



## EAST AFRICAN COMMUNITY

### EAC Regional Health Sector Knowledge Management Strategy 2018/19 – 2022/23

Better Management of Health Sector Knowledge Resources for  
Improved Health System Performance and Health Outcomes through  
Knowledge Management

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## Acronyms

CSOs	Civil Society Organizations
DHIS2	District Health Information System 2
EAC	East African Community
EAHRC	East Africa Health Research Commission
EWG	Expert Working Group
FBOs	Faith Based Organizations
GDP	Gross Domestic Product
HMIS	Health Management Information System
HRH	Human Resource for Health
HIS	Health Information System
HIV & AIDS	Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome
ICT	Information and Communication Technology
IDSR	Integrated Disease Surveillance and Response
KM	Knowledge Management
LMU	Logistic Management Unit
MDA	Ministries, Departments and Agencies
MEEDs	Malaria Early Epidemic Detection System
M&E	Monitoring and Evaluation
PMP	Performance Management Plan
REACH	Regional East Africa Community Health
REC	Regional Economic Community
RMNCAH	Reproductive, Maternal, New-born, Child and Adolescent Health
SOPs	Standard Operating Procedures
STIs	Sexually Transmitted Infections
SWOT	Strengths, weaknesses, opportunities and threats
TB	Tuberculosis
TOR	Terms of Reference
TWG	Technical Working Group
JTWG	Joint Technical Working Group
ZILS	Zanzibar Integrated Logistics System

# Executive Summary

## Executive Summary

This document outlines the EAC Regional Health Sector Knowledge Management (KM) Strategy 2018/2019 – 2022/2023. The knowledge management for health agenda at EAC was initiated through a directive of the EAC Sectoral Council of Ministers of Health to form an Expert Working Group (EWG) on Knowledge Management whose aim is to ensure that knowledge and information are effectively shared in the region. This Knowledge Management Strategy is aligned to the EAC Health Policy; Regional Health Sector Investment Priorities Framework 2018 – 2028; EAC Health Sector Strategic Plan Objectives 10 and 11; EAC HIV/AIDS, STI and TB Multi-Sectoral Strategic Plan 2015 – 2020 under Key Results Area 3; and the EAC RMNCH Policy Strategic Plan Objective 4.

### Knowledge management definition

For the purpose of this Strategy and Country Operational Plan, the EAC Knowledge Management Expert Working Group defined knowledge management as “the intentional and continuous process of generating new knowledge, capturing and organizing existing knowledge, and adapting that knowledge into easy to use forms to meet the needs of different audiences.”

### Rationale for a knowledge management strategy

Despite advances in technology, many health professionals and decision-makers have difficulties accessing the crucial information they need to make decisions in a language they understand and in a user friendly format. When health workers do not have easy access to and/or do not use the latest and most appropriate information, they cannot provide the highest quality care, resulting in poor health outcomes.

As such, prioritizing sound knowledge management practices within the EAC Health Sector will:

- Lay the foundation for a systematic and on-going process to share knowledge management products;
- Provide quality and relevant information necessary for the development of key learning products;
- Support a culture of improved accessibility and use of knowledge generated within the region;
- Provide standard guidelines and procedures on information gathering, synthesising, interpretation, packaging and sharing; and
- Improve health indicators in the EAC.

### KM Strategy development process

This strategy was developed through a highly consultative process, based on a Needs Assessment of the EAC Secretariat and Partner States’ Knowledge Management Platforms/Systems, conducted in 2017. Representatives of the EAC Knowledge Management Expert Working Group developed the strategy during two consecutive workshops, with technical assistance from the USAID-funded Knowledge for Health Project. The draft strategy was reviewed, refined, and

agreed upon during country consultations and a regional validation meeting in 2018; and approved by the 17<sup>th</sup> Ordinary Meeting of the Sectoral Council on Health in October 2018.

### **EAC health sector knowledge management situation**

The strategy was designed to address and build on the following key findings from the KM Needs Assessment:

- i. Partner States' health information and knowledge is collected from diverse sources but is neither coordinated nor harmonised, nor is it widely used for decision-making and learning;
- ii. Existing health information systems and structures in Partner States exist. However, data generated from these systems is not effectively synthesized and made available to inform planning, resource allocation, and decision making at country or regional levels;
- iii. Neither the EAC Secretariat nor the Partner States have developed overarching KM policies and strategic frameworks for health;
- iv. Although there have been efforts towards establishing KM platforms for health among Partner States, these efforts lack a comprehensive strategic vision, are often donor driven, or are implemented as projects rather than as part of the core health system development undertakings; and are not interconnected;
- v. The EAC Secretariat and EAHRC have instituted a wide range of knowledge management activities that are mostly limited to specific institutions, departments, units, or programmes at the EAC Secretariat; and
- vi. The knowledge management function of the EAC Secretariat is aligned with, and guided by, the Treaty for the Establishment of the EAC and its consequential instruments and policies. This alignment provides an opportunity for KM to be integrated within key health priority areas and to contribute to the overall mandate of the EAC Secretariat.

### **Target audiences for the EAC KM Strategy for Health**

This KM Strategy and Country Operational Plan targets the following stakeholders, at the Regional and Partner State levels, who play key roles in generating health knowledge and using it.

- i. Policy-makers;
- ii. Health managers;
- iii. Health Professionals (both in training and practice);
- iv. Researchers and Academia;
- v. Implementing and development partners; and
- vi. Communities.

Other audiences include the media, religious/opinion leaders, and the general EAC public.

## Guiding principles

The guiding principles of this strategy are derived from EAC overarching values as well as the guiding values of the EAC Health Policy, and they include:

- i. Partnerships and collaboration.
- ii. Harmonization of policies and interventions.
- iii. Harnessing tacit knowledge.
- iv. Continuous sharing and learning.
- v. Interconnectedness and integration.

## Strategic goal, purpose, objectives, and areas of focus

The KM Strategy consists of the goal, purpose, objectives and strategic areas of focus indicated in the strategic framework shared below, and describes activities to be implemented under each strategic area of focus. This strategy has four objectives with various areas of focus as outlined below:

- i. **Objective 1: Enabling environment for planning, implementation and coordination of KM at regional and Partner State levels created** - This strategy lays out key interventions to create an enabling environment for KM which include creating awareness of the value of KM among decision-making stakeholders to adequately resource KM at the Partner State and regional levels; coordinate the development and adoption of KM guidance documents; and integrate KM into existing and new health policies, strategies, plans, budgets and programmes at all levels (regional and national);
- ii. **Objective 2: Capacity to generate, synthesize and share information and knowledge products in the EAC regional and national levels strengthened** - This objective aims to guide the KM strategy for health through strengthening human resource capacity at EAC Secretariat and among Partner States to generate, synthesize and share KM products and services; and
- iii. **Objective 3: KM platforms at regional and Partner States' levels (virtual design, content management, etc.) established and strengthened** -This objective aims to establish and enhance existing ICT and face-to-face knowledge sharing platforms. It will be achieved through the implementation of the following strategic interventions and activities: Creating/strengthening regional inter-linked, web-based and face-to-face knowledge sharing platforms and Operationalizing the regional, interlinked, web-based and face-to-face knowledge sharing platforms
- iv. **Objective 4: Enhance access to high quality knowledge products and services among targeted audiences** - Under this objective, the EAC will make available and promote access to relevant, targeted KM products and services. EAC will also strengthen existing thematic networks at national and regional levels to effectively share KM products and services through training on KM, documenting and sharing best practices, and linking them to national and regional KM systems



## Monitoring and evaluation

The Monitoring and Evaluation Plan attempts to evaluate progress according to four levels:

- **Level 1:** Knowledge process-enhancing activities conducted (the number of activities conducted)
- **Level 2:** Knowledge capital created (the products of the KM processes).
- **Level 3:** Changed practices (observed changes in the way people, teams or organizations act/function).
- **Level 4:** Performance improvement (the adoption and integration of KM in programme management and implementation).

A framework for monitoring and evaluating implementation of the KM Strategy is attached as Annex 3.

## Implementation arrangements

The **EAC secretariat** will establish and host the KM unit which will be involved in the implementation of KM strategies at the regional level. The KM Unit, housed at EAC Secretariat, will be involved in the implementation of the following key activities: coordination of regional KM activities; convening Expert Working Group (EWG) on KM; establishing, hosting and managing the KM Unit; creating partnerships; building capacity at regional level; documenting and sharing best practices; developing KM guidelines, frameworks and strategies.

The **EAC EWG on KM** will oversee the work of the KM Unit at the EAC Secretariat. It will facilitate collection, generation, analysis, and dissemination of regional and national data, information and knowledge on programmes' good practices and lessons learnt. The EWG will also support the efficient translation of findings into policies and practices and support the monitoring and evaluation of regional KM implementation.

**Partner States** through relevant ministries and departments will implement KM activities as well as provide guidance on the adaption of the KM strategy and establishment of KM Units within various MDAs. They will also mobilize and allocate resources for KM activities as planned and monitor implementation. The countries will also coordinate the following activities at the national level:

- Establish a country specific KM unit
- Participate in the Expert Working Group on Knowledge Management which oversees the work of the KM Unit at EAC Secretariat
- Monitor implementation of EAC KM strategy and activities locally
- Convene national learning events.

The KM Strategy further defines implementation roles for the Sectoral Council of Ministers of Health, EAC Council of Ministers, development partners, civil society organisations, private sector, and research and academic institutions.

**Implementation plan and budget**

A plan and budget for implementing this strategy over a five-year period from 2018 to 2022 is shared in Annex 2. The budget total is estimated at US\$ 8,411,780.

# CHAPTER ONE

## Introduction

This document outlines the EAC Regional Health Sector Knowledge Management (KM) Strategy 2018/2019 – 2022/2023. The knowledge management for health agenda at EAC was initiated through a directive of the EAC Sectoral Council of Ministers of Health to form an Expert Working Group (EWG) on Knowledge Management whose aim is to ensure that knowledge and information are effectively shared in the region. This directive is in line with the EAC Health Sector’s mission, “To build a harmonized and integrated health approach, systems and services for the general well-being of the EAC population and environment.”

## Definition of Knowledge Management in EAC

For the purpose of this Strategy, the EAC Knowledge Management Expert Working Group defined knowledge management as:

*“the intentional and continuous process of generating new knowledge, capturing and organizing existing knowledge, and adapting that knowledge into easy to use forms to meet the needs of different audiences.”*

## Background of the East African Community

The East African Community (EAC) is a regional Inter-Governmental Organization composed of six (6) Partner States: the Republic of Burundi, the Republic of Kenya, the Republic of Rwanda, the United Republic of Tanzania, the Republic of Uganda and the Republic of South Sudan. The EAC is guided by a Treaty<sup>1</sup>, which was signed on 30<sup>th</sup> November, 1999 and came into force on 7<sup>th</sup> July, 2000 following its ratification by the original three Partner States namely the Republic of Kenya, United Republic of Tanzania and Republic Uganda. The Republic of Rwanda and the Republic of Burundi became full members of the Community with effect from 1<sup>st</sup> July, 2007 while the Republic of South Sudan was formally admitted to the Community on 2<sup>nd</sup> March, 2016.

The EAC has a land area of 2.42 million square kilometres, is home to approximately 160 million people and has a combined Gross Domestic Product (GDP) of US \$ 169.5 billion. The region is deemed one of the fastest growing regional economic blocs in Africa. The EAC co-operates, negotiates, and collectively determines legislation and policy that are legally binding at national and regional levels. As per Article 5 of the Treaty for the Establishment of the East African Community, the objectives of the Community are to develop policies and programmes aimed at widening and deepening cooperation among the Partner States in political, economic, social and cultural fields, research and technology, defence, security and legal and judicial affairs, for their mutual benefit.

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<sup>1</sup> EAC (2000), The Treaty for the Establishment of the East African Community. Arusha 2000 (as Amended)

This integration process is guided by four pillars namely Customs Union, Common Market, Monetary Union, and a Political Federation as well as the EAC Vision 2050 which foresees an upper-middle income region within a secure and politically united East Africa based on principles of inclusiveness and accountability. The 5<sup>th</sup> EAC Development Strategy (2016/17 – 2020/21)<sup>2</sup> particularly notes that the health sector is instrumental in contributing to the socioeconomic transformation of the region, through production of healthy human capital.

## **Rationale for the Knowledge Management Strategy**

Knowledge is a necessary resource to the success of any organization's activities. It is also a product or an outcome of experience that has value to others. In the field of health, knowledge is an asset most valuable when shared and used to guide decisions which eventually lead to better health outcomes.

The dynamic nature of the health sector interventions within the EAC region presents a major challenge for collection, synthesis and sharing of knowledge among Partner States and stakeholders. This not only creates a situation where Partner States and stakeholders face challenges in accessing necessary strategic information and knowledge for decision making, but also that of sharing tools and strategies that are necessary to facilitate improved access to health services. Furthermore, the absence of a harmonized approach to using health information systems and research findings within the region also affects regional and individual Partner State programme implementation. In particular, this challenge may negatively impact their advocacy for high level commitment to increased budgetary allocations for health program implementation and service delivery.

It is also imperative to note that while the EAC Partner States have in place a number of health information and knowledge management systems at national and sub-national levels, these systems are largely fragmented, lacking in interconnectivity with the regional systems and are largely donor dependent. The EAC Partner States also face challenges in accessing strategic information and knowledge from local and international researchers due to limitations of current sharing tools and strategies. At the same time, the EAC has not adequately invested in efforts to tap into the available tacit knowledge in the form of experiences and best practices from other Regional Economic Communities (RECs). Collectively, the situation has led to limited cross learning, whose main purpose is to improve service standards and health outcomes within the entire region.

At practice level, despite advances in technology, many health professionals and decision- makers have difficulties in readily accessing the crucial information they need to make decisions in a language they understand and, in a user, friendly formats. When health workers do not have easy

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<sup>2</sup> EAC Development Strategy (2016/17 – 2020/21): <https://www.eac.int/documents/category/key-documents>

<sup>3</sup> Report of the Needs Assessment of the East African Community Knowledge Management and Partner States' Knowledge Platforms/Systems

access to and/or do not use the latest and most appropriate information, they cannot provide the highest quality care, resulting in poor health outcomes.

As such, prioritizing sound knowledge management practices within the Health Sector will:

- Lay the foundation for a systematic and on-going process to share knowledge management products;
- Provide quality and relevant information necessary for the development of key learning products;
- Support a culture of improved accessibility and use of knowledge generated within the region;
- Provide standard guidelines and procedures on information gathering, synthesising, interpretation, packaging and sharing; and
- Improve health indicators in the EAC.

## **EAC Policy Frameworks for Knowledge Management**

Knowledge Management is a key aspect of the EAC regional cooperation on health as provided for under article 118 (e) of the EAC Treaty seeks to promote exchange of information on health issues in order to achieve quality health within the Community. Article 71 (1)(b) of the Treaty gives the Secretariat responsibility to initiate studies and research related to, and the implementation of programmes for, the most appropriate and expeditious ways of achieving the objectives of the Community. This Knowledge Management Strategy is also aligned to the EAC Health Policy<sup>3</sup>; Regional Health Sector Investment Priorities Framework 2018 – 2028; EAC Health Sector Strategic Plan Objectives 10 and 11; EAC HIV/AIDS, STI and TB Multi-Sectoral Strategic Plan 2015 – 2020 under Key Results Area 3; and the EAC RMNCH Policy Strategic Plan Objective 4.

Furthermore, Objective 7 of the EAC Health Policy seeks to strengthen capacity for health systems and health services research to support evidence-based policy and programming while Objective 9 seeks to promote sustainable, dynamic and appropriate information systems developed for timely and evidence-based decisions for effective global health security and better health outcomes. In addition, Priority 8 and 9 of the EAC Regional Health Sector Investment Priorities Framework 2018 – 2028 promotes generation of quality health data, information and knowledge to enhance decision making and action.

By seeking to strengthen the Knowledge Management function, the EAC will also build on other regional initiatives that provide important sources health information and knowledge. These include:

- a) **East African Health Research Commission (EAHRC)** – This is an EAC institution which provides a mechanism for facilitation and coordination of health research and the translation of results of health research into policy and practice in the Partner States and making available to the Community. The EAHRC is also charged with providing advice upon all matters of health research and findings that are necessary for knowledge

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<sup>3</sup> EAC Regional Health Policy

generation, technological development, policy formulation, practice and other related matters. The EAHRC will therefore be a key partner and stakeholder in the implementation of this strategy.

- b) Regional East Africa Community Health (REACH) Initiatives** which is a collaborative research initiative between Kenya, Tanzania and Uganda and involves various stakeholders including policy makers, researchers from universities and Civil Society Organizations (CSOs). The Initiative aims to bridge the gaps between health research and policy and decision making. The Initiative is responsible for generating proposals for funding, preparing publications and ensuring dissemination. Its production unit translates knowledge into innovation and produces key health indicators.

It is against this backdrop that the EAC sought to develop a regional knowledge management strategy for health.

## **The Knowledge Management Strategy Development Process**

The East African Health Sector Knowledge Management Strategy development process has been highly consultative involving various stakeholders including Partner States experts drawn from the public and private sectors, Civil Society Organisations (CSOs), Faith Based Organisations (FBOs) and development partners. The Knowledge Management strategy development process is outlined below:

- i. Approval of the TOR for the development of the EAC Knowledge Management Strategy for Health (17th November 2016, 13th EAC Sectoral Council of Ministers of Health);
- ii. Needs Assessment of the EAC Secretariat and Partner States' Knowledge Management Platforms/Systems (April – June 2017);
- iii. Country consultations on the Knowledge Management Needs Assessment Report (July 2017);
- iv. Review of the draft Knowledge Management Needs Assessment Report by the EAC Expert Working Group on Knowledge Management (July 2017);
- v. First Meeting of Experts to draft the EAC Knowledge Management Strategy for Health based on the preliminary assessment findings (September 2017);
- vi. Review of the draft Knowledge Management Needs Assessment Report by the Joint EAC Technical Working Group on RMNCAH and HIV/AIDS (October 2017);
- vii. Regional validation of the draft Knowledge Management Needs Assessment Report (November 2017);
- viii. Second Meeting of Experts to draft the EAC Knowledge Management Strategy for Health (March 2018);
- ix. Consideration of the draft Knowledge Management Needs Assessment Report and the draft the EAC Knowledge Management Strategy for Health by the 16<sup>th</sup> Ordinary Meeting of the Sectoral Council on Health (May 2018);
- x. Approval of the draft Knowledge Management Needs Assessment Report (May 2018);

- xi. Country consultations on the draft the EAC Knowledge Management Strategy for Health (August 2018);
- xii. Regional validation of the draft the EAC Knowledge Management Strategy for Health (October 2018); and
- xiii. Approval of the draft EAC Knowledge Management Strategy for Health by the 17<sup>th</sup> Ordinary Meeting of the Sectoral Council on Health (October 2018).

## CHAPTER TWO

### 2.1. The Health Sector Knowledge Management Situation in the EAC

The KM situation in the EAC has been well documented in the *Report of the Needs Assessment of the East African Community Knowledge Management and Partner States' Knowledge Platforms/Systems*<sup>4</sup>.

The section below summarises some of the key findings which are also the basis of the development of the EAC Regional Health Sector Knowledge Management Strategy.

### 2.2. EAC Knowledge Management Needs Assessment

The EAC with technical and financial support from USAID Kenya/East Africa, undertook a needs assessment in June 2017 to identify the existing knowledge management systems, policies and practices at regional and Partner States levels; and to determine the information and technology needs of health professionals working at all levels of the health system.

#### **SWOT analysis<sup>5</sup> of the EAC Secretariat and Partners' KM systems**

From the SWOT analysis of the KM systems at the EAC secretariat and Partner States, several capacity challenges and gaps have been identified in relation to the existing KM processes, systems, technology, infrastructure and human resources. A major challenge for the EAC and Partner States remains strengthening the capacity to effectively facilitate the creation, sharing and use of knowledge for the benefit of the health system and well-being of the population.

### 2.3. KM systems and activities already in place at EAC

The EAC Secretariat's and the Partner States currently apply a variety of KM practices to convene Partner States representatives, both online and face-to-face, and to harness and share knowledge generated within the region: While the outlined activities and systems exist, they are not fully utilised due to the fragmentation of the systems as well as limited human resources capacity in KM inadequate financial resources to undertake KM activities, manage and fully utilise the systems.

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<sup>5</sup> Report of the Needs Assessment of the East African Community Knowledge Management and Partner States' Knowledge Platforms/Systems



**Table I: Some KM activities at the EAC Secretariat**

Products and services	Publications and resources	Approaches and techniques	Training and events
<p>EAC manages a number of online platforms through which knowledge is synthesized and disseminated. EAC also provides links to other related sites: Platforms Links to other platforms</p> <ul style="list-style-type: none"> <li>● EAC Web Portal: <a href="http://www.eac.int">www.eac.int</a></li> <li>● Reports.eac.int</li> <li>● eac.opendataforumsfrica.org</li> <li>● elibrary.eac.int</li> <li>● EAC Health Data Warehouse and EAC Health Web Portal: <a href="https://healthdata.eac.int">https://healthdata.eac.int</a> <a href="http://health.eac.int">http://health.eac.int</a></li> <li>● East African Monitoring system Central (EAMS Central) for managing Sectoral Council Decisions, Directives and Calendar of Activities: <a href="http://eamscentral.eac.int">http://eamscentral.eac.int</a></li> <li>● Integrated information Management System for Medicine Regulatory Agencies-hosted by EAC and linked to all the 6 NMRA's</li> <li>● Social Media (Facebook; Twitter)</li> <li>● e-Newsletter</li> <li>● EAC News</li> </ul>	<p>EAC publishes Journals and Reports through which knowledge from East Africa is synthesized and shared throughout the Region with the aim of contributing to policy decisions: Journals</p> <ul style="list-style-type: none"> <li>● East Africa Health Research Journal</li> <li>● Sectoral Council reports</li> <li>● Technical Working Group reports</li> </ul> <p>Expert Working Group reports</p> <ul style="list-style-type: none"> <li>● Survey reports</li> <li>● Assessment reports</li> <li>● Study reports</li> </ul>	<p>EAC uses KM approaches to monitor and evaluate the progress of projects and identify best practices: Best practices</p> <ul style="list-style-type: none"> <li>● Routine Monitoring</li> <li>● End of term evaluations</li> <li>● Mid-term evaluations</li> <li>● Meeting of the technical and policy organs including the Sectoral Council on Health</li> </ul>	<p>EAC hosts and facilitates events to bring together key audiences in the health sector for learning and knowledge exchange: Workshops</p> <ul style="list-style-type: none"> <li>● Validation Workshops</li> <li>● Training Workshops</li> <li>● East African Health Scientific Conference Symposia</li> </ul> <p>Parliamentary Forums</p> <ul style="list-style-type: none"> <li>● Technical Exchanges</li> <li>● Orientation and Dissemination Workshops</li> </ul>

<ul style="list-style-type: none"> <li>EAHRC Web Portal: <a href="http://www.eahealth.org">www.eahealth.org</a></li> </ul>			
Some KM activities at the Partner State Level			
<ul style="list-style-type: none"> <li>Web Portals</li> <li>DHIS 2</li> <li>HMIS</li> <li>eLMIS</li> <li>iHRD</li> <li>IDSR</li> <li>MEEDS</li> <li>Journals</li> <li>Health Bulletins</li> <li>Social Media (Facebook, Twitter, Skype)</li> <li>e-Newsletter</li> <li>Webinars</li> </ul>	<ul style="list-style-type: none"> <li>Annual Programmes Reports</li> <li>Sectoral performance reports</li> <li>Quarterly Reports</li> <li>Survey Reports e.g. Health Demographic Surveys</li> <li>HIV/AIDS Indicator Surveys/Impact surveys</li> <li>Census</li> </ul>	<ul style="list-style-type: none"> <li>Routine Monitoring</li> <li>Quarterly, performance reviews</li> <li>End of term evaluations</li> <li>Mid-term evaluations</li> <li>Support Supervision</li> <li>Conferences and symposia</li> </ul>	<ul style="list-style-type: none"> <li>Technical Exchanges</li> <li>Orientation and Dissemination Workshops</li> <li>Online Communities of Practice</li> </ul>

The findings and recommendations from the KM Needs Assessment formed the basis for the development of the EAC Regional KM Strategy for Health

## 2.4. Key findings

The following are key issues identified by the assessment which form the basis for this Strategy:

### i. Partner States Health information and knowledge sources

Health information and knowledge within the region are generated from different sources (individuals, households, health facilities, national public health offices, health research bodies, civil society and private sector organisations). This information and knowledge is made available in different forms and used for multiple purposes across the levels of the health system. The collection of information and knowledge from these diverse sources is neither coordinated nor harmonized nor is it widely used for decision making and learning.

### ii. Existing health information systems and structures in Partner States

The EAC Partner States have established health management information systems, departments or units at their respective Ministries of Health and sectors. However, these systems are largely fragmented, lacking in integration and interconnectivity, lack technological and infrastructural capacity and are not used effectively to inform planning and decision making especially resource allocation decisions. In addition, the Partner States' health management information systems by their design are also not linked or interconnected to the EAC level health information systems thereby making a regional level corporate approach to monitoring of commitments and performance indicators rather difficult, with the exception of development partner-supported vertical programs such as RMNCAH.

iii. **Lack of an overarching knowledge management policy and strategic framework**

The needs assessment identified a wide variety of health information and KM related policies, guidelines, strategies, Standard Operating Procedures and tools. These efforts to develop standard guidelines exist in varying degrees within the region at the country and regional level. However, neither the EAC Secretariat nor the Partner States have developed an overarching KM policy and strategic framework for health.

iv. **Establishment of national and regional KM platforms**

Although there have been efforts towards establishing KM platforms for health, these efforts lack a comprehensive strategic vision, are donor driven, or are implemented as projects rather than as part of the core health system development undertakings. In addition, the Partner States' health management information systems, by design, are not interconnected to the EAC level health information system except for RMNCAH which has been interconnected since 2014. Currently neither the Partner States nor the EAC Secretariat have established enabling governing bodies that can support the strategic development and implementation of a culture that values knowledge, sharing it, and using it for evidence-based decision making.

v. **Regional knowledge management activities within the EAC's health sector**

Despite the absence of an overarching regional KM for health policy and strategy, the EAC Secretariat and the EAHRC have instituted a wide range of knowledge management activities. These activities promote and facilitate generation, synthesis, dissemination, sharing, exchange, and utilization of health information, research findings and knowledge to inform decisions, programming, and practice. However, many of the current KM activities are fragmented and limited to specific institutions, departments, units, or programmes at the EAC Secretariat. This state of affairs therefore provides the basis for an opportunity to develop a comprehensive and integrated regional KM Platform for health.

vi. **Alignment of EAC KM function to relevant instruments and policies**

Overall, the assessment established that the knowledge management function of the EAC Secretariat is aligned with, and guided by, the Treaty for the Establishment of the EAC and its consequential instruments and policies. These include Article 118(e), 71(1)(f) and 71(1)(b) of the Treaty, EAC Regional Health Policy, the Protocol on the Establishment EAHRC and the Protocol on Health. This alignment provides an opportunity for KM to be integrated within key health priority areas and to contribute to the overall mandate of the EAC Secretariat.

However, the gap between knowledge producers and still remains particularly because of limited capacity for incorporating the needed and accessible knowledge into policy and practice.

# CHAPTER THREE

## 3.1. Strategic Interventions

**Goal:** Improved health outcomes in the EAC

**Vision:** A healthy and productive population in the East African Community

**Mission:** To build a harmonized, equitable, sustainable and integrated health approach, supporting systems and services, adequately funded, for the general well-being of the EAC population and its environment.

**Purpose:** To improve access to and use of information and knowledge to influence health policies and programmes in the region

## 3.2. Target Audiences

This KM Strategy and Country Operational Plan targets the following stakeholders, at the Regional and Partner State levels, who play key roles in generating health knowledge and using it.

- vii. **Policy-makers:** Use the knowledge generated to inform policies and programmes. Policy makers at EAC regional, national and sub national level are expected to prioritize and resource KM functions at the different levels of decision makers;
- viii. **Health managers:** Require quality informed and knowledge for strategic and day- to-day evidence-based decisions making and action as they engage in managing health services at national and sub national level as the primary planners of health services in their areas of jurisdiction. They also generate knowledge and influence the environment in which the other health workers participate in knowledge management activities;
- ix. **Health professionals (both in training and practice):** These are generators of tacit and explicit knowledge and users of the knowledge generated by the KM system;
- x. **Researchers and Academia:** these are persons who carries out academic or scientific research aimed at improving health and health outcomes;
- xi. **ICT Experts:** These are experts engaged in as a profession that includes any communication device or application, encompassing: radio, television, cellular phones, computer and network hardware and software, satellite systems as well as various services and applications associated with them, such as videoconferencing and distance learning.
- xii. **Implementing and development partners,** including UN Agencies, bilateral and multi-lateral partners, civil society and private sector who are involved in knowledge management as generators of knowledge, users of knowledge and funding of knowledge of knowledge management activities; and
- xiii. **Community:** The community is a key participant in the designing and implementation of health programmes. Communities generate various knowledge products and lessons that can be utilised for scaling up and creating effective programmes based on evidence. On the other hand, communities are recipients of knowledge which they adopt to develop and strengthen health programmes.

Other audiences include the media, religious/opinion leaders, and the general EAC public.

### 3.3. Guiding Principles

The guiding principles of this strategy are derived from the overarching EAC values as well as well as the guiding values of the EAC Health Policy and they include:

vi.

- **Partnerships and collaboration:** In the implementation of this strategy, the EAC Health sector shall work with relevant Partner States' Health Ministries, Departments and Agencies, development partners, private sector, academia, research institutions and civil society organisations;
- **Harmonization of policies and interventions:** The KM strategy and activities implemented at the regional level should be reflective of the Partner States' identified priorities;
- **Harnessing tacit knowledge:** This KM Strategy fully recognizes and appreciates the tacit knowledge that is housed within the minds of the health practitioners in the Partner States and the Secretariat. This KM Strategy aims to harness the invaluable indigenous knowledge within the Region;
- **Continuous sharing and learning:** This strategy seeks to promote a philosophy and culture of continuous sharing and learning within EAC, which will positively impact health outcomes of the EAC; and
- **Interconnectedness and integration:** The EAC is built on a foundation that values interconnectedness. Similarly, the KM Strategy seeks to embrace inter-connected knowledge management systems at the national and regional levels

## 3.4. Strategic Interventions and Activities

To implement the Health Sector KM Strategy, EAC will focus on the following Objectives, Strategic Interventions, and Key Activities based on the gaps identified by the KM needs assessment

**Goal: Improved health outcomes in EAC Partner States**

**Purpose:** To improve access and use of information and knowledge to influence health policies and programmes in the region

### Objective 1

Enabling environment for planning, implementation and coordination of KM at regional and Partner State levels created

### Objective 2:

Capacity to generate, synthesize and share information and knowledge products in the EAC region strengthened

### Objective 3:

KM platforms at regional and Partner States' levels (virtual design, content management, etc.) established and strengthened

### Objective 4:

Access to high quality knowledge products and services among targeted audiences established and strengthened

### Strategic Areas of Focus:

Create awareness and advocate for KM.

Develop KM guidance documents

Integrate KM into health sector policies, strategies, plans, budgets and programmes

Coordinate KM at national and regional levels

### Strategic Areas of Focus:

Strengthen human resource capacity to manage and coordinate KM at regional and national levels

Establish KM units or strengthen relevant existing units

Strengthen infrastructure, equipment and technology for KM at regional and national levels

### Strategic Areas of Focus:

Create/strengthen regional inter-linked, web-based and face-to-face knowledge sharing platforms

Operationalize regional inter-linked, web-based and face-to-face knowledge sharing platforms

### Strategic Areas of Focus:

Develop and disseminate knowledge products and services to various stakeholders

Conduct knowledge documentation exercises such as case studies to inform policy and action

Develop & share KM products and services

## **Objective 1: Enabling environment for planning, implementation and coordination of KM at regional and Partner State levels created**

KM systems face a number of challenges as a result of an ever-changing environment. Such challenges affect the sustainability of KM programs. However, there is also an opportunity to build upon foundations established by Partner State M&E systems and structures to promote a culture of learning, inclusion of tacit knowledge and stronger use of data, information and knowledge, and to create a holistic, intentional KM system. This strategy lays out key interventions to create an enabling environment for KM. These include creating awareness of the value of KM among decision-making stakeholders to adequately resource KM at the Partner State and regional levels; coordinate the development and adoption of KM guidance documents; and integrate KM into existing and new health policies, strategies, plans, budgets and programmes at all levels (regional and national).

### ***Strategy 1.1 Create awareness and advocate for KM.***

#### **Develop advocacy materials for various stakeholders**

During the implementation period, focus will be put on addressing buy-in of the strategy by policy makers and other stakeholders. Continuous advocacy sessions to improve leaders' commitment to accountability and financial sustainability for KM activities will be emphasized. The key advocacy materials will include:

- Concept notes and workplans detailing planned and costed strategies will be developed. This will be used to inform requests for financial and technical support
- Policy briefs, used to advocate policy makers and health managers on the need to prioritizing KM activities. From time to time policy briefs will be developed and presented during high level meetings;
- Frequently asked questions, along with answer summary sheets and guidance notes for KM will be developed to guide champions and other leaders in advocating for KM financing and accountability; and
- Concept notes and work plans detailing planned and costed strategies will be developed. From time to time these will be used to inform requests for financial and technical support. The concept notes will target senior health managers, councils of ministers and donors.

#### **Conduct advocacy activities for targeted stakeholders and take advantage of existing opportunities**

- This strategy provides for wider dissemination of advocacy materials to the targeted audience. EAC will primarily build on existing forums to disseminate the advocacy information. These include: TWG, EWG, and Partner States Ministries of EAC affairs (see Strategy 1.4).
- The following forums will be used for dissemination of advocacy information: Knowledge Share fairs, Knowledge cafes and Stakeholder meetings which will be organized at regional or Partner State level. Efforts will be made to invite policy makers and health managers to support institutional buy-in for KM.
- Scientific meetings and conferences will be organized every two years. During these meetings, a scientific symposium on KM will be held to support KM advocacy.

- The advocacy materials will also be disseminated through video conferences, and other web and non-web-based platforms, which will be produced during the implementation of this KM strategy.

### **Strategy 1.2 Develop and harmonise KM guidance documents**

The EAC Secretariat, in collaboration with Partner States' KM focal points, will develop knowledge management guidelines, policies, procedures, and standards, and assign roles and responsibilities to formalize and standardize knowledge management. To do so EAC will identify and document knowledge management procedures and guidelines through best practice interventions. EAC will identify knowledge champions to drive the strategy, and organize peer learning sessions, exchange visits and annual planning meetings and quarterly review meetings to assess progress and accomplishments towards the implementation of the strategy.

#### **Identify and scale up existing best practices on KM that are applicable to the EAC region**

During the implementation period, this intervention will be focused on ensuring that the procedures and standards for KM are in place within the region. This will be done through the following:

- Documentation of best practices – These will be used by KM implementers to enhance adoption of KM. Best practices in KM will be identified, documented and availed periodically to intended users to guide them on implementing KM interventions.
- Development of periodic program implementation reports – Program implementation reports will enhance learning. Periodically, there will be initiatives to develop and share program implementation reports with stakeholders to get updates on the progress of implementation.
- Identify KM champions – KM champions are the key influencers who will spearhead KM integration at various institutions and levels. Based on specified roles and responsibilities, champions will be identified regionally and nationally to form the key caucus for integration.
- Peer learning sessions and exchange visits – Collaborations and exchange visits enhance learning and strengthen adoption of interventions. There will be intentional efforts to identify learning opportunities and sites for exchange visits during the implementation period of this strategy to prioritize integration.

#### **Develop harmonized KM guidelines, procedures and standards**

Efforts will be made to ensure that both existing guidelines and those developed across the region are harmonized, to ensure uniformity and similarity in implementation. This will be done through the following key activities:

- Develop guidelines and frameworks/ models for adaptation by Partner States. The EAC health department will identify, review and harmonize all new and existing KM guidelines for the region for adoption by Partner States and other stakeholders within the region;
- Disseminate guidelines during training described under Objective 2 – Once these guidelines are developed and harmonized EAC will organize events to disseminate them, as well as capitalize on existing opportunities to disseminate;
- Archive and share guidelines through the KM platforms described under Objective 3 – KM demands that users access documents or guidelines as, at and when they need it. Efforts will



be made by EAC to archive and make accessible all developed and harmonized guidelines via offline and online platforms; and

- Monitor use of approved guiding documents – Periodic monitoring and evaluation will be conducted to assess use of the developed and disseminated guidelines.

### **Strategy 1.3** Integrate KM into health sector policies, strategies, plans, budgets and programmes

In order for the EAC to deliver successful health projects and programmes, continuous learning needs to occur. Continuous learning can be facilitated through developing guidelines for creating, sharing, and reusing knowledge, thus integrating knowledge management practices with project/program management.

The EAC will facilitate the integration of knowledge in the health sector policies, strategies, work plans and budgets and facilitate staff to ensure KM is mainstreamed throughout the project lifecycle at both tacit and explicit levels. Tacit knowledge will be captured and reused at the project level in the form of personal knowledge contributed by the project team members. Tacit knowledge will be transferred and reused via mentoring from project members with more experience. Explicit knowledge is reused in terms of project documentation captured during the project lifecycle. The following will be done to ensure integration of KM:

- Define knowledge management so that all staff can understand it;
- Undertake awareness creation/advocacy activities on how to integrate and mainstream KM into health programmes and projects targeting program managers health professions and researchers among others;
- Develop and disseminate KM integration and mainstreaming guidance documents;
- Make knowledge management to be a work package in the work breakdown structure of every project;
- Establish a point of contact for knowledge management on each department/unit/programme;
- Define roles, responsibilities, and accountabilities for knowledge management
- Communicate the importance of knowledge management to all stakeholders throughout the organization;
- Provide knowledge management orientation and training to all staff;
- Conduct regular monitoring/reviews to determine progress of integration and mainstreaming of KM into health programmes; and
- Organise peer learning sessions and exchange visits with other best practicing regional blocks.

## ***Strategy 1.4 Coordinate KM at national and regional levels***

### **Convene meetings of KM coordinating bodies at regional and national levels (EWGs and TWGs)**

This strategic intervention aims to improve coordination among KM stakeholders in order to build the foundation for knowledge sharing across the organisation. Coordination at all levels will be key for successful and sustainable KM management in the region. At regional level coordination structures including Expert working groups will be strengthened by reviewing its terms of reference to incorporate other roles that address new and emerging issues in KM in the region.

- At the national level, KM structures will include KM units, champions, policy makers and health managers, donors, CSOs and other stakeholders; and
- At both levels, there will be regular/periodic coordination meetings.

### **Objective 2: Capacity to generate, synthesize and share information and knowledge products in the EAC regional and national levels strengthened**

This objective aims to guide the KM strategy for health through strengthening human resource capacity at EAC Secretariat and among Partner States to generate, synthesize and share KM products and services.

## ***Strategy 2.1 Strengthen capacity to manage and coordinate KM at regional and national levels***

This strategic area will focus on ensuring that EAC Secretariat as well as Partner States are equipped with the requisite skills to undertake KM activities. The skills and capacity development will initially target KM unit staff and KM focal persons in the Partner States followed by other relevant.

### **Detailed KM capacity needs assessment**

EAC will spearhead a detailed capacity assessment aimed at generating an understanding of capacity assets and needs that will serve as input for formulating capacity development/training action plans.

### **Periodic skill mix audit within the region**

EAC health department will undertake continuous assessment of staff skills at both national and regional levels. The gaps will then be addressed as necessary to ensure that the KM function is sustainably maintained.

### **Develop training curriculum, programme and costed plan**

Based on the outcomes of the capacity needs assessment, EAC will develop a harmonized regional KM curricula and training plans. The Partner states shall customise KM curricula for respective country level training, including staff at devolved levels to enable them handle KM functions. The EAC will tap into good practices that exist in the region and work in partnership with higher learning institutions to provide capacity building support.

**Strategy 2.2:** Establish KM units or strengthen relevant existing units at EAC and Partner State levels

The first key activity under this strategic area will be to establish/strengthen and operationalize KM units and committees at EAC Secretariat and in Partner States' MDAs. The EAC Secretariat and the Partner States will recruit/appoint KM dedicated focal persons and committees to lead KM activities. To ensure sustainability and strengthening of the KM function, on-going mentorship for KM focal persons and committees at EAC Secretariat and in Partner States will be prioritised.

**Strategy 2.3 Strengthen appropriate infrastructure for KM at EAC and in the Partner States**

At the EAC and Partner State levels this strategy intends to invest in learning from the experience of existing regional networks for scaling up and further development. Where appropriate the EAC will collaborate with Partner States stakeholders, including the private sector, to mobilise resources to strengthen appropriate infrastructure, equipment and technology for KM at regional and national levels. This will facilitate the establishment/strengthening of requisite ICT equipment and build interlinked web-based networks will provide a foundation for sharing and learning. Linkages with the thematic networks will be strengthened to provide for systematic learning.

**Objective 3: KM platforms at regional and Partner States' levels (virtual design, content management, etc.) established and strengthened**

This objective aims to establish and enhance existing ICT and face-to-face knowledge sharing platforms. It will be achieved through the implementation of the following strategic interventions and activities.

**Strategy 3.1: Create/strengthen regional inter-linked, web-based and face-to-face knowledge sharing platforms**

EAC will take an inventory of ICT regional platform (to include DHIS-2 and other platforms) that are interoperable with the existing overarching EAC ICT infrastructure. This will involve procurement and installation of additional hardware and software requirements.

EAC will establish a "knowledge hub" in its KM Unit, responsible for managing content and interoperability of the regional ICT platform, and facilitating interfaces to existing knowledge resources.

EAC will also strengthen existing thematic networks and facilitate periodic forums at national and regional levels to effectively share KM products and services through training on KM, documenting and sharing best practices, and linking them to national and regional KM systems.

**Strategy 3.2: Operationalize the regional, interlinked, web-based and face-to-face knowledge sharing platforms**

Once the web-based platform is operational, EAC KM Unit will develop guidelines for users in the Partner States on using both web-based and face-to-face knowledge sharing platforms. EAC

will contract maintenance service providers for the web-based platform and support the development of national knowledge management strategies, guidelines, SOPs, and training materials aimed at harmonizing and interlinking web-based data collection and sharing platforms.

EAC will create a mechanism to link policymakers, civil society, academia and other users to the digital knowledge platform through directory guidance, a help desk function, an interactive search function, or other systems to help users find relevant resources.

EAC will support face-to-face knowledge exchange events such as conferences, symposia, expert forums for peer review and synthesis of research and technical exchanges. The KM Unit will also build synergies and support regional and national stakeholders to capitalize on existing and new knowledge exchange events and support enhanced actionable exchanges.

#### **Objective 4: Enhance access to high quality knowledge products and services among targeted audiences**

Under this objective, the EAC will make available and promote access to relevant, targeted KM products and services. EAC will also strengthen existing thematic networks at national and regional levels to effectively share KM products and services through training on KM, documenting and sharing best practices, and linking them to national and regional KM systems

##### ***Strategy 4.1: Develop and disseminate knowledge products and services to various stakeholders***

The EAC will develop and provide high-quality, relevant, and timely KM products and services at both the regional and country levels in user friendly formats. The knowledge products will be availed through various means including resource centres, document repositories, databases, and various electronic and web-based platforms

##### ***Strategy 4.2: Conduct knowledge documentation exercises such as case studies to inform policy and action***

The EAC will spearhead and facilitate exchange learning including convening Share fairs and Best Practices Forums for various stakeholders to share their experiences and knowledge gathered through programme implementation. The EAC in collaboration with Partner States experts and stakeholders from the private, civil society and other sectors will endeavour to document innovations and best practices and advocate for their scale up and adoption across the region to inform policy and practice. The EAC will facilitate standardized data collection, indicators and reporting across EAC countries to enhance easy and quick accessibility of data for researchers to generate new knowledge to inform policy and practise. In addition, interlinked web-based network will help in visualizing and allowing comparability of indicators across EAC countries.

The strategy will promote/strengthen documentation of lessons learned to inform policy and action including sharing, dissemination of case studies and conducting research. Strategy 3.3: Conduct knowledge documentation exercises to inform policy and action

EAC will conduct periodic surveys among policy makers, civil society, researchers and academia to understand knowledge use in the health sector and to inform policy and action for continued improvement. EAC will identify best practices, promising stories, innovations, and specific issues of interest and document and package in appropriate format.

### ***Strategy 3.4: Develop and share KM products and services***

The Secretariat will identify the knowledge needs of priority audiences and develop KM products and services to meet their needs. This may be done by documenting case studies and success stories that are identified during face-to-face KM events. This may also be done through literature reviews and key informant interviews. KM products, such as policy briefs, case studies, success stories, and interviews will be disseminated through web-based platforms, videos, podcasts, webinars, e-learning forums, or presentations during conferences or other learning events.

# CHAPTER FOUR

## 4.1. Implementation Arrangements

EAC secretariat will establish and host the KM unit which will be involved in the implementation of KM strategies at the regional level. The KM Unit, housed at EAC Secretariat, will be involved in the implementation of the following key activities:

- Coordination of regional KM activities:
  - Advocate for leadership support and ownership for KM
  - Resource mobilisation
  - Training and provision of KM technical assistance
  - Monitoring and evaluating KM strategy implementation
  - Convening regional learning events
  - Developing operational plans
- Convening EWG on KM
- Establishing and hosting and managing the KM Unit
- Capacity building at the regional level
- Creating partnerships for synergy
- Documenting and sharing best practices
- Developing KM guidelines/frameworks/strategies

#### **4.1.1. Expert Working Group on Knowledge Management**

The EWG on KM will take the lead in facilitating the achievement of the goals of the EAC KM Strategy. EAC EWG on KM will facilitate collection, generation, analysis, and dissemination of regional and national data, information and knowledge on programmes' good practices and lessons learnt. The EWG will support the efficient translation of findings into policies and practices and support the monitoring and evaluation of regional KM implementation. Specifically, EAC EWG on knowledge management will:

- Provide technical and strategic guidance to the Knowledge Management Unit at the Secretariat
- Develop SOPs, guidelines, tools, training materials for the implementation of KM in the EAC
- Support the formulation and dissemination of technical and policy briefs to inform the development of evidence based policies Review strategic documents, reports public presentations and forums via diverse media to inform the region on key KM issues
- Support the establishment and operationalise Communities of Practice within the EAC region
- Identify priority areas/issues in the health sector that may inform investment in knowledge management and research in the region
- Prepare and provide regular KM reports to EAC Joint TWG on RMNCAH and HIV and AIDS
- Support the effective implementation of KM programme activities in the region
- Identify opportunities for sharing compiled best practices cross the region.

#### **4.1.2. Partner States**

Partner States through relevant ministries and departments will implement KM activities as well as provide guidance on the adaption of the KM strategy and establishment of KM Units within various MDAs. They will also mobilize and allocate resources for KM activities as planned and monitor implementation progress. The countries will also coordinate the implementation of the following activities at the national level:

- Establish a country specific KM unit
- Participate in the Expert Working Group on Knowledge Management which oversees the work of the KM Unit at EAC Secretariat
- Monitor implementation of EAC KM strategy and activities locally
- Convene national learning events

#### **4.1.3. Partner States specific KM units**

Partner States specific KM units through will implement KM activities as well as the EAC KM strategy. They will also mobilize and allocate resources for KM activities as planned and monitor. These KM activities at the national level will include:

- Building capacity for KM at country level;
- Document and share best practices and lessons from national KM stakeholders;
- Lead adaptation of regionally developed SOPs, guidelines, tools, training materials, rules of procedure and standards for the implementation of KM;
- Support the dissemination of technical and policy briefs that inform the development of evidence based policies by key decision and policy makers;
- Generate strategic documents, reports public presentations and forums via diverse media to inform the country stakeholders and the regional KM units;
- Support the establishment and operationalise the Communities of Practice within the country;
- Identify priority areas/issues in the health sector that may inform investment in knowledge management and research in the country;
- Prepare and provide regular KM reports to country level TWG on HIV and AIDS/STIs and TB on its activities;
- Support the effective implementation of KM programme activities in country;
- Identify opportunities for sharing compiled best practices within the country; and
- Establish and host KM portals and KM hubs.

#### **4.1.4. Joint Technical Working Group (JTWG)**

The purpose of the JTWG is to oversee the coordination and implementation of KM activities by the EAC KM Unit and report to the EAC Council of Ministers through the EAC Sectoral Council of Ministers of Health. Specifically, the tasks of the JTWG are to:

- Consider and approve business of the EWG on KM;
- Oversee the work of the EWG;
- Review and provide input to regional guidance documents and reports of the EWG and make recommendations as relevant;
- Review the M&E reports and recommend areas for action; and
- Engage in advocacy and resource mobilisation.

#### **4.1.5. Sectoral Council of Ministers of Health**

The EAC Sectoral Council for Ministers of Health is the statutory structure that oversees the work of the Joint TWG RMNCAH and HIV and AIDS, TB and STIs. The Sectoral Council is charged with consideration and approval of KM guidance documents as presented by the JTWG. It is also involved in high level advocacy and resource mobilisation for KM activities.

#### **4.1.6. EAC Council of Ministers**

The EAC Council of Ministers is the apex statutory body that provides policy and strategic direction for the region. Where appropriate, the Council will provide policy guidance of certain aspects during the implementation of the KM strategy.



#### **4.1.7. Development Partners**

In order to effectively and successfully implement KM activities, EAC Secretariat will engage development partners whose roles will include to:

- Provide technical support in developing KM strategies and guidance documents;
- Support EAC Secretariat by providing financial resources to implement KM activities;
- Support EAC to undertake learning events in the region;
- Support implementation through participation in key stakeholders' forums; and
- Adapt recommended best practices by the EAC KM structures.

#### **4.1.8. Civil Society Organizations (CSOs)**

EAC Secretariat works closely with Civil Society Organizations (CSOs) to implement key advocacy activities in the region. During implementation, the role of CSOs will be to:

- Advocate for implementation of EAC Integrated Health Programme activities at all levels;
- Participate in the regional KM M&E processes; and
- Participate in the documentation and dissemination of best practices and lessons at regional, national and sub national level under the project.

#### **4.1.9. Private Sector**

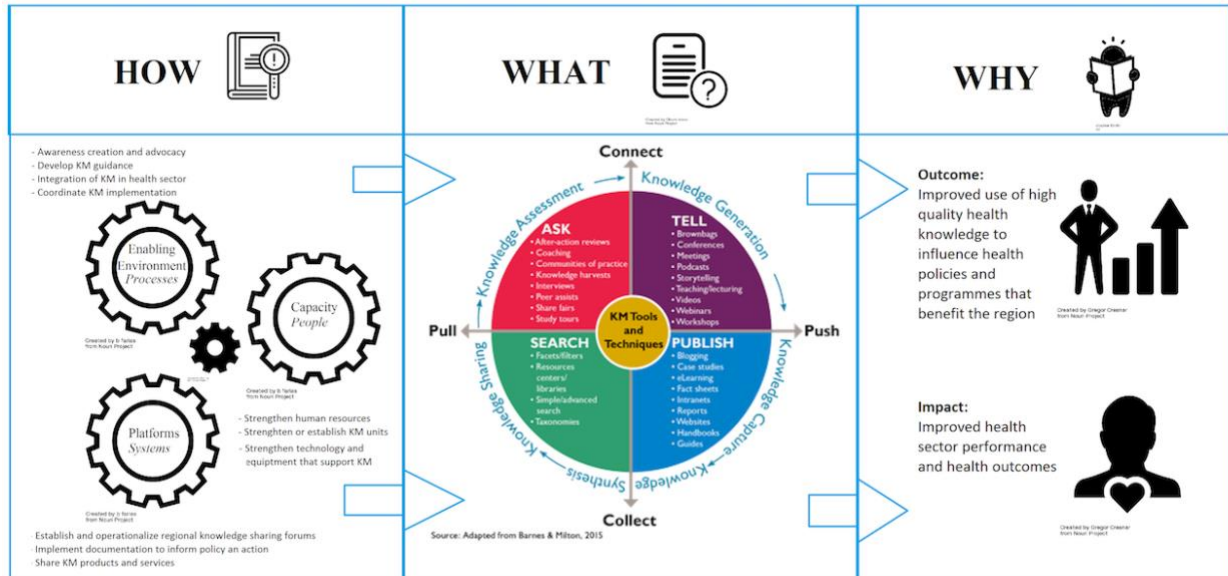
Private sector stakeholders are critical in the implementation of KM activities through their support of EAC Secretariat to mobilize and contribute resources for KM programmes. The Private Sector is also key in generating knowledge that informs effective and efficient health sector programme implementation which EAC can tap into for learning and dissemination.

#### **4.1.10. Research and Academic institutions**

National, regional and international Research and Academic institutions will be key partners in the generation and sharing of evidence-based knowledge. The KM Unit will engage them in capacity building activities to strengthen KM in the Partner States and the regional level. The research and academic institutions will also play a key role in the design and implementation of research relevant to KM.

## 4.2. Knowledge Management Model

### Knowledge Management Framework



**Table 2: Implementation plan and budget**

This strategy will be implemented over a five-year period from 2018/19 to 2022/23. The funding source will be from Partner States, Donors and Philanthropists. The budget total is estimated at US\$ 8,411,780.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Objective 1: Create an enabling environment for planning, implementation and coordination of KM at regional and Partner State levels.</b>						
<b>Strategy 1.1: Awareness creation and advocacy</b>						
Create advocacy materials for various stakeholders	326,320					326,320
Conduct advocacy activities for targeted stakeholders and take advantage of existing opportunities	175,760					175,760
<b>Strategy 1.1 Total</b>	<b>502,080</b>					<b>502,080</b>
<b>Strategy 1.2: Develop KM guidance documents</b>						
Identify existing best practices on KM that are applicable to the EAC region	345,300	345,300	345,300	345,300	345,300	1,726,500
Develop harmonized KM guidelines	161,820					161,820
<b>Strategy 1.2 Total</b>	<b>507,120</b>	<b>345,300</b>	<b>345,300</b>	<b>345,300</b>	<b>345,300</b>	<b>1,888,320</b>
<b>Strategy 1.3: Integrate KM into health sector policies, strategies, plans, budgets and programmes</b>						
Disseminate the guidance documents to relevant stakeholders /program managers to guide integration	137,760					137,760
<b>Strategy 1.3 Total</b>	<b>137,760</b>					<b>137,760</b>
<b>Strategy 1.4: Coordinate KM at regional and national levels</b>						
Convene meetings of the EAC KM EWG at regional and national levels	148,320	148,320	148,320	148,320	148,320	741,600
<b>Strategy 1.4 Total</b>	<b>148,320</b>	<b>148,320</b>	<b>148,320</b>	<b>148,320</b>	<b>148,320</b>	<b>741,600</b>
<b>Objective 2: Strengthen capacity to generate, synthesize and share information and knowledge products in the EAC region</b>						
<b>Strategy 2.1: Strengthen human resource capacity to manage and coordinate KM at regional and national levels</b>						
Conduct detailed KM capacity needs assessment	161,820					161,820
Develop training curriculum, programme and costed plan	168,820					168,820
<b>Strategy 2.1 Total</b>	<b>330,640</b>					<b>330,640</b>
<b>Strategy 2.2: Establish KM units or strengthen relevant existing units (i.e. HMIS, M&amp;E, Research) to incorporate KM function and resource them with appropriate technical experts</b>						
Operationalize KM units and committees at the EAC Secretariat and in the Partner States' MDAs	157,700	60,000	60,000	60,000	60,000	397,700
Recruit/appoint KM dedicated KM focal person and committees at the EAC Secretariat and in the Partner States' MDAs	0					-
Provide on-going mentorship for KM focal persons and committees at the EAC Secretariat and in the Partner States' MDAs	81,000	81,000	81,000	81,000	81,000	405,000
<b>Strategy 2.2 Total</b>	<b>238,700</b>	<b>141,000</b>	<b>141,000</b>	<b>141,000</b>	<b>141,000</b>	<b>802,700</b>
<b>Strategy 2.3: Acquire appropriate Infrastructure (equipment etc), technology for KM</b>						
Acquire / Upgrade ICT infrastructure at the EAC Secretariat and Partner States necessary to undertake KM activities						
Develop and upload customised KM social platforms and related dashboards						
Build partnerships with relevant institutions including universities, ICT solution vendors, Telecom companies and media houses						
<b>Strategy 2.3 Total</b>						
<b>Objective 3: Establish and strengthen KM platforms at Regional and Partner States' levels (virtual design, content management etc)</b>						
<b>Strategy 3.1 Create and/or strengthen regional 1.) inter-linked, web-based and 2.) Face to face knowledge sharing platforms</b>						
Document the existing IT infrastructure and face to face knowledge sharing platforms	326,320	0	0	326,320		652,640
Develop an interconnected IT regional platform	168,820					168,820
Procure and install any additional soft and hardware		100,000				100,000
Link national and regional thematic networks (RMNCAH, HIV and AIDS, TB, Policy and Planning etc) with national and regional KM groups	0	168,820				168,820
Establish central health system knowledge hubs		100,000				100,000
<b>Strategy 3.1 Total</b>	<b>495,140</b>	<b>368,820</b>	<b>0</b>	<b>326,320</b>	<b>0</b>	<b>1,190,280</b>

<b>Strategy 3.2 Operationalize the regional 1.) Inter-linked, web-based and 2.) Face to face knowledge sharing platforms</b>						
Develop guidelines and Standard Operating Procedures	168,820					168,820
Implement maintenance service performance contractors			50,000	50,000	50,000	150,000
Support (financially and through technical assistance) the implementation of face to face knowledge exchange events		137,760				137,760
Build synergies and support regional and national stakeholders to capitalize on existing and new knowledge exchange events		137,760		137,760		275,520
Create a mechanism to link policymakers, civil society, academia and other users to digital knowledge		137,760		137,760		275,520
<b>Strategy 3.2 Total</b>	<b>168,820</b>	<b>413,280</b>	<b>50,000</b>	<b>325,520</b>	<b>50,000</b>	<b>1,007,620</b>
<b>Strategy 3.3 Support Partner States' efforts to harmonize and interlink KM platforms</b>						
Support the development of national knowledge management strategies, guidelines, SOPs, training materials on inter-linked, web-based data collection platforms	0		168,820			168,820
Share knowledge products among Partner States	0		137,760	137,760	137,760	413,280
Facilitate knowledge management learning sessions/technical exchanges among Partner States	0		137,760	137,760	137,760	413,280
<b>Strategy 3.3 Total</b>	<b>0</b>	<b>0</b>	<b>444,340</b>	<b>275,520</b>	<b>275,520</b>	<b>995,380</b>
<b>Strategy 3.4 Conduct knowledge documentation exercises such as case studies to inform policy and action</b>						
Conduct periodical surveys for country policy makers, civil society and academia	0	168,820		168,820		337,640
Identify and document best practices, promising stories, innovations, and specific issues of interest through video documentaries and written stories	0	137,760		137,760		275,520
<b>Strategy 3.4 Total</b>	<b>0</b>	<b>306,580</b>	<b>0</b>	<b>306,580</b>	<b>0</b>	<b>613,160</b>
<b>Strategy 3.5 Development of KM products and services</b>						
Identify the knowledge needs and prioritize KM products and services to meet the needs of key audiences.						
Develop and disseminate priority KM products and services through the platforms.						
<b>Strategy 3.5 Total</b>		<b>85,000</b>	<b>85,000</b>	<b>85,000</b>	<b>85,000</b>	<b>340,000</b>
<b>Monitoring and Evaluation</b>						
Conduct semi-annual and annual review meetings nationally and regionally.						
Conduct observations and interviews of key informants, analyse and report						
<b>Monitoring and Evaluation Total</b>						
<b>GRAND TOTAL</b>	<b>2,390,820</b>	<b>1,808,300</b>	<b>1,213,960</b>	<b>1,953,560</b>	<b>1,045,140</b>	<b>8,411,780</b>

# CHAPTER FIVE

## 5.1. Monitoring, Evaluation and Learning

Monitoring involves tracking progress over time during the whole knowledge management process as compared to an evaluation which assesses outcomes and effects of the strategy and takes place at a specific moment in time. A framework for monitoring, evaluating and learning implementation of the KM Strategy is attached as Annex 1.

Monitoring, evaluation and learning in the development sector is frequently linked to a “log-frame” perspective with a focus on measuring predetermined indicators. This linear approach assumes a direct link between cause and effect that is often absent in reality, and even more so in the case of knowledge management. The Monitoring, Evaluation and Learning Plan is cognizant of this fact and will attempt to mitigate the non-linearity assumptions by monitoring and evaluating progress according to four levels (see table below):

**Level 1:** Knowledge process-enhancing activities, level where we need to track the number of activities for example the organizing of knowledge the creation of a database, network meetings, and the number of network meetings

**Level 2:** The knowledge capital created (the products of the KM processes). This include; the publications developed, new or different relationships and connections facilitated, inspiration, access to information and new ideas or insights gained

**Level 3:** Changed practices, and what changes can be observed in the way people, teams or organizations act/function. At this level, the plan measures the level of integration of KM activities into existing policies, guidelines and also supports the established KM systems. Moving from the second to the third level it's noted that the transfer of knowledge into practice is a prerequisite.

**Level 4:** Performance improvement: Adoption and use (integration of) KM in project and programme management to solve challenges and improve actions leading to improved project/programme outcomes/results.

**Table 3: Monitoring, Evaluation and Learning Levels of KM Implementation**

<b>Level</b>	<b>When are you satisfied?</b>	<b>Example of a learning network on value chain approaches</b>
<b>Knowledge process</b> enhancing activities: events, problem-solving activities, exchanges, tools, encounters,	<b>Activities realized:</b> Did we implement the knowledge process enhancing activities? What kind of activities? How many? How often? Are these the right activities?	Number of network meetings, trainings, number data bases created and website visitors
<b>Knowledge capital:</b> Manuals, tools, guidelines, attitudes Relationships, trust, tools, procedures.	<b>Capital created:</b> What did we produce in terms of tangible and intangible artifacts? Were they the result of our activities?	Publications, work plans/ framework created, SOPs Knowledge champions, Strategy.
<b>Changed practices:</b>  Individuals, teams, organizations or networks changed their professional practices	<b>Practices changed:</b> “What have individuals, teams, leadership organizations learnt and are doing differently as a result of the activity”	Improved practices eg. in evidenced planning, allocating funding for KM
<b>Performance improvement:</b> the problematic situation to improve or challenge to be addressed	<b>Performance improved:</b> Did changed practices help to improve the problematic situation or enable us to deal with the challenges? How did the environment influence this, how did the activities influence this?	Increase access to services; improved quality of services; improved efficiency or cost-effectiveness of services.

## 5.2. Monitoring and evaluation methods

At regional and Partner State levels, KM Units will collect monitoring data on a quarterly, semi-annual or annual basis, and share reports with national stakeholders and the regional KM EWG. Monitoring data to assess Levels 1 and 2 will be collected through review meetings, and regularly submitted activity and implementation reports.

Evaluative data to assess Level 3 and 4 indicators will require periodic structured observations and key informant interviews. These assessments will take place annually. Findings from these evaluations will be reported to national and regional stakeholders, and will inform implementation going forward.

# CHAPTER SIX

## 6.1. Risk Management and Mitigation

Anticipation and management of risks will be tracked within the monitoring and evaluation (M&E) activities. Risk-based thinking will enable EAC KM Unit to document the factors that could cause KM processes and management system to deviate from the planned results. Thus, there is need to put in place preventive controls to minimize negative effects as well as maximize use of opportunities as they arise. The table below outlines some of the risks anticipated and mitigation plans.

**Table 4: Risk management matrix**

Strategic Risk	Risk levels	Potential Impact	Mitigation
Lack of attainment of EAC KM targets	High	KM targets not achieved	Routine monitoring through EWG / TWG within EAC and Partner States.  Ensure establishment and functionality of national level KM units Operationalize regular cross national KM units interactions and experience sharing
Political will	Low	KM targets not achieved	Advocacy on importance of KM Strengthen active participation and engagement of multiple stakeholders in the KM TWG
Inadequate implementation of policies and framework relating to information and knowledge sharing across Partner States	High	Limited realization of the KM exchange targets, goals and objectives	Development of policies that guide information and knowledge sharing
Resistance to change	Moderate	Delays in adoption and implementation of KM	Advocacy on importance of KM
Different levels of competency in KM	Moderate	Underutilization of KM products and services	Learning opportunities and exchange programmes to learn
Resources	High	Delayed development and implementation of KM products, activities and services	Mobilisation of more resources
Accountability	Low	KM targets not realized	Recruitment of expert, continuous training on KM and incentives Clear stipulation of roles and responsibilities

Tendency to rely on donor funds to finance a significance portion of the KM activities.	High	Limited KM programme implementation	<p>Increased advocacy to EAC Sectorial Council and Private Sectors for allocation at all levels for sustainable domestic financing.</p> <p>Development and implementation of a resource mobilization strategy.</p>
High staff turnover at Partner States and attrition, and countries may tend to relay on EAC staff to compile KM outputs	Moderate	Non-attainment of KM targets	<p>Development of motivation (non-financial aspects) to sustain and grow KM momentum.</p> <p>At EAC level, put in place succession planning.</p>
Information and Communication technology (ICT)	Moderate	Fluctuating data / video traffic uplink and downlink speed links. Congested & “hinging lines” in Partner States	Explore the possibility of strengthening EAC MoHs ICT support.



## Annex I: Monitoring, Evaluation and Learning Plan

Goal and Purpose				
Conceptual Framework	Indicator	Level	Data Source	Frequency
<b>Goal: Improved health outcomes in EAC Partner States</b>	Mortality rate of common illnesses (e.g. under five mortality, Maternal mortality and disease specific mortality malaria, TB and HIV among adults etc)	Health Outcome	National health surveys such as DHS	Annual
<b>Purpose: To improve access to and use of information and knowledge to influence health policies and programmes in the region</b>	Number/percentage of intended audiences <sup>6</sup> in the EAC who report that information/knowledge from knowledge products/interventions changed or reinforce their views, opinions, and beliefs	3	Survey  Interview, focus group discussion, key informant interviews	Annual
	Number/percentage of intended audiences who report that they have adapted best practices and lessons learned from KM activities in various thematic areas	4	Survey  Interview, focus group discussion, key informant interviews	Annual
<b>SO 1: Enabling environment for planning, implementation and coordination of KM at regional and Partner State levels created</b>				
Conceptual Framework	Indicator	Level	Data Source	Frequency
<b>1.1 Awareness creation and advocacy</b>	Number of advocacy and communication materials developed and disseminated to intended audiences, by type	2	Admin records  Web analytics, KM Portal	Quarterly

<sup>6</sup>Include policy makers, health managers, health professional and development partners

1.1.1 Develop KM advocacy and communication materials for various stakeholders	Number of KM advocacy activities conducted, by type	1	Activity reports Meeting minutes	Quarterly
		2	Activity reports Meeting minutes	Quarterly
1.1.2 Conduct KM advocacy activities for targeted stakeholders and take advantage of existing opportunities	Number of individuals participating in advocacy activities, by type			
<b>1.2 Coordinate the development and adoption of KM guidance documents</b>	No of plans, documents, strategies and policies integrating KM	1	Program specific technical reports,	Quarterly
	Number of guidance documents for integrating KM disseminated, by type			
1.2.1 Identify existing best practices on KM that are applicable to the EAC region	Number of best practices and lessons learned <sup>7</sup> documented in periodic implementation reports and other materials	2	Program specific technical reports, Development partner websites, Journal articles,	Quarterly
	Number of peer learning sessions and exchange visits held	2	Admin records Program specific technical reports	Quarterly

<sup>7</sup> Best practice in the amalgamation of many lessons learned that are defined as identified improvement in practice. (<http://www.nickmilton.com/2012/02/difference-between-best-practice-and.html>)

<b>I.3 Integration of KM into health sector policies, strategies, plans, budgets and programmes</b>  I.3.1 Develop guidance documents for integrating KM into health sector policies, strategies, plans, budgets and programmes (move to I.2)	No of policies/plans/strategies/budgets with KM component	2	Admin records Implementing agents technical reports & KM resource persons feedback	Quarterly
	Intended audiences reporting that they have used guidance documents to integrate KM into their work	3	Survey, Interview, Implementing agents technical reports	Quarterly
<b>I.4 Coordinate harmonization of KM policies and practices through periodic meetings of relevant KM structures (TWGs, EWG)</b>  I.4.1 Convene KM coordination meetings at regional and national level	Number of KM coordination meetings held	1	Admin records Activity reports	Quarterly
	Number of individuals participated in KM coordination meetings	2	Admin records	Quarterly
	Number/percentage of intended audiences who report that they used knowledge gained from KM coordination meetings in their work	3	Survey Interview: key informant interviews	Semiannual
	Number/percentage of intended audiences who report that their use of knowledge has improved the health services performance	4	Survey/Interview: key informant interviews, relative data analysis-DHS	Semiannual

**SO2: Capacity to generate, synthesize and share information and knowledge products in the EAC regional and national levels strengthened**

Conceptual Framework	Indicator	Level	Data Source	Frequency
<b>2.1 Strengthen capacity to manage and coordinate KM at regional and national levels</b>	A harmonized regional KM training plan/curriculum developed and implemented as a result of KM capacity assessment (yes/no with qualitative data to gauge the stages)	3	Capacity assessment report Training plan	Quarterly
	Number of training opportunities offered by universities and other training institutions participating in the academic partnerships	3	University course lists, University admissions for KM	Quarterly
	Number of students at different levels trained in KM on both short term and term basis			
<b>2.2 Establish KM units or strengthen relevant existing units at EAC and Partner State levels</b>	Number of KM units and committees formed and functioning at the National and Regional levels	1	Admin records	Quarterly
	Number of KM focal persons appointed, mentored/trained, and given roles to lead specific KM activities	2	Admin records	Quarterly
	User rating of usability and contents of databases established at the National and Regional levels	2	Survey Interview	Semiannual
<b>2.3 Strengthen appropriate infrastructure for KM at EAC and in the Partner States</b>	Number of activities to upgrade or improve the existing IT infrastructure and process	1	Admin records	Quarterly

### SO 3: KM platforms at regional and Partner States' levels (virtual design, content management, etc.) established and strengthened

Conceptual Framework	Indicator	Level	Data Source	Frequency
<b>3.1 Create/strengthen regional inter-linked, web-based and face-to-face knowledge sharing platforms</b>	KM activities and products guided by audience needs captured by baseline and needs assessments (yes/no plus qualitative data)	2	Admin records  Survey interview: KI and web based client satisfaction,  FGDs	Quarterly
	Number of newly established and existing thematic networks and platforms that are functional/active <sup>8</sup> at the national and regional levels	2	Admin records  Meeting reports, member activity logs	Quarterly
	Number of countries with  - Interconnection to the EAC regional DHIS-2 IT platform, and  - interlinked health knowledge hub	1	Admin records  DHIS usability trackers, Knowledge hub online tracker	Quarterly
<b>3.2 Operationalize regional inter-linked, web-based and face-to-face knowledge sharing platforms</b>	Number of KM exchange events held	1	Admin records  attendance sheets), Implementing agency periodic reports	Quarterly

<sup>8</sup> Trained on KM, linked to KM system, documenting and sharing best practices.

	Number of individuals participated in KM exchange events <sup>9</sup>	2	Admin records attendance sheets) Activity reports	Quarterly
	Number/percentage of intended audiences who report that they used knowledge gained from KM exchange events in their work	3	Survey Interview key informant interviews, FGD	Semiannual
	Number/percentage of intended audiences who report that they have adopted best practices and lessons learned from KM exchange events	4	Survey Interview : key informant interviews, FGDs	Semiannual

#### SO 4: Enhance access to high quality knowledge products and services among targeted audiences

<i>Conceptual Framework</i>	<i>Indicator</i>	<i>Level</i>	<i>Data Source</i>	<i>Frequency</i>
4.1 Develop and disseminate knowledge products and services to various stakeholders	Number of KM products (e.g., documents) developed to showcase best practices, lessons learned, promising stories, and innovations  Number/percentage of intended audiences who report that their use of knowledge from KM exchange events has informed policy and action	4	Admin records  KM portals, Policy level activity reports	Quarterly

<sup>9</sup> Face to face knowledge exchange events such as conferences, symposia, expert forums for peer review and synthesis of research and technical exchanges.

<p>Conduct knowledge documentation exercises such as case studies to inform policy and action</p>	<p>Number/percentage of intended audiences who report that they used knowledge gained from KM exchange events in their work</p> <p>Number of joint activities with partner states to conduct KM activities and develop KM products</p>	<p>4</p>	<p>Survey Interview : key informant interviews, FGDs</p>	<p>Semiannual</p>
<p>Develop and share KM products and services</p>	<p>Number of KM products delivered through the platforms</p> <p>Number services offered through the platforms</p> <p>Number of products used</p>	<p>4</p>	<p>Survey Interview Implementing agency periodic reports</p>	<p>Semi-annual</p>
	<p>Number/percentage of intended audiences who report that they used knowledge gained from KM products and services in their work</p>	<p>4</p>	<p>key informant interviews, FGDs, KM portals, Policy level activity reports</p>	<p>Semi-annual</p>
	<p>Number/percentage of intended audiences who report that their use of knowledge from KM products and services has improved the health services performance</p>	<p>4</p>	<p>KM portals , Implementing agents websites, web analytics, social media analytics</p>	<p>Semi-annual</p>

