

The Knowledge Management Pocket Guide

FOR GLOBAL HEALTH PROGRAMS
SECOND EDITION

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This guide is part of The Knowledge Management Collection, a family of resources designed for the global health workforce to help them understand, use, and train others on knowledge management approaches, tools, and techniques.



The Knowledge Management Road Map

A five-step systematic process for generating, collecting, analyzing, synthesizing, and sharing knowledge, the Knowledge Management Road Map guides the global health workforce in applying knowledge management systematically and strategically in their programs.



The Knowledge Management Pocket Guide for Global Health Programs

The Pocket Guide provides a basic overview of the Knowledge Management Road Map and serves as a quick reference on key steps for applying the Road Map to global health programs.



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.



Knowledge Management Training Package for Global Health Programs

Comprising trainer's guides, presentation slides, exercises, tools, and templates, the Knowledge Management Training Package is a comprehensive set of training materials to develop the skills and capacity of global health program staff in the systematic knowledge management process and in specific knowledge management approaches, such as share fairs and content management.

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

About This Guide

Do you need to better coordinate global health activities among many stakeholders? Want to make sure the latest guidelines are put into practice? Need to improve provider performance?

This Pocket Guide provides global health program staff across the health system—from frontline health workers and clinic providers to program managers, policy makers, and donors—an overview of how to use knowledge management (KM) to get the information and know-how they need, when they need it, to enhance their health programs, and ultimately help save and improve clients' lives. KM has been applied at both the organizational and program levels to improve employee performance, catalyze innovation, and facilitate collaboration and knowledge sharing. KM helps to:

- Optimize scarce resources
- Reduce duplication of effort by mapping who is doing what
- Ensure those working in geographically dispersed locations are effectively communicating and coordinating with one another

This revised edition of the Pocket Guide, intended for any member of the health workforce whose work involves managing and sharing knowledge, provides a broad overview of how to apply KM and how to integrate equity principles and practices into KM systems and processes for better and more equal outcomes across health workforce members. The steps outlined within this guide can be applied to any project or program, no matter how big or small your budget or what level you are focused on. Refer to the [Building Better Programs](#) guide for more detailed guidance and to the [companion checklist](#) for a practical tool to help you integrate equity as you design, implement, and monitor your KM interventions.

KM is the systematic process of collecting knowledge and connecting people to it so they can work more effectively and efficiently. It is based on people, processes, and technology but is inherently a social science that focuses most on people and the way they interact and share knowledge with each other.

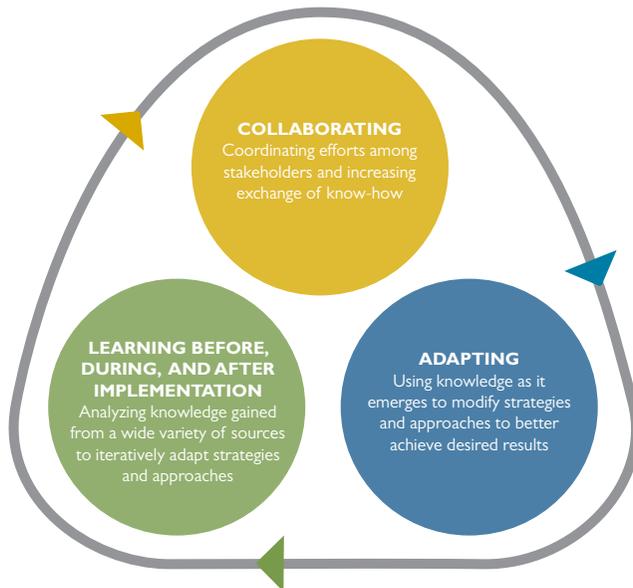
Equity in KM for health programs is the absence of unfair, avoidable, and remediable differences in knowledge creation, access, sharing, and use among groups of health workforce members, whether those groups are defined socially, economically, or environmentally. Equity in KM is achieved when all people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

The Knowledge Management Road Map

The **Knowledge Management Road Map** is a five-step systematic process for generating, collecting, analyzing, synthesizing, and sharing knowledge in global health programs. The Road Map focuses on KM as a process, not just a single product or activity, and thus can guide you from ad-hoc KM activities to using KM **strategically** and **systematically** in your global health programs.

As you use the Knowledge Management Road Map, remember that systematic processes are also dynamic. You may follow the Road Map in a step-by-step direction, or find that you need to loop back to a previous step, especially once you reach the Evaluate & Evolve step.

Three important cross-cutting concepts—collaborating, learning, and adapting—are woven throughout the Knowledge Management Road Map to support and enhance KM and ongoing learning for more effective program implementation. In addition, equity is a key consideration throughout all steps, as well as in broader KM systems and processes.



The KM Road Map



1

- **Step 1: Assess Needs** to understand the extent of the health program challenge and identify how KM may help solve it

2

- **Step 2: Design Strategy** to plan how to improve your health program using KM interventions

3

- **Step 3: Create and Iterate** using new KM tools and techniques or adapting existing ones to meet your health program's needs

4

- **Step 4: Mobilize and Monitor** by implementing KM tools and techniques, monitoring their effects, and adapting to respond to changing needs and realities

5

- **Step 5: Evaluate and Evolve** to explain how well you achieved your KM objectives, identify factors that contributed to or hindered your intervention's success, and use these findings to influence future programming

First, an Introduction to KM Tools and Techniques

KM tools and techniques can range from activities that focus on collecting knowledge—such as databases and resource centers—to connecting people to that knowledge through, for example, communities of practice, conferences, or social media. They also can focus on pushing knowledge to key audiences—through press releases and publications, for instance—to enabling audiences to pull the content they need through, for example, search features (see Figure 1).

These two continuums create a matrix in which KM tools and techniques can be thought of in terms of the broad approaches they use in the KM cycle to generate, capture, and share knowledge:

- **Asking** approaches for eliciting tacit knowledge—the “know-how” in people’s heads
- **Telling** approaches for conveying knowledge to defined groups of people
- **Publishing** approaches for sharing explicit knowledge—knowledge that is in a format that can be easily stored and shared with others
- **Searching** approaches to allow people to pull the information they need, when they need it

Taken together, these different approaches complement each other, and effective KM strategies will often use multiple approaches. Furthermore, some specific KM tools and techniques (such as mobile phone applications or storytelling) can straddle different sides of each continuum depending on how they are used.

What do we mean by ‘audience’?

In global health programs, the audiences are typically those affected by the health problem, but in KM for global health programs the audience is the global health workforce—in other words, the people who have an interest in solving the health problem. These can include internal project or organizational staff members as well as external partners, networks, and the broader global health community.

FIGURE 1

The KM Tools and Techniques Matrix



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

Equity in KM

To ensure effective KM, all global health workforce members must engage in knowledge creation, capture, sharing, and use, 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.

Power and privilege imbalances, however, result in unfair differences in knowledge access, creation, sharing, and use among groups of health workforce members. For example, the emphasis on traditional research methods and the exclusion or devaluation of experiential knowledge reflects the power imbalances inherent in the global health field whereby those from high-income countries have typically decided the “appropriate” forms of knowledge generation and exchange. Programs must therefore address these avoidable and remediable differences, which may require providing greater support or resources to disadvantaged groups in order to achieve more equal KM outcomes across all health workforce members.

To attain **equity in KM**, programs should apply an equity lens throughout all steps of the Knowledge Management Road Map:

- First, consider who might be experiencing inequity in KM systems and processes, taking into account social, economic, and environmental categories of people's identities (see Table 1), as well as which aspects of KM systems and processes are not being delivered equitably (Step 1: Assess Needs).
- Then, design and implement KM interventions that address the barriers and root causes of inequity (Step 2: Design Strategy and Step 3: Create and Iterate).
- Finally, monitor and evaluate implementation of the KM intervention and make any necessary midcourse corrections to ensure all people can engage in the intervention (Step 4: Mobilize and Monitor and Step 5: Evaluate and Evolve).

TABLE 1

Identities and Groups Who May Experience Inequity in Knowledge Management, by Category

| Categories | Illustrative Identities | Illustrative Groups |
|----------------------|--|---|
| Social | <ul style="list-style-type: none"> • Age • Race • Ethnicity • Physical ability • Sex assigned at birth • Gender identity • Sexual orientation • Religion • Nationality • Language • Education | <ul style="list-style-type: none"> • Younger staff, sometimes older staff • Black, Indigenous, and People of Color • Staff with physical disabilities • Women or non-binary staff • LGBTQIA+ staff • Religious minorities • Staff in low- and middle-income countries • Staff whose preferred language is not the official national language • Staff with no formal education or lower education |
| Economic | <ul style="list-style-type: none"> • Income • Occupation (including functional level/ classification, division/ department, seniority) | <ul style="list-style-type: none"> • Lower-paid staff • Junior staff • Interns or students |
| Environmental | <ul style="list-style-type: none"> • Geographic location (e.g., urban/rural, work location) • Level of the health system | <ul style="list-style-type: none"> • Staff in rural areas • Staff at sub-national levels of the health system |

Adapted from High Impact Practices in Family Planning (HIP). Creating Equitable Access to High-Quality Family Planning Information and Services: A Strategic Planning Guide. Washington, DC: HIP Partnership; 2021.

Assess Needs

STEP

1

In this step you will:

Begin to understand the extent of the health program challenge you are facing and identify how KM can help solve it. Even if you have limited time or resources, you can still gather useful information quickly and easily by, for example, reviewing existing data and consulting with key stakeholders.



How to Integrate Equity

Analyze the ways in which knowledge needs, barriers, and opportunities may vary depending on people's identities to inform the design of more equitable KM interventions.

Assess Needs:

1. Identify the health problem that KM can help solve.

Define how KM can help address the specific aspects of the problem that have knowledge-sharing implications, such as having a more efficient and effective mechanism to share best practices and lessons learned across program staff.

2. Define the audience of your needs assessment. Be specific.

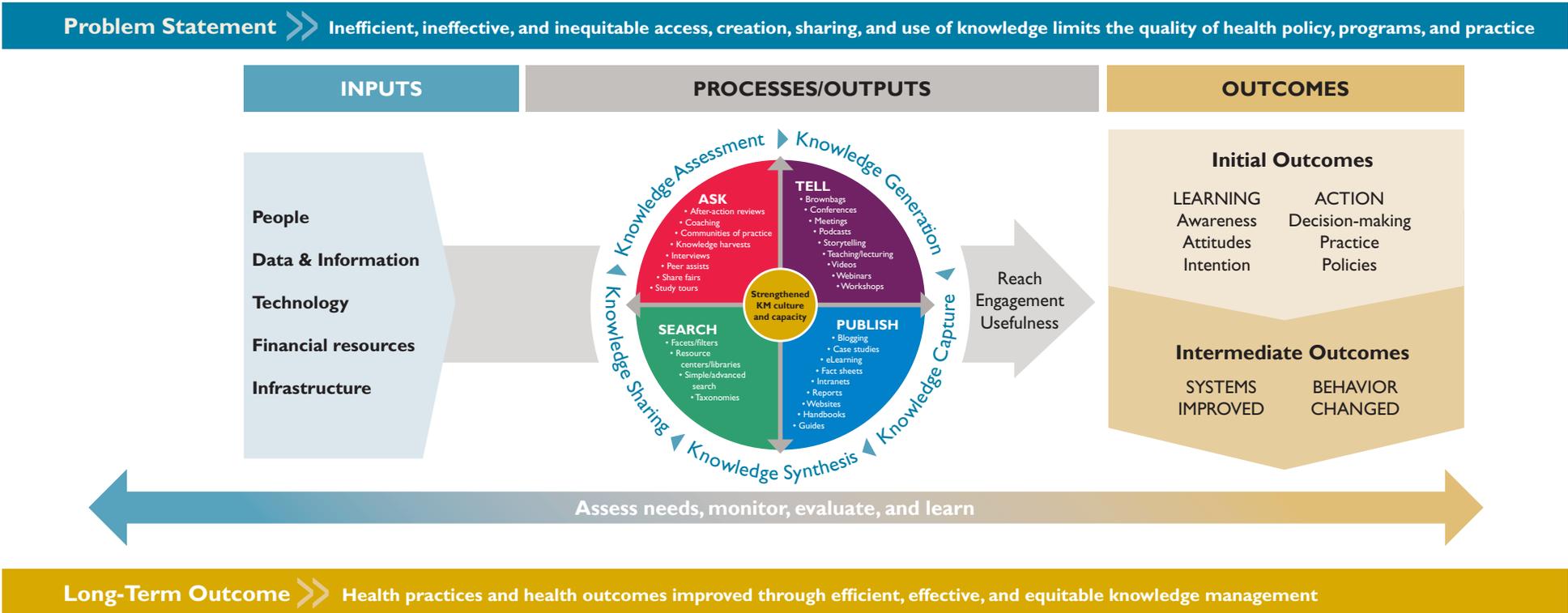
For example, are you focused on health care providers or their supervisors? At what level of the health system do they operate? Why are you selecting one audience over another? Make sure to analyze ways in which knowledge needs and barriers may vary by geographic location, age, sex, gender, race, ethnicity, or other identity and whether any of the barriers are due to power and privilege differentials in KM systems and processes that should be remedied.

3. Decide what key questions you want the needs assessment to answer. Common questions center around the types of information a particular audience needs, the ways in which the audience currently accesses information, and facilitating factors and barriers the audience faces in accessing, sharing, and using the information. As you define your needs assessment questions, refer to the equity prompts in the Knowledge Management for Global Health Logic Model (see Figure 2).

4. Select and implement the appropriate methods to answer your key questions. First, conduct a desk review to uncover what is already known. When using existing data, however, be sure to critically analyze whose knowledge needs may be missing from those sources and how you might collect the missing data. To fill gaps, you can use common methods for collecting data on knowledge needs including interviews with key informants, surveys, focus group discussions, Network Mapping, and social norms mapping tools.

5. Analyze and synthesize the needs assessment findings. Much of the data will probably be qualitative in nature, so you will likely use content analysis approaches to highlight interesting, meaningful patterns or unique themes. Consider using the Knowledge Management for Global Health Logic Model as an organizing framework to classify and organize the data into key equity-related themes and concepts. Synthesize your findings in a suitable format, which can be as formal as a needs assessment report or as simple as a short brief or memo.

FIGURE 2 Knowledge Management for Global Health Logic Model



Key Equity Prompts

INPUTS

Whose **voices** are included or excluded in KM systems?

What kinds of **data and information** are being captured, and who makes those decisions?

What kinds of information and communication **technologies** do people use, and does use vary by their identities?

How much **funding** and **time** are allocated to KM and to making KM equitable?

PROCESSES

What is considered knowledge, and **who** makes those decisions?

Who is involved in the different stages of the KM cycle: **generating > assessing > synthesizing, capturing > sharing knowledge?** Consider how power and privilege influence these decisions.

With whom is knowledge shared, **how**, and in what **forms**? Are the methods and forms tailored to people's unique needs?

Are there **policies and regulations** or gender and other social **norms** that influence the flow of information?

OUTPUTS

Availability
What types of KM tools and techniques are **available**? What types are **used** by people of different identities?

Is there a **mix** of online and interactive tools and techniques to meet people's unique needs?

Acceptability
Does the content use an appropriate **tone** for the specific audience? Does it avoid stereotyping people or reinforcing inequitable social norms or power dynamics?

Are **culturally relevant** examples used?

Do KM events respect the different **cultures** of attendees?

Accessibility
Who has access to the KM tools and techniques, and are there differentials based on people's identities? Consider **cost, format, language, timing, and technology**.

Quality
Are the KM tools and techniques of **high quality**? Is the information scientifically **accurate** and **recent**?

Are the KM tools and techniques, and the information included within them, **relevant** to people's specific needs (e.g., includes context-specific examples and details on the "how")?

STEP 1

ASSESS NEEDS

OUTPUTS

- Synthesis of needs assessment findings that describes the health problem, your audience's perception of their knowledge needs, and your understanding of the problem's causes, facilitating factors, and possible solutions. An inclusive synthesis of the findings will draw out the particular KM needs of and barriers experienced by key subgroups of interest by reflecting on their intersectional identities, such as ethnicity, gender, language, or educational status.



Learning Before, During, and After Implementation

BEFORE starting any KM intervention, program staff should use needs assessment findings from the *Assess Needs* stage to understand the specific health situation and the context—critical knowledge that informs the *Design Strategy* phase. From there, learning continues as staff create, test, and refine KM tools and techniques.

DURING implementation, staff members should collect and analyze monitoring and evaluation data, and they can use KM approaches, such as after-action reviews, to reflect on progress and make midcourse corrections.

AFTER implementation, staff members can use program findings and lessons learned to adapt activities for the next cycle or for other KM interventions or programs. Throughout the program cycle, staff and partners are also “learning by doing” with hands-on capacity-strengthening activities that improve their KM knowledge and skills.



Using KM to Translate Family Planning Evidence Into Advocacy in Indonesia

The Problem: In many areas of Indonesia, the contraceptive method mix is highly skewed toward short-acting methods.

The Improving Contraceptive Method Mix (ICMM) Project (2012–2016) conducted research on family planning attitudes and information needs to improve advocacy efforts around long-acting reversible contraceptives (LARCs) and permanent methods (PMs). KM was the bridge between the research and advocacy efforts.

Key Questions: What kinds of family planning information do service providers and decision makers need? Is this information available in local languages? Which KM channels do they use to share knowledge? Are there differences by job function or other identities? What are the barriers and facilitating factors they face in accessing, sharing, and using health information?

Needs Assessment Methods: Baseline LARC and PM Knowledge, Attitudes, and Practice survey; informal stakeholder interviews; desk review.

Findings:

- **Types of information needed:** Providers needed information about medical eligibility criteria for contraceptives. Local decision makers needed to know how to create an enabling environment to provide LARCs and PMs.
- **KM channels:** Program managers and providers used regional exchanges, stakeholder meetings, online communities of practice, and partner websites. Local decision makers preferred in-person meetings, email, and mobile phones. They also preferred information in their local language, rather than Bahasa Indonesia or English (which were not spoken by all communities).
- **Barriers and facilitating factors:** System for sharing information among district stakeholders was lacking, but informal networks within each district helped. Equity considerations revealed that limited internet connectivity and resources in most of the areas restricted the setup of an online sharing platform.

Design Strategy

STEP 2

In this step you will:

Create the strategy for how to improve your health program with KM, using the findings and recommendations that emerged from your needs assessment conducted under Step 1. This strategy will define the KM objectives, audiences, KM tools and techniques, appropriate information and communication technologies (ICTs), a budget and implementation plan, and a monitoring and evaluation (M&E) plan.



How to Integrate Equity

Consider equity challenges uncovered in the needs assessment as you develop your KM objectives, define the audience of your KM intervention, and decide on KM approaches. Ensure the KM team you assemble includes representation from diverse identities, including in leadership positions. Note that equitable KM requires strategic budgeting and resource management to ensure KM interventions reflect the needs of all health workforce groups for better outcomes.

Design Strategy:

- 1. Decide on KM objectives.** Revisit the results of your needs assessment to ensure your KM objectives are based on actual needs and address any equity challenges and root causes of those challenges raised during the assessment. You may need to develop different KM objectives for specific subgroups to ensure equity in your KM intervention. Choose three to five objectives and make sure they are SMART: Specific, Measurable, Appropriate, Realistic, and Timely. These objectives will likely be at the output level or the initial or intermediate outcome level (see Table 2).
- 2. Define your audiences.** Who are the intended users of the KM tools and techniques you are developing? Network Mapping can be a useful tool to help understand audiences, knowledge flows, and influence.

3. Ground the KM intervention in a relevant theoretical framework. The theory you choose will depend to a large extent on the particular objectives of your KM intervention. Examples of frameworks and theories relevant to KM include Bloom's taxonomy of learning, diffusion of innovations, ideation, and stages of change.

4. Decide on KM tools and techniques and appropriate ICTs. Refer to Figure 1 for examples of specific KM tools and techniques that might be appropriate for meeting your audience's needs and accomplishing your objectives. Also decide on what kinds of ICT support, if any, you will need to help you with storing knowledge or with expediting retrieval and sharing of that knowledge. Remember to choose ICTs that are appropriate for the given context and to "meet people where they are." Typically, effective KM interventions use a mix of tools and techniques, including ones that collect knowledge and connect people to that knowledge, in order to engage people's diverse learning preferences and knowledge needs in different ways.

5. Develop a budget and an implementation plan. In general, plan to allocate about 10% of your overall project budget to KM. Remember to budget for equitable elements in your KM intervention, such as language translation and interpretation costs. With a budget in hand, you can then develop the implementation plan that defines who will conduct the activities and when. Promote opportunities for diversity within KM teams, including to leadership positions. If you are assembling a new team, it may be helpful to draft a simple project agreement that clearly articulates the team members, the project goal, roles, and responsibilities.

HOW TO PRIORITIZE KM APPROACHES

You do not need to implement all the KM tools and techniques mentioned in this guide to do KM effectively. Instead, you should implement the most important and feasible KM approaches that will meet your audience's knowledge needs, especially the most underrepresented audience members. Prioritization tools, such as the [Importance/Difficulty matrix](#), can help you decide which KM approaches to select.

EQUITY CONSIDERATION FOR ICTS

Take into account the different levels of access to ICT that subgroups of your audience may have when deciding on KM tools and techniques and the required ICT support. For example, women, men, and individuals of other gender identities in low- and middle-income countries do not have equal access to the internet, and subsequently to web-based KM platforms including social media and electronic mailing lists.

- 6. Develop a monitoring and evaluation plan.** Your M&E plan, developed at this early stage, will be used throughout implementation to measure progress, identify challenges, and adapt accordingly. M&E plans typically describe the aspects of the KM intervention that will be monitored, how and how often the activities will be monitored, indicators to measure progress toward outcomes, data sources, how success will be defined, and the evaluation design to assess overall impact, if applicable. Ensure the M&E plan specifies that data should be disaggregated by sex, age, and other factors that represent your audiences' identities and that are relevant to your program context. See Step 4 and Step 5 for more information.
- 7. Bring together relevant stakeholders to launch the KM intervention.** Once you have created your KM strategy, bring together your stakeholders across all levels of the work setting to launch the intervention. This will help ensure everyone understands their own and each other's roles and how their activities contribute collectively to the larger vision.

STEP 2

DESIGN STRATEGY

OUTPUTS

A KM strategy that all team members can use to map out their activities and refer to for direction as the KM intervention unfolds.



CROSS-CUTTING CONCEPT: COLLABORATING

We currently live in a fast-paced, knowledge-driven world where resources are scarce, work is dispersed across geographic boundaries, contexts are complex and often-changing, and stakeholders are involved at every level. Collaboration is needed to make the best use of limited resources and achieve maximum impact. KM tools and techniques (see Figure 1) are critical for effective collaboration—to know how to work best with others, to avoid duplicating efforts and outdated practices, and to routinely share knowledge about what works and what does not work.



TABLE 2

Sample Objectives at Different Program Outcome Levels

| Outcome Level | Description | Sample Objective |
|-----------------------------|--|--|
| Output | KM tools and techniques that can be measured in terms of reach , engagement , or usefulness | Reach: Checklist in multiple languages (specify preferred languages of your audience) synthesizing essential birth practices developed and distributed to all birth attendants in 20 project districts |
| Initial Outcome | Benefits to users of the KM tools and techniques related to improving their: Learning: awareness, attitudes, or intentions Action: decision making, practices, or policies | Learning: At least 80% of birth attendants in 20 project districts who attend a training workshop that uses the checklist say they intend to incorporate it into their work Action: More than 80% of birth attendants adhere to essential birth practices using the checklist within one year of training on use of the checklist |
| Intermediate Outcome | Improvements in: Health systems (better access, coverage, quality, safety) Client behaviors | At least 80% of the facilities in the 20 project districts score at least 20% higher on a quality index one year after a comprehensive quality improvement project that includes training birth attendants on use of the checklist |
| Long-Term Outcome | Improvements to the ultimate health outcomes your overall program is trying to achieve | Reduce facility-based maternal deaths in the 20 project districts by 2% one year after implementation of the quality improvement project that includes training birth attendants on use of the checklist |

Key Components of ICMM's KM Strategy

KM objectives for 2013:

- By April 2013, create/revitalize district-level working groups of 5–7 family planning champions, ensuring balanced gender and geographic representation, in each district (6 districts total) that meet monthly to share knowledge and help members advocate for funding and supportive policies.
- By September 2013, hold 6 research dissemination meetings to discuss baseline research findings in local languages and help district working groups determine priorities in meeting contraceptive demand.
- By October 2013, conduct 6 Network Mapping exercises that can be used to develop tailored advocacy work plans.

Audiences: The primary audience for the KM activities was members of the district-level working groups.

Theoretical framework: Diffusion of innovations theory: change agents are facilitators of innovation; innovation moves throughout the social system over time

KM tools and techniques:

- Network Mapping to identify gender and power structures related to information flows between community actors
- Regular district working group meetings in local languages to facilitate information sharing
- Fact sheets and research briefs in Bahasa Indonesia and English and without jargon, tailored to the district/community level, to help decision makers make decisions

ICTs: Relatively low-tech, focusing on electronic mailing lists and websites to ensure reach to those in more remote areas

Budget: Roughly 10% of the project's budget was for KM activities.

M&E plan: Sample monitoring indicators included number of dissemination meetings held and number of research briefs produced.

Launch events: Held in early 2016 in each project district, during which the ICMM team introduced the research, advocacy, and KM components to the district working groups.

Create and Iterate

STEP 3

In this step you will:

Develop new KM tools and techniques or tailor existing ones (see Figure 1) to meet your audiences' knowledge needs, fill gaps identified in the needs assessment stage, and achieve the objectives you set forth in your KM strategy.



How to Integrate Equity

Gather a diverse and interdisciplinary team and consider the four essential elements of effective and equitable KM tools and techniques (available, accessible, acceptable, quality). Create spaces for continuous, participatory, non-hierarchical, and inclusive feedback—both from team members and diverse audience members.

Create and Iterate:

- 1. Identify your KM team.** This team may tap into a mix of skills and expertise, including subject-matter experts, writers and editors, research assistants, communications staff, ICT staff, graphic designers, librarians, meeting facilitators, and project managers. You do not necessarily need to have internal capacity for all these skills; sometimes it might be more efficient and effective to outsource defined tasks. As you assemble your KM team, identify opportunities for roles to be filled by people of different identities, especially those who are traditionally underrepresented. Ensure women or other groups who commonly experience inequities are not automatically forced into administrative roles.
- 2. Draft the KM tools and techniques.** See Figure 1. User personas or audience profiles—reliable and realistic representations of your key audience segments—can help writers, designers, and other KM team members during the design and development phase.
- 3. Test or gather feedback about the KM tools and techniques, revise, and retest.** For electronic products, prototypes can be used for expert review and audience pretesting. For KM events, such as webinars

EQUITY TIP

As you develop your KM tools and techniques and gather feedback, consider the four essential elements of effective and equitable KM tools and techniques—they should be:

- Available to all members of your intended audience
- Accessible to everyone at no or reasonable cost and consistent with their needs
- Acceptable in that they are respectful of culture and sensitive or responsive to people's identities and do not reinforce inequitable gender and other power dynamics
- High quality—that is, accurate, up-to-date, unbiased, and relevant

Refer to the [companion checklist](#) to help you assess equity-related strengths and weaknesses in your KM intervention.

and knowledge cafés, this step might involve drafting agendas and presentations. Using an iterative process, steadily refine the initial versions of the KM tools and techniques based on audience feedback. Changes are easier and less expensive during the earliest development stages. Retest to ensure key issues uncovered have been resolved.

4. Finalize the KM tools and techniques.

Once you have solved any major problems in usability or design, worked out the content, and/or settled on any necessary logistics, it is time to prepare to implement your KM tools and techniques. Make sure you have a plan to update them over time, as the need arises and resources allow.

STEP 3

CREATE AND ITERATE

OUTPUTS

- Effective and equitable KM tools and techniques that meet the four essential elements for effectiveness and equity (available, accessible, appropriate, and quality) and are ready for dissemination or implementation

ICMM Creates KM Tools and Techniques

KM team: The ICMM project manager, serving as KM lead, worked with the project director, principal investigators, and regional program officers to synthesize and produce materials.

Draft KM tools and techniques:

- **Concise fact sheets and briefs**, in Bahasa Indonesia and English, summarized key family planning indicators and funding for each district and messages that government authorities could use to promote family planning
- **Case studies** highlighted challenges, solutions, and local partners. The case studies were tailored to include local data and examples and were discussed during in-person meetings to ensure comprehension.
- Capacity-strengthening **workshops** and discussion sessions improved knowledge about key family planning topics
- **Listserv** designed to share practical information with each district working group
- Annual **share fairs** planned to share advocacy lessons learned and solve challenges, with gender balance among participants, speakers, and facilitators
- Family Planning Voices **storytelling** interviews conducted with individuals involved in ICMM's district-level work to share lessons learned and success stories; the storytelling format helped ensure women's voices were included, especially those who were sometimes hesitant to do formal presentations at events.

Test, revise, retest: District working groups gave feedback to ICMM staff about the tools and techniques at their working group meetings. With their feedback, ICMM staff tailored fact sheets to include more provincial- and district-level information. The online portal or discussion forum initially envisioned by the project to facilitate sharing of lessons learned between and among the working groups was replaced with interactive share fairs after the members expressed preference for in-person meetings.

Finalize KM tools and techniques: ICMM staff finalized the tools and techniques after obtaining feedback and revised the resources at least once a year throughout the project period, or more often if new information emerged.

Mobilize and Monitor

STEP 4

In this step you will:

Implement the KM tools and techniques you developed in the *Create and Iterate* stage, monitor their use, and adapt as necessary to ensure you reach your KM objectives and ultimately improve your health program.



How to Integrate Equity

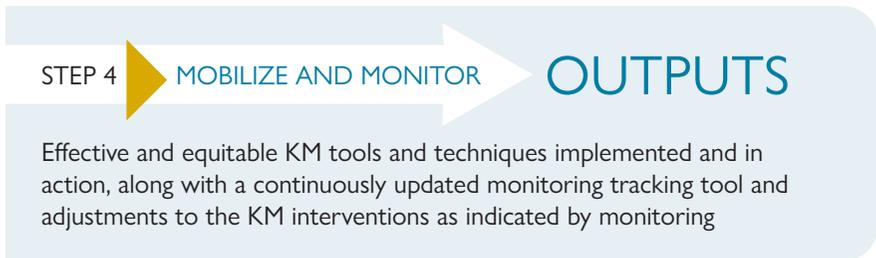
Disaggregate monitoring data by the relevant identities of your audience (e.g., sex, gender identity, ability, geographic location, age) to monitor for equity, while also reflecting on how different identities interact to create unique challenges and/or opportunities for engagement with the KM intervention.

Mobilize and Monitor:

- 1. Implement your KM intervention and keep the team updated.** Set up routine meetings and other avenues for routine and ad hoc communication with KM team members. Encourage an environment of sharing knowledge about what has and has not been working well and of asking for suggestions on how to improve processes. Also support your team to integrate equity through conversations about gender equity, power, and identity as they relate to knowledge and KM.
- 2. Review progress toward KM objectives.** Refer back to your M&E plan (developed in Step 2) and routinely track your program's inputs, processes, and outputs to help quantify what has been done, who has or has not been reached, and who has acted on the appropriate knowledge. Pairing this monitoring data with other KM tools and techniques, such as after-action reviews, can help foster discussions about what changes might be needed to keep the initiative on track and to ensure more equitable KM. Disaggregate

monitoring data by the relevant identities of your audience (e.g., sex, gender identity, language) to help reveal any inequities in the KM tools and techniques.

- 3. Adapt as necessary.** Monitoring data are only valuable if they are used to inform decision making and enhance performance. Using data intentionally to fine-tune and adapt projects and activities takes time and reflection. Some teams can benefit from scheduling regular meetings to purposefully reflect on new learning that is emerging and to discuss equity across the project's KM tools and techniques.



CROSS-CUTTING CONCEPT: COLLABORATING

Continuously adapting to contexts and conditions is a key underpinning to project learning that takes place across the Knowledge Management Road Map. Learning and adapting are two sides of the same coin: learning from different time points in the project cycle naturally gives rise to adaptations (big and small) to ensure that scarce resources are well spent and that the resources yield the maximum impact. Such adaptations can include testing new approaches, building on what works, and eliminating what has not worked. All forms of knowledge should be used to adapt projects and activities, including but not limited to monitoring data, evaluation findings, implementation lessons, and observations.



STEP 4 >> IN ACTION

District Stakeholders Use Knowledge to Advocate Increased Access to LARCs and PMs

Implement and update team: Jakarta- and Baltimore-based teams met weekly via Skype to discuss operational and project management issues; partners met monthly to review progress, share research and monitoring results, and discuss challenges and lessons learned from the district working groups.

Review progress toward KM objectives: Monitoring data collected every 6 months helped track the project's processes including how many fact sheets were produced, how many participants attended share fairs, and how many workshops were held.

Adapt as necessary: ICMM team shifted focus from online forums to in-person share fairs based on monitoring feedback. Furthermore, after the first share fair, subsequent share fairs included more time for district work planning based on feedback received from participants. Because the first share fair had only one woman speaker and no youth participants, the team made a concerted and successful effort to engage women speakers and youth participants for subsequent share fairs. This inclusive approach resulted in the district working groups being more intentional about considering young women's issues, including incorporating adolescent data in their overall district goals.

Evaluate and Evolve

STEP 5

In this step you will:

Assess how well you achieved your KM objectives to improve your health program, identify factors that contributed to or hindered success, and use the findings to influence future programming. While monitoring can be used to track changes in key outcomes over time, an evaluation is needed to determine whether any of these changes can be attributed to your intervention. However, not all KM interventions will have the resources or the need to conduct a formal evaluation.



How to Integrate Equity

Qualitative, complexity-aware evaluation methods may be well-suited to identify equity-related changes in your KM intervention. Share the insights and lessons learned from integrating equity principles and practices in KM widely with diverse stakeholders to inform the growing field.

Evaluate and evolve:

- 1. Decide which program outcomes to measure.** KM can have an influence on three outcome levels: **initial** (changes in health professionals' knowledge, attitudes, and practice); **intermediate** (changes in health systems and/or client behaviors); and **long-term** (changes in health outcomes). It is expected that equitable KM interventions will lead to better outcomes. Most KM interventions focus on improving initial outcomes, and sometimes intermediate outcomes. It is often difficult to show impact on long-term outcomes, particularly since KM tools and techniques generally work in concert with other public health activities, such as those focused on service delivery, logistics, or training.
- 2. Choose the evaluation design.** Strong evaluation designs take before-and-after measures of key indicators to identify changes over the duration of an intervention. Strong designs also have an intervention group and a

comparison group (one that is not exposed to your KM activities) to help assess what would have happened in the absence of your KM intervention. But there are ways to strengthen your evaluation design if these elements are not possible. For example, you can measure exposure of your participants to the KM intervention or collect data from the same participants at multiple times during the intervention.

- 3. Collect, analyze, and synthesize the evaluation data.** Surveys, in-depth interviews, and focus group discussions are common data collection approaches, and you will likely obtain both quantitative and qualitative data. Qualitative, complexity-aware methods, such as Outcome Mapping or Most Significant Change, assess change as an incremental process instead of an endpoint and final product and could therefore make them well-suited to identify equity-related transformative changes.
- 4. Share evaluation findings with key stakeholders.** You may want to consider several types of materials or methods for sharing your findings depending on your audience's needs and preferences. For example, journal articles, research briefs, infographics, case studies, and videos. Dissemination meetings should also be planned with key stakeholders with diverse identities, including those who participated in the KM intervention. Be sure to share any lessons learned and best practices for integrating equity principles and practices in KM widely to inform this growing field.
- 5. Promote use of evaluation findings in policy and practice.** Research utilization strategies can help you promote actual use of the evaluation findings. For example, engage stakeholders in the evaluation to increase ownership, identify champions who can advocate use of the results, and present results in a language that all stakeholders can understand. Consider selecting champions who can share their particular experiences from the social identities they hold (e.g., ability, gender identity, race/ethnicity) to give "life" to the research results or make the findings more tangible for those who do not share the same experiences. Also look to the future to ensure the KM strategy can continue to impact the health care system and lead to quality health programs: Is there a current project that can build off of these findings? Will the findings be used to design a new KM intervention?

STEP 5

EVALUATE AND EVOLVE

OUTPUTS

Published materials in a range of presentation formats to synthesize the evaluation findings, along with a dissemination event or series of events to share the findings with diverse audiences. The dissemination event is also an opportunity to solicit feedback from audiences to validate and better understand the findings and to discuss how to use the findings in policies, other programs, and practice.

STEP 5 >> IN ACTION

ICMM Shares Evaluation Findings and Lessons Learned

Measured program outcomes: Service provider and policy maker knowledge, attitudes, and practice around LARCs and PMs.

Evaluation design: Quasi-experimental evaluation with intervention groups (the 6 project districts) and comparison groups (6 non-randomly selected groups where no project activities were conducted) using baseline and endline quantitative surveys of currently married women of reproductive age

Synthesis of key findings:

- Women in intervention groups were more likely than those in comparison groups to recall correct messages about family planning and to have LARCs and PMs recommended by a family planning provider, suggesting improvement in provider knowledge.
- District working groups reported using the research briefs to advocate improved access to LARCs and PMs.

Share and promote use of findings:

- National-level dissemination meeting among district working groups, champions and stakeholders from the Ministry of Health, National Population and Family Planning Board, and other governmental bodies to discuss how to apply best practices from the project to future family planning projects in Indonesia
- Other formats: research briefs, photo slideshow, storytelling collection, case studies, and journal articles
- The findings informed other activities in Indonesia and the government scaled up the advocacy approach, including the KM elements such as share fairs, in other districts.

Acknowledgments

The Knowledge Management Road Map is an adapted version of the widely used P Process that was developed by the Johns Hopkins Center for Communication Programs (CCP) to provide step-by-step guidance for strategic health communication. The Knowledge Management Road Map and this guide draw on decades of collaborative work between CCP and the United States Agency for International Development (USAID) to share family planning and related global health knowledge around the world.

We gratefully acknowledge the writing contributions of Ruwaida Salem, Sarah Harlan, Sara Mazursky, and Tara Sullivan, as well as the additions related to equity in this revised edition from Ruwaida Salem, Reana Thomas, Lata Narayanaswamy, and Natalie Aparcar. We would like to thank the many individuals who provided valuable insights, contributions, or feedback on prior drafts of this guide and/or other parts of The Knowledge Management Collection, including: Afeefa Abdur-Rahman, Daniel Adero, Cindy Arciaga, Rebecca Arnold, Megan Avila, Anne Ballard, Mark Beisser, Piers Boccock, James Bon Tempo, Lauren Brusak, Sarah Burns, Jarret Cassaniti, Kate Cho, Joy Cunningham, Peggy D'Adamo, Sarah Davey, Shannon Davis, Sidhartha Deka, Debra Dickson, Andréa Ferrand, Heather Finn, Kathleen Fox, Elizabeth Futrell, Willow Gerber, Heidi Good Boncana, Beth Head, Kate Howell, Nandini Jayarajan, Lynette Kamau, Cynthia Kimani, Mwikali Kioko, Anne Kott, Sarah Kosgei, Amy Lee, Jordan Lesser-Roy, Rupali Limaye, Rachel Marcus, Lani Marquez, Cassandra Mickish Gross, Zema Mirza, Lyndsey Mitchum, Diana Mukami, Lisa Mwaikambo, Saori Ohkubo, Wycliffe Omany, Alex Omari, Luis Ortiz, JoAnn Paradis, Simone Parrish, Grace Gayoso Pasion, Alice Payne Merritt, Kate Plourde, Ida Rob, Jennifer Rodine, Libby Skolnik, Aissatou Thioye, Elizabeth Tully, and Carla Visser.

This guide is made possible by the support of the American People through the United States Agency for International Development (USAID) under the Knowledge SUCCESS (Strengthening Use, Capacity, Collaboration, Exchange, Synthesis, and Sharing) Project Cooperative Agreement No. 7200AA19CA00001 with The Johns Hopkins University. Knowledge SUCCESS is supported by USAID's Bureau for Global Health, Office of Population and Reproductive Health, and led by the Johns Hopkins Center for Communication Programs (CCP) in partnership with Amref Health Africa, the Busara Center for Behavioral Economics (Busara), and FHI 360. The information provided in this guide is the sole responsibility of Knowledge SUCCESS and does not necessarily reflect the views of USAID, the United States Government, or The Johns Hopkins University.

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Suggested citation: Salem RM, Harlan SV, Mazursky SF, Sullivan TM. The Knowledge Management Pocket Guide for Global Health Programs. 2nd ed. Baltimore, MD: Knowledge SUCCESS Project, Johns Hopkins Center for Communication Programs; 2022.



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