

Number of key actionable findings, experiences, and lessons learned captured, evaluated, synthesized, and packaged

Indicator Number:

5

Category:

KM General

Subcategory:

Knowledge Generation, Capture and Synthesis

Logic Model Component:

Processes

Data Type(s):

Count, qualitative

Short Definition:

Captures the instances where findings and lessons learned are converted into usable formats to meet user needs

Definition and Explanation (Long):

This indicator captures the number of instance where findings and lessons learned are converted into usable formats to meet user needs. It is the documentation of knowledge that can be applied to improve practice. This is usually an internal indicator, although it might occasionally apply to assessing the progress of a KM activity with a partner in the field. This indicator was a USAID Population and Reproductive Health sub-result. In the context of global health, findings are made “actionable” when they are interpreted and packaged in a way that helps users understand and appreciate their implications for program activities. “Experiences” are defined as “active participation in events or activities, leading to the accumulation of knowledge or skills” (Houghton Mifflin Company 2000). “Lessons learned” are “generalizations based on evaluation experiences with projects, programs, or policies that abstract from the specific circumstances to broader situations.”

Data Requirements:

Self-report of the number of findings, experiences, and lessons learned

Data Sources:

Administrative records

Frequency of Data Collection:

Semiannually

Purpose:

Understanding and responding to field needs is central to the practice of KM for global health. In order to do this, though, it is necessary to first document results, experiences, and lessons learned. Knowledge in the field can manifest itself in a variety of forms. (see the list of KM outputs under indicator 6).

Issues and Challenges:

To determine the most appropriate form for documentation, the type of knowledge (tacit/explicit) must be considered as well as the purpose of the knowledge transfer (socialization, externalization, combination, and/or internalization) (Nonaka & Takeuchi, 1995). Generally, the best forms are those that make knowledge readily accessible and applicable to intended users so that it can be disseminated and validated in new contexts (USAID, 2012). For example, high-impact practices (HIPs) in family planning are practices identified by technical experts as promising or best practices that, when scaled up and institutionalized, will maximize the return on investments in a comprehensive family planning strategy. This information has been packaged as a series of briefs that can be easily distributed to and understood by service providers, program managers, policy makers, and other implementers who can put this knowledge into practice. This is an example of evaluating and packaging findings to inform decision making and improve global health practice. (For more on HIPs, please see <http://www.fphighimpactpractices.org/>.)

Related Indicators:

For indicators to measure reach and dissemination of materials, see Chapter 3 (pp. 33-44).

Pages in the Guide:

23-24

Published Year:

2013

Last Updated Date:

Wednesday, September 6, 2017

Source URL: <https://indicators.globalhealthknowledge.org/indicators/5/number-key-actionable-findings-experiences-and-lessons-learned-captured-evaluated>