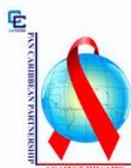


# PANCAP-K4Health Partnership: Assessment of a Knowledge Management Engagement Experience in the Caribbean



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## Abbreviations

CCP	Center for Communication Programs
CMO	chief medical officer
CSO	civil society organization
JASL	Jamaica AIDS Support for Life
K4Health	Knowledge for Health
PANCAP	PAN Caribbean Partnership Against HIV/AIDS
USAID	U.S. Agency for International Development

# Executive Summary

## Introduction

Since August 2016 the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) has partnered with the Knowledge for Health (K4Health) Project to support knowledge-sharing activities, face-to-face and through digital resources, among National AIDS Programme (NAP) Managers and Civil Society Organisations (CSOs) in the Caribbean region. These activities aimed to strengthen the exchange of information, improve experiences and knowledge related to the implementation of the World Health Organization's Treat All guidelines, and contribute to the achievement of 90-90-90, an ambitious treatment target to help end the AIDS epidemic. After one year of implementation, the PANCAP-K4Health partnership conducted an assessment to gauge the impact of the activities.

Assessing the level of user and participant engagement in PANCAP's digital resources and face-to-face events is informative for evaluating the work of the PANCAP-K4Health partnership in the Caribbean region to support the HIV response, as well as future knowledge management programming efforts.

The objective of the assessment was to assess the reach, usefulness, usability, learning, and application of knowledge management products and services, such as the PANCAP website, social media channels, PANCAP newsletter, and learning exchange events.

The assessment used both quantitative and qualitative methods to understand the use of knowledge gained from the knowledge sharing activities implemented by the project, and the data was collected using two instruments:

- Online survey to understand users' experience with PANCAP's digital resources, including the redesigned PANCAP website, social media channels, and the PANCAP newsletter.
- Interviews to understand the level of applied learning following face-to-face knowledge exchange events, including the Knowledge Synthesis and Best Practices Workshop and the South-to-South Knowledge Exchange Event.

## Key Findings and Recommendations

Overall, user and participant engagement was high and the feedback was largely satisfactory. Users found the website, social media channels, and PANCAP newsletter useful, informative, and easily accessible. Participants from the face-to-face knowledge exchange events found each event insightful and useful to their work. At follow-up, numerous participants reported using several knowledge management techniques in their work. Table I highlights several key findings,

their implications, and recommendations related to the digital resources and face-to-face knowledge exchange events.

Table I: Key Findings, Implications, and Recommendations

Key finding	Implication	Recommendation
Participants in the online survey indicated that PANCAP’s website was user- friendly and provided quality content.	PANCAP’s website is a trusted source of information, and connects people to resources they need.	Maintain the content quality of PANCAP’s website and standards for resources provided.
Participants indicated that Facebook was the most useful social media channel, and the majority shared social media resources through their online networks.	Facebook can be a good platform to engage most users.	Prioritize Facebook posts over Twitter and YouTube to promote PANCAP’s resources and work.
Persons who work in faith based organisations were among the majority of users of the digital resources.	Persons in the faith community are aware that they can access information from PANCAP’s Digital resources	Prioritise targeted resources for the faith community for increased access to and sharing of relevant information
Participants indicated that they appreciated the participatory and interactive nature of the activities at face-to-face events.	Participants felt engaged and more open to sharing through interactive activities.	Prioritize time for interactive activities and participation when designing future workshops.

# Background

## PANCAP-K4Health Partnership

The Pan Caribbean Partnership Against HIV/AIDS (PANCAP) is a partnership of governmental and nongovernmental bodies established in 2001 to facilitate a coordinated regional response to HIV/AIDS. It has a membership of 65 countries and organizations and is guided by a Caribbean Regional Strategic Framework on HIV and AIDS, which sets the parameters for collaboration between the PANCAP partners who work at all levels of the HIV and AIDS response. PANCAP serves as a knowledge hub to support its members to improve the HIV response at the regional and national levels.

The Knowledge for Health (K4Health) Project, based at the Johns Hopkins Center for Communication Programs (CCP), supports knowledge sharing through the use of knowledge management tools and approaches with key stakeholders working in communication and advocacy at national and regional levels. Knowledge management is the strategic and systematic creation, synthesis, and distribution of critical knowledge. It can enhance learning and application of best practices and improve coordination efforts that lead to evidence-based decision-making and improved health outcomes.

The PANCAP-K4Health partnership, based at the PANCAP Coordinating Unit (PCU) in Georgetown, Guyana, is a PEPFAR-USAID-funded initiative to support PANCAP in its role as a regional coordinator and knowledge facilitator. The Partnership, which began in August 2016, aims to support the PCU to fulfill its mandate of supporting PANCAP members and coordinating efforts to maximize the Partnership's productivity and elevate PANCAP's relevance within the regional and global HIV context through the use of knowledge management strategies intended to maximize the Partnership, harmonize PEPFAR and Global Fund projects, enhance the scale-up of best practices, and increase implementation of the World Health Organization Test and Start guidelines.

NAP Managers and CSOs have significant influence on people living with and affected by HIV and are therefore considered key stakeholders in this partnership. Hence, K4Health supports PANCAP in its mandate using the following key strategies to maximize the partnership and scale up best practices:

- Identify and prioritize the types of knowledge and the collaboration and coordination activities that meet the needs of PANCAP's key stakeholders.
- Establish systems to collect, synthesize, and share relevant knowledge in a meaningful way to meet stakeholder's needs.

- Foster collaboration and coordination and strengthen knowledge exchange at national and regional levels.

## K4Health’s Assessment of the Knowledge Management Engagement Experience

### **PANCAP-K4Health Knowledge Sharing Platforms**

In promoting opportunities for connecting, sharing, and learning, the PANCAP-K4Health partnership applies two overarching knowledge sharing platforms (Table 2).

Table 2: PANCAP-K4Health Knowledge Sharing Platforms

Knowledge sharing platform	Description
Digital resources	Support from K4Health for PANCAP’s online knowledge sharing activities focuses on a newly redesigned website, social media channels, and newsletter. Through these channels, PANCAP aims to facilitate online sharing of events, key policy decisions, technical updates, and knowledge generated within the region.
Face-to-face knowledge exchange events	<p>To support face-to-face sharing and learning among PANCAP members around the implementation of 90–90–90 and Treat All, K4Health supported PANCAP to facilitate two face-to-face knowledge exchange events. These events brought together NAP managers, representatives of CSOs, and other PANCAP members to share their experiences implementing programs. The events also aimed to promote collaboration between NAP Managers and CSOs.</p> <p>In November 2016, a three-day Knowledge Synthesis and Best Practices Workshop was held, which focused on achieving the 90–90–90 HIV targets and moving toward the Treat All approach. Knowledge management approaches, such as storytelling, knowledge cafés, and peer assist, were integrated throughout the workshop to increase participants’ understanding of knowledge management and to increase</p>

	<p>systematic sharing throughout the region on 90–90–90 targets and the Treat All approach.</p> <p>In August 2017, a four-day South-to-South Learning Exchange was held in Jamaica, during which the teams visited Jamaica AIDS Support for Life (JASL), a CSO that provides comprehensive HIV services including antiretroviral therapy. The participating country teams included a NAP manager and a CSO representative. In addition to a south-to-south learning exchange, other knowledge management techniques were used. These included a visioning board, pause and reflect, peer assist, field and site visits, fishbowl, after-action review, and developing an action plan. The South-to-South also provided a learning space where JASL could share their experience and visiting participants would also have the opportunity to share their experiences.</p>
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## Research Questions and Methods

After one year of implementation, the PANCAP-K4Health partnership conducted an assessment to gauge the impact of the aforementioned activities. Assessing the level of user and participant engagement in PANCAP’s digital resources and face-to-face events is informative for evaluating the work of the PANCAP-K4Health partnership in the Caribbean region to support the HIV response, as well as future knowledge management programming efforts.

The objective of the assessment was to assess the reach, usefulness, usability, learning, and application of knowledge management products and services, such as the PANCAP website, social media channels, PANCAP newsletter, and learning exchange events.

The assessment used both quantitative and qualitative methods to understand the use of knowledge gained from the knowledge sharing activities implemented by the project, and the data was collected using two instruments:

- Online survey to understand users’ experience with PANCAP’s digital resources, including the redesigned PANCAP website, social media channels, and the PANCAP newsletter.

- Interviews to understand the level of applied learning following face-to-face knowledge exchange events, including the Knowledge Synthesis and Best Practices Workshop and the South-to-South Knowledge Exchange Event.

## Research Questions

This assessment, conducted by K4Health, sought to answer the following research questions:

- What have been the experiences of users with the PANCAP website, social media channels, and newsletter?
- What PANCAP resources have been the most useful, and how have they been used?
- How effective are face-to-face events at fostering the exchange of best practices, knowledge, and resources to improve the response to HIV/AIDS in the region?
- What is the reach, usefulness, usability, learning, and application of the knowledge management products and services including but not limited to the PANCAP website, Facebook, newsletter, webinars, and learning exchange events?

## Research Methods

### ***Digital Resources***

K4Health used an online survey instrument, SurveyMonkey, to collect data and ensure anonymity related to user experiences for the digital resources (website, newsletter, and social media). All of the respondents received the survey invitation and their participation was voluntary. The survey was open for two months from November 5<sup>th</sup> 2017 to January 12<sup>th</sup> 2018. The survey included mostly closed-ended questions. K4Health analyzed the quantitative data using SurveyMonkey. Open-ended responses were manually coded and analyzed to identify emerging common themes.

### ***Face-to-Face Knowledge Exchange Events***

For the Knowledge Synthesis and Best Practices Workshop, the PANCAP-K4Health partnership staff conducted follow-up interviews after one year, whereas for the South-to-South Learning Exchange, follow-up interviews were conducted after three months. K4Health manually coded and analyzed interview questions to identify emerging common themes in the same manner as the open-ended questions in the online digital resource survey.

Table 3: Objective, Design, and Number of Participants for Each Method

Method	Objective	Design	Participants
Online survey	To assess the usefulness and engagement of PANCAP's digital resources: website, social media channels, and newsletter.	The quantitative instrument contained mostly closed-ended questions. Two open-ended questions were included to gain more insight into what content was useful.	n=58
Interviews	To understand the adoption or adaptation of knowledge management techniques and HIV knowledge gained through the face-to-face knowledge exchange events to support their country's shift toward 90–90–90 and/or the Treat All approach.	Questions were open-ended to gain insight into which techniques and knowledge gained had informed the participants' work. Interviews were conducted after one year for the Knowledge Synthesis and Best Practices Workshop, and after three months for the South-to-South Learning Exchange.	Knowledge Synthesis and Best Practices Workshop n=9  South-to-South Learning Exchange n=3

# Findings

## Participant Characteristics

Online digital resource survey respondents:

- The majority of respondents to the online survey on digital resources worked at one of three types of organizations: CSOs (29%), faith-based organizations (24%), and government/ministries (24%).
- Respondents were usually directors (22%) and had worked on HIV and AIDS programs for 6 to 10 years (43%).
- The majority of respondents were aged 25 to 34 (29%) and 45 to 54 (29%).
- The majority were female (54%).
- Most respondents were from Guyana (15%) or Barbados (15%).

Face-to-face events interview participants:

- Nine people were interviewed one year after the Knowledge Synthesis and Best Practices Workshop. Five respondents were from the government sector and four were from CSOs.
- Three people from two countries were interviewed three months after the South-to-South Learning Exchange. Two of the respondents were in clinical management and one in program management. The respondents were from different sectors—government, civil society, and donor.

## Website

Most people reported that the PANCAP website was useful overall. They reported sharing resources with colleagues and others such as policy makers and committee members working in HIV/AIDS to inform reports, engage in advocacy efforts, and implement outreach activities.

### **Reach**

Respondents were asked where they first learned about the PANCAP website in order to understand how PANCAP members became aware of it (Table 4). The majority of respondents (88%) indicated that they had visited the website since the redesign launch on July 7, 2017. Most respondents (47%) learned about the PANCAP website through an email or paper announcement, followed by a conference or meeting (33%).

Table 4: Where Respondents First Learned About the Website

Source of information	Percentage (n=55)
Announcement (email or paper)	47%
Conference or meeting	33%
Internet search	9%
PANCAP's social media platforms (e.g., Facebook, Twitter)	5%
Promotional materials	4%
Other	2%
Link from another website	0%

### ***Usability and Usefulness***

Respondents were asked a series of questions to understand the level of ease in navigating the website as well as the usefulness of the content. To gauge the ease of navigation, the survey included questions about design and layout (Table 5). To understand the usefulness of the content, the survey included questions about respondents' perceptions of the content (Table 6) and which resources they used most often (Table 7).

### ***Design, Layout, and Content***

The vast majority of respondents found the layout and design of the website easy to navigate and visually appealing (Table 5). Respondents also indicated that the design of the home page lends itself to exploring the website further. Respondents were satisfied with the quality of the contents overall (Table 6). More than 40% of respondents strongly agreed with the following statements: the content is credible and trustworthy, the topics covered are current and relevant to my work, the website has reinforced and validated what I already knew with additional evidence, and the website has provided me with information that was new to me and useful for my work.

Table 5: Design and Layout

Design and layout	Percentage (n=31)				
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
The layout and design is clear and visually appealing	0%	0%	13%	55%	32%
I am able to find the information I am looking for	0%	0%	7%	61%	32%
It is easy to navigate through the different sections	0%	3.5%	3.5%	63%	30%
The home page makes me want to explore it further	0%	0%	10%	63%	27%

Table 6: Website Content

Website content	Percentage (n=30)				
	Strongly agree	Disagree	Neither agree or disagree	Agree	Strongly agree
The content is credible and trustworthy	0%	0%	4%	44%	52%
The topics covered are current and relevant to my work	0%	0%	11%	43%	46%

The website has reinforced and validated what I already knew with additional evidence	0%	0%	12%	46%	42%
The website has provided me with information that was new to me and useful for my work	0%	4%	14%	41%	41%
The content is complete, offering comprehensive coverage of HIV in the Caribbean region	0%	0%	7%	64%	29%

### ***Accessed and Shared Resources***

The most accessed resources reported by respondents in the four months before the survey included HIV data (55%), short videos on 90–90–90 (52%), and PANCAP publications (48%), followed by fact sheets and PANCAP Toolkits (41% each) (Table 7). More than half (52%) of respondents indicated that they had shared information, resources, or documents from the PANCAP website with others. Respondents reported sharing resources with colleagues, network and support group members, peer counselors, and national AIDS committee members. The types of resources shared included newsletters, data and statistics, information on advocacy, HIV articles, and press releases, among others. Information that was shared was often further disseminated to others as well. For example, one respondent reported sending information to peer counselors who used it with support groups at the meetings. Another respondent shared the information on advocacy with a communication manager to disseminate it via social media on the project website.

Table 7: Specific Resources Accessed in the Previous Four Months

<b>Specific resources (Select all that apply)</b>	<b>Percentage (n=29)</b>
Data on HIV	55%

Short videos on 90–90–90	52%
PANCAP publication	48%
Fact sheets	41%
PANCAP Toolkits	41%
Webinar recordings	31%
Treat All suite	17%
Case studies	17%
Other resources in the document library	10%
Other	3%

\*Treat All Suite-Barbados Treat All case study, Treat All Roadmap and Animated Short Video on Barbados’ experience moving from policy to implementation of Treat All.

### ***Use of Resources***

Respondents were asked to indicate if they had used resources from the PANCAP website for specific purposes in order to understand their application of the resources (Table 8). Almost all (92%) respondents reported using resources to increase their own knowledge. More than half of respondents (60%) reported using the resources to increase public awareness. Other notable uses included promoting best practices (40%) and assisting in the design of education materials (28%).

Several respondents provided examples of how they used the resources. Fact sheets and other HIV/AIDS documents, including data and statistics, were generally used for outreach and advocacy purposes, and some respondents reported that those resources helped their project’s intended audience (youth, sex workers, family members, etc.) increase their social media engagement and knowledge, and even take appropriate actions.

For example, one respondent used the resource called “Stand Up for the Rights of People Living With HIV” when writing a petition for young, elderly, and deaf people living with HIV. The respondent collected over 3,300 signatories from people to support people living with HIV find a job or house without being rejected. Another respondent used the HIV data for outreach efforts to inform the project audience, including sex workers and their family members, about risks and protective factors associated with HIV/AIDS. A few respondents used videos and training resources, including [the Barbados ‘Treat All’ Experience video \(https://youtu.be/FVhNNU\\_J5Ts\)](https://youtu.be/FVhNNU_J5Ts), for staff members and stakeholders to become better informed and familiar with updated information.

Table 8: Resources Used for Specific Purposes

Purpose (Select all that apply)	Percentage (n=25)
Increase my own knowledge	92%
Increase public awareness	60%
Promote best practices	40%
Assist in designing educational materials	28%
Design or improve projects or programs	20%
Write reports/articles	20%
Develop proposals	20%
Develop training programs or workshops	16%
Develop or improve policy	12%
Other (please specify)	12% Look for an internship Share information
Guide research agenda or methods	4%
Put research findings into practice	4%

## PANCAP Social Media Channels

### *Use and Usefulness of Social Media*

The online survey included questions about which social media platforms were most useful and what respondents did with the resources found on PANCAP’s social media channels. The responses provided insights about which platforms respondents engaged with, what respondents did with the resources, and knowledge gained from social media channels. More than 75% of respondents who used Facebook, Twitter, and YouTube found them useful or very useful, with the most popular platform being Facebook (Table 9). Sharing resources through

online networks and using resources to improve participants' work were the most popular responses to the question regarding what respondents did with the resources (52% each) (Table 10).

Table 9: How Useful Are Social Media Platforms

Platforms	Percentage (n=27)			
	Not useful	Somewhat useful	Useful	Very useful
Facebook	4%	17%	25%	54%
YouTube	0%	27%	27%	46%
Twitter	17%	6%	33%	44%

Table 10: Used Resources

How have you used the resources found on PANCAP social media channels? (Select all that apply)	Percentage (n=27)
Shared through my online network	52%
Used to improve my work	52%
Shared with a colleague offline	37%
Filed away to read/use at a later time?	15%
Haven't used the information	15%
Other	4%

## PANCAP Newsletter

### Frequency of Use

The online survey asked respondents to assess how often they read the newsletter and how many topics they usually click and read. The majority of respondents read the newsletter occasionally (65%) and 40% of respondents clicked and read five relevant topics per newsletter (Table 11). A little less than half of respondents (48%) read or clicked on less than five relevant topics (Table 12).

Table 11: Frequency of Readership

	n=23		
Frequency	Every month	Occasionally	Don't read
How often do you read the PANCAP newsletter?	31%	65%	4%

Table 12: Clicking and Viewing Topics

	n=22		
Frequency	Click and read all	Click and read 5 relevant topics	Click and read less than 5 relevant topics
How many activities/topics do you click and view from each newsletter?	12%	40%	48%

### Overall Quality

Respondents were asked two open-ended questions about the overall quality of the newsletter. The first question asked respondents what they liked about the newsletter. Of those who responded, common themes included that the information provided in the newsletter was presented in an easily accessible manner, the information was updated and timely, and the

information was useful to respondents. One respondent noted the colorful pictures, and another noted that it was helpful to hear from the Director of PANCAP.

The second question asked respondents if they would change anything about the newsletter. More than half of the respondents who answered this question indicated that they would not change anything about the newsletter. Among those that indicated they would change something, answers varied widely, such as removing the Director’s section, including more links to HIV-related articles, including youth specific educational activities or events to expand the audience of the newsletter, including a focus on medication and adherence, and ensuring that all countries are represented in newsletter content.

### Main Topics

To better understand how useful specific topics were in the newsletter, respondents were asked which topics they read most often. The majority of respondents indicated that key decisions in relation to the regional HIV response was the main topic they read about from the PANCAP newsletter, followed by outcomes of regional meetings, and upcoming webinars, conferences, meetings, and other opportunities for learning (Table 13).

Table 13: Most Read Newsletter Topics Identified

Statements (Select only one)	Percentage (n=23)
Key decisions in relation to the regional HIV response	30.5%
Upcoming webinars, conferences, meetings, and other opportunities for learning	17.5%
Outcomes of regional meetings	17%
Work of PANCAP partners	13%
What’s on the director’s mind	9%
New PANCAP products and publications	9%
Other	4%

### Quality of the Newsletter

The majority of respondents agreed or strongly agreed with all the statements regarding the quality of the newspaper. Of particular note, all respondents found that the current publishing

frequency (monthly) is adequate and more than two-thirds indicated that the newsletter contained content that was credible and trustworthy and relevant to their work. On the other hand, 17% of the respondents did not share the newsletter with a colleague and 22% neither agreed nor disagreed that newsletter content reflected the diversity of the regional response.

Table 14: Quality of the Newsletter

Statements	Percentage (n=23)				
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
The content is credible and trustworthy	0%	0%	4.5%	52%	43.5%
The topics covered are current and relevant to my work	0%	0%	9%	48%	43%
The current publishing frequency (monthly) is adequate	0%	0%	0%	64%	36%
I have shared an article or entire newsletter with my colleague	0%	17.5%	4.5%	48%	30%
The layout and design is clear and visually appealing	0%	4%	9%	61%	26%
The length of the newsletter is satisfactory (neither short or long)	0%	0%	4%	70%	26%

The content shared reflects the diversity of the regional response	0%	0%	22%	61%	17%
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## PANCAP Face-to-Face Events

As part of the face-to-face event evaluations, interviews included questions related to the usefulness and application of the information back to their home countries as it relates to HIV 90–90–90, and the satisfaction of the knowledge management approaches used. Based on the feedback from open-ended questions conducted with a small sample of workshop participants (n=9), participants found the workshop useful to their work, their organization, and the HIV response in the region.

### **Knowledge Synthesis and Best Practices Workshop**

#### *Using and Sharing Knowledge Management Techniques*

Participants stated that knowledge cafés, storytelling, peer assist, and the participatory nature of the workshop in general were appreciated. One participant noted “learning but leaving with also practical things that you can actually use.” Another participant stated that “the methodology was excellent and I appreciated the high level of interaction, which kept me engaged. The approaches were good and connected to HIV.”

Participants reported applying the knowledge management techniques in their work, and have shared the knowledge on knowledge management approaches with colleagues. The majority of participants (55%) reported having used storytelling to, in the words of one participant, “[tell] the story of how people were lacking information.” These storytelling activities varied but included advocacy efforts to influence ministries of health, appropriation boards, and police forces. Additionally, storytelling was also used with organization staff and patients. One participant reported using storytelling with patients to influence their adherence to antiretroviral therapy.

Furthermore, 44% of participants had used a knowledge café in their work, following the workshop. These knowledge cafés were conducted with a wide range of audiences including community-based organizations, faith-based organizations, health care workers, peer navigators, and young people. In one example, a national-level participant reported using the knowledge café approach as part of sharing experiences from key populations during a stigma and discrimination training for health care workers. A CSO respondent reported using knowledge café methodologies in capacity-building activities.

#### *Using and Sharing HIV Knowledge and Synthesis Skills Gained Through the Workshop*

Of the participants who answered the question about how they applied knowledge gained at the workshop, most participants reported sharing it with colleagues and among other organizations with whom they interact.

Two participants cited the knowledge café during which JASL shared information about their treatment literacy programme as particularly useful. Following the workshop, the participant reached out to the presenter to obtain additional information and resources for use within their own program.

All participants who interacted with other participants at the workshop reported that the interactions were focused on sharing of resources on 90–90–90 and adherence to antiretroviral therapy. Participants' interactions also focused on understanding how other organizations have implemented the Treat All guidelines.

One participant shared an experience about adopting a tool from the policy brief session in order to develop a policy brief advocating for prioritizing HIV at the governmental level. The call to action articulated by the participant was accepted and approved at the national level. Another participant who also noted the adoption of the policy brief session tools reported receiving a more positive response from policy makers as the participant was able to develop more succinct briefs based on skills learned at the event.

### ***South-to-South Knowledge Exchange Event***

#### *Using and Sharing Knowledge Management Techniques*

In post-evaluation interviews conducted with participants (n=3) three months after the workshop, participants reported using the fishbowl technique, peer assist, visioning board, and clinic visit in their work. The participant that used the fishbowl technique felt that “the exercise allowed [participants] to think outside the box.” The visioning board was reported by one participant and it helped them and their organization as a “constant reminder of where we are, and what the gaps and priorities are.”

#### *The Value of CSO and Government/Ministry Collaboration*

All participants in the informal post-evaluation interviews had followed through with connecting with people from the learning exchange. Specifically, participants discussed how valuable the learning about the productive relationship the CSO and the government/ministry was to their work.

#### *Lessons Learned and Applied About JASL's Model of Care*

The interviewers asked participants whether they had applied knowledge gained from the event in their work, and whether they had made progress on activities in the work plans created at

the event. Participants noted the relationship with the ministry/government and JASL's approach to seeking out funding and anticipating funding needs were insightful. "Actively [planning] for and [seeking] financial resources ahead of time" was an especially impressive aspect of JASL's model. Another participant reported using JASL's model of "aggressive resource mobilization approach," in order to "[look] for more grant funding . . . [and] looking for more grants that the [association] can apply for."

Specifically, participants discussed how valuable learning about the productive relationship the CSO and the government/ministry was to their work.

Since the event, participants reported being more aware of the role CSOs can play in the region's response to HIV. One participant reported sharing with a CSO representative some of the differences between JASL's model and their role, and what could be done in their own country. The participant and the CSO representative discussed that "CSOs in the country need to register, and how important this is for having an organizational structure." The CSO representative has since "embarked on exploring the process of getting registered, developing a constitution, and a board." Furthermore, they realized they "didn't understand the true potential of CSOs," and therefore started "engaging CSOs more than I did before." For example, this engagement includes inviting CSOs to join the HIV testing coordinating committee, whereas before they were not invited. Inviting CSOs to join this committee has the benefit of "providing the opportunity to address [questions], keep [everyone] focused, and hold [everyone] accountable." Another participant reported sharing the knowledge gained at the event with the organisation's management team. The participant shared JASL's approach to resource mobilisation and advocated for management to adapt similar approaches of reaching out to non-traditional donors for funding.

Furthermore, participants have made progress on the proposed/ongoing activities outlined in the work plan at the workshop. Two participants reported meeting with each other in order to move the "Shared Care protocol" forward and "hope to have it completed by the end of the year." Additionally, one of these participants reported discussing the men's health clinic, which was included in their work plan, and that they were still in the process of assessing how best to address incorporating it into existing health facilities. The same participant also said learning and "seeing JASL's model provided [them] with a clearer understanding of how the government and CSO sector can work on an initiative like [rapid testing]," and the importance of this relationship in reporting, accountability, etc. They are still in the process of adding rapid testing services to an existing health facility, and everything (equipment, kits, etc.) is in place. The existing site is only waiting to receive approval from the chief medical officer (CMO) before being able to start offering rapid testing services.

*Sharing With Others*

The post-evaluation interviews conducted after three months included questions on whether participants had shared knowledge gained at the South-to-South Knowledge Exchange, and whether those with whom they shared the knowledge found it useful. All participants indicated that they had shared the knowledge gained at the event with colleagues, and one participant reported sharing the experiences and knowledge gained with CSO representatives. One participant shared the information with an unregistered CSO in-country and encouraged the organisation to formalise its operations. The participant reported that the CSO was subsequently registered and is beginning to put formal systems in place.

## Recommendations

The evaluation of user and participant engagement with digital resources and face-to-face events resulted in key findings that could be used to improve digital resources and assist in planning face-to-face events in the future.

Table 15: Key Findings, Implications, and Recommendations

Key finding	Implication	Recommendation
Participants in the online survey indicated that PANCAP's website was user-friendly and provided quality content.	PANCAP's website is a trusted source of information, and connecting people to resources they need.	Maintain the content quality of PANCAP's website, and standards for resources provided.
Participants found short videos on 90–90–90, HIV data, and PANCAP publications the most useful resources on the PANCAP website.	Users engage the most with these types of content when visiting the PANCAP website, and producers of this content are trusted sources of information.	Prioritize the maintenance of these resources, and produce new content in these formats. Ensure these resources are especially easy to find on the website.
Persons who work in faith based organisations were among the majority of users of the digital resources.	Persons in the faith community are aware that they can access information from PANCAP's Digital resources	Prioritise targeted resources for the faith community for increased access to and sharing of relevant information

Participants indicated that Facebook was the most useful social media channel, and the majority shared resources through their online networks.	Facebook can be a good platform to engage the most number of users.	Facebook posts should be prioritized over Twitter and YouTube to promote PANCAP resources and work.
Participants were impressed with JASL's model and appreciated the ability to learn from a CSO.	The event offered participants an opportunity to exchange with a CSO implementing an integrated model successfully.	Continue to offer exchange events centered on specific implementation models and experiences.
Participants indicated that they appreciated the participatory and interactive nature of the activities at face-to-face events.	Participants felt engaged and more open to sharing through interactive activities.	Prioritize time for interactive activities and participation when designing future workshops.
Participants used knowledge management techniques and knowledge gained in their work.	The knowledge management techniques were appropriately chosen and the knowledge shared was useful in concrete ways.	Prioritize the inclusion of knowledge management techniques that were used in the face-to-face events in future events, and focus on specific knowledge that can be shared with others.

Overall, participants in the online survey on digital resources found the PANCAP website, social media channels, and PANCAP newsletter useful and informative. Furthermore, participants shared the resources with a wide range of audiences to inform proposals, programming, and advocacy efforts. Participants in the face-to-face events appreciated the knowledge and knowledge management techniques gained at these events. Since the events, they have used the techniques in their work to foster improved relationships within their organizations and with partners, aggressively pursue funding and engage in discussions surrounding resources, and advocate and educate boards of appropriation, police forces, and committees. Users and participants are highly engaged with PANCAP's digital resources and face-to-face events.

## Appendix A: Online Survey Participant Characteristics

Characteristics	
<b>Gender (n=24)</b>	
Female	54%
Male	46%
Other	0%
<b>Age range (n=24)</b>	
18–24 years	4%
25–34 years	29%
35–44 years	13%
45–54 years	29%
55–64 years	21%
65 or older	4%
<b>Job function (n=23)</b>	
Director	22%
Technical advisor	13%
National AIDS Programme Manager	13%
Other program manager	13%
Other	13%
Research/evaluator	9%
Teacher/trainer	9%

Service provider	4%
Information/communication officer	4%
<b>Number of years worked (n=23)</b>	
<1 year	4%
2–5 years	30%
6–10 years	43%
11–15 years	9%
15+ years	13%
<b>Organization affiliation (n=21)</b>	
Civil society organization	29%
Faith-based organization	24%
Government/ministry	24%
Youth organization	10%
Regional technical agency	10%
Donor agency (bilateral or multilateral)	5%
Academic/research institution	0%
Private/commercial sector medical/health organization	0%
<b>Country of work/residence (n=20)</b>	
Barbados	15%
Guyana	15%
Belize	10%
Jamaica	10%
Suriname	10%

Antigua Barbados	5%
Bahamas and the Caribbean	5%
British Virgin Islands	5%
Dominican Republic	5%
Grenada	5%
Saint Kitts and Nevis	5%
Trinidad and Tobago	5%
USA	5%