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Checklist

FOR ASSESSING EQUITY
IN KNOWLEDGE MANAGEMENT
INITIATIVES

A companion tool to the **Building Better Programs** guide





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Building Better Programs: A Step-by-Step Guide to Using Knowledge Management in Global Health

Using the Knowledge Management Road Map as a foundational framework, this detailed guide demonstrates how to develop and implement a systematic and equitable knowledge management strategy to improve the efficiency and effectiveness of global health programs.



Equity in Knowledge Management Checklist

Designed to be used with the *Building Better Programs* guide, the Equity in Knowledge Management Checklist is a practical tool for the global health workforce to integrate equity as they design, implement, monitor, and evaluate knowledge management interventions.



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All resources are available for download at www.kmtraining.org



CHECKLIST FOR ASSESSING EQUITY IN KNOWLEDGE MANAGEMENT INITIATIVES

A companion tool to the Building Better Programs guide

Objectives:

- Raise awareness about potential inequities in knowledge management (KM) and suggest how these inequities can be addressed
- Assess strengths and weaknesses in your KM initiative as they relate to equity and identify where to focus your efforts to achieve more equitable KM

Audience:

Global health program teams
 who are responsible for
 implementing and overseeing
 KM initiatives—whether they
 be established KM teams or
 groups of individuals who
 share KM responsibilities (e.g.,
 writers, editors, monitoring
 and evaluation specialists,
 communications officers, graphic
 designers, ICT specialists, and
 project managers)

When to use it:

- This checklist is most valuable when used as part of preparation and design before implementing your KM initiative within a global health program so that you can plan for equity and success at the beginning.
- The checklist may also be useful as a tool for reflection during implementation of a KM initiative or retrospectively after it has ended.

Introduction:

This checklist is designed to be used with the 2022 edition of <u>Building Better Programs: A Step-by-Step Guide to Using Knowledge Management in Global Health</u>, which highlights common challenges to equitable knowledge management (KM), suggests solutions to those challenges, and provides guidance on how to integrate equity considerations in KM systems and processes as global health programs work toward decolonizing knowledge and toward more effective and efficient outcomes.

To ensure effective KM, all global health workforce members must engage in the knowledge cycle and KM systems must value and respect each individual's unique knowledge needs, experience, and perspective, regardless of their geographic location, age, sex, gender, race, ethnicity, or other identity. However, power and privilege imbalances are embedded in global health programs and their KM systems and processes, resulting in unfair differences in knowledge access, creation, sharing, and use among groups of health

workforce members. Programs must therefore address these avoidable and remediable differences, which may require providing greater support or resources to historically marginalized groups to achieve more equal KM outcomes across all health workforce members.

This checklist is organized according to the five-step KM Road Map for global health programs outlined in the *Building Better Programs* guide:

1) Assess Needs, 2) Design Strategy,
3) Create and Iterate, 4) Mobilize and Monitor, 5) Evaluate and Evolve. It also includes broader systems considerations.



Instructions:

- Start by reviewing the **Useful Definitions** on p. 4 to ensure your team has
 a good understanding of key concepts related to equity in KM and open the
 companion how-to guide for additional context to help you answer each
 checklist question and links to useful resources to provide guidance on how
 to move toward KM equity.
- 2. Answer each checklist question to the best of your ability. Answering "Yes" means that steps are being taken toward equitable KM, while "No" and "Somewhat/Not Sure" means the KM aspect may not be as equitable as it could be. Refer to the **companion how-to guide** for additional context.
- 3. Use the space provided in the checklist to add your own **comments** for each checklist question—either to provide context around your answer or to note actions you want to take.
- Review the **Next Steps** section at the end of the checklist for suggestions on how to create an action plan based on the findings of your completed checklist.

Useful Definitions

Diversity: Any characteristic that can be used to differentiate groups of people from each other. It can also be thought of as the differences in people's identities. Diversity varies between contexts, so what may apply as diversity in one place may take on a different meaning in another place.

Knowledge management: The systematic process of collecting and curating knowledge and connecting people to it so they can act effectively.

Equity in health: The absence of unfair, avoidable, and remediable differences in health status among groups of people, whether those groups are defined socially, economically, or geographically. Health equity is achieved when everyone can attain their full potential for health and well-being. While the term "equity" is sometimes used interchangeably with "equality," generally equality is considered to exist when all individuals and groups of people are given equal treatment, regardless of need or outcome, whereas an equitable approach focuses on achieving more equal outcomes, recognizing that some groups who experience social injustices such as discrimination or poverty may need more support or resources to achieve the same health outcomes as more advantaged groups.

Equity in knowledge management for health programs: The absence of unfair, avoidable, and remediable differences in knowledge access, creation, sharing, and use among groups of health workforce members, whether those groups are defined socially, economically, or environmentally. Equity is achieved when all people in the health workforce have the information, opportunity, skills, and resources they need to define and participate in the process of knowledge access, creation, sharing, and use to improve health programs.

Gender: A culturally defined set of economic, social, and political roles, responsibilities, rights, entitlements, obligations, and power relations associated with being female and male, as well as the power relations between and among women and men, boys and girls.

Gender homophily: The preference to interact with people of the same sex or gender identity.

Identity: The economic, social, and environmental traits that make a particular person or group different from others. Some identities can be seen relatively easily, such as assumed race or gender, while others are not always easy to see, like a disability, socioeconomic status, or education level. In addition, one's identity may change over time and one's own definition of their identity may differ from other people's definitions of them. Illustrative identities include income, occupation, age, race, ethnicity, physical ability, sex at birth, gender identity, sexual orientation, religion, nationality, language, education, and geographic location.

Inclusion: The active and intentional valuing of the skills, experiences, and perspectives of all diverse members of a community such that each person is provided with the opportunity to participate fully in creating a successful and thriving community.

Intersectionality: A lens for seeing the way in which various forms of inequality often operate together and exacerbate each other to create unique experiences of discrimination and oppression.

Privilege (unearned): Unearned rights extended to a group of people based on their identity (e.g., race, class, gender, ability).

Power: Power can be defined as the degree of control people have over resources to achieve their purposes. The extent of people's power depends on a combination of their capacities, the resources at their disposal, and the opportunities they have. Power is dynamic and relational, meaning that it can change over time and according to the context and circumstance, and it can be negative (a form of control and domination by a few) or positive (a form of collaboration and/or an opportunity to bring about positive change). (Adapted from: Action Guide for Advocacy and Citizen Participation and Power and Making Change Happen)

For a full glossary of equity-related terms in KM and referring citations, see the Building Better Programs guide.

KM Systems

The following checklist items assess levels of equity within broader KM systems-related elements including team roles and operations; project or organizational culture, norms, and policies; and resource allocation. Refer to the Useful Definitions on p. 4 for definitions of terms and the How-To Guide for additional context for each question.

		YES	NO	SOMEWHAT/ NOT SURE	WRITE-IN COMMENTS
TE	AM ROLES AND OPERATIONS				
1.	Does your team, including leadership, reflect the diversity of your context in terms of age, gender identity, race, nationality, or other relevant identities?				
2.	Do all team members have meaningful opportunities to provide feedback on KM goals, strategies, and activities?				
3.	Are roles and responsibilities distributed equitably and transparently across the team?				
4.	Are the communication methods/channels being used appropriate for all team members to ensure their full and effective participation?				
5.	Is there a mechanism or tool in place to leverage the experience and expertise of each individual team member?				
6.	Are equity-related objectives or competencies integrated into staff performance reviews?				
TE	AM, PROJECT, OR ORGANIZATIONAL CULTUR	RE, NO	RMS, A	AND POLICIES	
7.	Are there safeguarding measures in place and clearly communicated to staff to protect all team members and KM intervention participants from harassment, discrimination, and gender-based violence?				
8.	Do team policies, scopes of work, or standard operating procedures outline transparent decision-making processes regarding team members' attendance or participation in KM activities, such as conferences or workshops?				
9.	Is equity guidance integrated into existing KM tools and resources the project plans to use?				
10.	Are authorship and author-order policies transparent, with a focus on equity?				
11.	Do team norms and processes encourage dialogue among individuals of all identities so that knowledge can be shared freely?				

	YES	NO	SOMEWHAT/ NOT SURE	WRITE-IN COMMENTS
12. Is there equitable representation of team members when establishing team expectations and norms?				
RESOURCES (e.g., time, financial resources)				
13. Is there time allocated for team members to reflect on and learn about how to strengthen equity?				
14. Are you budgeting appropriately for integration of equitable elements in your KM initiative?				

Step 1. Assess Needs

The goal of Step 1 is to understand the extent of the health program challenge and identify how KM can help solve it. Integrating equity into a needs assessment means critically examining data to inform the design of more equitable KM interventions by analyzing the ways in which knowledge needs, barriers, and opportunities may vary depending on people's intersecting identities. Participatory assessments, such as Participatory Learning and Action, already in use by many global health workforce members, include principles of equity within those assessment techniques. Refer to the Useful Definitions on p. 4 for definitions of terms and the How-To Guide for additional context for each question.

		YES	NO	SOMEWHAT/ NOT SURE	WRITE-IN COMMENTS
1.	Are you considering the unique needs and levels of influence/power by people's intersecting identities when defining the audience of your needs assessment?				
2.	Are you including questions in your needs assessment that analyze ways in which knowledge needs, preferences, and barriers may vary by the identities, especially intersecting identities, people hold?				
3.	Are you including varied sources of existing data to capture the knowledge needs and barriers of subgroups of people?				
4.	When collecting new data, are you providing ways for respondents to participate in the needs assessment that are appropriate, relevant, or responsive to their needs?				
5.	Are you disaggregating and analyzing needs assessment data by the relevant identities of your audience?				
6.	Are you synthesizing and sharing the needs assessment findings in formats that people of varied backgrounds among your audience can access and draw on?				

Step 2. Design Strategy

The goal of Step 2 is to create the strategy for how to improve your health program with KM, using the findings and recommendations that emerged from Step 1: Assess Needs. Integrating equity into your KM strategy means understanding and selecting equitable KM objectives, tools, and techniques based on the knowledge needs and barriers for each audience revealed in the needs assessment. Refer to the Useful Definitions on p. 4 for definitions of terms and the How-To Guide for additional context for each question.

		YES	NO	SOMEWHAT/ NOT SURE	WRITE-IN COMMENTS
1.	When developing your KM objectives, are you considering the equity challenges and opportunities uncovered in the needs assessment during Step 1?				
2.	Are you considering people's intersecting identities when defining the audience of your KM intervention?				
3.	Are you selecting KM tools and techniques that center historically marginalized groups' diverse knowledge needs and preferences?				
4.	Are you considering levels of access to the Information, Communication, and Technologies (ICTs) needed to support the selected KM tools and techniques?				

Step 3. Create and Iterate

The goal of Step 3 is to develop new KM tools and techniques, or tailor existing ones, to facilitate information sharing and use to help you achieve the objectives you established in your KM strategy.

The checklist items in Step 3 are organized by the KM Tools and Techniques matrix: Asking and Telling approaches are combined in one section and Publishing and Searching approaches in another section. Within those approaches, checklist items are further organized by the four essential elements for effective and equitable KM Tools and Techniques:

- Availability: Knowledge is available in a wide range of formats and KM tools and techniques are available to everyone in the health system.
- Accessibility: Everyone in the health system can access knowledge and KM tools and techniques at no or reasonable financial cost and consistent with their needs.
- Acceptability: Knowledge products and KM tools and techniques are respectful of culture and sensitive/ responsive to people's identities and do not reinforce inequitable gender, power, and privilege dynamics.



Adapted from: Barnes S, Milton N. Designing a Successful KM Strategy: A Guide for Knowledge Management Professionals. Medford, NJ: Information Today; 2015.

• Quality: Knowledge and KM tools and techniques are accurate, up-to-date, unbiased, and relevant.

Refer to the Useful Definitions on p. 4 for definitions of terms and the <u>How-To Guide</u> for additional context for each question.

ASKING AND TELLING APPROACHES

		YES	NO	SOMEWHAT/ NOT SURE	WRITE-IN COMMENTS
ΑV	AILABILITY				
1.	Are you incorporating interactive KM approaches in your KM initiative that encourage diverse audience groups to both use <i>and</i> share their own knowledge?				
2.	Do KM event facilitators, moderators, speakers, hosts, and panelists reflect diverse backgrounds or perspectives?				
AC	CCESSIBILITY				
3.	Are you asking participants about their accommodation needs, including language preferences, for the KM event?				
4.	Are there various options for people to ask questions, including options that provide anonymity?				

	YES	NO	SOMEWHAT/ NOT SURE	WRITE-IN COMMENTS
5. For in-person KM events, are events being held in safe, easy-to-reach, accessible locations?				
6. Do your online KM events consider different time zones of your participants?				
7. Are you creating an opportunity for people to share and discuss in the languages they are most comfortable using?				
Are you offering subtitling/captioning options or in-person sign language interpretation for your KM events?				
9. Are you creating and providing a transcript of recorded events and other audio and video formats?				
ACCEPTABILITY				
10. Are you creating an environment of enhanced safety and freedom from harassment in your KM events?				
11. Are you considering the timings of national, cultural, or religious holidays when scheduling your KM event?				
12. Are you seeking consent from all attendees before taking and publishing recordings, pictures, or videos of KM events?				
13. For in-person KM events, are catering options considering the specific dietary requirements of participants?				
14. Does the KM event or activity recognize different gender identities by offering participants who want their pronouns publicly known the option to include them on their name tags?				
15. Is the host of the event being asked to practice how to pronounce all names of the panelists correctly?				
QUALITY				
16. Are you providing briefing or preparation notes to the speakers, panelists, and other leaders of the event to align their approaches with equitable KM?				
17. Do speakers and/or participants represent the various ways in which different groups or individuals relate to the topic being discussed?				

PUBLISHING AND SEARCHING APPROACHES

		YES	NO	SOMEWHAT/ NOT SURE	WRITE-IN COMMENTS
AV	AILABILITY				
1.	Is there diversity within your context in who is being published in journals, blogs, and other publishing platforms?				
2.	Are you creating content in a range of formats, when appropriate, to meet people's different learning preferences?				
3.	Do you have opportunities for people to publish or share actionable information, including details on the "how" and the context of program implementation?				
AC	CESSIBILITY				
4.	Are publications and search tools available at no or affordable cost?				
5.	Are the readers of your content resources (e.g., articles, blogs, websites) from diverse backgrounds?				
6.	Are print options available for those with limited or no access to technology?				
7.	Are you translating content resources into the primary languages of your audiences or creating original content in those languages?				
8.	Are you writing and designing with web accessibility in mind (if publishing web content)?				
AC	CEPTABILITY				
9.	Are you asking diverse audience members for feedback on their understanding and appropriateness of tone of content pieces your team has developed?				
10.	Are you avoiding the use of technical jargon in content resources, if it is not appropriate for all audience members?				
11.	Are you avoiding using images, case studies, or messages that potentially stereotype, sensationalize, or discriminate against people, gender identities, situations, or places?				
12.	Are you portraying the diversity and self-efficacy of people in images and messages?				

	YES	NO	SOMEWHAT/ NOT SURE	WRITE-IN COMMENTS
13. Are you making sure that images with identifiable people were taken with the consent of the people featured in the images?				
QUALITY				
14. Do editorial teams and editorial boards have diverse and inclusive members?				
15. Are you engaging diverse reviewers?				
16. Are you aiming to highlight and give credit for knowledge produced by health workforce members that are historically marginalized?				
17. Are you avoiding the use of language that reinforces harmful gender and power dynamics in local and global health and development?				

Step 4. Mobilize and Monitor

The goal of Step 4 is to implement the KM tools and techniques you developed and to monitor and adapt them as necessary. Integrating equity in Step 4 involves disaggregating monitoring data by the relevant identities of your audience to monitor for equity, while also reflecting on how different identities interact to create unique challenges and/or opportunities for engagement with the KM intervention. Refer to the Useful Definitions on p. 4 for definitions of terms and the How-To Guide for additional context for each question.

		YES	NO	SOMEWHAT/ NOT SURE	WRITE-IN COMMENTS
1.	Are you disaggregating and analyzing monitoring data by the relevant identities of your audience?				
2.	Are you including open-ended options for audience members to self-identify their gender identity, race, ethnicity, or other demographic information in monitoring tools?				
3.	Is there a system to document the knowledge and experiences with equity integration within the KM initiative?				
4.	Are you reflecting on your knowledge and experiences to inform any necessary adaptations?				
5.	Are you including a section on equity in your progress reports?				

Step 5. Evaluate and Evolve

The goal of Step 5 is to assess how well you achieved your KM objectives to improve your health program. Integrating equity into Step 5 means using evaluation techniques, including <u>complexity-aware methods</u> when applicable, to understand how integrating equity principles and practices contributed to your KM objectives. Refer to the Useful Definitions on p. 4 for definitions of terms and the <u>How-To Guide</u> for additional context for each question.

		YES	NO	SOMEWHAT/ NOT SURE	WRITE-IN COMMENTS
1.	Are you thinking about who your KM evaluation questions will be relevant to?				
2.	Are you considering using qualitative, complexity- aware evaluation methods to evaluate your KM initiative?				
3.	Are you documenting successful and unsuccessful approaches to increasing equity across KM activities?				
4.	Are you planning to share your lessons on equity integration in KM with diverse audience members?				
5.	Are you including audience members in your dissemination efforts who can share personal experiences from the perspective of the identities they hold?				
6.	Are you planning to share findings on equity integration in KM with the broader global health field?				

Next Steps

Congratulations on completing the checklist! You have taken an important step toward ensuring equity within your KM initiative. Now what?

- Review each section of the checklist to identify your areas of strength and where you
 may need to do some more work to ensure equitable KM. Which sections had mostly
 "yes" responses (areas of strength)? Were there sections with several "no" responses?
- Prioritize the actions you will take, with timelines and responsible parties, to better integrate equity principles in your KM initiative. You can use prioritization tools, such as the <u>Difficulty Importance Matrix</u>, to provide clarity of which actions to select. We recognize that some of the suggestions in the checklist have cost implications (such as translation services and covering open access publication costs). We encourage KM teams to plan and budget for such costs and to prioritize and scale solutions to the resources available. In situations where resources are scarce, consider incorporating the equity suggestions that will have the greatest reach for the most historically marginalized audiences.
- Assess progress against your action plan and decide if new actions can be taken in the future to further integrate equity in your KM initiative.

Have questions or feedback about this checklist?

We invite you to contact us at KMCollection@knowledgesuccess.org to let us know how you have used the checklist in your work and to share what is working well and what could be improved.

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In addition to the Building Better Programs guide, the checklist draws on guidance from the Gender Strategy for the Knowledge SUCCESS Project, Gender, think-tanks and international affairs, USAID's Suggested Approaches for Integrating Inclusive Development Across the Program Cycle and in Mission Operations, and the Health Communication Capacity Collaborative's "Integrating Gender into Social and Behavior Change Communication" checklist.

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