

Audience Needs Assessment

DFID-funded Disability and Healthcare Technologies
Knowledge and Research Programme CNTR 02 4342

“Disability affects approximately 600 million people globally, the majority living in developing countries. It is therefore essential that disabled people are included in development efforts to improve the economic and human welfare of millions of poor people in the developing world.” *Disability and Rehabilitation – World Bank*

“[Addressing the issue of disability in development] will contribute to the United Nations Millennium Development Goals.”
Platform on Disability and Development

“Disabled people if included in the general development strategy can make a huge contribution to their community and society, if left outside they are seen as burden, discriminated against and ignored.”
Teaching Aids at Low Cost

“Disability excludes people with disabilities in various ways.... As a rights issue it needs to be addressed to promote a more equal world.” *DFID India*

“Disabled people are some of the poorest people worldwide, thus addressing the issue of disability directly contributes to the goal to improve the lives of poor people.”
Handican International UK

Acknowledgements

Author: Alison Sizer

Editors: Ailish Byrne, Christine Kalume, and Georgina Kyriacou

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Glossary

| | |
|----------------|---|
| CBR | Community based rehabilitation |
| DFID | Department for International Development |
| Disability KaR | Disability and Healthcare Technologies Knowledge and Research Programme |
| DPOs | Disabled People's Organisations |
| NGO | Non-governmental organisation |
| ODG | Overseas Development Group (at the University of East Anglia) |
| PAG | Programme Advisory Group |
| PMG | Programme Management Group |

EXECUTIVE SUMMARY

This audience needs assessment report has been produced as part of phase 2 of the Disability Knowledge and Research (Disability KaR) Programme, a Department for International Development (DFID) funded programme that aims to improve the health and quality of life for poor people in developing countries in two theme areas, disability and technology. In particular the needs assessment relates to poverty and disability, and mainstreaming disability within development.

The aim of the needs assessment was to inform the programme's knowledge and communications component about the development of the programme's previously identified communications tools (website, newsletter, electronic forum, learning publication and two regional roundtables). The assessment also sought information on the knowledge the audience needs and how they need it, and the knowledge they would like to share with the programme, how they would like to share it, and the issues they would like to discuss using the programme's communication tools.

The programme needs to communicate with DFID policy makers and KaR personnel, INGOs and academia, local practitioners and service providers. Disabled peoples organisations are an important audience and are INGO service providers, and are also active in the policy area.

Methodology

The study used three data collection methods:

1. Short questionnaire targeted at a limited number of respondents
2. Analysis of readers' surveys from three international disability and health newsletters
3. Inputting into the development of a questionnaire for one of the Disability KaR commissioned projects.

Key findings and recommendations

a. Content

- Policymakers highlighted research and policy as being the most important type of information for their work, whereas practitioners and intermediaries highlighted research and practice.
- Respondents identified a total of 39 themes that were of particular interest to them (Appendix 3), of which mainstreaming disability within development, the links between poverty and disability, community based rehabilitation, and rights-based approaches were mentioned the most.
- In the newsletter and on the website respondents most wanted to see information about the programme and its findings, updates on the Disability KaR commissioned projects and research, links to further information on the Disability KaR projects and research, and other relevant resources and related activities.

Recommendation

The newsletter and website will be the key sources of information about the programme. It is therefore vital that they provide up-to-date information on the programme and the progress of its commissioned research and projects. They should also act as signposts to sources of further information on the commissioned projects, other organisations working in the field of disability and development, and useful/key resources on some of the topics mentioned in Appendix 2.

b. Using existing communication channels

- The needs assessment questionnaire and analysis of the readers' surveys highlighted a number of websites, journals, newsletters and discussion forums that the programme could use to stimulate discussion and dialogue (Appendix 4).
- The analysis of the readers' surveys of three international newsletters for health and disability workers in Africa and Asia demonstrated the importance of local radio, as opposed to international radio, as a source of information for practitioners.

Recommendations

The programme should use websites that the Disability KaR audience already refer to, to communicate information about the KaR programme and to advertise Disability KaR communication activities and products.

The programme should use key journals mentioned by intermediaries and practitioners as being important sources of information, to raise awareness of the Disability KaR programme, particularly local events associated with the regional roundtables, and to share relevant knowledge and learning being generated through the programme.

The programme should use discussion groups and networks, currently used by the secondary and tertiary audiences, to raise awareness of Disability KaR and of knowledge and learning generated through the programme, within the wider health and development community. Such forums could also be used to gather inputs for the roundtable discussions to be held at the end of 2004.

The programme should look at the feasibility of using radio – particularly local radio – in the build-up to, and to feed back from, the Disability KaR regional roundtables.

c. Using Disability KaR communications tools

- Policymakers and intermediaries rely on electronic media, in particular websites and electronic journals, as a way of accessing the information on disability, as well as face-to-face contact at meetings and conferences. In contrast, practitioners are more reliant on print materials and face-to-face contact.
- Policymakers' and intermediaries' preferred ways of receiving information about the programme were through the e-mail newsletter and web update bulletins. In contrast, the practitioners' preferred way was through print materials. This finding was supported by the analysis of the readers' surveys, which indicated that practitioners have less access to the Internet.
- Practitioners and intermediaries were more open to sharing information through the programme than policy-makers. The web-based workspace was the least popular tool for sharing information, while an e-mail discussion group was the most popular.

Recommendations

The programme should send regular e-mail bulletins to policymakers providing them with updates on changes to the website.

Feedback from this exercise should be used to inform on-going development of the e-mail distribution list. The Disability KaR programme should therefore send appropriate documents to members of other international development-related research institutions. These might be, for example, copies of the e-mail bulletin and e-newsletter.

The programme should look at using the e-mail discussion group to help inform the agenda for the roundtable discussions. This should be done in conjunction with similar discussions being stimulated on other e-forums that the audiences currently access.

The potential role and impact of a web-based message board on the programme should be revisited.

d. Other recommendations

There was a low response rate from individuals in the Department for International Development (DFID). This could be related to the lack of a designated individual within DFID who deals specifically with disability. The Disability Policy Officer recruited under the Disability KaR Policy project to work with DFID and the Disability KaR programme will enable the programme to raise the awareness of key individuals within DFID of the importance of disability as a development issue. The appointment will also ensure that individuals

within DFID know about the Disability KaR programme and its activities. This post-holder can distribute printed Disability KaR communication products to DFID staff directly where possible. However, the findings suggest the need for DFID to look at the feasibility of designating an individual or post within DFID that deals specifically with disability.

1. Background to the needs assessment

This report has been produced during phase 2 of the Disability and Healthcare Technologies Knowledge and Research Programme (Disability KaR) CNTR O2 4342. The programme is funded by the UK Department for International Development (DFID), and managed by the Overseas Development Group (ODG) at the University of East Anglia and Healthlink Worldwide.

1.1 Programme goal

The overall goal of the programme remains to improve the health and quality of life for poor people in developing countries in two theme areas, disability and technology. However, based on the lessons learned from phase 1 of the programme and the findings and recommendations from two DFID studies (“Perspectives on disability, poverty and technology” and “Research for poverty reduction: DFID research policy paper November 2002”), greater emphasis is to be placed on disability, particularly exploring issues around:

- the links between poverty and disability; and
- mainstreaming disability in development.

1.2 Knowledge and communication component

The Disability KaR programme recognises the key role of communication and knowledge sharing in transforming research into practice, and therefore the second phase includes a specific knowledge and communication component managed by Healthlink Worldwide. This component includes plans and budget for the development of five specific communications tools: a website, newsletter, electronic forum, learning publication, and two regional roundtables. These have not only been designed to disseminate information generated through the programme, but also to increase dialogue and discussion across the programme and with other national, regional, and international programmes and networks.

1.3 Programme audiences

The programme has identified three broad audiences that it needs to communicate with, as follows:

- **Primary audience: policymakers and KaR programme organisations.** As one of the main objectives of the Disability KaR programme is to influence policy, a main audience is policymakers, e.g. DFID staff at headquarters and in country, and other policymakers identified from phase 1 of the Disability KaR programme. The other primary audience is Disability KaR programme and project managers/staff from phase 1 and phase 2 of the programme. This includes members of the programme advisory group (PAG), the Disability KaR programme management group (PMG), and project managers.
- **Secondary audience: intermediaries.** These are organisations operating between policy and practice, e.g. non-governmental organisations (NGOs) and academic institutions working in development, health, poverty alleviation and/or disability, at an international, regional and national level. For example: researchers at ODG, the Centre for International Child Health (CICH) and the Chronic Poverty Research Centre (CPRC), and some Healthlink Worldwide and Handicap International partner organisations.
- **Tertiary audience: practitioners/service providers.** This group is composed of local organisations of and for disabled people, health and development workers and community based rehabilitation (CBR) personnel providing services for disabled people. This includes, for example, readers of the international newsletters *Health Action* and *Disability Dialogue*.

In reality, these groups overlap. For example, some disabled people’s organisations (DPOs) in the South, such as the Southern Africa Federation Of the Disabled, are active in the policy arena as well as in service provision.

2. Aim

The aim of this audience needs assessment is to provide information to inform the development of the programme's previously identified communication tools. The main objectives of the assessment were to generate data on:

- the information needs of the programme audiences;
- programme audiences' preferred communication channels and media; and
- programme audiences' existing sources of information, for example, journals, discussion groups and websites that they use.

As one of the objectives of the programme's communication strategy is to generate feedback and discussion, the assessment also sought information on:

- the knowledge people would like to share with the programme;
- how they would like to share this knowledge; and
- the issues on which they would like discussion and dialogue, using the programme's communication tools.

A short-term objective of the needs assessment was to help build a targeted mailing list for the programme's print and electronic materials.

3. Methods used

In order to fit with the aims of the study and the types of information required, the selection of methods was influenced by the available budget and time, and by access to other sources of relevant information.

The main data collection method was a specially designed short questionnaire. This was sent to a limited number of respondents, broadly representative of the three main programme audiences.

As there are many more organisations and individuals working at the practitioner or service-provider level, it might have been appropriate to select more respondents representative of this group, but it was decided to send a similar number of questionnaires to all three audiences in order to fulfil the goal of generating data on the information and communication needs of the primary audience.

Another issue was that many of the respondents could be categorised in at least two of the three groups, for example, primary or secondary audience. As a rule, when respondents fell into one of two groups, they were categorised in the lower group; thus in the example given they would have been categorised as representative of the secondary audience.

As the aim was to generate a higher level of response than is common from questionnaires, the majority of respondents were individuals and organisations that Healthlink Worldwide and other Disability KaR partners already had personal contacts with, the exception being a number of the DFID respondents, who were identified from a survey of the DFID website.

3.1 Summary of methods used to generate data

3.1.1 Design and distribution of a short needs assessment questionnaire (see Appendix 1)

The questionnaire was distributed to 81 organisations and individuals, in particular to DFID staff, and organisations and individuals associated with phases 1 and 2 of the Disability KaR programme. The questionnaire was designed to gather relevant qualitative information, by using open-ended questions wherever appropriate. To increase the likelihood of questionnaires being completed and returned, where possible individuals were either contacted by telephone prior to receipt of the questionnaire, to explain its purpose and why they were being targeted, or were e-mailed the questionnaire by a person known to them.

3.1.2 Analysis of results of readers' surveys from three international disability and health newsletters

Healthlink Worldwide had access to relevant information from surveys conducted in 2002–3, with readers of the following three international disability and health newsletters:

- *Health Action* – a newsletter aimed at health professionals working at national and district levels, mostly in Africa
- *Disability Dialogue* – a newsletter aimed at community based rehabilitation (CBR) workers, CBR organisations, and organisations of and for disabled people, mostly in Asia
- *AIDS Action* – a newsletter for people working at all levels of HIV/AIDS care, mostly in Africa, including policymakers, service providers and carers, and people living with HIV/AIDS.

This analysis only considered the responses of readers who had expressed an interest in receiving information on disability. The data was analysed to provide relevant information, largely on practitioner/service providers' information and communication needs.

3.1.3 Feeding into the development of the questionnaire for the Handicap International/Source Disability KaR commissioned project (see Appendix 2)

The audience for this comprehensive questionnaire includes organisations of and for disabled people, service providers and other practitioner audiences. It was felt that the information on practitioners' information needs generated through this questionnaire would be more comprehensive than it would be possible to collect in the audience needs assessment reported on here. Also, although the results from the Handicap International/Source questionnaire will be received after the period of this report, it will still be possible for the results to be fed into the ongoing development of the Disability KaR programme's communication tools. Therefore, rather than duplicate activities, the Disability KaR programme will feed information from the analysis of the HI/Source questionnaire findings into its communication and knowledge activities.

4. Study limitations

The study gives a reasonable impression of what those involved with KaR feel about appropriate and desirable programme communication and information needs and methods. However, it does not provide a sense of what organisations working in relevant areas, but outside the programme's immediate contact, feel about these issues. The findings should be considered in this light; those contacted are not broadly representative and should not be seen as such.

The study was affected by several factors. These include:

- The limited remit – communication methods and products for Disability KaR programme audiences had largely been assumed, planned, and budgeted for in the initial Disability KaR proposal
- The limited time and budget, which led to a focus on generating information particularly from representatives of the primary audiences – policymakers and Disability KaR programme and project managers – and generation of other information through other scheduled activities, e.g. the roundtable process and the Source questionnaire.

In practical terms, these factors account for the fact that nearly all the respondents to the audience needs assessment questionnaire, apart from key informants within DFID, either had direct links with the Disability KaR programme itself, or had close working relationships with one of the programme's partner organisations (Healthlink Worldwide, Source etc.)¹. That is, respondents were approached on the basis of

¹ Through their related work, Healthlink Worldwide, Source, Handicap International and other KaR partners have significant links with key organisations and individuals working in the field of disability and development. Organisations and select individuals approached include: member organisations of BOND Disability and Development group and IDDC, organisations involved with Disability KaR 1 and 2 (competition projects), the Programme Advisory Groups of KaR 1 and 2, the Programme Management Group of KaR 2, and DFID contacts of all the above mentioned organisations. As well, a few DFID select individuals who work in health and related areas were approached.

the above and cannot be seen as representative in any other sense. All respondents to this questionnaire had e-mail access.

This limitation is partially addressed by the inclusion of information from the newsletter readers' surveys as the respondents to the readers' surveys were mainly practitioners, the majority of whom did not have access to e-mail and were not in direct contact with the Disability KaR programme, except as readers of former Healthlink Worldwide newsletters.

While the researchers were aware that respondents to both the audience needs assessment questionnaire and, more particularly, the readers' surveys included disabled people, the specific information and communication needs of disabled people – for instance, people with visual impairments operating at policy level – were not looked at in the study.

Healthlink Worldwide's expertise at feeding relevant information from grassroots level into policy processes has been drawn on, but this was not seen as a priority for the needs assessment exercise. It is anticipated that other processes and exercises within the Disability KaR programme, such as the roundtable planning and development processes and the Handicap International/Source questionnaire, will be used to generate relevant information from the grassroots level (practitioners).

The implications of the above, as well as the early stage in the programme's life in which this exercise took place, make the study essentially a select and rapid, rather than comprehensive, needs assessment exercise. The findings should be considered in this light.

5. Findings

5.1 Needs Assessment questionnaire

5.1.1 Response rate

The questionnaire was sent to a total of 81 individuals or organisations. Initially, eight responses were received from individuals who explained why they would not be completing the questionnaire. Some of these people identified other individuals in their organisation who might be interested in hearing more about the programme. These proposed individuals were all sent a questionnaire. Altogether, out of the 81 questionnaires sent, 38 were completed and returned.

Policymakers

Only eight completed questionnaires out of 23 came from this group. In addition to this, eight replies were received from individuals in DFID explaining why they would not be responding to the questionnaire and giving the name of another person in DFID whom they felt would be interested in the Disability KaR programme. These suggested contacts included two people, one of whom, when contacted, also suggested contacting another person, who said they would respond at a later date.

Researchers and intermediaries

Fourteen replies out of 28 were received from this group, seven from researchers and seven from individuals working in international organisations working in development, health, poverty alleviation and/or disability.

Practitioners/service providers

Sixteen of the 30 practitioners contacted returned completed questionnaires. These findings need to be examined in the light of the analysis of the readers' surveys for *Health Action*, *Disability Dialogue* and *AIDS Action*.

5.1.2. Answers to the questionnaire

The answers below correspond to particular questions on the needs assessment questionnaire (See Appendix 1).

Question 1: IT access

The questionnaire revealed that all respondents had access to e-mail, and only one practitioner did not have access to the Internet and CD-ROMs.

Table 1: Access to electronic communication

| Audience | E-mail | Internet | CD-ROMS |
|----------------|--------|----------|---------|
| Policymakers | 8 | 8 | 8 |
| Intermediaries | 14 | 14 | 14 |
| Practitioners | 16 | 15 | 15 |

Question 2: Is the Disability KaR programme relevant to your work?

From responses received, only two policymakers and two practitioners felt that the Disability KaR programme was *not* relevant to their work.

Table 2: Relevance of Disability KaR

| Audience | Yes | No |
|----------------|-----|----|
| Policymakers | 6 | 2 |
| Intermediaries | 14 | 0 |
| Practitioners | 14 | 2 |

Question 3: If it is not relevant to your work, do you think that it is relevant to someone else in your organisation, or to another organisation?

The answers to this question are covered above (5.1.1).

Question 4: How important is it to address issues of disability, to improve the lives of the poor?

All respondents felt that it was very important to address issues of disability in order to improve the lives of poor people. A wide variety of reasons were given for this, for example:

- “[It] will contribute to the United Nations Millennium Development Goals” (Platform on Disability and Development Cooperation)
- “Disabled people are some of the poorest people worldwide, thus addressing the issue of disability directly contributes to the goal to improve the lives of poor people, “ (Handicap International)
- “As poverty and disability one causes the other, disability issues should be addressed for poverty alleviation,” (Social Assistance and Rehabilitation for the Physically Vulnerable, SARPV – Bangladesh)
- “Disability excludes people with disabilities in various ways – social, economic and political. As a rights issue it needs to be addressed to promote a more equal world” (DFID India)
- “Disabled people, if included in the general development strategy, can make a huge contribution to their community and society, if left outside they are seen as a burden, discriminated against and ignored,” (Teaching AIDS at Low Cost [TALC])
- “. . . poverty has its impact on the prevalence of impairment.” (David Seddon, ODG)
- “Disability affects approximately 600 million people globally, the majority living in developing countries. It is therefore essential that disabled people are included in development efforts to improve the economic and human welfare of millions of poor people in the developing world.” (Disability and Rehabilitation – World Bank).

Question 5: Is it important in your work to have access to disability-related research, policies and practice?

Yes: 31, No: four (of which one responded 'only if HIV related') (see Table 3). DFID wants information relevant to meeting the Millennium Development Goals, on development issues and 'global interconnectedness'.

Table 3: Importance of access to disability-related research, policies and practice

| Audience | Yes | No |
|----------------|-----|------------------|
| Policymakers | 6 | 2 |
| Intermediaries | 12 | 1 (not directly) |
| Practitioners | 13 | 1 |

Question 6(a): What types of information are most important to you?

Only three respondents felt that disability information was not important to their work. For other respondents, the primary audience indicated that research and policy were most important to them, whereas secondary and tertiary audiences highlighted research and practice as the most important (see table 4). These latter groups indicated that these types of information, in particular information regarding good practice, are harder to access than policies, and that good quality information on research and practice was necessary to plan projects that would improve the lives of disabled people.

Table 4: Types of information

| Audience | Research | Policy | Practice | All |
|----------------|----------|--------|----------|--|
| Policymakers | | | 2 | 3 (in order of importance: research, policy, practice) |
| Intermediaries | 2 | 2 | 3 | 5 (especially research) |
| Practitioners | 6 | 1 | 8 | 4 (in order of importance: policy, practice, research) |

Question 6(b): Subjects and themes of particular interest

Respondents identified a total of 39 subjects or themes of particular interest (see Appendix 3). CBR, mainstreaming disability and development, links between poverty and disability, and rights/rights-based approaches were the most frequently stated themes.

Question 7: What are some of the ways you currently access the information you need?

Among policymakers and intermediaries, the most popular ways of accessing necessary is through reports and journals (both print and electronic), websites, meetings and conferences (see Table 4). With practitioners, there was a far greater reliance on print than electronic materials, and on meetings and conferences (i.e. face-to-face contact). This reliance on print resources and face-to-face contact is also demonstrated in the analysis of the reader surveys (see below).

Table 5: How information (in general) is currently accessed

| | Reports | J'nals | J'nals on CD | E-mail J'nals | J'nals on Internet | Listserve | Websites | Mtgs | conf |
|----------------|---------|--------|--------------|---------------|--------------------|-----------|----------|------|------|
| Policymakers | 8 | 7 | 4 | 5 | 6 | 3 | 8 | 8 | 8 |
| Intermediaries | 14 | 12 | 4 | 14 | 10 | 5 | 12 | 12 | 9 |
| Practitioners | 13 | 13 | 3 | 7 | 7 | 1 | 7 | 10 | 9 |

None, because no idea of what available – depend on knowledge and experience (DTW in Cambodia)

Question 8: Regular sources of information at present

Regular sources of information are: websites, with DFID, WHO and websites of United Nations agencies, and organisational websites (for example Action on Disability and Development), being mentioned by policymakers and intermediaries. Intermediaries also stated the importance of disability journals and development journals (see Appendix 4 for a list of the journals mentioned by the respondents), as did practitioners. The practitioners also mentioned the importance of print copies of reports (for example by Handicap International, Sense UK and specific civil society organisations working with people with disabilities), personal contacts and meetings as their most important sources of information.

Respondents identified a number of discussion forums that they use, including BOND Disability and Development Group, International Disability and Development Consortium (IDDC), Disabled People International (DPI), and HIF-Net (see Appendix 4).

Question 9: How resources are accessed at present

Policymakers, intermediaries and practitioners all access information resources through libraries, websites, e-mail or meetings (see Table 5). Policymakers and intermediaries also access resources through resource centres and intermediaries access resources through CD-ROMs.

Table 6: How resources are accessed

| Audience | Library | Resource centre | CD-ROM | Website | E-mail | Workshop / Meeting |
|----------------|---------|-----------------|--------|---------|--------|--------------------|
| Policymakers | 1 | 4 | | 6 | 6 | 6 |
| Intermediaries | 5 | 2 | 2 | 13 | 12 | 10 |
| Practitioners | 6 | | | 8 | 11 | 10 |

Question 10: Preferred ways of receiving information about the KaR programme

The policymakers' and intermediaries' preferred ways of receiving information about the Disability KaR programme were through an e-mail newsletter and web update bulletins sent quarterly or twice a year. Practitioners were more likely to request print versions of the newsletter and learning publication. Some researchers preferred print versions of Disability KaR publications, one giving the reason that print versions are 'harder to avoid' than electronic versions (see Table 6).

Table 7: Preferred KaR communication channels

| Audience | E-mail newsl'r | Printed newsl'r | Web update (3 m) | Web update (6 m) | E-learning pub | Print learning pub | Radio | Braille | Audio-cassette | Don't want |
|----------------|----------------|-----------------|------------------|------------------|----------------|--------------------|-------|---------|----------------|------------|
| Policymakers | 6 | 1 | 4 | 5 | 4 | 1 | | | | 1 |
| Intermediaries | 6 | 6 | 8 | 2 | 6 | 5 | 1 | | 1 | |
| Practitioners | 7 | 8 | 8 | 5 | 6 | 3 | 2 | 1 | 3 | 1 |

Questions 11 and 12: Types of information wished for (newsletter and website)

Respondents identified many different types of information that they would like to receive through the newsletter and the website (see Appendix 5). The most frequently mentioned ones were information about the programme and its findings, updates on the Disability KaR commissioned projects and research, links to further information on the Disability KaR projects and research and other relevant resources and related activities, and details of conferences, meetings, and training. In addition, many respondents suggested that the information on the website be more concise, giving links to further information. A number of specific themes were also mentioned, with current thinking on disability and development, CBR, examples of practice, success stories and Disability KaR project user feedback being the mentioned by more than one respondent.

Question 13. Interest in knowledge sharing on disability issues

Regarding the sharing of knowledge on disability, the secondary and tertiary audiences appeared far more open to this (see table 7). In particular they were interested in taking part in an e-mail discussion group to set the agenda for the roundtable meetings, and in telling the programme about resources they or their organisation has developed. The idea of a web-based workspace, where individuals could post resources and messages, was not popular (only eight respondents expressed an interest in this as a communication tool). The e-mail discussion group was far more popular, with 14 respondents wanting to contribute (see table 7).

Table 8: Interest in sharing knowledge

| Audience | Web-based message board | E-mail discussion | Tell programme | Article for Newsletter | No | All |
|----------------|-------------------------|-------------------|----------------|------------------------|----|-----|
| Polycymakers | 1 | 3 | | 1 | 2 | |
| Intermediaries | 5 | 6 | 7 | 4 | 3 | 1 |
| Practitioners | 2 | 5 | 7 | 4 | 3 | 1 |

Question 14. The roundtable meetings

In relation to the roundtable meetings, most respondents from the primary and secondary audiences were more or less equally divided in their desire to take part in an e-mail discussion to set the agenda for the roundtables and/or to receive a report afterwards (see table 8). In contrast, a smaller proportion of the tertiary audience stated an interest in taking part in an e-form to set the agenda for the roundtables. Four respondents, all of whom were practitioners, specifically stated that they would like to be invited to the roundtable meetings. (NB this was not a stated option on the questionnaire because of a concern that it might lead to a large number of requests to be invited that could not be acted upon.)

Table 9: Communication about the roundtable meetings

| Audience | Report after | E-Forum before |
|----------------|--------------|----------------|
| Polycymakers | 4 | 3 |
| Intermediaries | 13 | 8 |
| Practitioners | 13 | 6 |

5.2 Analysis of the reader surveys – from three Healthlink Worldwide newsletters (see Appendix 5 for the full set of analyses)

The reader surveys were from readers of: *Health Action*, *Disability Dialogue*, and *AIDS Action* (see 3.1.2 for information on readership). A total of 875 readers' questionnaires were analysed. 67% of these were *Health Action* readers, 24% were *AIDS Action* readers and 9% were *Disability Dialogue* readers.

A comparative analysis of responses to the surveys, conducted in 2002/3, revealed the following:

- In the Africa region, where Internet access is least common and least available, there is understandably a greater demand for printed material and less demand for Internet and web resources.
- A higher percentage of readers who are based outside the Africa region (Asia, Latin America and the Caribbean, Eastern and Western Europe and the United States) consider the Internet and e-mail to be their most useful sources of information.

Readers of *Disability Dialogue* were least likely to use radio as a source of information – less than 20%, compared to over 50% of *Health Action* and *AIDS Action* readers. This could be because there are comparatively more radio programmes on AIDS and health issues than disability issues. Readers of all three newsletters use local radio programmes more than international radio. *AIDS Action* readers were slightly more likely to say that radio was the most useful source of information, perhaps reflecting the fact that the readership is based almost entirely in Africa. 67% of DD readers cited use of local radio and 33% cited use of BBC World Service.

The percentage of readers using other newsletters to get information was more or less the same for all three newsletters (around 80%). However *AIDS Action* and *Health Action* readers gave a lot more examples of newsletters they use than *Disability Dialogue* readers. *AIDS Action* and *Health Action* readers stated around 50 different newsletters, compared to around 20 for *Disability Dialogue* readers. This reflects the smaller number of disability newsletters/journals compared to AIDS and health publications.

Readers of all three newsletters were unable to cite many websites that they use. *Disability Dialogue* readers cited more than *AIDS Action* or *Health Action* readers, probably because of their higher level of Internet access (point 1 above).

For websites, newsletters and e-mail serves identified by readers, see Appendix 6.

5.3. Feeding into the development of the questionnaire for the Handicap International/Source Disability KaR commissioned project

The results from this questionnaire (see Appendix 2) will be received after completion of this report, in May 2004. However, they will be fed into the ongoing development of the programme's communication tools – including the roundtable discussions.

6. Discussion

Below we draw out what the findings suggest for knowledge and communication activities within the Disability KaR programme; the implications relevant to each programme audience are outlined separately. Following this we summarise suggestions that relate to the Disability KaR newsletter, website, e-forums and message boards. Finally, overall recommendations are drawn for Disability KaR's communication and knowledge activities.

6.1 Implications for DFID

The lack of response from DFID staff appears to relate to the lack of a designated individual within DFID who deals specifically with disability. However, two recent appointments may help address this issue:

- a Gender and Rights Advisor within the Policy Division of DFID
- a Disability Policy Officer recruited under the Disability KaR Policy project to work with DFID and the KaR programme.

The lack of returned questionnaires from DFID staff and the reasons given also appear to indicate that although DFID emphasises the importance of mainstreaming disability in all its development activities, many people in DFID do not see disability as a development issue, or as an issue relevant to their own work. This is evident from some responses, as below:

- “At present I do not consider myself part of the ‘audience’ for the disability knowledge and research programme as this is not one of our priority issues, I am not involved in any work on the issue, and we have limited resources and capacity to take on new areas of work” (DFID London).
- “DFID (country X) are not engaged to support disability. DFID (country X) have prioritised areas of support, which respond to the Government priority areas. Disability is not amongst these. I am thus unable to offer much to your questionnaire” (DFID respondent country x)

In contrast, in organisations such as the World Bank, where there are specific teams focusing on disability, interest in disability issues and in the Disability KaR programme was far greater:

- “It is essential that disabled people are included in development efforts to improve the economic and human welfare of millions of poor people in the developing world” (Disability and Development Team at the World Bank)

- “We are looking forward to working with you as the projects make progress” (Disability and Development Team, World Bank)

This also raises issues for the wider Disability KaR programme. The findings appear to suggest that if disability is mainstreamed into an organisation’s work, there need to be clear contact points and groups within the organisation with specific responsibility for disability and who will champion the disability agenda.

6.2 Communication with policymakers, particularly DFID staff

It would appear that the best way of sharing knowledge and learning from the Disability KaR programme with policymakers, particularly DFID staff, will be through:

- websites that they already refer to (e.g. Eldis, id21, EENET and DFID)
- DFID reports
- face-to-face meetings
- the quarterly or bi-annual e-mail bulletin.

6.3 Communication with intermediary audiences (e.g. researchers)

The preferred communication channel for this group is similar to that of the primary audience: e-mail newsletter and e-mail bulletins highlighting key information on the Disability KaR website.

However, findings from this group indicate that it is more reliant on journals (both print and electronic) as sources of disability information than the primary audience. This group also relies on reports (both print and electronic) by organisations working in disability and development. Such sources include, for example, Action on Disability and Development (ADD), Enabling Education Network (EENET), Handicap International and the Dutch Coalition on Disability and Development (DCDD).

Discussion Groups and networks were also mentioned as important sources of disability information for those individuals from international NGOs working in development, health, poverty alleviation and/ or disability. However caution is necessary in interpreting these results, due to the impartiality of the respondents. Thus the most common forums mentioned were those that respondents are already involved with. These include: British Overseas NGOs for Development (BOND) Disability and Development Group and the International Disability and Development Coalition (IDDC).

Researchers, on the other hand, tend to participate more in discussion groups that are internal to their institutions. Raising awareness of the programme within these discussion groups will therefore be an important means of widening the programme’s audience.

The needs analysis also indicated that the secondary audience is much more open to sharing its knowledge on disability than the primary audience. This could relate to its greater knowledge of disability resources, and greater involvement in disability-related research and work (compared with policymakers).

6.4. Communication with practitioners (e.g. service providers and disabled people’s organisations)

Among practitioners there is a far greater reliance on print materials as sources of information, along with meetings and conferences. This is supported by the analysis of the reader surveys, which showed that the majority of practitioners (particularly in Africa) did not have access to the Internet. It is also supported by the relatively high level of requests from this audience for printed Disability KaR communication products from the first phase of the programme (in comparison with requests from the primary and secondary audiences at this stage).

As the programme has a limited budget for the production and distribution of print communication products, sharing and generating knowledge with and from practitioners will depend much on:

- The roundtable meetings and face-to-face activities that are linked to these meetings. For instance, pre-roundtable meetings ‘piggy-backed’ onto other meetings and face-to-face activities planned by programme organisations e.g. Handicap International, Healthlink Worldwide and their partner organisations.
- Effective use of existing journals and newsletters that practitioners access, for example ADD News, Asia Pacific Journal of Disability and Rehabilitation, Disabled Peoples’ International, Disability Tribune, Enabling Education Network (EENET), Handicap International publications, and the National Union of Disabled People in Uganda (NUDIPU) News.

In addition, feedback from practitioners responding to the Handicap International/ Source Disability KaR commissioned project’s questionnaire may lead to the identification of issues for discussion during the roundtables, as well as further ways of gathering input.

Feedback from readers’ surveys suggests the Disability KaR programme might consider use of radio to reach practitioners, particularly in Africa, perhaps as part of the build-up to and feedback from the regional roundtables.

In comparison to the primary and secondary audiences, a larger proportion of practitioner respondents expressed an interest in sharing their knowledge about disability; either through articles in the Disability KaR newsletter, or by informing the programme of resources that they have found useful in their work. This would seem to be explained by the greater amount of field experience with, and knowledge of, resources that practitioners have – in comparison with policymakers and researchers.

Practitioners were also more likely to identify more practical and focused topics related to disability as issues that particularly interest them. For example: CBR, technology of assistive devices, children’s education, user participation and practical poverty reduction methods. This provides a contrast to primary and secondary audience respondents who tended to identify broader issues. For example: disability and development, mainstreaming, the links between poverty and disability, and rights and rights-based approaches. This could be due to the more hands-on nature of practitioners’ work, and their need for knowledge on related matters of practical value that have worked for other disability workers.

6.5 Information in the newsletter and website

The questionnaire responses overwhelmingly demonstrate the importance that the website and newsletter will play in providing up-to-date information on the Disability KaR programme, the commissioned projects and commissioned research. The responses also highlight the role that the newsletter and website can play in the identification of useful and important resources and sources of information on developments in the field of disability and development. The website could also be used to signpost individuals and organisations to information on themes identified as being of interest to the programme’s audiences. For example: disability and gender, rights-based approaches, CBR, and disabled people’s organisations overseas (see Appendix 3 for the full list). It is vital that information on the website be kept concise, referring readers on to further sources of information including the newsletter, which could contain an expanded version of the website information. These suggestions support the original plans for the website, which was planned as a signposting site.

6.6 The role of e-forums and web-based message boards

The findings of the questionnaire appear to indicate that a web-based message board would be less well used than an e-mail discussion forum. The e-mail discussion forum could be used to draw up the programme for the roundtable discussions, as well as to provide vital input from individuals who are unable to attend in person. In addition, the website and newsletter could request individuals and organisations to inform the programme about any resources that they have developed and/or found particularly useful. Healthlink Worldwide could then post links to these resources on the website. This would meet the needs of individuals wanting to share information with the wider programme audience.

However, the above does not imply that a web-based message board should be discarded without trial. Rather, that the role it might play in the programme needs to be carefully considered, to assess whether it really is an effective use of resources meant for the knowledge generation and communications component of the programme.

6.7 Recommendations for Disability KaR communication and knowledge activities

On the basis of the above findings and discussion it is recommended that:

- the newsletter and website will be the key sources of information about the programme. It is therefore vital that they provide up-to-date information on the programme and the progress of its commissioned research and projects. They should also act as signposts to sources of further information on the commissioned projects, other organisations working in the field of disability and development, and useful/key resources on some of the topics mentioned in Appendix 2;
- the Disability KaR programme Disability Policy Officer distribute printed Disability KaR communication products to DFID staff directly where possible. However, the findings also suggest the need for DFID to look at the feasibility of designating an individual or post within DFID that deals specifically with disability;
- the Disability KaR programme send appropriate documents to members of other international development-related research institutions. These might be, for example, copies of the e-mail bulletin and e-newsletter. Feedback from this exercise to be used to inform ongoing development of the e-mail distribution list;
- the programme use websites that the Disability KaR audience already refer to, to communicate information about the Disability KaR programme and to advertise Disability KaR communication activities and products;
- the programme send regular e-mail bulletins to policymakers, providing them with updates on changes to the Disability KaR website;
- the programme use key journals mentioned by intermediaries and practitioners as being important sources of information, to raise awareness of the Disability KaR programme, particularly local events associated with the regional roundtables, and to share relevant knowledge and learning being generated through the programme;
- the programme use discussion groups and networks currently used by the secondary and tertiary audiences, to raise awareness of Disability KaR, and of knowledge and learning generated through the programme, within the wider health and development community. Such forums could also be used to gather inputs for the roundtable discussions to be held at the end of 2004;
- the programme look at using the e-mail discussion group to help inform the agenda for the roundtable discussions. This should be done in conjunction with similar discussions being stimulated on other e-forums that the audiences currently access;
- the potential role and impact of a web-based message board on the programme be re-visited; and
- the programme look at the feasibility of using radio – particularly local radio – in the build-up to, and to feedback from, the Disability KaR regional roundtables.

Appendices

Appendix 1

Audience research for the Disability KaR programme questionnaire

| |
|---|
| Name: Organisation: Address: Telephone: E-mail address: Website: Fax: |
|---|

1. Do you have access to:
- | | | |
|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> e-mail | <input type="checkbox"/> Internet | <input type="checkbox"/> CD-ROMS |
|---------------------------------|-----------------------------------|----------------------------------|

2. Having read about the Disability Knowledge and Research Programme, do you think that it is relevant for your work? **Yes / No**

3. If it is not relevant for your area of work, do you think that it is relevant to someone else in your organisation, or to another organisation [please give their contact details (include a website address if applicable)]?

4. How important do you think it is to address issues of disability in order to improve the lives of poor people?

5. Is it important to you in your work to have access to disability-related research, policies and practices?
Yes / No

6a. if you answered yes to the above question, what type of information is most important for you, research, policies or practice?

6b. What subject or themes particularly interest you?

7. What are some of the ways that you currently access the information you need (please tick all that apply):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> reports | <input type="checkbox"/> listserves |
| <input type="checkbox"/> newsletters or journals | <input type="checkbox"/> websites |
| <input type="checkbox"/> e-publications on CD-ROM | <input type="checkbox"/> meetings |
| <input type="checkbox"/> e-publications on e-mail | <input type="checkbox"/> conferences |
| <input type="checkbox"/> e-publications on the Internet | |

8. What sources of information do you use regularly (eg. websites, journals, reports that you refer to)?

9. How do you access these resources:

- | | |
|--|---|
| <input type="checkbox"/> library | <input type="checkbox"/> Website |
| <input type="checkbox"/> resource centre | <input type="checkbox"/> Workshops / meetings |
| <input type="checkbox"/> CD-ROM | <input type="checkbox"/> E-mail |

10. Which of the following Disability Knowledge and Research Programme communication products would interest you (select all that apply):

- e-mail newsletter every 6 months
- printed newsletter by post every 6 months
- e-mail bulletin every 3 months highlighting key information on the website
- e-mail bulletin every 6 months highlighting key information on the website
- electronic version of a learning publication
- print version of a learning publication
- radio broadcasts
- Braille version of the learning publication
- audio version of the learning publication
- I don't want to receive any information

Other _____

11. If you indicated that you would like to receive the Programme's newsletter, what information would you like to find there?

12. What kind of information would you like to find on the website or in the associated e-mail bulletin?

13. Would you like to share your knowledge on disability?

- Yes, I'd like to take part in a web-based workspace where I can post resources and messages.
- Yes, I'd like to take part in an e-mail discussion to set the agenda for the roundtable discussions.
- Yes, I'd like to tell the Programme about a resource I/my organization have developed or that I find particularly useful.
- Yes, I'd like to submit an article for the newsletter of the Disability Knowledge and Research Programme.
- No

14. The Programme will be holding two regional roundtable meetings, one in Africa and one in Asia. Would you like to:

- receive a report after the roundtable
- take part in an e-forum that will feed into the roundtable discussions

15. What, if any, discussion forums do you already participate in?

16. Are there other ways you would like to receive information related to disability research and disability policies that you haven't mentioned already?

17. Any other comments:

Thank you for taking the time to complete this questionnaire.

Appendix 2: Questionnaire for the Handicap International Source KaR project

Thank you for agreeing to fill in this questionnaire. Please include as much detail as possible and return to Source at the address below by **31 March 2004**.

SECTION A: INFORMATION ABOUT YOUR ORGANISATION

1. **Name of your organisation:**

2. **Contact details of the organisation:**

Address:

Tel:

Fax:

Organisation's e-mail (e.g. info@...):

Website address:

Your name:

Your e-mail:

3. **What is your title and role within your organisation?**

4. **What type of organisation do you work in (e.g. government, non-government organisation)?**

5. **In which geographical area(s) does your organisation operate?**

6. **In which language(s) does your organisation work?**

7. **Approximately how many people work in your organisation?**

8. **What does your organisation do?**

9. **Please indicate the subject area(s) that your organisation focuses on.**

10. What are the main activities that your organisation is involved in?

11. What target population groups does your organisation work with?

SECTION B: YOUR ORGANISATION'S EXPERIENCE WITH RESOURCE INFORMATION

1. Do you have access to a computer in your organisation? Yes No
2. Do you have access to e-mail in your organisation? Yes No
3. Do you have access to the Internet in your organisation? Yes No
4. Do you have access to CD-ROMs in your organisation? Yes No
5. If you do have access to the Internet, which search engine(s) do you use?

6. In the organisation, on what specific public health, impairment or disability-related subjects have you searched for information recently?

7. Where do you normally find new public health, impairment or disability-related information?

8. How often do you search for new information for the organisation?
(Please tick one of the following)
Rarely/Never
Daily
Weekly
Monthly
2-4 times per year

9. In what formats do you normally search for information (e.g. books, videos)?

10. a) Who in the organisation usually uses the information that is found (e.g. manager, fieldworker)?

b) What purpose is the information found used for?

11. How useful do you think the information found is to the working practice of the organisation? (Please score from 1 – very good, to 10 – very poor)

Very good Very poor
1 2 3 4 5 6 7 8 9 10

Score:

12. How much impact has this information had on your working practice? (Please score from 1 – a lot, to 10 – none)

A lot None
1 2 3 4 5 6 7 8 9 10

Score:

13. Do you have access to a local library or resource centre? Yes No

If YES,

a) How far away is the centre?

b) Do you feel the centre has appropriate information for your organisation?

14. If you use the Internet, for what purpose(s) do you use it?

15. What websites/organisations have you visited regularly on the Internet for the organisation?

16. Do you belong to any information networks? Yes No

If YES, please provide the name and a brief description of the network.

17. Is the information that you find accessible for people with impairments?

18. What are the common limitations you experience in seeking information on the Internet for your organisation?

19. Please indicate how satisfied you are with the information you find on the Internet. (Please score from 1 – excellent, to 10 – poor)

Excellent Poor
 1 2 3 4 5 6 7 8 9 10
 Score:

20. How important is local, regional and international information for the organisation? (Please score from 1 – very, to 10 – not very)

Local information:
 Very Not very
 1 2 3 4 5 6 7 8 9 10
 Score:

Regional information:
 Very Not very
 1 2 3 4 5 6 7 8 9 10
 Score:

International information:
 Very Not very
 1 2 3 4 5 6 7 8 9 10
 Score:

SECTION C: INFORMATION NEEDS OF YOUR ORGANISATION

1. What information does your organisation need urgently and is unable to access?

2. Have you ever used information from unpublished materials (sometimes called ‘grey literature’)?

Yes No

3. What information format is most useful for your organisation (e.g. books, posters)?

4. In what format do you prefer, or would you prefer, to receive information (e.g. full text, abstract)?

5. **Would improved information services benefit your organisation?**

Yes No

If YES, how?

6. **What do you think needs to be done to make information more accessible to people with impairments?**

7. **What services should a resource centre be providing in order to support the information requirements of your organisation?**

9. **Do you document your project experiences?** Yes No

If YES, how?

10. **What limitations to sharing information are experienced by your organisation?**

SECTION D: SPECIFIC FEEDBACK ABOUT SOURCE

If you have already used Source for finding information, please complete this section.

1. **What Source services have you used?**

2. **How often do you access the Source collection? (Please score from 1 – often, to 10 – rarely)**

Often Rarely
1 2 3 4 5 6 7 8 9 10

Score:

3. **What type of information have you accessed?**

4. **Have you found the information easy to access? (Please score from 1 – easy, to 10 – difficult)**

Easy 1 2 3 4 5 6 7 8 9 10 Difficult
Score:

5. What was your overall impression of Source? (Please score from 1 – excellent, to 10 – poor)

Excellent 1 2 3 4 5 6 7 8 9 10 Poor
Score:

6. Do you feel the information provided by source helps your organisation improve services for people with disabilities? Yes No

If YES, how?

SECTION E: SHARING INFORMATION THROUGH SOURCE

1. Would you like your organisation's details to be added to Source's Contacts Database?
Yes No

2. How do you think your organisation could contribute to Source?

3. Is your organisation willing to send information to Source?

If YES, what are you able to send?

Report
Other written literature
Video
Accessible documents (Braille, tapes)
CD-ROM

Other

4. Would you like to receive a regular e-bulletin telling you what is new in Source?

Yes Please send to this e-mail address.....
No

Any further comments?

Thank you for your time. Please return this questionnaire to:

Stefan Lorenskowski
Source International Information Centre
c/o Institute of Child Health
30 Guilford Street
London WC1N 1EH
UK

Fax: +44 20 7404 2062
Email: source@ich.ucl.ac.uk

About Source

Source is an international information support centre designed to strengthen the management, use and impact of information on health and disability. Source is a collaborative venture of the [Centre for International Child Health \(CICH\)](#), a department within an academic institution; [Healthlink Worldwide](#), a non-governmental organisation working to strengthen information and communication on health and disability; [Handicap International](#), a disability and development NGO; and [Exchange](#), a networking and learning programme on health communications for development.

Website: www.asksource.info

Appendix 3 – subjects of particular interest to respondents

| Subject | Number |
|--|--------|
| CBR (two mentioned mental health) | 8 |
| Linkages between disability and poverty Rights and rights-based approaches | 6 |
| Disability and development (mainstreaming) | 5 |
| Policies and policy development Practical poverty reduction methods | 4 |
| User participation Sustainable provision of low-cost aids | 3 |
| Best practice (wrt development practice in relation to project management and design) Capacity building Children Disability in PRSPs DPOs overseas Gender Targeting health services for PWDs Technology transfer | 2 |
| Ability enabling programmes for the physically disabled Awareness raising Disability and HIV Education for children with disabilities Equal opportunities Health communication process Hearing impairment How to influence decision makers towards a pro mental health policy Impact assessment Improving capacity of people to defend and use qualitative research processes Inclusion Information accessibility Innovations International actors Partnership working People with communication disabilities Rehabilitation techniques and technologies Social model Technology (assessment, management, maintenance and support) Transport accessibility Urban infrastructure Women Workplace issues | 1 |

Appendix 4 - Newsletters/journals, electronic newsletters/journals and websites used by respondents to access information

a. Newsletters/journals

| Respondents to the needs analysis | Respondents to the readers survey (newsletters/j'nals relevant to disability only) |
|--|---|
| Action on Disability and Development (ADD) News Assistive Technology Child Care Development in Practice Disability and Rehabilitation Disability and Society Disability Dialogue Disability News – Saudi Arabia Dutch Coalition on Disability and Development [DCDD] Health and Development Health Policy and Planning International Journal of Disability Research International Journal of Education, Disability and Development National Union of Disabled Persons of Uganda (NUDIPU) News Orthopaedics Rehabilitation Medicine RESNA Journal Social Science and Medicine Spinal Research | Africa Health Asia Pacific Journal of Rehabilitation Disability Tribune EENET Footsteps Insights at id21 |

b. Websites

| Respondents to the needs analysis | Respondents to the readers survey |
|--|--|
| Action on Disability and Development (http://www.add.org.uk) Communication Initiative (www.comminit.com) EENET (www.eenet.org.uk) Eldis (www.eldis.org) ID21 (www.id21.org) Institute of Development Studies (www.ids.ac.uk) WHO (www.who.int) World Bank (www.worldbank.org) | EENET (www.eenet.org.uk) Disability World (www.disabilityworld.org) Child Rights Information Network (www.crin.org) Institute for International Development (www.iid.org) AF-AIDS (www.hivnet.ch) |

c. Discussion forums/e-mail serves

| Respondents to the needs analysis | Respondents to the readers survey |
|--|---|
| Disability_Research@JISCMail.ac.uk HIF Net IDDC BOND Disability and Development Group | Child Rights Information Network (CRIN) Development Gateway Disability World HIF Net International Disability and Development Consortium (IDDC) Mayo Clinic Health id21news@ids.ac.uk |

Appendix 5 – Information respondents would like to see in the newsletter and website

a. Newsletter

| Subject | Number |
|---|--------|
| Updates on KaR projects/research | 8 |
| Research reports/outputs | 5 |
| Details of conferences/meetings/training | 4 |
| Examples of practice Links to relevant resources and related activities | 3 |
| Success stories Policy developments Info about programme, research and findings Disability and development (current thinking) | 2 |
| CBR in other countries DFID research project updates Glossary of terminology Grassroots disability orgs How programme links to DFID's work How tos Human interest stories Information about future developments Information about how and when to apply for KaR funding KaR project user feedback Links to further information on KaR projects/research Mainstreaming Measuring impact of disability initiatives on poverty Opinions of disabled people Overlaps between work in South and North Practice Reader surveys Regional/international initiatives Short bullet point information Social model of disability Sources of products/resource materials Transport accessibility VIP/celebrity interviews to raise profile of subject matter Workplace adaptations Worldwide articles of interest | 1 |

b. Website

| Subject | Number |
|--|--------|
| Research reports/outputs | 5 |
| Examples of practice Updates on projects | 3 |
| CBR in other countries Info about programme, research and findings Links to relevant resources Other websites (useful) to be submitted by users Policy directions Practice (experience of other NGOs) Sources of products/resource materials Success stories | 2 |
| Abstracts with links to more information Assistive technologies Conference details DFID research project updates Disability and development (current thinking) Facts and figures Glossary of terminology Grassroots disability orgs How programme links to DFID's work How tos Integration of disability into mainstream development models KaR project user feedback Law in developing countries related to disability (with respect to the working environment) Measuring impact of disability initiatives on poverty Opinions of disabled people Other "News" by e-mail/list server – newest advances/policies Overlaps between work in South and North Personal accounts of disabled people Positive stories (how life is better, how individuals value themselves and feel valued by others) Poverty and disability Projects targeting health services at disadvantaged groups Reflection, analysis, open exchange Regional/international initiatives Rehabilitation Rights Transport accessibility User participation Workplace adaptations Worldwide articles of interest Lively short summaries of things in newsletter | 1 |

Appendix 6 –Newsletter readers’ surveys

A total of 875 readers’ questionnaires were analysed. 67% of these were *Health Action* (HA) readers, 24% were *AIDS Action* (AA) readers and 9% were *Disability Dialogue* (DD) readers.

A few comparative comments:

- According to these results, DD readers seem to have significantly greater Internet/computer access. Nearly 40% of DD readers have access to the Internet, compared to 24% of AA readers and 30% of HA readers. 34% of DD readers said that Internet/e-mail were the most useful sources of information, compared to 22% (HA) and 11% (AA). This could be because of differences in distributions of the readers of the three newsletters. Almost 90% of AA readers came from the AFRO region, where Internet coverage is likely to be the most uncommon. Less than 60% of DD readers came from AFRO, and a higher percentage (12%) from PAHO and EURO.
- Readers of DD were least likely to use radio as a source of information – less than 20%, compared to over 50% for HA and AA readers. This could be because of comparatively more radio programmes on AIDS and health issues compared to disability issues. Readers of all three newsletters use local radio programmes more than international radio. AA readers were slightly more likely to say that radio was the most useful source of information, perhaps because of the readership being based almost entirely in Africa.
- The percentage of readers using other newsletters to get information was more or less the same for all three newsletters (around 80%). However AA and HA readers gave a lot more examples of newsletters they use than DD readers. AA and HA readers stated around 50 different newsletters, compared to around 20 for DD readers. This reflects the smaller number of disability newsletters/journals compared to AIDS and health publications.
- Readers of all three newsletters were unable to cite many websites that they use. DD readers cited more than AA or HA readers, probably because of their higher level of Internet access (point 1 above).

Continued overleaf.

a) Health Action readers' questionnaire – analysis of results

| | | |
|---|-------------|---|
| Total number of questionnaires received: | 585 | |
| Number spoilt | | 1 |
| Number of questionnaires analysed | 584 | |
| Number of readers requesting information on disability 204 (34.9%) | | |
| Number of readers not requesting information on disability | 380 (65.0%) | |

Out of the 204 readers requesting information on disability:

- 61 (29.9%) have access to Internet
- 134 (65.7%) do not have access to Internet
- 9 (4.4%) gave no answer

- 77 (37.7%) have access to a CD-Rom
- 117 (57.4%) do not have access to a CD-Rom
- 10 (4.9%) gave no answer

- 91 (44.6%) have access to e-mail
- 105 (51.5%) do not have access to e-mail
- 8 (3.9%) gave no answer

What other sources of information on health and disability do you use?

Newsletters: Out of the 204 readers who requested information on disability, 176 (86.3%) use information from other newsletters. These readers cited almost 50 newsletters which they use. The most popular were:

- AIDS Action – 15% of responses
- Child Health Dialogue – 14%
- Disability Dialogue – 10%
- Footsteps – 6.5%
- Community Eye Health – 6%

Radio: 103 respondents (50.5%) use information from radio programmes. 50% of responses were local or national radio stations, 28% of responses were BBC, 13% were VOA and 4% were RFI (France).

Websites/e-mail serves

Very few examples of websites and e-mail serves were cited. These were:

E-mail serves: Web MD, Popreporter, Idex, Health Action/Healthlink Worldwide, ID21news@ids.ac.uk, IRIN

Websites: CNN-Health, BBC-Health, Healthlink Worldwide, WHO, UNAIDS

Which source of information do you find most useful?

Out of the 204 readers who requested information on disability:

- 58.1% of responses were 'newsletters'
- 21.7% were 'Internet/e-mail'
- 16.2% were 'radio'
- 1.5% were 'CD Rom'

- 1.5% were 'television'.

b) AIDS Action readers

Total number of questionnaires received and analysed: =210
 Number of readers requesting information on disability = 71 (33.8%)
 Number of readers NOT requesting information on disability = 139 (66.1%)

Out of the 71 readers requesting information on disability:

- 17 (23.9%) have access to Internet
- 51 (71.8%) do not have access to Internet
- 3 (4.2%) gave no answer

- 23 (32.4%) have access to a CD-Rom
- 43 (60.6%) do not have access to a CD-Rom
- 5 (7.0%) gave no answer

- 23 (32.4%) have access to e-mail
- 46 (64.8%) do not have access to e-mail
- 2 (2.8%) gave no answer

What other sources of information on health and disability do you use?

Newsletters: Out of the 71 readers who requested information on disability, 56 (78.9%) use information from other newsletters. These readers cited almost 50 newsletters that they use. The most popular were:

- Disability Dialogue – 6% of responses
- Family Health International Newsletter – 6%
- Footsteps – 6%
- Health Action – 6%
- WHO publications – 4.5%
- Africa Health – 3%
- Dialogue on Diarrhoea – 3%
- Insight (University of Sussex) – 3%
- SafAIDS – 3%
- USAID publications – 3%

Radio: 38 respondents (53.5%) of respondents use information from the radio. Out of these, 10 (26.3%) use local or state radio, 6 (15.7%) use VOA and 5 (13.2%) use BBC World Service.

Websites/e-mail serves

Very few examples of websites/e-mail serves were cited. They were:

Websites: aidsalliance.org, AF-AIDS Network, UNFPA

E-mail serves: Youth Net, IPPF, AIDS Action/Healthlink Worldwide

Which source of information do you find most useful?

Out of the 71 readers who requested information on disability:

- 52.7% of responses were 'newsletters'
- 10.8% were 'Internet/e-mail'
- 20.3% were 'radio'
- 2.7% were for others.

c) *Disability Dialogue* readers

| | |
|---|-----------|
| Total number of questionnaires received: | 82 |
| Number of spoilt questionnaires: | 1 |
| Number of questionnaires analysed: | 81 |

Out of these 81 respondents:

- 32 (39.5%) have access to the Internet
- 46 (56.7%) do not have access to the Internet
- 3 (3.7%) did not reply

- 44 (54.3%) have access to CD-Rom
- 32 (39.5%) do not have access to CD-Rom
- 5 (6.2%) did not reply

- 50 (61.7%) have access to e-mail
- 30 (37.0%) do not have access to e-mail
- 1 (1.2%) did not reply

What other sources of information on health and disability do you use?

Newsletters: Out of the 81 respondents, 67 (82.7%) use information from other newsletters. These readers cited 20 newsletters which they use. The most popular were:

- Asia Pacific Journal of Rehabilitation – 15% of responses
- Disability Tribune – 11.5%
- EENET – 7.5%

Radio: 15 respondents (18.5%) use information from radio programmes. Out of respondents who mentioned radio stations, 67% cited local stations while 33% cited the BBC World Service.

Websites/e-mail serves

Few examples of websites/e-mail serves were cited. They were:

E-mail serves: Mayo Clinic health newsletter

HIF Net at WHO (INASP)

Development Gateways

IDDC

CRIN

IID

Website: EENET

Disability World

CRIN

AIFO

WHO

MIUSA

Which source of information do you find most useful?

Out of the 204 readers who requested information on disability:

- 47.4% of responses were 'newsletters'
- 34.2% were 'Internet/e-mail'
- 18.4% were 'radio'