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 (KII), focus group discussions (FGD), 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 KII and FGD were conducted between August and November 2010.
...the government policies/strategies are not well communicated, even to the NGOs operating on the topic. – National-level respondent

Network Mapping (Net-Map) was also conducted at each level of the study (national, regional, and zonal/woreda), and involved all 42 participants. Net-Map is an interview-based social mapping technique that helps people visualize and discuss situations in which many actors influence the outcome. Participants identified FP/RH actors, drew links between them (see photo, next page), discussed actors’ roles in facilitating or inhibiting information flow, added “influence towers” to reflect the relative influence of each actor, and discussed health information needs and challenges (4).

After the researchers completed data collection, an aggregate Net-Map was generated by entering the findings from the different levels into the VisuaLyzer™ computer program. Analysis of other interview data was done through manual coding and grouping by theme.

Results

Network Mapping Results

Actor analysis

A total of 103 actors were identified, of which 46 were named the “most influential” (i.e., they were recognized by two or more actors with average influence rank of five or more). Of the 46 “most influential” actors, 20 were international NGOs, 10 local NGOs, 10 donors/bilateral organizations, and 6 governmental organizations. Overall, there were more donors and bilateral organizations than NGOs at the national level. At the regional level, NGOs were highly engaged, and the zonal level data showed a proportionally higher level of local NGOs compared with other levels. Differences among regional and zonal/woreda data were identified. For example, FP/RH actors are not evenly distributed based on the FP/RH needs of certain regions.

Information flow

Participants placed the Ministry of Health (MOH) and its line offices at the center of the Net-Map. The MOH appears to play a critical role in information dissemination and flow at all levels of the health system. At the national level, the Integrated Family Health Program (IFHP) and the Consortium of Reproductive Health Associations (CORHA) are also highly connected and central to the information system. At all levels (and especially at the zonal/woreda level), it appears that the Ministry of Health may receive more information than it dispatches. This can create a situation where information is slow to diffuse.

Table 1. Number and Location of Key Informant Interviews and Focus Groups

<table>
<thead>
<tr>
<th>Type</th>
<th>Addis Ababa</th>
<th>Addis Ababa</th>
<th>Oromia</th>
<th>Afar</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National</td>
<td>Regional</td>
<td>Zonal/Woreda</td>
<td>Regional</td>
</tr>
<tr>
<td>Individual Interview</td>
<td>11</td>
<td>3</td>
<td>--</td>
<td>1</td>
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<tr>
<td>Group interview</td>
<td>--</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Focus Group</td>
<td>--</td>
<td>1</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

The result of one individual Net-Map exercise and interview. A typical Net-Map exercise will result in a visual representation of key actors, their linkages, and levels of influence, helping to make strategic decisions in complex situations.
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.

References:

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