Health information needs in Senegal: Results of a national qualitative study

Laura Raney, FHI 360; Karim Seck, FHI360/Senegal; Amadou Assane Sylla, CEFOREP; Elizabeth T. Robinson, Loki Communications
Poor access to needed information

Many health professionals and health policy makers in Africa lack access to the information needed to make evidence-based decisions and provide effective care.

Senegal Study Purpose

Identification of:

• Health information needs
• Information sources
• Information use
• Barriers
"It would be interesting to know what explains why some health facilities are better attended than others. Is this related to the health facility itself? Staff behavior? Maybe there are other apprehensions, other perceptions in the population and we do not know."

– Health official, Ministry of Health and Prevention
Methods

- Part of multi-country qualitative study
- Three regions in Senegal
  - 75 key informant interviews
  - Two focus group discussions
- Study population
  - Departmental authorities
  - Health care providers
  - Non-governmental organizations
  - Elected officials
  - Professional networks
  - Media
Results: Common information needs

- Information to address religious and cultural barriers to use of family planning, including negative rumors
- Approaches to better motivate and involve men
Program Manager Information Needs

- Impact indicators
- Evidence-based information
- Research results
- Service delivery data
Providers Information Needs

Practical information on best practices in management and prevention services:

- family planning
- infant immunizations
- prenatal care
- PMTCT
- prevention of problem pregnancies
Current Information Sources

- Intrapersonal
- Printed documents
- Governmental agencies
- Internet
How is information used?

For decision-making, research and information sharing:

• Program managers and development partners use **norms** from international and national sources
• Providers use **information on policies and practices** to improve service quality
Current communication strategies

- Reproductive health coordinators and supervisors
- Broadcast media
- Religious leaders
Major Barrier

“Information on reproductive health is not centralized or organized systematically. You often have to search high and low to pull together useful information on a specific topic.”

– NGO director
Recommendations for information sharing

• System that provides better storage for and use of information
• Create national FP/RH Web site
• Strengthen coordination for better knowledge sharing
National FP/RH Website

Respondents wanted information on:

- political aspects of the management of health issues
- successful experiences and failures from other countries in organizing health systems
- current health indicators
- new methods, policies, and guidelines at the international level
- online training courses
La Division de la Santé de la Reproduction

La Division de la Santé de la Reproduction du Ministère de la Santé et de la Prévention du Sénégal organise et coordonne les activités préventives, promotionnelles et curatives concernant la santé et le bien-être de l’enfant, de l’adolescent et du couple. Elle œuvre ainsi pour la stabilité familiale.

ACTIVITÉS

ATELIER DE PARTAGE SUR LES TECHNIQUES DE PLAIROYER EN SANTÉ DE LA REPRODUCTION À L’INTENTION DES SÉNATEURS, MIBOUR SALY, HÔTEL LES AMARYLLIS, DU 23 AU 26 OCTOBRE 2011

ATELIER DE VALIDATION DU MANUEL TECHNIQUE DE BASE POUR LES SOINS

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FROM THE AMERICAN PEOPLE
Understanding health information needs and gaps within the health care system in Uttar Pradesh, India

Presenter: Tara Sullivan
Co-authors: Nandita Kapadia-Kundu, Basil Safi, Geetali Trivedi & Sanjanthi Velu
Background

- Uttar Pradesh (UP), India
- **MMR**: 440 per 100,000 live births
- **IMR**: 73 deaths per 1,000 live births
- **TFR**: 3.8 births per woman

Sources: Institute for Population Sciences & Macro International 2007; Office of Registrar, India, 2009
Study Purpose

• To assess the following throughout all levels of the health system in Uttar Pradesh, India:
  – Health information needs
  – Current information flow
  – Access to and use of ICTs
  – Barriers to and opportunities for accessing, sharing, and using health information
Methods

• Part of multi-country qualitative study (India, Malawi, Senegal, Ethiopia, Peru)

• India study setting:
  – New Delhi
  – Lucknow: 3 of 8 district blocks

• Methodology (2009):
  – 46 key informant interviews
  – 9 focus group discussions
## Information Perceptions

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<tr>
<th>Level</th>
<th>Perception</th>
<th>Example</th>
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<tbody>
<tr>
<td>National</td>
<td>• Evidence-based information</td>
<td>“I like executive summaries—not pure data.”</td>
</tr>
<tr>
<td></td>
<td>• Best practices</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>• Health services</td>
<td>“How many gynaecologists in the state, district? How many deliveries at the PHC?”</td>
</tr>
<tr>
<td></td>
<td>• Health coverage information</td>
<td></td>
</tr>
<tr>
<td>District/Block</td>
<td>• Government guidelines</td>
<td>“We get government circulars, which we read. The government keeps on taking out circulars with new information.”</td>
</tr>
<tr>
<td>Village</td>
<td>• Referral &amp; transportation information</td>
<td>“Information related to how to give a message, how to organize meetings.”</td>
</tr>
<tr>
<td></td>
<td>• How to use equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Talk</td>
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Types of Health Information

Technical information:
Detailed content on a specific health topic (e.g., medical eligibility criteria for use of contraceptives).

Practical information:
Information that is necessary for program implementation (e.g., referral information).

An auxiliary nurse and midwife provides health services to a pregnant woman in Rajasthan, India. © 2009 UNFPA/RN Mittal, India, Courtesy of Photoshare.
Information Flow

1. National government
2. State government
3. District officials
   - Block officials
     - Medical officer in charge
     - Health education officer
4. ANM
5. ASHA
6. Community Members
District-level information for program planning and implementation

“I want information about safe abortion. I want data on how many districts are without a Medical Termination of Pregnancy advocacy committee.” She added, “…we don’t have any data related to gender. Our main source of information should be district-level data.”

Director of a large Lucknow-based NGO
State Level Needs

Information related to the development and dissemination of guidelines

“At the state level we do not implement. We find information and help districts. If we have a project, we ask the CMO [district health officer] to implement the project in the district. We supervise, give them guidelines....”

General Manager of SIFPSA

Women participate in a family planning discussion group in India. © 1993 Paul Bankerd/CCP, Courtesy of Photoshare.
District/Block Level Needs

Information on managing and supervising the implementation of NRHM programs

“Our work is to supervise and monitor. The grassroots workers who implement the [health] program should be encouraged, and we should solve the problems they encounter in the field. …we help the workers. That’s our main work.”

Health Education Officer from Mahilabad block

Women in India work to become an Accredited Social Health Activists. © 2008 Geetali Trivedi, Meenakshi Dikshit & Neeraj Upreti, Courtesy of Photoshare.
District/Block Level Needs

Implementation of data at the district and block levels to determine the degree to which program objectives that are being met

“We need knowledge-practice (KP) data on the kind of users we are addressing. ...we need to have ongoing district level data. We have to know the attitude to practice in those areas. We need [data] by gender, by social groups; we require specific information from particular communication activity of campaign. What is more effective, what are consumer concerns? Again we need the data for frontline worker.”

Study participant from an NGO
ASHAs are people’s first line of contact with the health system.

“In case someone in my neighborhood has any problems, my duty is to give them proper advice. If I know what advice to give, I explain it to them. Otherwise I ask the ANM and then advise them.”

ASHA, age 35, eighth grade education, Behrampur village.
Five Parameters of Actionable Information

- Language
- Time and timeliness
- Simplification
- Amount
- Access

Group meeting, courtesy of Meenakshi Dikshit

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### Barriers to Five Parameters of Actionable Information

<table>
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<tr>
<th>Parameter</th>
<th>Village level barrier</th>
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| Language                   | • High level Hindi not easily understood  
                                • English not understood                                                           |
| Time and timeliness        | • Information does not reach workers  
                                • ANM is only source of information                                                   |
| Simplification             | • Lack of simple information linked to health-related queries  
                                • Lack of simple information on referrals                                              |
| Amount of information      | • Require practical information in small quantities                                    |
| Access to information      | • No internet  
                                • Power cuts  
                                • Literacy                                                                         |
Discussion/Conclusions

• Information needs were uniform within each health system level.
• Information needs varied among health system levels.
• Technical and practical information needs should be considered together.
• Exponential growth of ICTs can extend reach of health information.
Discussion/Conclusions

• There is an "information divide" in the vertical flow of information in India.

• Information use will depend on the quality of adaptation aimed to make information actionable in terms of:
  • Language
  • Timeliness
  • Simplification
  • Amount of information
  • Accessibility
A group of young women in India train as rural health workers and in their villages.

© 2007 Sean Hawkey, Courtesy of Photoshare.

For More Information

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Visit:
http://www.k4health.org/needs-assessments
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Needs Assessment in Malawi Leads to Innovative Knowledge Management Project

Thokozani Bema
K4Health Malawi Team Lead
Management Sciences for Health
Background

Knowledge for Health (K4Health)
A global knowledge sharing project focused on FP/RH and HIV&AIDS at the global, regional and national levels.

K4Health Malawi
18 month demonstration project (January 2010 – June 2011)
Population Statistics

- 13 million people in 2008
- 85% reside in rural areas
- 52% population under 18
- 6 births per woman
- 35% teens 15-19 bear children
- 12% HIV prevalence
- 42% Contraceptive Prevalence Rate
Getting the *right information* to the *right people* at the *right time* – a *challenge* for developing countries.

The situation is worse in countries like **Malawi** with severe human resource shortages.

i.e. **40-80%** vacancy rates
The needs assessment sought to answer the following questions about FP/RH and HIV&AIDS information:

- What are the health information needs for program managers and service providers in Malawi?
- What are the current modes for accessing and sharing this information?
- What are the current barriers towards access and sharing?
- What opportunities exist to promote access and sharing?
Methodology

The needs assessment used qualitative methods

• 28 KII at National and District levels
• 12 FGD at National and District levels

Study Population:

• Donors e.g. USAID
• Representatives from the MOH
• Directors and senior managers from NGOs and professional networks
• District health officers, NGO district managers, health facility staff, and CHWs
Findings: Health Information needs of key audience

- **Evidence-based best practices** for program design

- **Technical information on FP/RH and HIV&AIDS** to support implementation, training, supervision, and clinical services

- **Clearly packaged materials** for use with clients to support behavior change, basic treatment, and referrals
Findings: Accessing and Sharing of Information

- Internet widely used at central level

- Oral communication channels preferred when outside major cities

- Print materials essential given limited internet access

- Mobile phone texting at all levels
“Most challenges that we face are mainly in the way information reaches us. Information reaches us late and we don’t have materials to disseminate the information.”

CHW – Nsenjere Health center

Red – HIV information
Blue – FP information
Barriers

• No current central location to find complete, up-to-date FP/RH and HIV&AIDS information
• Government and organizational websites are usually out of date
• Unreliable mobile phone networks
• Limited access to computers by health service provides at district and community levels
• Chronic understaffing
Findings: Opportunities

• **Technical Working Groups** – potential for a national platform for sharing information

• **District Health Offices** – potential for local information hubs at district level

• **High mobile phone ownership** – a promising way to reach remote health workers through SMS
Addressing the Gaps

K4Health developed **four** web-based and offline e-toolkits

K4Health set up **two** District Learning Centers with Internet connectivity in two of Malawi’s 28 districts
K4Health set up a mobile phone network to link 630 CHWs and health facilities
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