

Key Findings from the Ethiopia Needs Assessment and Network Mapping Study

Introduction

Despite improvements over the last two decades, Ethiopia's maternal, child, and reproductive health indicators are still quite poor overall. For example, the fertility rate is 4.8 children per woman, and the maternal mortality ratio is 676 deaths per 100,000 live births (1,2). Only 29% of married women use modern contraception (1). One-quarter of married women have an unmet need for family planning (1).

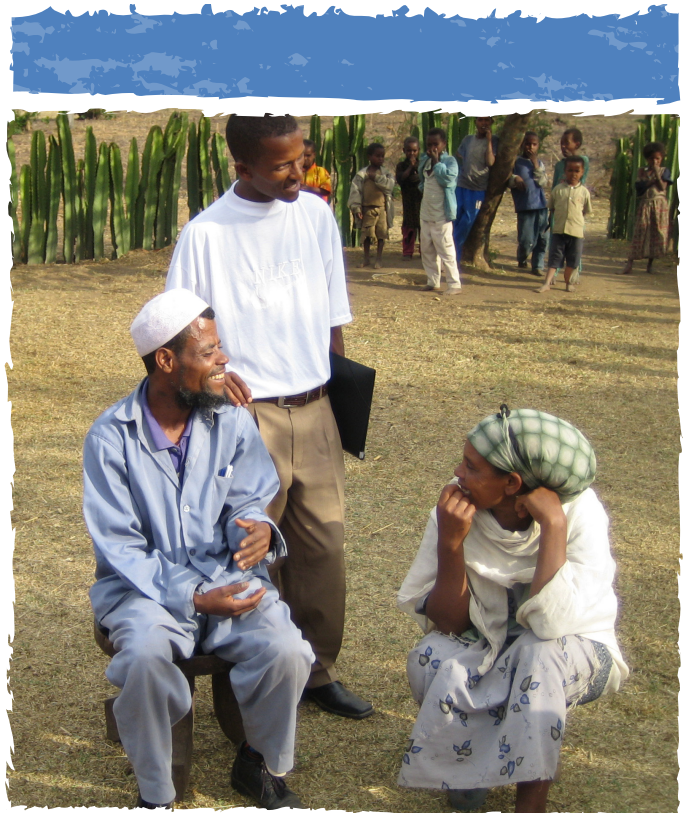
These indicators can be due in part to inadequate knowledge management/knowledge exchange (KM/KE) systems, which prevent the flow of information on family planning and reproductive health (FP/RH). In spite of recent advances in information and communications technology (ICT), many health professionals and policy makers in Africa still do not have access to crucial information needed to make evidence-based decisions (3).

The Knowledge for Health (K4Health) project conducted a series of country-level qualitative studies of health information needs as part of its overall effort to bring evidence-based, up-to-date information, knowledge, and best practices to health professionals worldwide. The Ethiopia health information needs assessment and Network Mapping (Net-Map) study, part of this multi-country research effort, sought to:

- Examine the FP/RH knowledge management and exchange system in Ethiopia at the national, regional, and district/*woreda* levels.
- Explain key determinants to accessing and using of the latest FP/RH research and model practices.
- Identify ways to leverage networks and resources to transfer up-to-date research on FP/RH into practice.

Research Questions

1. Who are the key stakeholders involved in FP/RH programs in Ethiopia, and how do they facilitate or inhibit the flow of information and other resources on FP/RH?
2. What are stakeholders' specific needs regarding FP/RH information?
3. What are stakeholders' preferred methods of communicating about FP/RH?
4. What are barriers to and opportunities for information/resource exchange on FP/RH?



Methods

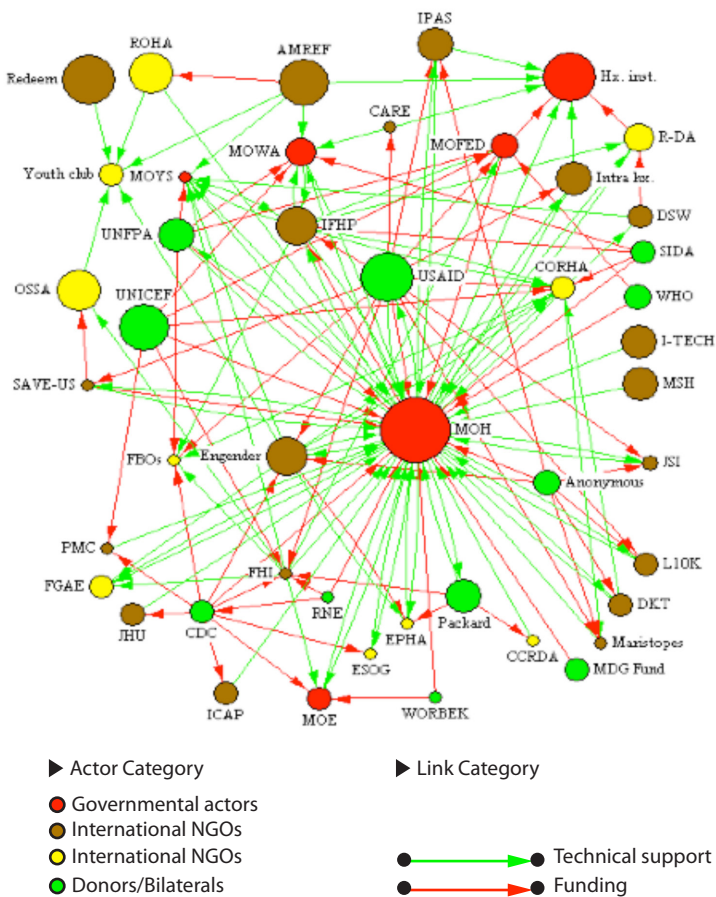
This study used qualitative research methods to explore the FP/RH information management system and its influencing factors in Ethiopia. These included key informant interviews (KIIs), focus group discussions (FGDs), and the participatory Network-Mapping (Net-Map) method.

The research team undertook data collection at three levels: national, regional, and zonal/woreda. National-level data collection occurred in Addis Ababa. The Oromia, Amhara, and Afar regions were selected for the regional component. Four zones and 10 woredas were also identified as sample areas.

Researchers identified 42 key informants, including program officers, information officers, senior advisors, and front-line service providers, and conducted a total of 21 semi-structured interviews (17 individual and 4 group interviews). They presented guiding questions, while allowing respondents to add what they considered relevant information.

Two FGDs were conducted to clarify conflicting opinions identified in the interviews (including Net-Maps), further explore the KM/KE system, and identify specific in-country needs. All KIIs and FGDs were conducted between August and November 2010.





This aggregate Net-Map represents data from the national, regional, and zonal/woreda levels.

Influence

When looking at aggregate data, the MOH was given the highest influence ranking, followed by donors/bilateral organizations, NGOs with direct grassroots links, and international NGOs. At the national level, the MOH was given the maximum influence ranking, followed by the U.S. Agency for International Development (USAID) and Family Guidance Association of Ethiopia (FGAE). Donors and international NGOs were named the most influential actors at the regional level, where government actors and local NGOs were said to be smaller in number and less influential. At the zonal/woreda level, however, government and local NGOs were reported to be active and influential. Faith-based organizations were also said to be somewhat influential at the grassroots level.

"Many actors are focusing in their own area of engagement, rather than seeing the comprehensive package and the national situation—the big picture."

– National-level respondent

Funding

In the aggregate Net-Map, USAID was named as the major source of FP/RH funding and the MOH was reported as the major funding recipient. At the national level, government actors appear to be central to the funding system. Participants also reported poor networking and resource management systems at the federal level. USAID is the main source of funding at the regional level, although many actors (regional development associations, for example) can have diverse sources of funding. Participants explained that at the zonal/woreda level, donors often channel funds to actors through international NGOs that work on community-level projects.

Information Needs Assessment Results

Main Information Needs

Common FP/RH information needs among participants at all levels of the health system include:

- Timely, regular access to the latest FP/RH information
- Central repository for latest FP/RH information
- Diverse types of materials
- Improved ICT
- More coordination and stronger professional networks

At the national level, participants mentioned the need for up-to-date information in order to make high-level decisions about FP/RH. They also stated that they lacked knowledge about other national FP/RH actors. Regional stakeholders' needs are bidirectional: They need information on policy and strategy from the national level and updates on FP/RH programs from communities. They are also looking for consistent and up-to-date information on FP/RH. At the community level, stakeholders need easy-to-understand information in local languages and adapted for local contexts. They also mentioned the need for diverse types of materials.

"...[we have] diverse and uncontrolled sources of information on FP/RH, which creates confusion in some areas."

– Regional-level respondent



At the national, regional, and zonal/woreda levels, face-to-face meetings were mentioned as a preferred method of communication.

Barriers to Accessing and Applying FP/RH Information

At all three levels, participants mentioned that lack of coordination and professional networking prevents them from accessing information on FP/RH. National-level respondents also discussed the lack of a central repository for the latest FP/RH information. At the regional level, slow, unreliable Internet connections were listed as a barrier, along with the lack of a controlled system for disseminating information. The main barriers listed at the zonal/woreda level were lack of ICT training and the overall lack of access to information on FP/RH, particularly up-to-date, evidence-based information.

“The FP/RH response is not well coordinated, thus duplication of effort and resource wastage is widely observed. In addition, FP/RH-related information is not well communicated and good practices are not shared among the different actors.”

– National-level respondent

For more information about health information needs around the world, visit the K4Health website at www.k4health.org/needs-assessments.

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Recommendations and Conclusions

Based on findings from this study, the following recommendations were identified to improve the KM/KE system for FP/RH in Ethiopia:

- **Communicate governmental policies regularly** among stakeholders at all levels, to ensure high-quality FP/RH programs and services.
- **Develop well contextualized materials** geared to policy makers, program managers, and health professionals at different levels.
- **Establish and strengthen systems that facilitate exchange of up-to-date information**, including ICT infrastructure, a KM system, and professional networks.
- **Set up programs for learning and sharing FP/RH information**, including resource centers and information banks.
- **Build the capacity of grassroots actors** to ensure community ownership and sustainability.
- **Leverage the support of influential actors**, particularly at the community level.

“We seek simple, well-focused, understandable information, in small quantities, in a local context/language, and on a regular basis.”

– Zonal/woreda-level respondent

This study highlights significant gaps in access to up-to-date FP/RH information throughout Ethiopia’s health system. To close these gaps, a national KM/KE strategy and an information dissemination system are needed. A more advanced KM/KE system could improve dissemination and uptake of evidence and best practices.

References:

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