

USAID APPLYING SCIENCE TO  
STRENGTHEN AND IMPROVE SYSTEMS

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USAID ASSIST Project

# Documentation and Knowledge Management Report FY13

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**DISCLAIMER**

This report was prepared by University Research Co., LLC (URC). The views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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For more information on the work of the USAID ASSIST Project, please visit [www.usaidassist.org](http://www.usaidassist.org) or contact [assist-info@urc-chs.com](mailto:assist-info@urc-chs.com).

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## Acronyms

ANPPCAN	African Network for the Protection and Prevention of Child Abuse and Neglect
AOR	Agreement Officer's Representative
APAC	Asia-Pacific Quality Forum
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
CHW	Community health workers
HCI	USAID Health Care Improvement Project
IJQHC	International Journal for Quality in Health Care
ISQua	International Society for Quality in Health Care
JHU-CCP	Johns Hopkins University Center for Communication Programs
KM	Knowledge management
LAC	Latin American and Caribbean
MCHIP	Maternal and Child Health Integrated Program
MDR-TB	Multidrug-resistant tuberculosis
MOH	Ministry of Health
PAHO	Pan American Health Organization
PHFS	Partnership for HIV-Free Survival
QI	Quality improvement
REPSSI	Regional Psychosocial Support Initiative
SIS	Support for Improvement Science
SMC	Safe male circumcision
SMGL	Saving Mothers Giving Life
TB	Tuberculosis
URC	University Research Co., LLC
USAID	United States Agency for International Development

**Request from USAID:** *On an annual basis, this report shall summarize and analyze SIS efforts to support the comprehensive documentation of QI activities. This report shall also describe the content entered into the knowledge management system and the application of the system to facilitate QI work. Research and evaluation related to the KM system and to QI documentation shall be reported here. This report shall also summarize SIS support for the development of case studies in QI, but the case studies themselves shall be submitted separately, as they are completed. The Documentation and Knowledge Management Report shall be submitted within 90 days of the end of the first year of this agreement, and annually thereafter.*

## **I. Introduction**

Knowledge management (KM) is purposefully creating, gathering, synthesizing, sharing, and using specific insights and experiences to improve work. Such insights and experiences comprise **knowledge**, either embodied in individuals or embedded in organizational processes or practice.

In the context of the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, knowledge management is a key strategy for fostering “evidence-based quality improvement.” When working deliberately to improve health care, health care implementers gain insights worth sharing with others and can benefit from the insights of others. Scaling up improvement efforts across large portions of a country’s health system—ASSIST’s mandate—requires that we have systems for capturing learning and transferring that learning across multiple sites or improvement teams.

KM approaches seek to efficiently connect teams participating in improvement efforts to generate learning about what does and does not work to make care better and then spread that learning within the improvement effort and beyond it to the larger system. Incorporating knowledge management principles and approaches in improvement work enhances the work, by more efficiently and effectively collecting and sharing knowledge about what changes and practices result in improved care.

This first annual ASSIST Documentation and Knowledge Management Report describes efforts by the project team in FY13 to document and spread knowledge from improvement activities. It also addresses our progress in implementing the USAID ASSIST Project Knowledge Management Plan submitted to USAID in November 2012.

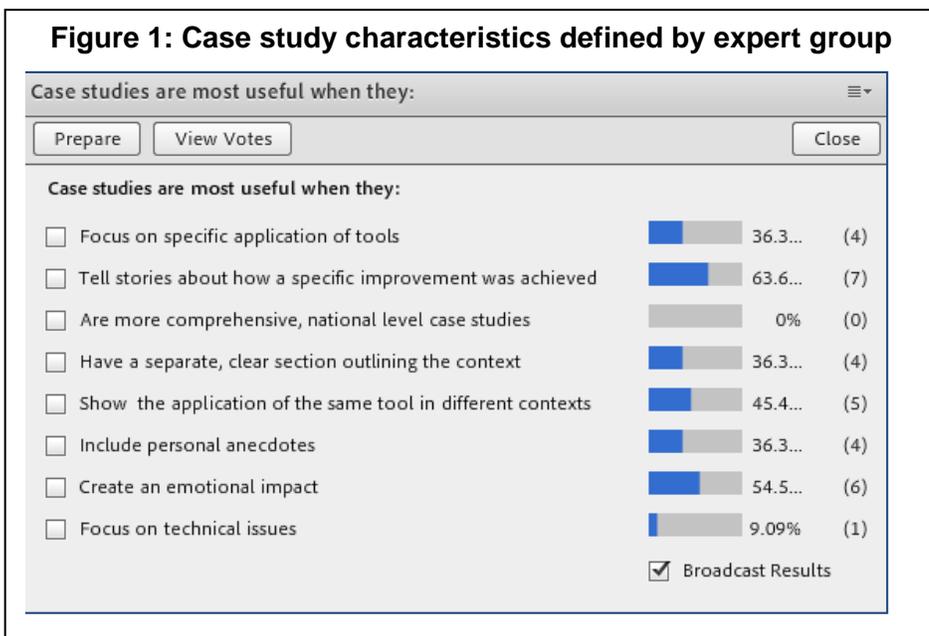
## **II. Progress Achieved on Key ASSIST KM Tasks in FY13**

### **A. Develop and Continuously Refine the KM Strategy for ASSIST**

We began the development of the project KM strategy by gathering ideas through a virtual consultation convened in November 2012 with the USAID Agreement Officer’s Representative (AOR), ASSIST staff and partners, and an expert consultant, Dr. Nancy Dixon. An important part of the conversation addressed engaging users in the ASSIST web portal. Priorities identified included: a) getting other implementing partners involved and included, specifically those who are working on improvement but not part of the ASSIST team; b) engaging MOH and professional associations in the portal (including sister sites like [www.maternoinfantil.org](http://www.maternoinfantil.org)); c) featuring other implementers’ work--praising it and disseminating insights from it—and developing joint content with other projects are both strong strategies for engaging key groups

outside the project; d) initiating specific collaboration with other partners that gets featured and engage thought leaders that people want to hear and know about their thoughts; e) implementing specific activities to motivate our own staff to take ownership for the project's KM strategy; f) continuing to foster in-person exchanges which could feed into the portal and creating face-to-face contacts that facilitate connections beyond the portal; and g) finding ways to attract those who have not yet developed an interest in improvement, especially policy makers.

Another area of focus in the virtual KM consultation was the development of case studies. With respect to case studies, there was some convergence among participants regarding desired length (56% felt they should be 1-2 pages, and 44%, 3-5 pages), the fact that case studies should be distributed as short leaflets and as text on web pages, and the value of concretely describing specific approaches and showing impact. There was also recognition that different case studies should be developed for different audiences and that the ASSIST KM team should deliberately develop audience/user profiles for key target groups to enable us to tailor the language and focus of case studies for different user groups (e.g., have some case studies aimed at high level decisions about whether to do improvement, training case studies to help our counterparts and country staff share and explain improvement work). Figure 1 shows the key case study characteristics considered to be important by the participants in the KM virtual consultation.



## B. Expand Staff Capacity and Application of KM Concepts and Approaches within Project Activities

A large part of the project's knowledge management effort in this first year of project implementation focused on building the capacity of country teams to integrate KM concepts and techniques in their work. This was accomplished through two four-day regional trainings on knowledge management involving ASSIST staff from 11 African countries: one was held in English in March 2013 in Durban, South Africa, and the other in French in June 2013 in Abidjan, Cote d'Ivoire.

### KM Training in Durban, South Africa

The first ASSIST KM field staff training, held March 11-15, 2013 in Durban, South Africa, sought to build staff capacity to incorporate KM into improvement programs, including how to develop

KM strategies for their improvement work, how to apply KM principles and techniques to the design and facilitation of learning sessions, and how to design knowledge transfer/handover processes, events and written products to convey key learning about a specific practice area or topic. The training was designed and led by consultant Dr. Nancy Dixon, Ms. Lani Marquez and Ms. Kate Fatta of University Research Co., LLC (URC), and Ms. Cassie Mickish of Johns Hopkins University Center for Communication Programs (JHU-CCP). The training design began with a welcome dinner on the first night followed by four full-day sessions.

During the training, participants were introduced to and discussed the “big ideas” of KM (see Figure 2). These principles were referred to throughout the workshop by both facilitators and participants, reinforcing their meaning and use. Participants were introduced to and practiced a number of KM techniques – including storytelling, interviewing, and after action reviews – to foster knowledge sharing and exchange in learning sessions and other meetings. Through exercises and small group discussions, participants also worked through the development of a KM strategy to support a specific improvement objective. The strategy is designed to help them integrate KM approaches into their improvement activities. The strategy covers looking at what they need to know before beginning an activity; what their learning questions are; how knowledge will flow and be synthesized; where the learning will go next and what form it will take; and roles and responsibilities for KM.

**Figure 2: KM concepts explored in field staff training**

- Circles Connect
- Connection Before Content
- Moving from One to Many, to Many to Many
- Asking Opens the Door to Knowledge
- We Learn When We Talk
- Knowledge is Created and Shared in Conversation
- Learn in Small Groups, Integrate in Large Groups
- Learning from Experience Requires Deliberate Reflection

Additionally, participants practiced creating knowledge nuggets – turning learning into actionable information – and learned how to organize knowledge harvest (to define key learning from an activity) and knowledge handover (to connect those who have knowledge to transmit with those who want to apply that knowledge in new settings) meetings. Participants were also introduced to the concept of creating a knowledge asset – a compilation of knowledge nuggets and supplemental information (case studies, videos, etc.) to provide new implementers (i.e., Ministry or other local partner) with the essential learning from an activity that can be used to continue to implement this or another activity.

Participants in the KM training included 13 staff from the USAID ASSIST Project and 12 staff from other URC projects (primarily the USAID Health Care Improvement Project, HCI), as well as one representative from ANPPCAN and one from REPSSI, regional partners on the HCI-supported Africa Alliance for Vulnerable Children. Participants completed action plans to indicate next steps and specific support they would like to receive from headquarters and other participants, as well as feedback forms anonymously to inform the design of future KM trainings.

### **KM Training in Abidjan, Cote d’Ivoire**

Three months later we convened the second staff training on KM concepts and methods, this time for Francophone field staff and partners. The training in French, similar in design to the previous KM training workshop in Durban, was led by Dr. Tisna Veldhuijzen van Zanten, URC Senior Vice President and Director of URC’s International Development Group and co-facilitated

by ASSIST staff Ms. Kate Fatta, Ms. Feza Kikaya, Dr. Maina Boucar, Mr. Sabou Djibrina, and Dr. Jean Nguessan. It was held in Abidjan, Cote d'Ivoire on June 24-28, 2013.

The second training workshop included 18 staff from the USAID ASSIST Project, three staff from other URC projects, 10 representatives from ASSIST partners in Cote d'Ivoire, and four representatives from the Ministry of Health of Cote d'Ivoire. The training marked the first time we were able to bring together our French-speaking staff and provide them with a chance to work together with French-speaking staff from other field offices. It was clear that the experience was highly valued, allowing staff to building connections across field teams.

The training in Abidjan was also designed to introduce Ministry of Health and implementing partner staff to KM concepts and techniques, which strongly resonated with this mixed audience. Participants expressed excitement about the value of deliberate KM strategies and the applications of KM concepts and techniques in their work, including those not directly involved in project implementation, such as the Director of HIV Prevention of the Ministry of Health in Cote d'Ivoire. We also found that using stories to illustrate key ideas and providing clear examples really resonated and helped reduce confusion. Additionally, we began each day with reflection on something from the day before and ended each day with a check-in to help us better understand what needed to be worked on further or what they had taken away from the sessions.

Another idea introduced in the Abidjan training was to focus more on the explicit relationship of KM to quality improvement (QI). We developed a graphic to demonstrate the link between QI and KM and discussed it during the workshop. Feedback from participants was that it was helpful to see the connection between the two and that it was clear how QI and KM are complimentary, though KM does not have to be tied to an improvement activity.

### **C. Plan for KM as Part of Country Programs**

The ASSIST headquarters KM team provide guidance to the project's country and technical unit teams on how to incorporate KM in their programs during the project's first year work planning meetings in October 2012 and through field visits and ad hoc consultations throughout the year. Support was provided to help teams define the key learning questions which will guide the synthesis of knowledge from improvement activities. Country technical assistance visits made by the ASSIST KM team during FY13 are described below.

#### **1. Nigeria (December 2012)**

Ms. Kate Fatta traveled to Nigeria November 27-December 7, 2012 to provide initial KM training to ASSIST/Nigeria staff; work with the Nigeria KM Advisor to plan the second learning session so as to make use of KM approaches; and work with the Chief of Party (COP) and KM Advisor on a strategy for meeting the project's learning agenda in FY13, including planning for how results and successful changes will be documented and shared and planning for the preparation of case studies and knowledge products.

Ms. Fatta provided an initial KM orientation to the KM Advisor and the six Data Entry Clerks (one per geographic zone where ASSIST is working in Nigeria). This discussion included an overview of the concepts of KM, the importance of KM for ASSIST, and the ways in which KM was applied on HCI. She led the staff through a storytelling exercise, and they discussed other KM approaches that have been useful in other country settings. They also discussed the use of

short video clips and photographs to help tell a short story or convey some key learning through an interview.

Working with the COP, KM Advisor, and the Resident QI Advisor, she provided input on the agenda for the second learning session, incorporating the KM techniques of storytelling and field trip, and then observed the learning session. Ms. Fatta worked with the Nigeria KM Advisor to think through the ASSIST Nigeria KM strategy to fit their learning agenda.

## **2. Cote d'Ivoire (February 2013)**

In February, following the ISQua Regional Conference in neighboring Ghana, Ms. Feza Kikaya of URC traveled to Cote d'Ivoire to provide training to the team there, including the KM intern, on the development of knowledge and communications products. She worked with the Chief of Party to develop the ASSIST Cote d'Ivoire learning agenda for FY13, including determining how best to incorporate KM approaches to promote learning and how best to build upon existing approaches of synthesizing learning. They also set priorities for the preparation of flyers (English and French versions), conference materials, and case studies. She worked with the KM intern to establish a routine system for producing bimonthly newsletters for external distribution, including providing layout and formatting support. She also met with national HIV care program and USAID officers to understand their priorities for case studies and to explain ASSIST's knowledge management initiatives.

### **Planning for KM support in FY14**

In the 4th quarter of FY13, we designed a country-specific training for Kenya (to be implemented in the first quarter of FY14) and planned KM technical assistance visits to Tanzania, Uganda, and Malawi. We also developed new training materials and guidance for ASSIST country staff on applying specific KM approaches.

## **D. Capture, Synthesize and Share Improvement Knowledge and Learning from Field Activities**

During FY13, building on work implemented under HCI, ASSIST teams in Kenya, Malawi, Nigeria, Tanzania, and Uganda created compilations of tested changes (also often referred to as "change packages") as reference documents for others to be able to apply the learning from improvement efforts supported by the project.

In addition to these compilations of tested changes, we have begun to recognize that additional guidance or knowledge products are needed to effectively convey what we have learned about how to improve services in specific care areas. By *knowledge product*, we mean any deliberately developed package of information that is designed to convey how to implement successful changes identified through the iterative testing process of improvement. Such learning is best conveyed as recommendations and advice to others, rather than documentation of what we did. The advice should be expressed as what we would recommend to others to do in the future, based on what we now know from our implementation experience.

Knowledge products from improvement efforts include summaries of key changes tested during a collaborative improvement effort, written guidance on how to perform specific tasks, tools, assessment forms, and guides to explain in depth how to implement a set of practices. They also include "knowledge nuggets," which are statements or explanations, based on experience, from which others can learn and improve their working practices.

Given that health care processes often involve many different actors at different levels of the health system, it is also useful to think of an array of knowledge products, aimed at different users, coming from any improvement activity, rather than a single guidance document. Furthermore, knowledge products are most effective when tailored to the specific interests and needs of the intended recipients. This means that the design of knowledge products should involve conversation with intended users to identify the specific information that interests them and pre-testing or validation of products with intended audiences to ensure they are well understood and provide useful information.

In addition to products that convey key learning from improvement, we also recognize the value of communication products that can help to persuade or convince others to adopt new practices. Such communication products include case studies or stories on how a particular facility or community achieved a specific result. Such communication products complement the knowledge products described above by helping different audiences or health system levels (such as national decision makers, district level managers, facility staff, community leaders, etc.) understand how others like them have successfully improved care or made changes in local services. These stories may be thought of as testimonials of how quality improvement is possible. Video clips of individuals telling their improvement stories are an especially effective format for such testimonials. Photographs of individuals or teams are also helpful to create a sense of connection between implementers.

In FY13, we introduced the concept of knowledge and communication products to ASSIST country teams, emphasizing the development of case studies and synthesized knowledge to guide other implementers to apply what ASSIST-supported improvement teams have learned.

## **1. Development of Case Studies**

ASSIST teams in Kenya, Malawi, Nigeria, and Uganda have begun work on case studies to document learning from improvement activities. The first ASSIST case study, published in June 2013, was written by Ms. Tiwonge Moyo of the ASSIST Malawi team, describing community-based improvement work in a sub-district of Blantyre District. The ASSIST Uganda team published the second case study in July 2013, on retention of mother-baby pairs in one hospital participating in the Partnership for HIV-Free Survival (PHFS).

The ASSIST Uganda, Nigeria, and Kenya teams have drafted additional case studies for the series, and we expect a large number of case studies to be developed in FY14. We will use blogs to highlight key messages in each case study and promote them on the ASSIST Knowledge Portal.

## **2. Development of Other Knowledge Products**

Several ASSIST teams created knowledge products in FY13, often drawing on work supported under the predecessor HCI Project. These have been developed to communicate the approaches used and key results to USAID, government, and other implementers and for use in scale-up efforts.

Table 1 lists the knowledge and communication products developed by ASSIST country teams in FY13.

**Table 2: Knowledge and communication products developed by ASSIST country teams in FY13**

Country	ASSIST knowledge and communication products developed in FY13
Kenya	<ul style="list-style-type: none"> <li>• Minimum Service Standards for Orphans and Vulnerable Children Kenya, <i>Job Aid Booklet</i> (September 2013). Available at: <a href="http://www.urc-chs.com/resource?ResourceID=815">http://www.urc-chs.com/resource?ResourceID=815</a></li> <li>• Change package for Quality Improvement in Orphans and Vulnerable Children Programmes in Kenya by Roselyn Were, Stanley Masamo, Jemimah Owande, Emma Akinyi, Muhamed Akulima, Emily Murungi, Millicent Oluoko, and Stella Wachira, <i>Change Package</i> (September 2013). Available at: <a href="http://www.urc-chs.com/resource?ResourceID=814">http://www.urc-chs.com/resource?ResourceID=814</a></li> <li>• Improving the lives of vulnerable children in Kenya by Roselyn Were, Esther Kahinga, Stanley Masamo and Jemimah Owande, <i>Technical Report</i> (September 2013). Available at: <a href="http://www.urc-chs.com/resource?ResourceID=816">http://www.urc-chs.com/resource?ResourceID=816</a></li> </ul>
Malawi	<ul style="list-style-type: none"> <li>• A case study was published in June on improving Early Childhood Development (ECD)</li> </ul>
Nigeria	<p>ASSIST Nigeria drafted five case studies that are currently in review by USAID:</p> <ul style="list-style-type: none"> <li>• Implementing standards-based quality improvement at the community level for orphans and vulnerable children in Bauchi state, Nigeria</li> <li>• Quality of Services for Vulnerable Children in Ebonyi State of Nigeria: Experiences from the Community of Ikwuator-Idembia</li> <li>• Quality of Services for Vulnerable Children in Ebonyi State of Nigeria: An experience from the Community of Ugwulangu</li> <li>• Mobilizing community quality improvement teams for the benefit of vulnerable children in Lagos State, Nigeria</li> <li>• Improving Care for Vulnerable Children by Linking Caregivers to Income-Generating Opportunities in Taraba State, Nigeria</li> </ul>
Swaziland	<ul style="list-style-type: none"> <li>• Developed standard operating procedures (SOPs) and job aids to guide health workers in the areas of tuberculosis and multi-drug-resistant tuberculosis (MDR-TB) case-finding, diagnosis, and treatment and on infection prevention and control</li> </ul>
Tanzania	<ul style="list-style-type: none"> <li>• Documented a success story on integration of family planning into HIV care and treatment in Manyara Region (the story can be accessed at <a href="http://www.urc-chs.com/news?newsItemID=376">http://www.urc-chs.com/news?newsItemID=376</a>)</li> <li>• Documented a success story on how HIV care improvement work affects lives of children in Iringa Region (the story can be accessed at <a href="http://www.urc-chs.com/news?newsItemID=377">http://www.urc-chs.com/news?newsItemID=377</a>)</li> <li>• Developed a knowledge nugget and shared it with other countries implementing PHFS on the URC Intranet</li> </ul>
Uganda	<ul style="list-style-type: none"> <li>• PHFS case study published in July 2013: “Implementing the PHFS Initiative in Uganda: Retention of Mother-Baby Pairs in Kisoro District Hospital.” It has been shared with the partners both within Uganda and internationally, who are implementing PHFS for their learning. The case study was also shared with stakeholders who attended the PHFS regional</li> </ul>

Country	ASSIST knowledge and communication products developed in FY13
	<p>meeting in Kampala in October 2013.</p> <ul style="list-style-type: none"> <li>• Saving Mothers Giving Life (SMGL) case studies: Two SMGL case studies were drafted and are currently in review: 1) Organizing for obstetric emergencies: How Kabarole Hospital in Western Uganda; and 2) Successfully Providing Essential Newborn Care for Term and Premature Babies: A Midwife’s Perspective.</li> <li>• OVC case study: “Improving income-generating activities for vulnerable children and families at Agape Nyakibare Civil Society Organisation.” This case study was drafted and shared with the USAID mission in Uganda for review.</li> <li>• The Implementation of the National QI Framework, being piloted in Rwenzori region has started developing an implementation guide that is highlighting the experience of institutionalizing QI through the MOH systems.</li> <li>• The PHFS component has developed and distributed two knowledge nuggets on the PHFS listserv: “Prototyping interventions at one site and having detailed guidance for coaches helps to kick start improvement work in other sites”; and “Avoid comprehensive baseline data collection up front and start up the improvement work with a small number of indicators.”</li> <li>• Blogs: ASSIST Uganda staff have written blogs on their experience in improving Safe Male Circumcision (SMC) and health workforce performance management: <ul style="list-style-type: none"> <li>○ <i>SMC blog has been uploaded on:</i> Bringing women on board in SMC in Uganda: <a href="http://assist.k4hdev.org/blog/bringing-women-board-safe-male-circumcision-uganda-0">http://assist.k4hdev.org/blog/bringing-women-board-safe-male-circumcision-uganda-0</a></li> <li>○ <i>Health workforce blog on:</i> <a href="http://www.k4health.org/blog/post/strengthening-human-resources-health-uganda">http://www.k4health.org/blog/post/strengthening-human-resources-health-uganda</a></li> </ul> </li> </ul>

### E. Develop a Web Portal for Improvement Evidence and Information and Incorporate Content from HCI, ASSIST, and other implementers

**Developed portal and prepared for soft launch December 2013:** In October 2012, a temporary page was launched at [www.usaidassist.org](http://www.usaidassist.org) to provide basic information on the project and the implementing team. In November, the ASSIST KM Director met with the web design and support team at JHU-CCP in Baltimore to define specifications for the ASSIST web portal using JHU-CCP’s Sites4Dev platform, which is based on the Drupal content management system. Sites4Dev uses the Drupal content management system to make it easy to manage and add new content to the site, but standardizes the look and feel of the site with the web features that JHU-CCP has found to be the most popular in global health websites.

As design worked continued, CCP engaged specialized assistance from Sonjara, a consulting firm specializing in web utilization review, to provide guidance on 508 compliance, organization of resources, development of the content management plan, and defining profiles of categories of expected users of the site to help to inform the design of site features.

In May 2013, the ASSIST KM team met with Siobhan Green of Sonjara, following on a previous meeting between Ms. Green and JHU-CCP staff in Baltimore. She advised us to develop an explicit content management plan and detailed profiles of categories of expected users of the site. Such profiles will help to inform the design of features of the site. The main expected user groups include: ASSIST field staff; Ministry officials and technical staff; In-country NGO and implementing partner staff; ASSIST headquarters staff and partners; USAID Mission staff; USAID Washington staff; clinical staff/health workers/service providers; researchers; and international agencies and donors.

**The final design of the site was presented to the AOR in July 2013.** The content included on the ASSIST Knowledge Portal is summarized in Figure 3. The key topics that are featured on the site are Improvement Science, Research and Evaluation on Improvement, Community Health, Family Planning and Reproductive Health, Gender, Health Workforce Development, HIV and AIDS, Maternal, Newborn, and Child Health, Nutrition, and Vulnerable Children and Families. Resources on the ASSIST Portal include all publications and resources formerly available on the HCI Portal and are categorized as: Case Studies, Improvement Stories (includes collaborative profiles and improvement reports from the HCI Portal), Journal Articles, Training Materials, Reports (includes all technical and research reports, methodology papers, and manuals), Short Reports (includes flyers and summary research reports), and Improvement Method Summaries. The latter are a new feature on the ASSIST Portal to provide comprehensive descriptions of modern improvement methods.

The Research and Evaluation section feature a searchable database of the project's Original Research, including studies completed in the last two years under HCI.

Another prominent feature of the ASSIST Knowledge Portal are blogs that share key results or learning from ASSIST-supported improvement work or research and highlight new resources (including those developed outside the project) or events. All ASSIST staff and partners, including field staff, have been encouraged to contribute blogs to the site. The site will also feature ASSIST Project

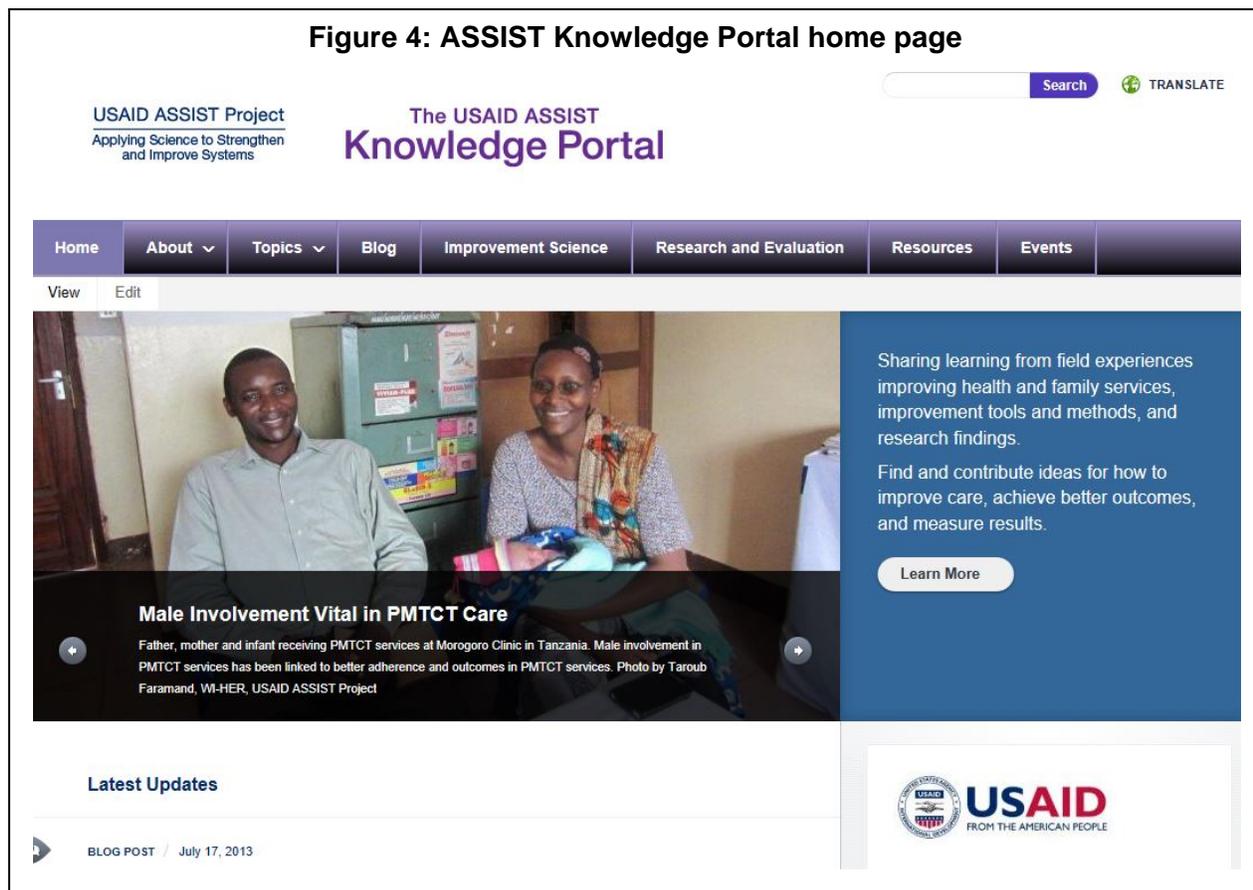
**Figure 3: Types of content featured on the ASSIST Knowledge Portal**

- Resources, including publications and all resources migrated from the HCI Portal, categorized as: Case Study, Improvement Story (includes collaborative profiles and improvement reports from the HCI Portal), Journal Article, Training Material, Report (includes collaborative evaluation series, frameworks, issue papers, manuals, methodology, research/evaluation reports, technical/field reports), Short Report (includes flyers and summary research reports), and Improvement Method Summary
- Blogs which share key results or learning from ASSIST-supported improvement work or research and highlight new resources (including those developed outside the project) or events from the perspective of the blog author
- Original Research, a database of short descriptions of original research conducted by the HCI and ASSIST project, searchable by Status (Completed or Ongoing) and Research Method Terms (Quantitative, Qualitative, Mixed-Methods, Observational, Experimental, Quasi-Experimental, Cross-sectional, Longitudinal, Economic Analysis, Validation, Controlled)
- ASSIST Project country program descriptions
- Events related to health care improvement, including conferences

country program descriptions and highlight events related to health care improvement, including conferences.

In the final quarter of FY13, CCP acquired the new server which will house the ASSIST Portal, and transfer of all technical resources from the HCI Portal to the ASSIST production server was completed. The site will be launched in January 2014.

The ASSIST Knowledge Portal home page is shown in Figure 4.



## F. Promote the Use of Improvement Knowledge in ASSIST-support Country Programs

In FY13, ASSIST used two main strategies to promote the use of improvement knowledge: 1) convening KM activities like harvest meetings and knowledge exchanges, and 2) supporting communities of practice.

### 1. Field KM Activities

The design of ASSIST country programs has placed explicit attention on the products that express key learning from a large-scale improvement activity and the application of that knowledge within the scale-up of improvement activities. Table 2 lists the main KM activities undertaken by country teams in FY13.

**Table 2: Knowledge management activities implemented by ASSIST country teams in FY13**

Country	KM Activities Implemented in FY13
Burundi	<ul style="list-style-type: none"> <li>In June 2013, five Burundi ASSIST and partner staff participated in the KM training in Abidjan. During FY14, the project will develop KM strategies to incorporate KM into our improvement work.</li> </ul>
Cote d'Ivoire	<ul style="list-style-type: none"> <li>In June 2013, the entire Cote d'Ivoire ASSIST staff participated in the KM training in Abidjan, including the new Chief of Party.</li> </ul>
Kenya	<ul style="list-style-type: none"> <li>The ASSIST OVC Advisor in Kenya participated in the KM training in Durban in March 2013.</li> <li>Convened a harvest meeting where quality improvement teams involved in the piloting of OVC standards over the past two years met to share what that had learned about improving care for vulnerable children. The learning gathered in the harvest meeting led to the creation of the OVC change package published by the project in September 2013.</li> </ul>
Malawi	<ul style="list-style-type: none"> <li>Final learning sessions for implementing teams were conducted in the four pilot districts.</li> <li>The QI Advisor in Malawi attended the KM training in Durban in March 2013</li> </ul>
Mali	<ul style="list-style-type: none"> <li>Three Mali ASSIST staff participated in the KM training in Abidjan in June.</li> <li>In FY14, a country KM training will be held, including government counterparts and implementing partner staff.</li> </ul>
Mozambique	<ul style="list-style-type: none"> <li>The Chief of Party in Mozambique attended the KM training in Durban in March 2013.</li> </ul>
Nigeria	<ul style="list-style-type: none"> <li>ASSIST Nigeria convened a series harvest meetings for implementers in the 12 piloting states that produced an OVC change package.</li> </ul>
South Africa	<ul style="list-style-type: none"> <li>Three South Africa ASSIST staff participated in the KM training in Durban in March.</li> </ul>
Swaziland	<ul style="list-style-type: none"> <li>Three Swaziland ASSIST staff participated in the KM training in Durban in March.</li> <li>ASSIST Swaziland supported an MDR-TB community of practice with monthly meetings of MDR-TB clinical experts.</li> </ul>
Tanzania	<ul style="list-style-type: none"> <li>Two ASSIST Tanzania staff participated in the KM training in Durban in March.</li> <li>Two ASSIST Tanzania staff participated in the ASSIST PHFS knowledge sharing meeting in Uganda in June. The meeting brought together HCI and ASSIST staff from four countries and was aimed at having participants share and to learn about activities to improve PMTCT services.</li> </ul>
Uganda	<ul style="list-style-type: none"> <li><i>Knowledge transfer session in the National QI Conference:</i> During the June 2013 conference, ASSIST and its partners organized two knowledge transfer sessions as an approach to engage the participants in in-depth sharing of new knowledge and experiences of implementing QI activities. This enabled all participants, even those who couldn't ask</li> </ul>

Country	KM Activities Implemented in FY13
	<p>questions and give their views in a large group of over 400 participants, to actively take part in the discussions. The sessions were on: 1) Transferring existing QI knowledge on setting up QI initiatives, spreading QI, national QI programming, and measuring QI; and 2). Quality Management Programs: Keys to sustainability (Organizational assessment of quality management).</p> <ul style="list-style-type: none"> <li>• Knowledge harvest and transfer for our work in leadership: During July 30 – August 1, 2013, leaders from the four districts who had been implementing the leadership collaborative, were brought together with leaders from the three districts that are going to start implementing the collaborative.</li> <li>• <i>Knowledge sharing during learning sessions:</i> ASSIST used the learning sessions to begin documenting and collecting evidence of tested changes that have shown some improvement. This will allow the project to continually inform stakeholders of what is working in QI at the facilities. The teams have used different knowledge management techniques to allow the teams to share and learn from each other, including knowledge cafes which allow for small group discussions.</li> </ul>

## 2. Communities of Practice

### a) LAC Newborn Care Communities of Practice

In June 2013, the Community of Practice on Kangaroo Care in Latin America was launched by the ASSIST team in Ecuador. The purpose of the virtual communities of practice is to facilitate the exchange of experiential knowledge about how to efficiently and sustainably implement Kangaroo Care in Ministry of Health hospitals in the Latin American and Caribbean (LAC) Region. Twenty-five colleagues working on Kangaroo Care in several countries joined the community in its first week. The Spanish language virtual community of practice is hosted at [www.maternoinfantil.org](http://www.maternoinfantil.org) or directly at [http://www.maternoinfantil.org/comunidades\\_de\\_practica/comunidades.php?com\\_id=1&ver=todos](http://www.maternoinfantil.org/comunidades_de_practica/comunidades.php?com_id=1&ver=todos).

The community of practice website was officially launched at the LAC Newborn Health Alliance Technical Meeting held in El Salvador, June 25-28, 2013. The conference was organized by the LAC Newborn Health Alliance, of which HCI was a founding member, together with USAID, PAHO, Save the Children, MCHIP, ChildFund, CORE Group, World Vision, the Kangaroo Foundation of Bogota, Colombia, and LAC regional professional associations for pediatricians, obstetrician-gynecologists, nurses, and professional midwives. The following URC staff participated: Ivonne Gomez (HCI Nicaragua); Gustavo Barrios (NutriSalud Guatemala); Mario Chavez (EONC Networks Child Survival Project in Cotopaxi, Ecuador); Jorge Hermida (ASSIST); plus delegates from Ministries of Health of these countries supported by our projects. Dr. Hermida made a plenary presentation at the conference on the value and dynamics of communities of practice as tools to manage knowledge and improve quality of care.

## **b) PHFS Knowledge Management**

The KM team worked with the ASSIST headquarters PHFS team to develop a strategy for sharing learning internally and with the larger PHFS community through the PHFS listserv and Facebook page which are managed by ASSIST partner Institute for Healthcare Improvement. The ASSIST PHFS team held its first regional knowledge exchange in June 2013 in Kampala, bringing together team members from Kenya, Malawi, Mozambique, Tanzania, Uganda, and headquarters to learn from each other, develop a common strategy of measures and key change concepts, and identify the key learning questions that all teams will try to answer through the PHFS improvement work. Insights from the Uganda team, which is further along in the implementation of PHFS activities than the other countries, were particularly helpful to the other teams. A summary of the conclusions of the meeting was shared on the PHFS listserv and Facebook page and posted on the HCI Portal at <http://www.hciproject.org/publications/implementing-partnership-hiv-free-survival-rolling-out-improvement-work-uganda> in August 2013.

The Uganda team also developed two “knowledge nuggets” on key learning about simplifying the baseline assessment in order to launch improvement work more quickly and prototyping the strategy in one site before rolling it out to all sites. The headquarters ASSIST PHFS team has created a space for internal technical sharing among the ASSIST PHFS teams on URC’s corporate intranet, CONNECT. The one-page “nuggets” are accompanied by the detailed coaching guides that were developed and refined through field testing by the Uganda team and a simplified data collection tool that they found more helpful for starting up improvement work with facility-based teams.

## **G. Leverage Social Media**

In FY13, the ASSIST KM team continued to leverage the project’s social media presence to publicize key project resources, highlight staff participation at major conferences and meetings, engage with health care practitioners in the field, and connect with the broader community of USAID implementing partners. Given that much of the fiscal year was marked by a project-wide transition from HCI to ASSIST, the team’s social media efforts reflected this shift in content that gradually represented more of the successor versus predecessor project’s activities.

Aside from planning and executing a smooth transition between projects, the KM team documented lessons learned under HCI and strategized how to best enhance social media efforts under ASSIST. A key component of this improved strategy is to create social media messages that fully complement the unique features of the ASSIST Knowledge Portal, such as highlighting staff-authored blogs, improvement stories, and other interactive content that will be posted on the project website. A major activity in the fourth quarter of the fiscal year was finalizing the ASSIST Social Media Strategy and preparing for an official launch of the ASSIST Facebook page in conjunction with the launch of the ASSIST website.

### **1. Facebook**

Under the leadership of Ms. Kikaya, ASSIST Communications and Social Media Coordinator, the KM team decided in early FY13 to maintain the HCI Facebook presence and allow the page to represent both projects. The reasoning behind this strategy was three-fold. First, in the first quarter of FY13, the HCI Facebook page had gained enough of a presence that it was steadily increasing in readership and engagement. Therefore, we decided to maximize upon this

existing following to promote newly-inaugurated ASSIST work. Second, promoting ASSIST on the HCI Facebook page allowed ample time to inform followers of the new project and to prepare them for the launch of the ASSIST website. Third, the gradual promotion of ASSIST on the HCI Facebook page provided the KM team with an opportunity to gather lessons learned from its existing social media presence so as to prepare for and plan a smooth and effective launch of an individual ASSIST presence, particularly one that coincided with the launch of the ASSIST Knowledge Portal. Therefore, throughout the year, ASSIST news and highlights from newly-transitioned activities were promoted on the HCI Facebook page.

Throughout the year, the team posted ASSIST highlights in a variety of formats that garnered significant engagement from its community of “likers.” By experimenting with different types of posts, the team noted that visuals and captivating quotes were most popular. Sample Facebook posts on ASSIST work that garnered significant engagement included:

- A visual of a PowerPoint presentation made by Dr. Paul Isabirye, QI Advisor from ASSIST Uganda, at the 2013 Global Maternal Health Conference in Tanzania. The Facebook post was accompanied by a link to the presentation posted on the URC website.
- Promotion of highlights from partner organizations, including new conversations on CHW Central and a close-out video from the Child Survival Project in Cotopaxi, Ecuador. Although not branded as ASSIST, these sorts of posts result in a spike in followers.
- Photographs and key takeaways from the ASSIST KM Training in Durban, South Africa. These posts also credited partner organizations that participated, including JHU-CCP, ANPPCAN and REPSSI.
- Announcement of M. Rashad Massoud’s webinar on scale-up in order to promote the International Society for Quality in Healthcare’s (ISQua) International Conference in Edinburgh. This type of post was cross promoted on ISQua’s Facebook page, which further increased the visibility of the ASSIST project.

Also, a major addition to the ASSIST Facebook presence this year was the creation of a country-specific Facebook page for ASSIST Kenya, as initiated by KM and Communications Officer in Kenya, Ms. Esther Kahinga. Ms. Kikaya serves as a co-administrator on the country-specific page and provides support and post guidance to Ms. Kahinga as necessary. Once the ASSIST Facebook is officially launched, posts will be further promoted and integrated across the project and country pages.



Photo: University Research Co., LLC (URC) staff and partners Johns Hopkins Bloomberg School of Public Health CCP Repssi "Anppcan Regional Office" participated in a Knowledge Management training organized by USAID Health Care Improvement Project in Durban, South Africa last week.

Participant reflections: 1) "Don't wait to appreciate someone. Thanking them in the moment can motivate them immediately." – Moeketsi Finger (South Africa); 2) "Knowledge-based strategies must not focus on collecting and disseminating information, but rather on creating a mechanism for practitioners to reach out to others" – Cassie Mickish, JHU CCP



*Facebook post highlighting ASSIST KM Training in Durban, March 2013*

## 2. Twitter

Given the dynamic nature in which Twitter is used, the KM team decided to transition the HCI Twitter handle to reflect our new project,

@usaidassist, in advance of the launch of the ASSIST Portal. This decision allowed the project to not only remain current, but also to create immediate awareness of the new project amongst existing followers. Therefore, using @usaidassist, the project continued to promote key activities that took place throughout FY13, including the launch of the newly-designed CHW Central website, the publication of the Nicaragua neonatal sepsis article in the *International Journal of Quality in Health Care*, ASSIST participation in the Asia Pacific (APAC) Forum in New Zealand, and other relevant events in which the project had a notable presence.

In FY13, the ASSIST Twitter presence was reinforced by key technical staff that tweeted from personal Twitter accounts. Live-tweeting by ASSIST staff that frequented key meetings and conferences allowed for more substantive engagement amongst counterparts and raised the visibility of ASSIST. For instance, throughout the APAC Forum, tweets between Senior QI Advisor Dr. Tana Wuliji and APAC Forum organizers not only kept the global health community informed of key takeaways and insights gathered, but also fostered a mutually beneficial learning between the organizations and individuals involved.

By the close of FY13, ASSIST staff on Twitter included: Project Director Dr. M. Rashad Massoud, Dr. Wuliji, Ms. Rhea Bright, Dr. Nigel Livesley, Dr. Pamela Marks, Ms. Amy Stern, Ms. Allison Foster, and Mr. Ram Shrestha.

In addition, the ASSIST project continued to cross-promote posts by partner organizations, such as CORE Group, Healthy Newborn Network, K4Health, CHW Central, and URC.

## H. Monitor and Evaluate ASSIST KM Activities

In FY13, we focused on the design of ASSIST KM strategies and activities, particularly the project's Knowledge Portal, and building capacity of ASSIST staff to apply KM concepts and techniques. In FY14, following the launch of the ASSIST web site, we will monitor usage of the site through web analytics and conduct in-depth interviews with representatives of key user groups to assess their reaction to the site and its content.

To better understand what key country-level target audiences want to know about others' improvement experiences, we will interview policymakers, district managers, and frontline health workers in a sample of ASSIST-supported countries. A first such country study is being designed for Uganda, to be implemented in the second quarter of FY14.



*Tweets by ASSIST staff and partners during 2013 APAC Forum in Auckland, New Zealand.*

User feedback will help us fine-tune the format and content of in-depth case studies to better capture the “how” of improvement implementation as well as understand user preferences on website features and formats.

We also have planned to implement in FY14 a large, controlled study in Uganda to evaluate the effectiveness and efficiency of using KM approaches and knowledge products to spread learning about how to deliver high-quality, medical male circumcision services.

### **III. What Are We Learning?**

- Framing the learning questions within country improvement programs is challenging and represents a new way of thinking about the learning agenda of an improvement activity. Country and technical teams need support to develop the learning agenda in each improvement activity, define responsibilities for gathering and synthesizing learning, and develop knowledge products.
- Working with facility-based teams of health workers to learn how to improve specific areas of health care, we have come to recognize the importance of using conversational, small group techniques to draw out tacit – “how to” – knowledge and provide opportunities for meaningful sharing between people. As our understanding and use of KM techniques have grown, we have come to see the importance of designing meetings so that people share in small groups and integrate new knowledge in the large group.
- Giving people the opportunity to share in small groups and ask questions of each other allows for greater exchange of tacit knowledge than do formal presentations. By using techniques such as storytelling, field trips, and even poster presentations in small groups, the person sharing learns more about their work by explaining it and answering questions, while the person listening gets to ask questions and probe deeper. It sets the stage that everyone has something to share and everyone has something to learn, eliminating the expert/student feeling that can happen with formal presentations.
- After working in the small groups, we have found that to integrate new knowledge back into the large group, instead of asking “what did you hear?” it is more useful to ask the group “what resonated with you?” and give people a minute to think about their response. While the difference between the wording of these questions might seem minor, people’s responses to them are vastly different. When asked to share what they heard, people tend to give a laundry list of things that were said. When asked to say what resonated with them – and given a minute of silence to think about their response – people connect what they heard with what they already know and create new knowledge and understanding that is meaningful for themselves.
- Staff need training and orientation to feel confident to design learning sessions and other improvement events in formats that allow participants to share in small groups and integrate new knowledge in the large group. Staff also need to be given the opportunity to practice and experience KM techniques before they are likely to try them.
- It takes practice and dialogue with potential users to develop concrete lessons learned that provide practical, actionable advice for others. Describing “what we did” is not as useful as describing “what we would do” if we had to repeat the experience. Yet often when we approach documentation of “lessons”, we try to describe how we did something. Describing

what you would advise others to do takes a somewhat different mindset and can benefit from checking with potential users about what they want to know about an experience.

- The regional training in Abidjan reinforced our belief that KM methods and ideas truly add value to improvement work. The inclusion of more Ministry and partner staff who are not implementing improvement activities made it more apparent that redesigning work processes to incorporate KM principles really touches on organizational change. For future KM trainings, particularly those that involve participants outside of ASSIST, it will be worthwhile to address the organizational change aspects of KM more directly so that participants can feel confident and ready to push for change at their respective offices/projects.
- We need to build in ongoing feedback mechanisms for the key target audiences of the ASSIST Knowledge Portal to understand how they view and use the case studies and other content of the site.
- Social media continues to be a quick and effective means of communicating project results to a wide audience. The most interactive and captivating posts (such as those featuring photographs) continue to receive the most engagement from users.
- ASSIST staff engagement on Twitter, including live tweeting from events where ASSIST results are presented, helps to increase the project's visibility and adds value and substance to related conversations occurring in the Twittersphere.

#### **IV. Directions for FY14**

We will launch the ASSIST website and Facebook page in January 2014 and promote the site with other implementers, such as K4Health, AIDSTAR, MCHIP, the Food Security and Nutrition Network, the Healthy Newborn Network, the CORE Group, Human Resources for Health Resources Center, the Global Health Workforce Alliance, HEALTHQUAL, and the WHO Service Delivery and Safety Department. We will engage field and headquarters in regularly contributing blogs to the site and send out regular updates on new content.

In the months following the launch of the ASSIST knowledge portal, we will monitor usage of the site and conduct with partner JHU-CCP interviews with representatives of key global and country-level target audiences to assess their reaction to the website and to the format and content of case studies and knowledge products that capture the “how” of improvement implementation. We will conduct in Uganda a rigorous evaluation study to measure the effects on improvements in care quality of actively incorporating KM approaches within a safe male circumcision improvement program.

In field activities, we will continue to develop the capacity of ASSIST country teams to apply KM methods—especially conversational approaches like storytelling, after action reviews, and knowledge cafés—with teams and coaches to emphasize team-level documentation, interpretation, and sharing of learning from improvement that focus on the question, *What have we learned to improve this aspect of care?*

We will also emphasize the development of “knowledge products” that synthesize learning at each step in a country program, consolidating successful changes into intervention packages that can be readily spread to new sites as well as concrete case studies that explain what specific actions teams took to achieve results.

In conjunction with the October 2014 annual ISQua conference, we plan to convene a global meeting on knowledge management for improvement, to reflect on what we have learned and to share those insights with other global health care leaders.

We will use social media (ASSIST Facebook in English and French and ASSIST Twitter) to promote new content on the ASSIST knowledge portal and connect with specific groups who will be interested in that content, encouraging conversations about improvement, sharing experiences and lessons, increasing access to improvement knowledge and tools, and tracking reach to interested individuals, organizations, and their networks.

The French-specific social media pages will facilitate sharing among our Francophone staff and counterparts, and will allow us to further promote the French resources page on the ASSIST Portal. These pages will serve as a Community of Practice to facilitate continued dialogue amongst our French-speaking staff. Dr. Maina Boucar, ASSIST Regional Director for Francophone Africa; Dr. Astou Coly of the ASSIST Research unit; and field staff will be able to post blogs in French on improvement and research findings.

The ASSIST Social Media Strategy will be finalized and made available in January 2014. The strategy will include a robust plan for connecting with the broader global health community. One key feature of this plan is to create campaigns and partner with organizations around major World Health Days and conferences to enable us to remain key players in the conversation. Another feature of this plan is to heighten our visibility by way of Facebook ads and similar campaigns to increase followers and consequently expand our reach amongst our target audience. In addition, written guidance will be made available to country teams that are interested in creating a Facebook or Twitter page specific to their respective communities.

We will continue to mentor and nurture staff to serve as Twitter champions. In an effort to integrate our sites and to promote learning, we will capture meaningful conversations, photos and other forms of insights being shared on Twitter and will repost them as blogs or Facebook posts. This will contribute to the ASSIST database of interactive, current content on improvement.