Knowledge Management Strategy to Support Millennium Development Goals 4 and 5 in Pakistan

صحت زندگی

TRF
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This Knowledge Management (KM) Strategy describes how knowledge of the health system, with a focus on MDGs 4 and 5, can be better managed and applied to policy making and programme implementation. It was developed after conducting a situation analysis to support collection, sharing, exchange and use of knowledge at federal and provincial levels for achieving better health outcomes.
A strong need was observed for proper and improved knowledge management approaches for evidence based decision-making; however there is a lack of trained human resources, institutional arrangements and coordination of potential units. The outcome of the Strategy therefore is "strengthened and systematic processes for the collection, analysis, expert review and communication of information and knowledge to shape the development of effective health services and the systems to deliver them". A log frame approach having outputs, indicators and assumptions/ risks has been developed along with a two-year implementation plan. Considering multiple stakeholders at provincial level, a "hub-model" has been proposed which suggests Monitoring and Evaluation/District Health Information System (DHIS) cell or the Health Sector Reform Unit (HSRU) taking the lead role; managing the KM taskforce / working group, co-ordinating strategy implementation and working with other stakeholders.
It is highly imperative that the two provinces i.e. Khyber Pakhtunkhwa and Punjab seriously address lack of coordination between various tiers of decision-making, promote a culture of using technologies and ensure sound funding and institutional arrangements to effectively implement the Strategy.

Introduction

Knowledge Management (KM) helps to bridge the "know-do gap" by fostering an environment to encourage systematic capturing, creation, organisation, sharing, and application of knowledge to improve health[1]. KM initiatives typically address essential functions across the knowledge supply-demand continuum (knowledge generation, collection and selection, assessment, sharing and use), described in detail as follows:

- Supply side: Knowledge creation, capture, identification, acquisition, and organisation e.g. research, data sets and other evidence including people's own experience
- Supply–demand linkages, including intermediary and knowledge brokering roles: activities for analysis, critical assessment, synthesis, packaging, communications materials such as policy briefs
- Demand side: Support usage and application of knowledge by people working in policy and programmes

There are four main components that need to be considered for each part of this supply-demand continuum (known as HOTT):

- Human beings with individual styles of working, various incentives and their preferences (human resources)
- Organisations and institutional arrangements, including ways in which organisations are receptive to new ways of working
- Tools and technologies available (people to people and information technology to people methods)
- Thematic areas/key issues: e.g. research and promising practices for service delivery, financing and management interventions; data trends and synthesis; communications about policy changes and organisational reforms

Main objective of this technical assistance (March – July 2011) was to develop a KM Strategy (Phase I) and implementation plan (Phase II) for establishing knowledge management functions in health sector in selected provinces, together with preliminary identification of possible roles at the federal level, following devolution.

Methodology

The development of strategy, focused on two provinces, Punjab and Khyber Pakhtunkhwa. These provinces were selected given their interests in KM and existing structures for policy advice i.e., Health Sector Reform Units (HSRU). The implementation plan for Phase II includes activities in these two provinces, at the federal level, and first steps in the three provinces (Sindh, Balochistan and Gilgit-Baltistan), Special Areas Azad Jammu Kashmir and Federally Administered Tribal Areas (Table 1).

Table 1:Methodology

- Literature review of experiences and lessons learned
- Mixed-method research approach utilised for provincial level assessments, including both qualitative and quantitative methods
- Consultative meetings with key stakeholders at federal level, Punjab and Khyber Pakhtunkhwha for assessing supply, demand and linkages, and development of strategic options
- Informal discussions (focus group discussions and in-depth interviews) with government officials, development partners and NGOs working at federal and province levels

[1]WHO Knowledge Management Strategy - WHO/EIP/KMS/2005.1.

Assessment Findings in Khyber Pakthunkhwa, Punjab and at Federal Level

The demand and supply side assessment findings are given below:

Supply side assessment findings

- Most public and private organisations were interested to promote KM for evidence-based decision making, and showed potential for leadership.
- Significant human resource and expertise/ technological gaps were identified.
- Dissemination and sharing of KM between international organisations and at national level was reported as a weakness.
- Some positive aspects for KM in Punjab included; location of District Health Information System (DHIS) cell and Monitoring and Evaluation cell in one office and strong private sector organisations in relation to human resource capacity and technical infrastructure for KM. In addition, presence of a Quality Enhancement Cell in the University of Health Sciences with capacity to be developed as a hub for collection, storage and dissemination of quality research for wider use, was a positive point.

Demand side assessment findings

- A strong need for KM was indicated as significant gaps were found within and between units and programmes in collecting and sharing of routine information.
- Existing communication channels were found to be weak.
- There was no provincial health website in Khyber Pakhtunkhwa.
- In Khyber Pakhtunkhwa, most used channel in senior management was interpersonal contacts. In addition, there was a heavy reliance on the use of telephones for information.
- In Punjab, person-to-person contact, telephone, mobile phones and the internet were used by almost all stakeholders interviewed. There were also some interesting examples of communication channels being used in the Maternal Neonatal and Child Health (MNCH) and Lady Health Workers (LHW) Programmes, such as the pilot U-tracking initiative for SMS reporting by Lady Health Supervisors.
- At federal level, seminars, hard copies, group meetings and publications were preferred means of knowledge dissemination. All organisations have their own websites which are updated regularly, although not all information is available or shared with external audiences.

Knowledge Management Strategy

Guiding principles

Following provincial assessments, emerging options were reviewed with regard to roles and outputs. Options were agreed upon (in the two provinces) taking seven guiding principles into account and draft implementation plans were drafted (Table 2). Phase II will involve implementation in Punjab and Khyber Pakhtunkhwa, and at the federal level. It will also include taking forward assessments in other provinces and special areas.

Table 2: Guiding principles for Knowledge Management Strategy

- Focus on MDGs 4 and 5 (including health system aspects)
- Owned and driven by provincial governments
- Building on evolving institutional arrangements and what is already working
- Supporting links: provinces-national; provinces-provinces; province-districts
- Able to demonstrate results and value for money
- Attention to key components: target users, organisations, communication mechanisms and tools, and thematic areas
- Focused, flexible, practical, and tailored to context

Vision, outcome and outputs

The vision of the Strategy is to contribute to an enabling environment for improving health of women, newborns and children and for achieving MDGs 4 and 5. The KM Strategy uses the logical framework approach to project planning and management, whereby several outputs together deliver the outcome and contribute to impact. The Strategy will be achieved through three outputs, each with several deliverables and activities (Table 3).

Table 3:Outputs of Knowledge Management Strategy	Indicators	Means of Verification	Assumptions/ Risks
Impact Increased use of evidence to shape development of effective health services and systems to deliver them	- Number of new/amended policies, guidelines etc. implemented at scale in provinces - Number of innovations and best practices introduced at scale	Data source: official documents, provincial and district plans and reports	High level policy decisions can be informed by evidence based knowledge
Outcome Strengthened systematic processes in at least two provinces and federal level for collection, analysis, expert review and communication of information and knowledge by 2013	- Number of policies and guidelines adopted/amended based on evidence - Expert panel recommendations adopted - Number of perceived improvements in management andworking culture (e.g. human resource management, working practices) - Number of problems resolved by sharing best practices and lessons learned - Amount of time/resources saved by leveraging knowledge	Data source: official documents, policies, standards and guidelines, staff interviews,	- Roles within Provinces and with federal agreed post devolution (including those with KM implications) - Resources available (including from government e.g. staff time)
Output 1: Oversight, strategic leadership and staff expertise	- Functioning KM working group over time - Senior leadership maintained over time - Number of Inter provincial and federal communications - Number of staff trained and expertise available - Number of expert panel recommendations	Data source: working group minutes, capacity building plan reports; expert panel minutes	- Working culture resistant to change over time - Resources available (including from government e.g. staff time)
Output 2: KM organisation, management and implementation	- Organisations delivering outputs as planned - Number of users of list serves and online communities - Number of active communities and discussion forums over time - Number of innovations/lessons learned/best practices reviewed and disseminated and promoted with targets; - Data/research summaries and policy briefs produced - Data/research summaries and policy briefs disseminated and promoted with targets.	Data source: KM strategy reports, website and discussion forum reports,	- Resources available (including from government e.g. staff time)
Output 3: KM tools and technologies introduced and scaled up	- Websites, portals and databases developed and range of information available, - Number of website and portal users; - Numbers of documents in shared drives, - Number of documents downloaded; - Innovations Initiative operational and collecting anddisseminating experiences; - Research repository completed - Number of users of research repository	Data source: website reviews; organisation data on usage	- Resources available (including from government e.g. staff time) - Working culture able to adopt new communication technologies

Recommended Approaches at Provincial Level

Recommendations for the KM Strategy are based on provincial assessments for existing organisations/ departments to enhance and expand their roles to strengthen, capture, use and exchange of knowledge. Assessments at provincial level identified at least four government or non-government organisations/ departments/units which are already performing some knowledge management functions. These organisations have an existing role and capacity to support an integrated approach to core KM functions, such as data collection and analysis, research and policy analysis, and TA synthesis.

The four types of organisations/units are:

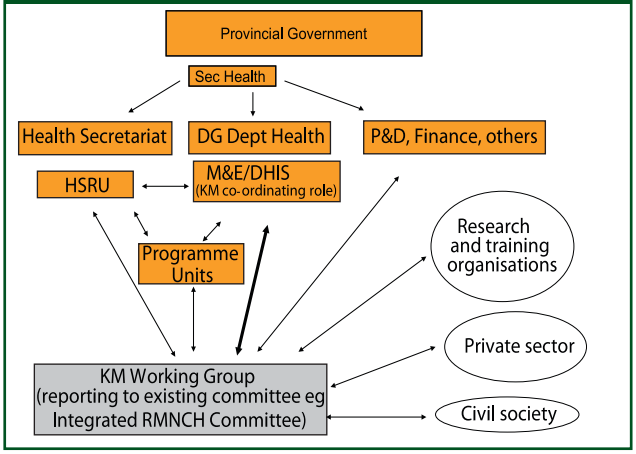
- M&E/DHIS Unit in the Department of Health (DoH): leading on aggregating and providing feedback on routine data collected through the DHIS, and currently working with Programme management to select and integrate Programme indicators.
- Health Sector Reform Unit (HSRU): within the Health Secretariat providing several functions, such as advisory services to senior official, and review and development of policy options.
- Research and training organisations: these include public and private institutions, which oversee in-service and postgraduate training for provincial mid-level managers (including Institutes of public health, Provincial Health Services Academies and new universities such as Khyber Medical University).
- For profit and not for profit organisations: These are providing consultancy services to government, or offering training and education expertise.

Three options were developed for institutional mechanisms to deliver essential KM functions, which are not mutually exclusive and are explained below.

1. **The hub model:** Within government, either the M&E/DHIS unit or the HSRU takes the leading oversight role, manages the KM taskforce/working group, co-ordinates Strategy implementation and works with other stakeholders.
2. **The network model:** There is no one lead organisation, but four or more organisations work in a loose network, supported by a taskforce, which includes focal points from each organisation.
3. **The contracting out model:** Government competitively contracts out selected KM functions, such as collecting and synthesising research, technical assistance and best practice, developing data repositories, and supporting policy analysis and communications activities.

For sustainability and ownership, the recommended Strategy is a technical working group (hub model), chaired by a high level official such as the Health Secretary, convened by the M&E/HSRU Director, and serviced by either the M&E Cell or the HSRU. The purpose of the KM working group will be to promote and oversee the implementation of systematic processes for collection, analysis, expert review and communication of information and knowledge for achieving MDGs 4 and 5 in the province. Figure 1 illustrates how the various organisations relate to each other and their representation on the proposed KM working group.

Figure 1: Approach to oversight for the KM hub mechanism, Provincial level



At the federal level, there is a need to bring together policy makers and to establish their links between KM champions in public and private sectors at provincial level. The Health Services Academy (HSA), Health Systems Strengthening and Planning Unit (HSSPU) and Planning and Development Division (P&DD) are possible public sector hubs for these roles. It is possible that P&DD take an overview role, through for example the proposed Federal Health Unit. A federal level convening mechanism could support inter-provincial groups on the research side, bringing together policy makers from across relevant provincial government departments and researchers to look at data trends, service delivery models and implications for effective policy and programmes. This function could be performed by the HSSPU, or a similar entity possibly based within the proposed Federal Health Unit. The national Health Management Information System (HMIS) at federal level is underutilised but could be strengthened with effective linkages with the provincial HMIS/ DHIS, to build capacity for analysing and communicating information about data trends and implications.

Implementation Plan

A detailed implementation plan for Punjab and Khyber Pakhtunkhwa was proposed including planned activities

and deliverables over two years, on outputs. The plan includes identifying KM champions and setting up a KM working group, identifying a lead organisation or department, carrying out capacity assessment and development activities, and developing/improving websites. It was also proposed that activities in the two provinces should include implementing next steps at federal level, and commissioning assessments in remaining provinces and Federally Administered Tribal Areas (FATA).

Table 4: Proposed Implementation plan over two years

Outputs	Activities
Output 1: Oversight, strategic leadership and staff expertise developed	1.1 KM-S approved and working group operational 1.2 Capacity building for Phase II
Output 2: KM management and implementation	2.1 Organisational work plans and budgets developed (and any contracting arrangements in place) 2.2 Organisation/unit deliverables (timeline depends on work plan to be agreed) 2.2.1 M&E Unit 2.2.2 HSRU 2.2.3 Programme management units 2.2.4 Research and training organisations 2.2.5 Private sector (possible)
Output 3: Tools and technologies introduced and scaled up	3.1 Provincial health website 3.2 Expert review panel process 3.3 Linkages with possible inter province initiatives (one stop shops for research, innovations, and TA) 3.4 M-health initiative for knowledge

Way Forward and Current Status

The vision of the KM Strategy is for knowledge and information to contribute to an enabling environment for improving the health of women, newborns and children and achieving MDGs 4 and 5. Its impact lies in increasing the use of evidence based information to shape effective health services and instituting corresponding delivery systems. The vision of the strategy can be achieved by building on existing organisational functions and strengths, and developing a hub mechanism with the M&E functions and HSRUs to co-ordinate planning and delivery of outputs, supported by a KM working group. Currently, some KM functions have been implemented in Khyber Pakhtunkhwa and Punjab in collaboration with the HSRUs.

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TRF is funded by UKaid from the Department for International Development and DFAT, and managed by HLSP