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Sustaining Technical and Analytic Resources

Capacity Assessment Toolkit for Enhanced Knowledge Sharing

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SUSTAINING TECHNICAL AND ANALYTIC RESOURCES

Sustaining Technical and Analytic Resources (STAR) is a project of the Public Health Institute implemented in partnership with Johns Hopkins University, the Consortium of Universities for Global Health, and University of California at San Francisco.

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Acronym List

AP	Academic Partnerships (STAR's)
CAT	Capacity Assessment Toolkit
CLA	Collaborating, Learning, and Adapting
CUGH	Consortium of Universities for Global Health
GH	Global Health
KM	Knowledge Management
LMIC	Low- and Middle-Income Countries
STAR	Sustaining Technical and Analytic Resources
U.S.	United States
USAID	United States Agency for International Development

Overview

The goal behind creating the Capacity Assessment Toolkit (CAT) is that Sustaining Technical and Analytic Resources (STAR), a five-year project of the Public Health Institute, supported by the United States Agency for International Development (USAID), recognizes that when individuals and organizations have the knowledge and skills to achieve their missions, and actively translate that knowledge to practice, it benefits the global health sector overall. Academic institutions play an integral role in creating and disseminating knowledge for better global health service delivery, educating rising professionals and leaders, partnering to take advantage of technical expertise, and achieving more through multiplier effects. However, there are often systemic barriers that hinder information flows, and the CAT can begin to address some of these barriers.

One of STAR's Academic Partnerships (AP) team's efforts is to promote efficient knowledge generation and sharing practices. The aim is to sharpen technical knowledge by providing opportunities for institutions, both in the U.S. and low- and middle-income countries (LMICs), to learn from each other and exchange best practices. A key path to translating these efforts into reality is by promoting the use of knowledge-management (KM) and knowledge-sharing best practices, as well as Collaboration, Learning, and Adapting (CLA) approaches. KM and CLA have been adopted by USAID in order to help the Agency, and its partners, address development challenges through increased coordination and efficiency, and as such, institutions seeking to work with USAID should familiarize themselves with these concepts. STAR recognizes that these practices might not be as prevalent in academic institutions, particularly those situated in LMICs, often due to staffing, finances, infrastructure, human resources capacity, and/or time constraints. However, this tool can serve as not only an information resource about these concepts, and the utility of each, but as a self-assessment mechanism that can be used over a period of time to measure progress.

Under USAID's Bureau for Global Health, the STAR project supports the Agency's KM goals by employing a learning agenda, with a variety of people, processes, and technology-centric approaches to ensure open-access, efficient, and sustainable information-sharing practices between global health-interested individuals and academic institutions. STAR's KM Strategy highlights three questions that the project aims to understand:

1. How do institutions characterize their existing knowledge needs and/or gaps?
2. What other information do academic institutions need/want to learn?
3. What does successful knowledge management look like, e.g., best practices?

Objective

The objective of this toolkit is to assist academic institutions in assessing the critical elements of KM and knowledge sharing and to identify gaps or areas that may need improvement. The questionnaire was adapted from the Knowledge Management Capacity Assessment Tool[1] to be

[1] Ohkubo, S., Sullivan, T. M., Harlan, S. V., Timmons, B. K., & Strachan, M. (2013). *Guide to monitoring and evaluating knowledge management in global health programs.* Baltimore, MD: Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health. https://www.globalhealthknowledge.org/sites/ghkc/files/km-monitoring-and-eval-guide.pdf

more applicable to academic institutions. It also pulled elements from concepts raised in other KM-related toolkits noted in the Resources and References section. The self-assessment, beginning on page 8, breaks up institutional knowledge capacity into three key areas and seven indicators:

Key Areas

1. Knowledge Management and Leadership
2. Knowledge Access
3. Knowledge Generating and Sharing Capabilities

Indicators

1. Knowledge Management Systems
2. Knowledge Management Strategy
3. Leadership Behavior
4. Accessing Knowledge
5. Knowledge Exchange
6. Capturing Knowledge
7. Innovative Learning

All three of these key areas overlap in part; however, isolating them, examining key elements to consider implementing to strengthen systems, and measuring progress over time will lead to positive change. The goal is for institutions to create efficiencies and better practices to share information, resources, and technical expertise, internally and, ultimately, externally. This tool outlines a progression for how institutions and/or departments can aim to achieve optimal internal knowledge-capacity levels.

While the CAT was not specifically developed solely for STAR's Collaboration Laboratory, the project's facilitated approach to test, refine, and document what works and what does not in creating and sustaining academic partnerships will be a key assessment mechanism. During the experiments, in project year two, where four pairs of academic institutions will spend one working toward a concrete goal or objective, STAR staff will document their successes, challenges, best practices, and lessons learned. Each institution will be instructed to take the CAT as a baseline measure of its capacity to engage in KM and knowledge sharing. The results will serve as a starting point for knowledge sharing within the partnerships where STAR will provide KM guidance and expertise, potential systems/platforms to better disseminate information, and knowledge-sharing best practices. These resources can then be adapted and adopted internally within the institutions and, if relevant, by the partnership as a whole over the course of the 12-month period. At the end of the experiments, the institutions will be asked to complete the CAT once more to assess any changes to the three key areas. Not only will the CAT be a learning tool for the institutions, but it will allow STAR an opportunity to evaluate the time and effort required, as well as obstacles, that affect this type of knowledge-capacity change.

While this tool will help with partnerships, the idea is to look at how individual institutions initially can address internal changes, which will lead to better sharing with external parties. USAID's emphasis on KM and learning starts internally. As one of the goals of the project is to better involve academic institutions in USAID's activities, we view this tool as a way to introduce KM and learning principles to an audience who may be less familiar with them. Furthermore, the assessment is a way for professionals to improve their ability to access the most up-to-date information that is appropriate for their needs and geographic location, which will lead to better global health practice.

Definitions

In order to effectively use the CAT, a common understanding of terms is essential. Below are key working definitions.

Capacity building: "[A]ny action that improves the effectiveness of individuals, organizations, networks, or systems—including organizational and financial stability, program service delivery, program quality, and growth."[2]

Knowledge: "Knowledge is a resource—an input necessary to the success of any organization's activities. It is also a product—an outcome of experience that has value to others…. [I]n the field of health and development, knowledge is an asset most valuable when shared. To reach health and development goals, we need to continually identify knowledge, capture it, synthesize it, share it with various counterparts, help them to use it, and help to collect and share the new knowledge generated by that experience."[3]

Knowledge Management (KM): The "process of capturing, synthesizing, sharing, and effectively using individual and institutional knowledge. A key element of knowledge management is turning tacit knowledge—information that is often subconscious, internalized, and difficult to transfer from one individual or institution to another—into explicit knowledge—information that is conscious, readily transferable"[4] and able to be systematized. Some KM tools and examples include shared folders and libraries, as well as virtual or face-to-face workshops and seminars to promote knowledge generation and exchanges.

Knowledge Management Strategy: A plan of action/framework for how information will be managed.

Knowledge Generation: "[T]he formulation of new ideas through research, collaboration, and the innovation sparked through the merging of information, knowledge, and/or experiences."[5]

Knowledge Sharing: "Knowledge transfer within and among groups of people with common interests and goals."[6]

Knowledge Capture: "[C]onsists of the selection, cataloging, and storage of knowledge in systems and tools designed for specific purposes." For example, a searchable database.[7]

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[2] Management Sciences for Health (2010). Challenges Encountered in Capacity Building: A Review of Literature and Selected Tools, Position Paper No. 1, April 2010. Retrieved from URL https://www.msh.org/sites/default/files/as2_technicalbrief_1.pdf

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[4] STAR Knowledge Management Plan, December 2018.

[5] Ohkubo, Sullivan, Harlan, Timmons, & Strachan, 2013.

[6] Ohkubo, Sullivan, Harlan, Timmons, & Strachan, 2013.

[7] Ohkubo, Sullivan, Harlan, Timmons, & Strachan, 2013.

Instructions

The questionnaire is designed to be used at any time. It is a simple tool where an individual can check off, either electronically or by hand, and assess the current capacity level for each of the seven different indicators.

Who should complete?

- Those at an institution–whether at a program, department, and/or higher organizational unit level–who know about knowledge issues and have access to the requisite tools needed to make an assessment of the situation. Not all departments or institutions may have specific staff working on this function, so there is likely to be variability across institutions.
- Individual(s) possessing the ability to create leadership buy-in about KM and/or bring it to the attention of managers that could lead to change–following the assessment–would be beneficial.
- Multiple people can and should contribute to this assessment, including from the policy side, administrative staff, and program and/or partnership implementers. However, for ease of use, one individual should be selected to collect the group's feedback and complete the assessment.
- For the Collaboration Laboratory experiments, STAR envisions that each institution's point of contact for the knowledge-sharing exchanges would be best placed to take this assessment.

When to complete?

- The assessment can be taken at any time to create a baseline measure.
- Depending on the level of change that is taking place, the CAT could be taken on multiple occasions, ranging from six to 12 months.
- A different CAT can be utilized each time, but institutions can consult back to the baseline measure to track improvements.

Outcome of assessment?

- As institutions self-assess where they are within the seven indicators, they can identify mechanisms and characteristics to progress to the next level. By reading the descriptions of capacity within the assessment, there will be ideas for strengthening systems or processes for a given indicator, which can be implemented. In addition, institutions can consult the resources in the Resources and References section for further information and guidance. For example, institutions may want to consult the KM Strategy outline in Annex 1 to begin to develop one.
- The ideal outcome is for institutions to eventually reach the highest capacity (level four-strong) across all seven indicators.
- By using the results of the CAT, the STAR project will play an instrumental role in assisting with knowledge capacity-strengthening efforts through the Collaboration Laboratory experiments and other initiatives. STAR is aware that this is a learning and building process and change will take time.

Assessment Questionnaire

DATE COMPLETED: _____

INSTITUTION'S NAME: _____

TITLE(S) OR POSITION(S): _____

INDICATOR	QUESTION	DESCRIPTION OF CAPACITY			
		LEVEL 1 (LOW) ☐	LEVEL 2 (BASIC) ☐	LEVEL 3 (MODERATE) ☐	LEVEL 4 (STRONG) ☐
1. Knowledge Management (KM) Systems	**Does your department/ institution have a system to document and share knowledge, which will lead to greater learning overall and improvements?** *For example, are there proper filing and information systems in use to maintain records and for monitoring and evaluation purposes?*	*The department/ institution does not have a knowledge management system. No formal systems or systematic approach to document and share internal knowledge exists.*	*The department/ institution has an informal knowledge management system, but it is not well-organized or comprehensive to document and share knowledge.*	*The department/ institution has a formal knowledge management repository and system, which is used to document knowledge gained from program implementation and learning. However, the KM system is not widely known or well-utilized.*	*The department/ institution has a formal knowledge management repository and system, which is used to document and share knowledge gained from program implementation and learning. The KM system is well-designed, user-friendly, and comprehensive. All staff are aware of the system, trained in its use, and utilize it frequently. It is often used to inform program design and for*

					institutional learning.

INDICATOR	QUESTION	DESCRIPTION OF CAPACITY			
		LEVEL 1 (LOW) ☐	LEVEL 2 (BASIC) ☐	LEVEL 3 (MODERATE) ☐	LEVEL 4 (STRONG) ☐
2. Knowledge Management (KM) Strategy	**Does your department/ institution have a KM Strategy to guide and**	*The department/ institution does not have a framework or articulated KM strategy, but a few*	*The department/ institution does not have a framework or articulated KM strategy, but most*	*The department/ institution has a framework or KM strategy, but it is*	*The department/ institution has a clear KM framework and set of tools that are*

	manage its information and knowledge? For example, is there a strategy similar to the outline in Annex 1?	*people express that know-how is important to the institution.*	*people say sharing know-how is important to the institution's success. People are using some tools to help with this type of learning and sharing.*	*not being utilized appropriately.*	*widely communicated and understood. The framework and tools enable better information flows.*

INDICATOR	QUESTION	DESCRIPTION OF CAPACITY			
		LEVEL 1 (LOW) ☐	LEVEL 2 (BASIC) ☐	LEVEL 3 (MODERATE) ☐	LEVEL 4 (STRONG) ☐
3. Leadership Behavior	**How does your department/ institution's leaders view knowledge management?** *For example, does information flow in a timely and effective manner because of clear policies and procedures that are utilized by leadership?*	*The department/ institution's leaders do not prioritize knowledge management and best practices. The benefits are not clear to management, and proactive sharing is uncommon.*	*Some managers provide time to share and learn. However, knowledge management is seen solely as the responsibility of a specialist team.*	*The department/ institution's leaders view knowledge management as everyone's responsibility; a few positions are dedicated to managing knowledge. Knowledge exchange is valued.*	*Leaders in the department/institution recognize the key link between knowledge management and organizational performance. Leaders prioritize, reinforce it, and act as role models.*

INDICATOR	QUESTION	DESCRIPTION OF CAPACITY			
		LEVEL 1 (LOW) ☐	LEVEL 2 (BASIC) ☐	LEVEL 3 (MODERATE) ☐	LEVEL 4 (STRONG) ☐
4. Accessing Knowledge	**Do the resources you and your departmental/ institutional staff regularly consult provide access to your most up-to-date information needs?** For example, do you have access to all needed educational and research materials to do your work?	*Not typically*	*Occasionally*	*Adequately*	*Consistently*

INDICATOR	QUESTION	DESCRIPTION OF CAPACITY			
		LEVEL 1 (LOW) ☐	LEVEL 2 (BASIC) ☐	LEVEL 3 (MODERATE) ☐	LEVEL 4 (STRONG) ☐
5. Knowledge Exchange	**Does your department/ institution have a system or structure to promote knowledge exchange?** For example, are there routine meetings, report read-out sessions, clubs, lunches, or webinars to promote knowledge exchange among staff?	*There are no structured, formal mechanisms for knowledge exchange. Staff do not have time set aside to learn from what they are doing, share, or act creatively, and innovatively.*	*There are no structured, formal mechanisms for knowledge exchange, but staff informally share and learn from what they are doing on an ad-hoc basis.*	*Some structured, formal mechanisms exist for internal knowledge exchange. For example, After Action Reviews, training, workshops, presentations, meetings, mentoring, etc. However, knowledge-exchange mechanisms are not utilized regularly OR they are not utilized by all staff.*	*The department/ institution uses structured, formal mechanisms for internal knowledge exchange. For example, After Action Reviews, training, workshops, seminars, presentations, meetings, mentoring, websites, online learning, etc. Knowledge-exchange mechanisms are routinely utilized by staff, and time is set aside regularly to share and learn.*

INDICATOR	QUESTION	DESCRIPTION OF CAPACITY			
		LEVEL 1 (LOW) ☐	LEVEL 2 (BASIC) ☐	LEVEL 3 (MODERATE) ☐	LEVEL 4 (STRONG) ☐
6. Capturing Knowledge	**How does your department/ institution view the concept of capturing knowledge in an effort to lead to greater learning overall and improvements?**	*Some individuals take the time to capture their lessons learned and document them in a database. However, they are rarely updated, few contribute, and even fewer search this resource.*	*The department/ institution captures lessons learned after a project and looks for knowledge even before initiating efforts. The department/ institution has access to networks of knowledge internally, though they are not easily utilized.*	*Networks or departments take responsibility for the collection of knowledge in a common place and format, but it is not routinely updated. The institution encourages searching this knowledge database before beginning new efforts, but it is not routinely consulted.*	*The department/institution supports a system where knowledge is easily accessed and retrieved. Relevant knowledge is shared with all staff, constantly refreshed, and key points extracted. Networks or departments act as guardians of the knowledge.*

INDICATOR	QUESTION	DESCRIPTION OF CAPACITY			
		LEVEL 1 (LOW) ☐	LEVEL 2 (BASIC) ☐	LEVEL 3 (MODERATE) ☐	LEVEL 4 (STRONG) ☐
7. Innovative Learning	**How does your department/ institution view efforts to learn by doing?** For example, do program improvements and organizational learning occur based on staff sharing experiences?	*The department/ institution is conscious of the need to learn from what they do, but individuals rarely get the time.*	*People learn before doing and through program review sessions. They capture what they learn for others to access, but few people in the department/ institution access the information.*	*People can easily find out what the institution knows. Examples of sharing and using are recognized. Peers are helping peers across departmental boundaries.*	*The department/institution routinely builds in opportunities for learning. People are free to talk with others in the institution to encourage continuous learning. The institution has developed a common language, templates, and guidelines that lead to effective sharing.*

Guide to Analyzing Assessment Results

When using this tool for the first time, the self-assessment responses establish a baseline measure across the seven indicators. The following questions may help in understanding the results and determining next steps.

- In looking at the KM-related indicators, #1-3, were these levels equal or stronger than others?
- In looking at the access-related indicator, #4, is there room for improvement? By focusing on the KM and/or the sharing-related capacity-level indicators, could there be trickle-down effect, which would lead to better access?
- Overall, are there easily addressable issues that could be a starting point for improvement or prove to be the most useful?
- In looking at the sharing-related indicators, #5-7, were these equal or stronger than others that point to areas to focus on or strengthen?

Next Steps

- After an institution takes the assessment and creates a baseline measure based on the seven indicators, it can seek mechanisms, either through STAR or other resources (see Resources and References section below), that could assist with strengthening capacities. See Annex 2 for an action plan template and to get started.

- In addition, by creating more awareness about KM and knowledge sharing, institutions can begin to change the organizational culture around these concepts. Then, steps and systems can be created both virtually and physically to facilitate greater knowledge management and sharing efforts.

Annex 1: Guidance to Create a Knowledge Management (KM) Strategy

Below is an outline of key components that would be useful to include in a KM strategy.

1. Introduction
    a. This section should include a general overview/background of the KM landscape within the project or institution. Include what the KM strategy is setting out to do, its purpose, goals, and objectives.
2. Learning Agenda/Strategy
    a. Can be a set of learning goals for the project or institution. Consider framing the learning strategy using USAID's Collaborate, Learn, and Adapt (CLA) Model. You could also separate out individual learning and institutional learning.
3. Other Key Elements Within the KM Strategy
    a. Can include what types of resources you plan to develop and how/to whom you will disseminate them.
        i. For example, what are the internal and external collaborative learning mechanisms you plan to develop?
    b. Examples include website development, technical reports, research studies, literature reviews, briefs, promotional materials, success stories, fact sheets, learning courses, webinars, posters, presentations, videos, etc.
    c. KM Action Plan and Timeline
        i. Clearly identify project or institutional-wide resources, actions, and any guidelines needed to streamline the work, make project management systems and procedures more effective, e.g., communications strategy, a social media plan, guidelines, templates, branding and marketing plans, dissemination plans that identify key audiences, messaging guides, editorial style guides, writing tips, process documents, name filing and shared drive taxonomy, cheat sheets, orientation materials, checklists, etc.

Figure 1. USAID's CLA Framework

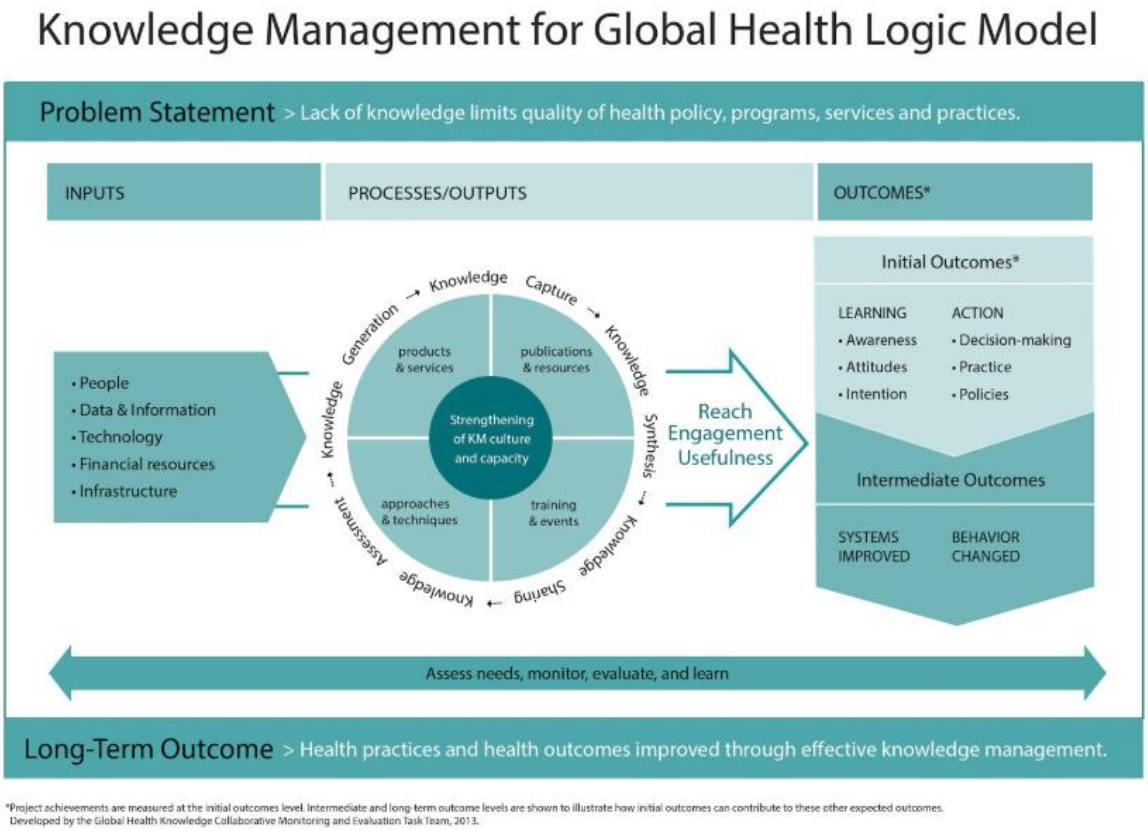
Annex 2: Template for Developing an Action Plan

1. Identify the priority problem(s). If there are multiple problems, complete an action plan for each priority problem identified.
2. Identify the root cause(s). Note that there may be multiple causes per problem.
3. Identify what actions are going to be taken to respond to each of the identified root causes. Identify problems that are beyond the scope of the institution to address. For each action, make sure to assign a target date, identify the person(s) responsible for managing the action, and identify how progress toward this resolution will be measured or tracked.
4. Report periodically on whether the improvement objective has been achieved.

Date Completed:				
Priority Problem(s):				
Root Cause(s):				
Action 1 (at least one per identified root cause):	Measured By:	Target Date:	Person(s) Responsible:	Reassessment Date:
Action 2 (at least one per identified root cause):	Measured By:	Target Date:	Person(s) Responsible:	Reassessment Date:
Other Problems:	Institutional:	Structural:	Barriers to resolution:	Mitigation Strategy:

Resources and References

In order to visualize how KM activities, including the inputs and processes, can lead to positive change and outcomes in the global health field, the below model is an effective guide. The Knowledge Management for Global Health Logic Model was developed by the Global Health Knowledge Collaborative Monitoring and Evaluation Task Team in 2013.[8]



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