

The Knowledge Management Pocket Guide

FOR GLOBAL HEALTH PROGRAMS

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This guide is part of *The Knowledge Management Collection*, a family of resources designed for global health professionals 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 global health workers and professionals 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 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 knowledge management strategy to improve program efficiency and effectiveness.



The 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 staff skills and capacity in knowledge management generally and in specific knowledge management approaches, such as share fairs and content management.

All resources are available for download at www.k4health.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 historically been applied at the organizational level to improve employee performance and facilitate innovation. More recently, it has been used more broadly in programs to facilitate collaboration and knowledge sharing at the national, regional, or global levels. At both the organization and program levels, 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 Pocket Guide provides a broad overview of how to apply KM, and is intended for any health professional whose work involves managing and sharing knowledge. The steps outlined within can be applied to any project or program, no matter how big or small your budget or what level you are focused on.

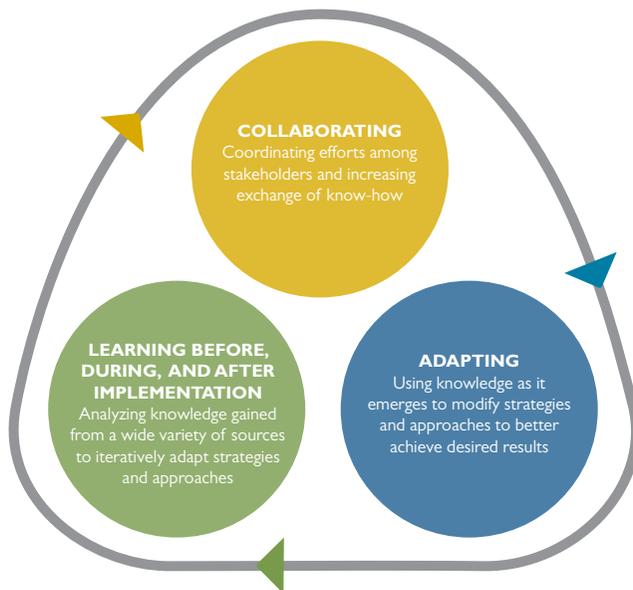
KM is the systematic process of collecting knowledge and connecting people to it so they can work more effectively and efficiently. It is based on people, processes, and technology but is inherently a social science that focuses most on people and the way they interact and share knowledge with each other.

The Knowledge Management Road Map

The **Knowledge Management Road Map**, developed by the Knowledge for Health Project at the Johns Hopkins Center for Communication Programs, 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 are woven throughout the Knowledge Management Road Map to support and enhance KM and ongoing learning for more effective program implementation:



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.

FIGURE I

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.

Assess Needs

STEP

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.

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 does your audience operate? Why are you selecting one audience over another? Make sure to analyze ways in which knowledge needs may vary by gender.
- 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 the information. One tool that can be used to review barriers and facilitating factors is the KM Index for Global Health, available at www.k4health.org/resources/km-index.
- 4. Select and implement the appropriate methods to answer your key questions.** First, conduct a desk review to uncover what is already known. You may then need to collect new data to fill gaps. Common methods for collecting data on knowledge needs include interviews with key informants, surveys, focus group discussions, and Network Mapping.
- 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. 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.

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.



CROSS-CUTTING CONCEPT:

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? Which KM channels do they use to share knowledge? 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.
- **Barriers and facilitating factors:** System for sharing information among district stakeholders was lacking, but informal networks within each district helped.

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.

Design Strategy:

- 1. Decide on KM objectives.** Revisit the results of your needs assessment to ensure your KM objectives are based on actual needs. 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 1).
- 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."

SMART OBJECTIVES:

- Specific
- Measurable
- Appropriate
- Realistic
- Timely

5. **Develop a budget and an implementation plan.** In general, plan to allocate about 10% of your overall project budget to KM. With a budget in hand, you can then develop the implementation plan that defines who will conduct the activities and when. 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.
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. 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.

TABLE I
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 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



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.



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 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 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: Government authorities, including staff from the Ministry of Health, District-Level Family Planning Board, and Ministry of Finance

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 understand information flows between community actors
- Regular district working group meetings to facilitate information sharing
- Fact sheets and research briefs, tailored to the district/community level, to help decision makers make decisions
- Updates from the 6 districts, distributed via email listservs and online portals

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.

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.
2. **Draft the KM tools and techniques.** 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 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

- KM tools and techniques using Asking, Telling, Publishing, and/or Searching approaches that 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 direct and principal investigators to synthesize and produce materials.

Draft KM tools and techniques:

- **Concise fact sheets and briefs** 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
- 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
- Family Planning Voices **storytelling** interviews conducted with individuals involved in ICMM's district-level work to share lessons learned and success stories

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

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.

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.
- 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 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.
- 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.

STEP 4

MOBILIZE AND MONITOR

OUTPUTS

- KM tools and techniques implemented and in action
- Continuously updated monitoring tracking tool
- Adjustments to the KM intervention as indicated by monitoring

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.

Evaluate and Evolve

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, in order to determine whether any of these changes can be *attributed* to your intervention, an evaluation is needed. If you are interested in demonstrating impact of your intervention, we recommend consulting an evaluation expert from the outset to think through the best evaluation design that meet your goals. However, not all KM interventions will have the resources or the need to conduct a formal evaluation. Internally conducted evaluations are adequate for informing the performance of the specific intervention and for guiding incremental improvements to the design, objectives, and approaches.

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). 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 on 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. Results are typically synthesized in an evaluation report, with an executive summary, background, methods, findings, discussion, and recommendations.
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, including those who participated in the KM intervention.
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. Look to the future: Is there a current project that can build off of these findings? Will the findings be used to design a new KM intervention? These types of questions are important to consider as you work to ensure the KM strategy can continue to impact the health care system and lead to quality health programs.

STEP 5

EVALUATE AND EVOLVE

OUTPUTS

- Published materials in a range of presentation formats, such as reports, journal articles, briefs, infographics, and other visual materials, to synthesize and share the evaluation findings
- Dissemination event or series of events to share the evaluation findings with key stakeholders
- Discussion and determination of next steps to promote use of the findings in policies, other programs, and practice

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

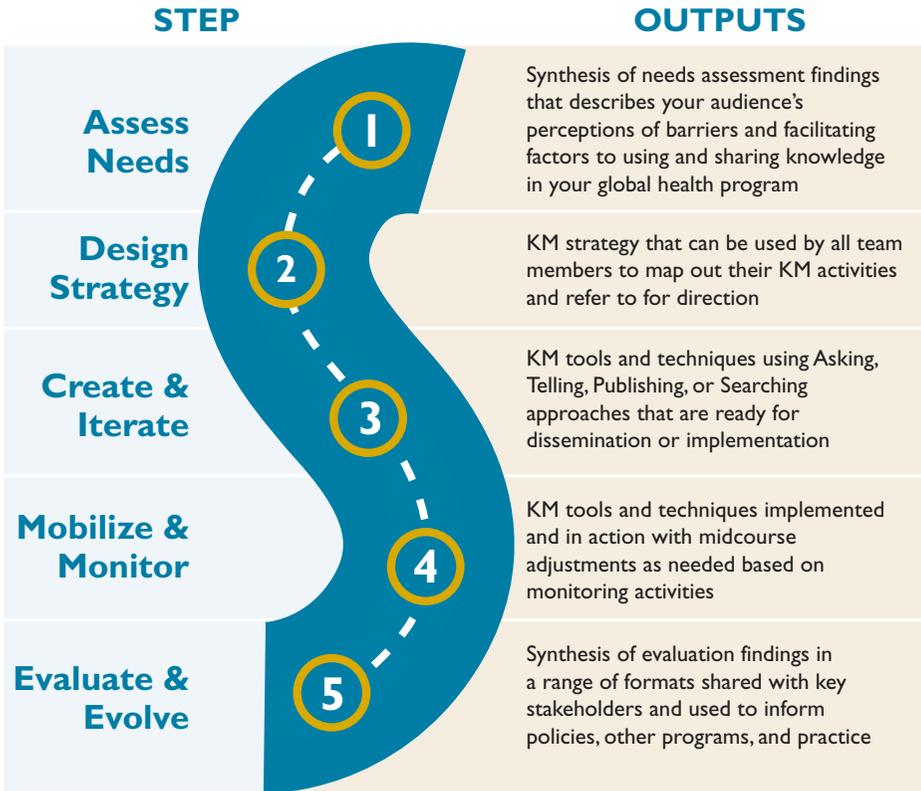
Synthesis of key findings:

- Women in intervention groups were more likely than those in comparison groups to recall correct messages about family planning.
- Women in intervention groups were more likely than those in comparison groups 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 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

Summary



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 more than 40 years 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.

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