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# Key Findings from the Botswana HIV Information Needs Assessment

Staff and field workers at the Kuru Family of Organizations (KFO) Community Health Communications Center (CHCC)

The Southern African HIV/AIDS Information Dissemination Service (SAfAIDS), with support from the Knowledge for Health (K4Health) project, has conducted a series of national HIV information needs assessments in Southern Africa to support the planning and development of a knowledge management programme. This programme, which is part of the Southern Africa HIV Knowledge Management Initiative, aims to increase the dissemination and use of accurate, evidence-based, and up-to-date information in order to improve HIV prevention in the region. The objectives of the 2009 Botswana needs assessment were to:

- Explore current HIV knowledge management systems and resources at the national and regional levels,
- Identify areas for improvement, and
- Contribute to an analysis of future opportunities and directions for the regional knowledge management initiative.
- HIV prevention was a special focus.

## Methods

Preliminary activities included a literature review on HIV knowledge management systems in southern Africa and a series of courtesy visits with Ministry of Health officials and USAID staff to gain approvals and gather suggestions about what questions to ask and people to interview. Data collection, using qualitative research methods, took place in October and November, 2009. Eleven key informant interviews were conducted with stakeholders involved in the implementation of HIV prevention, care, treatment, and support programmes in Botswana, including government agencies, non-governmental organisations (NGOs), community-based organisations (CBOs), and educational institutions. Five focus group discussions (FGDs), involving a total of 24 participants, were also conducted at organisations focusing on young people, minority populations in rural Botswana, and HIV prevention.

The interview questionnaire and FGD guide explored the following research questions:

- **Information needs:** What are the health information needs of diverse stakeholders, including policymakers, opinion leaders, programme managers, providers, funding partners, and PEPFAR country teams? How are they currently meeting these needs?
- **Networks:** What regional and national HIV information networks currently exist and what purpose do they serve? What lessons can be drawn from these networks?
- **Technology and tools:** What are the most promising technologies and tools to reach these audiences? What channels are organisations currently using to communicate with their staff, colleagues, partners, and clients?
- **Infrastructure:** What level of Internet access exists in Botswana, and how does it vary within the country? What about mobile phone access?
- **Key stakeholders:** Who are the key HIV information stakeholders and opinion leaders? What topics are they most interested in?

## Findings

### *Information needs*

Study participants believe that information about preventing HIV needs to be made more widely available in Botswana. They report a shift towards—and a special need for information on—medical male circumcision and the reduction of multiple concurrent partnerships. Other topics of interest include antiretroviral (ARV) treatment literacy, prevention of mother-to-child transmission (PMTCT), youth perspectives on prevention and materials development, child counselling, life skills, and the perspectives of people living with HIV (PLHIV).

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Many study participants singled out the information needs of HIV-positive adolescents, whose numbers are growing rapidly. Information resources tailored to adolescents, especially treatment literacy materials, are lacking. Involving young people in HIV information development and dissemination could help fill that gap. Specialized support systems are also needed to help HIV-positive young people overcome the hurdles of puberty and adolescence.

To improve their work, study participants also want information on how to design and implement interventions. Behaviour change theory and communication is the topic that generated the most interest, but monitoring and evaluation, integrating services, viewing prevention holistically, and basic management skills were also mentioned.

### *Information seeking and sharing*

Print is a preferred channel for receiving and distributing information on HIV. Print materials are easy to store and can be read at leisure; they can be photocopied and distributed by post, hand delivery, or at workshops. In rural areas, radio is an ideal communication channel because it can reach large audiences and overcome problems of illiteracy. Conferences, workshops, and other face-to-face interaction are also considered good channels for HIV communication because they convey information in an interactive manner, permit individual networking, and can establish relationships between organisations. CDs and DVDs were mentioned less frequently.

Study participants expressed a desire for all sorts of information resources, ranging from toolkits and training manuals to newsflashes and reports. They seek out up-to-date, work-related information from a wide variety of sources, including the Internet, organisational resource centres, librarians, headquarter offices, conferences, journals, and peers.

Preferences regarding information delivery systems vary widely and include CD-ROMs, print materials, text messaging, email, the Internet, meetings, and presentations. Given the lack of infrastructure in rural areas, the only way to share information with staff in remote locations may be the postal service or hand deliveries.

Organisations generally rely on in-service training, workshops, and conferences to encourage staff to update their knowledge and skills and put new information into practice. One organisation holds quarterly trainings on new developments for all staff members, while another systematically adds new information to an organisational database that employees can access.

### *Barriers to accessing and applying information*

According to study participants, lack of time is a major barrier to accessing HIV information and applying it to improve their work. Long hours and heavy workloads mean that healthcare workers are too busy to read updates, search for needed information, or even attend meetings.

Language barriers, along with the lack of a reading culture, also hinder access to useful HIV information. Organisations need materials in Setswana and minority languages. In areas where literacy rates are low, some organisations rely on visual materials and oral communication to reach local communities.

> People are just so busy, people don't have time. And you don't know whether when you send them articles…through the email they actually read them; they acknowledge receipt but whether they read or not is another thing."
> – Key informant interview, University of Botswana

Study participants stressed the importance of consulting with local communities, first to determine their information priorities and later to test the clarity, suitability, and relevance of the materials produced. FGD participants in a remote area of Botswana also highlighted the need for consistency in messaging, pointing out that HIV prevention messages are often vague and create confusion in the target population. They also emphasized the need to develop positive messages, because negative messages increase stigmatization and discrimination.

> "We don't really distribute any printed materials because what will happen is it's just garbage or thrown on the side of the road. It's used for another purpose…Some of these languages are not even written down and … the majority of our target population is illiterate. Also culturally, they don't have a culture of reading to get information. You know culturally they will share information by talking to each other and other ways. Or listening to it on the radio.
> – FGD at the Community Health Communications Centre

Limited financial resources is another constraint on the development and distribution of HIV prevention information. Organisations struggle to distribute HIV materials to their beneficiaries because of the high cost of reproducing the information they receive.

There is a need for better management and distribution of HIV information at the country level. Some kind of central repository of information is needed, and an electronic or online library of materials would also be useful. Establishing resource centres or distribution points at the district and community levels could help overcome transportation problems and increase the availability of information at the local level. Coordination of all of these activities should be centralized.

### *Information and communication technologies*

**Internet.** Weak infrastructure and limited human capacity both present obstacles to accessing and sharing HIV information over the Internet. Although most study participants reported that they could access the Internet at work, connections tend to be slow and unreliable and bandwidth is limited. As a result, the Internet is mostly used for email. Many study participants also say they lack the computer and Internet skills to take full advantage of electronic information resources. They dislike having to check multiple websites to stay abreast of the latest HIV developments and would prefer information to come to them.

A few organisations already have, or want to have, a shared drive where staff members can find and exchange relevant information. There is also interest in web conferencing and using social networking sites to reach special interest groups, especially young people. However, some study participants expressed concern over the lack of computer security systems in the workplace.

**Mobile phones.** Study participants see huge potential in using mobile phones for HIV prevention, care, treatment, and support, while acknowledging some obstacles, including language and literacy issues, the brevity of text messages, and lack of coverage in some parts of the country. Organisations supply mobile phones to some or all staff members, along with a set amount of airtime. Employees must pay if they exceed the limit. The phones are generally basic models that can be used for voice and texting, but not to access the Internet.

Although mobile phones can help healthcare workers and other staff share information in a timely manner, study participants generally focused on using them to communicate with patients and the public. Suggestions include using text messaging and chat features to remind patients about medications and appointments, to send motivational messages to PLHIV, to build a social support network for adolescents living with HIV, and to conduct surveys. Some organisations are actively involved in rolling out these kinds of mobile phone applications.

**Community radio stations.** Outside of urban areas, where telephone mainlines are concentrated, communication options are extremely limited. Study participants in rural areas strongly believe that community radio stations hold great potential for disseminating information on HIV. However, the government of Botswana does not currently grant licences for community radio stations.

> "I personally think SMS has a great potential…because cell phones are so much more widely distributed than computers…. There's almost one cell phone for every adult in the country…. There are so many cell phones around, people know how to use them, they talk abbreviations in the SMS; it's like culturally it's not something that's shocking, it's very accessible to people."
>
> –FGD at the Botswana Association for Positive Living

### *Developing information resources*

Most of the organisations represented in the needs assessment regularly develop HIV information resources as part of their work, including curricula and training materials, manuals, flipcharts, brochures, posters, billboards, radio shows, and games. Although funding poses a problem, the single greatest challenge to developing these materials is finding people with the required knowledge and skill sets. Some study participants wanted technical assistance to train in-house staff, while others thought it made more sense to outsource the work locally.

Team members of the Botswana Association for Positive Living (BAPL) - Kgakololo Cellphone SMS Project

As the response to the HIV epidemic has expanded and changed over time, new difficulties have emerged for developing HIV prevention messages. The sheer repetition of HIV messages may turn people off. Another challenge is reconciling past and current messages as the focus shifts from encouraging condom use to male circumcision and reducing multiple concurrent partners.

In addition to developing their own materials, organisations also adapt existing HIV information resources to the local context. They face the challenge of translating materials into Setswana, localizing international content, and addressing cultural differences. They could benefit from technical assistance with translation. Recruiting community members to share insights on local needs could also be helpful.

### *Networks*

Although most study participants thought their organisation were a part of some networks, few could specify which ones. Responses about individual membership in networks were also limited. Lack of time and staff restricts individual and organisational involvement in networks, although networking was acknowledged to be good for learning and sharing ideas. Some study participants were sceptical about the practical benefits of belonging to networks.

### *Implications and recommendations*

There is a clear need for more and better HIV information resources in Botswana directed both to healthcare professionals and to the general public, including remote and minority populations. Findings from the needs assessment suggest the following course of action.

### *Packaging content*

Information on HIV must be culturally appropriate, easy to understand, relevant to people on the ground, and presented in local languages. Organisations also need to produce information resources that are tailored to different audiences—especially adolescents, but also women and children—and to rural as well as urban communities. To accomplish this, greater efforts must be made to involve young people, rural populations, and minority language speakers in developing and disseminating HIV information materials.

> "They actually have to take the initiative themselves to reach out to people they want to include in their network. Just because a network works well does not mean that people will want to join. So the networks are really going to have to focus on selling themselves… even private sector and NGOs, they're going to have to make the case that being a part of the network will benefit that organisation."
>
> – Key informant interview, Ministry of Education

Organisations also need to package strategic information on scientific, policy, and programmatic responses to the epidemic so that it is easy to understand and can be applied by all employees and volunteers. Information providers outside Botswana can help by addressing the information needs of organisations producing and packaging HIV information and their target audiences.

### *Infrastructure*

The Internet is the most attractive technology to access and share HIV information. However, mobile phones may offer a short-term solution to the infrastructure problems that limit Internet access, while community radio stations can disseminate information to illiterate and remote populations that are beyond the reach of either the Internet or mobile phones. Greater efforts must be made to:

- Increase the speed and reliability of Internet connections;
- Utilize the potential of mobile phones as a medium for information dissemination; and
- Advocate for the licensing of community radio stations.

### *Capacity strengthening*

To encourage staff members to explore all avenues to expand their knowledge base, organisations need to develop a reading culture and promote the use of the Internet. They also must train staff on essential computer skills and the use of electronic information resources. Protecting workplace computers against viruses and other security threats is also important, pointing to the importance of training information technology specialists as well.

Capacity strengthening should not be limited to computer-based technologies. Staff members need to develop the ability to adapt and correctly translate HIV information and to understand and interpret epidemiological and statistical data.

### *Information management*

The flow and management of HIV information within Botswana needs to be better coordinated. The best solution may be to create a central body that can establish and oversee:

- A national repository that systematically collects and disseminates all kinds of information on HIV, including best practices, tools, and databases of HIV information providers and organisations working in the field;
- Resource centres and distribution points at the district and community levels; and
- Links with regional information networks to improve communication with neighboring countries.

Information repositories at every level must be prepared to distribute information using diverse media and channels. Print materials and the postal service may be best suited to rural areas, while the best way to reach staff members at wired organisations may be to link directly to their homepages.

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