for obtaining health information; however, over 75% of respondents also regard six other



electronic resources as very or somewhat useful, including databases, online training, listservs and email lists, CD-ROMs, online discussion forums, and online communities of practice (see Figure 2). Over 30% of the respondents thought video clips and YouTube, as well as social or professional networking Web sites were very useful. Fewer found instant messages, SMS messages, Web logs, online chat, and RSS feeds to be very useful.

Figure 2. Most useful electronic resources for obtaining health information



According to respondents who work at the country and sub-country level, conferences and workshops—both in-person and online—and Web sites would be the most useful activities for gathering information at the regional level.

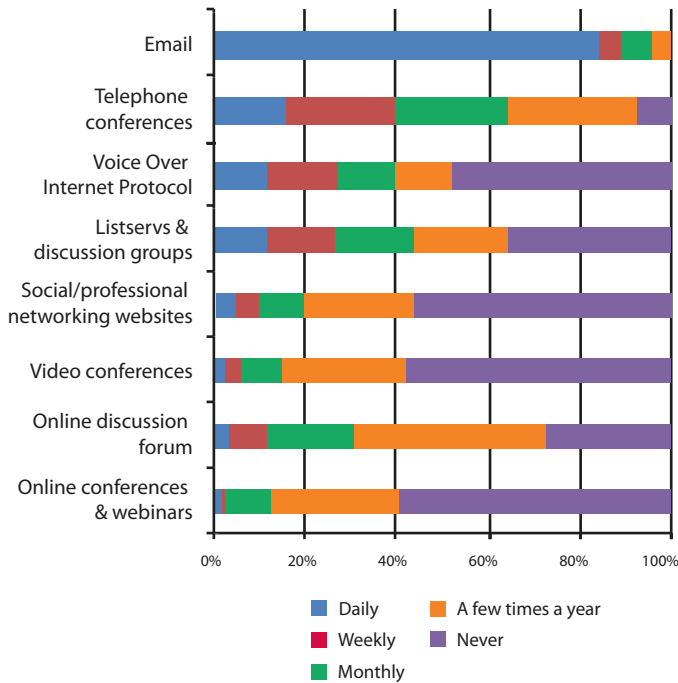
The amount of information available creates the greatest barrier to accessing up-to-date and accurate work-related health information. Respondents said that it is difficult to figure out which sources are the most relevant and most appropriate for a given purpose. Time also was reported as an obstacle because many respondents said they were too busy to conduct thorough information searches. Other obstacles include slow and unreliable Internet connections, limited access to computers, and the high cost of full-text journal articles.

Information Sharing

Email emerged as the dominant information-sharing mechanism in two different survey questions. It is the

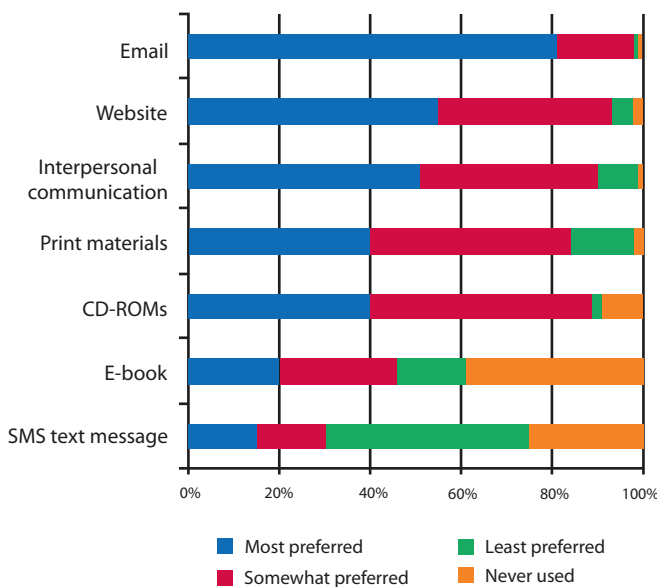
most frequently used method to communicate with other professionals who work in different locations—83% of respondents use email daily for this purpose, compared with 15% for the second-ranked technology used, which is telephone conferencing. Many respondents use telephone conferences, VoIP, listservs, and discussion groups weekly or monthly (see Figure 3).

Figure 3. Technologies used to communicate with other professionals



Email also is the preferred method to receive health information, and Web sites, interpersonal communication, print documents, and CD-ROMs also are popular options (see Figure 4).

Figure 4. Preferred ways to receive health information



More than half (58%) of respondents said they develop health information products—including manuals, articles, guidelines, and curricula—as part of their work. Sixty-three percent said they see a clear need to adapt health information products to make them more appropriate to the local context, such as editing the text, translating it into other languages, and changing the design and layout. Yet respondents said they face many challenges in their efforts to develop and adapt health information products.

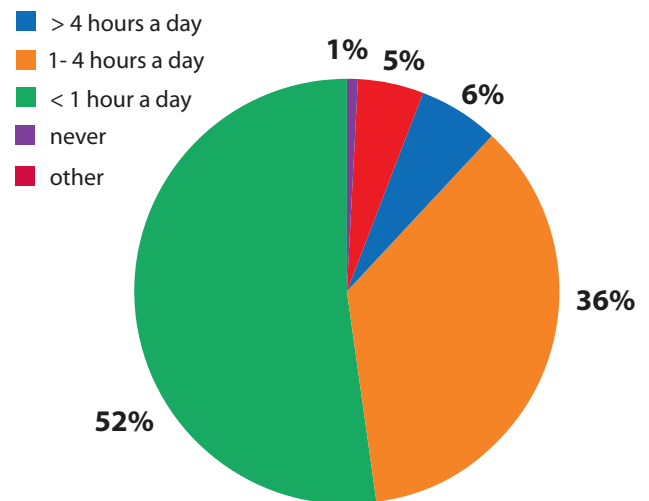
Assistance is needed in the following areas:

- Creating user-friendly and context-sensitive materials;
- Accessing up-to-date information and best practices; and
- Translating material to overcome language barriers.

Access to Information Technology

Almost all respondents (95%) have unrestricted access to computers with CD-ROM drives and Internet connections that can be used for work-related activities—an expected result because the survey was conducted online. Most respondents rely on personal computers (53%) or their organization’s Web site or Intranet (17%) to store work-related information, which does not include paper files. Forty percent of respondents spend more than one hour daily searching for and sharing health information on the Internet (see Figure 5). Only 31% of the respondents are familiar with Web-based collaborative writing tools and only 16% with project management tools—they are more likely to have experience with Google Docs and Sharepoint.

Figure 5. Time spent online



Nearly all respondents (95%) also have unrestricted access to mobile phones for work-related activities. However, SMS messaging is one of the least preferred ways to receive and seek health information (see Figure 4). Access to other mobile devices is limited: only 38% of respondents have unrestricted access to iPod/MP3 players and 16% to Personal Digital Assistants (PDA).

Next Steps

K4HSA and its stakeholders will use the results of this survey to help:

- Assign priorities and plan for the final design and implementation of the regional and country-specific K4HSA Knowledge Management program;
- Develop a range of activities to help local partners identify, capture, synthesize, and share regional and local knowledge;
- Develop innovative formats and channels to share knowledge; and
- Select the professional networking approaches and technologies that are best suited to the region and the type of information to be shared.



Knowledge for Health

K4Health is implemented by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP) in partnership with Family Health International (FHI), and Management Sciences for Health (MSH).
www.k4health.org