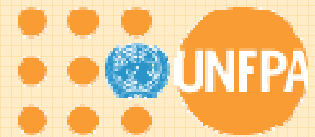


Sharing Our Assets: Knowledge Management & UNFPA

Dr. Susan Pasquariella
Senior Knowledge Sharing Adviser
UNFPA Strategic Planning Office

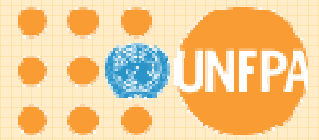
APLIC-I Annual Meeting
Los Angeles, CA, March 27-29, 2006

The UN Context 2006: Knowledge Management Initiatives at the UN



- Separate initiatives in each agency, e.g., WHO, UNFPA, UNDP
- UN System Chief Executives Board for Coordination KM Task Force
- Secretariat Task Force on KM
- UNDG Knowledge Management Working Group

Knowledge



Simple definition of knowledge in UNFPA

HOW
to do things

WHERE
to find
examples

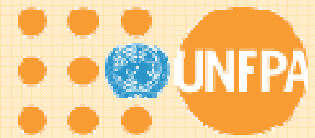
WHOM
to ask for
help

History of Knowledge Sharing in UNFPA



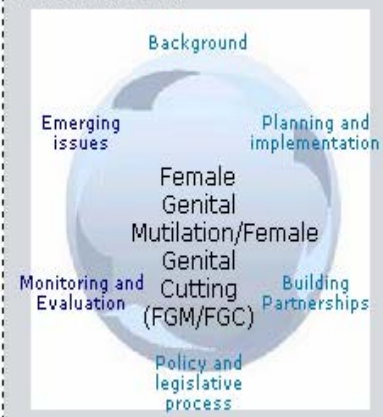
- **Mid 2001:** Knowledge Sharing Branch est.
- **Late 2001:** Knowledge Sharing Working Group est.
- **April 2002:** Knowledge Sharing Strategy adopted
- **June 2002:** Knowledge Asset pilot projects launched
- **Late 2003:** Knowledge Sharing included in all job descriptions and Performance appraisals
- **2003-2004:** KS Tools, Mechanisms and Guidelines developed
- **May 2004:** First Knowledge Asset launched
- **January 2005:** DocuShare launched – UNFPA’s Document Repository System
- **2004-2005:** Eleven assets launched and used by staff
- **August 2005:** KA Use & Utility surveys launched

UNFPA Knowledge Sharing: Phase I



- Articulation of KS Strategy
- KS as part of a change management exercise
 - KS as a corporate competence in PADs
- Development of tools & resources
 - DocuShare
 - Internet Supermarket
 - Knowledge Asset Development System (KADs)
 - pKADS
 - Instruction manual
 - Briefing sheet **(New)**
 - Interviewing template & instruction manual
 - Lessons Learned template & instruction manual
- Development of 10 knowledge assets on UNFPA priority topics
- KA Use & Utility Surveys

Knowledge Map



Search

restrict search to current asset

Trail Map

[Portal :: Female Genital Mutilation/Female Genital Cutting \(FGM/FGC\)](#)

Introduction

Welcome to the knowledge asset on Female Genital Mutilation/Female Genital Cutting (FGM/FGC), an interactive forum for sharing experiences and lessons learned on FGM/FGC interventions. UNFPA has been concerned and advocating against FGM/FGC for decades and aims to provide through this asset practical information, best practices and lessons learned for programme managers and implementers. This knowledge asset is being developed and maintained by CST Addis Ababa in close collaboration with TSD, IERD, CSTs Dakar and Harare and UNFPA Partners. The asset will be continually updated and revised as new information and experiences emerge from the field.

Objectives

- To collect, synthesize and present experiences from UNFPA and its partners on the design, implementation, monitoring and evaluation of FGM/FGC interventions
- To build capacity of UNFPA field staff and its partners on the implementation of results based FGM/FGC interventions

Audience

- UNFPA Field Staff
- Partners funded by UNFPA to implement FGM/FGC interventions

Further Reading

Modified by Victoria Rector on 11/3/2005 4:32:19 PM

Network Members

- Sahir Abdul-Hadi
- Yasmine Ahmed
- Soulimane Baro
- Friedl van den Bossche
- Anne Colmant
- Laurie Delstanche
- Jeylani Dini
- Florence Gachanja
- Judith kunyiha Karogo
- Shewaye Lulu
- Akaleselassie Mekuria
- Elisabeth Mengsteab
- Kisekka Mere N.
- Asha Mohamad
- Benson Morah
- Fatma Mrisho
- Esther Muia
- Guro Nesbakken
- Kechi Ogbuagu
- Susan Pasquariella
- Safiatu Singhateh
- Mequanent Tesfu
- Margaret Thuo
- Metchal Tilahun
- Barnabas Yisa

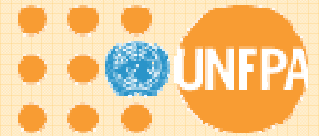
Associate Members

- Genevieve Ah-sue
- Helen Amdemikael
- Uche Azie
- Richard Dackam-Ngatchou
- Yacine Diallo
- Koffi Enokou
- Ivan Hermans
- James Kuriah
- Kemal Mustafa
- Essan Niangoran
- Tamany Safir
- Fanidji Yaovi Kassigni
- Faustin Yao

tools

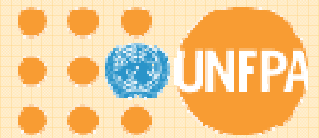
Print :: [Request Offline CD Copy](#)

UNFPA Knowledge Assets



- Emergency Obstetric Care
- FGM/FGC
- HIV/AIDS
- Human Rights-based Approach to Programming
- Mainstreaming Culturally-sensitive Approaches in UNFPA Programming
- Making a Knowledge Asset
- Obstetric Fistula
- Population and Housing Census
- Quality of Sexual and Reproductive Health Care
- Reproductive Health Commodity Security
- Sector-wide Approaches

Making a Knowledge Asset



- Assets are developed, maintained and updated by a network of experienced UNFPA staff & invited experts
- Meeting of experts + follow-up
- Q&A format; Synthesis answers
- Linked to resources and lessons learned in DocuShare, the UNFPA document repository
- Substantive content, emerging issues, experiential knowledge

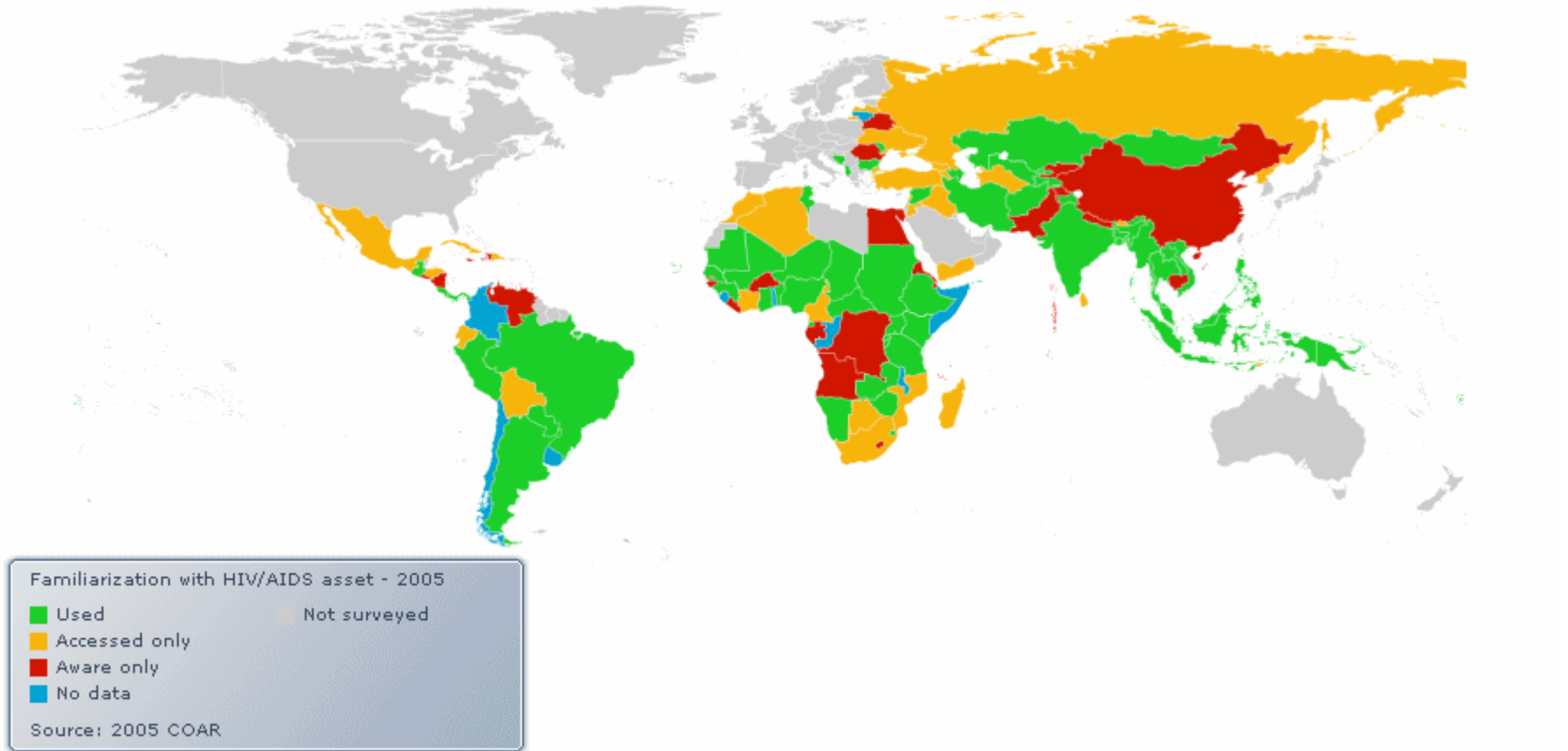
Knowledge Asset Use & Utility



- Assets used to:
 - Inform discussions with UNFPA colleagues, partners and government ministries
 - For programme planning
 - For research
 - For advocacy
 - Use differs depending on location and organizational level of user, e.g., country-level
- Asset quality – peer review process
- Organizational culture issues

CO's Familiarization with Knowledge Asset on HIV/AIDS - 2005

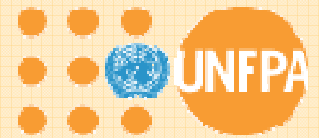
KFM



● Challenges:

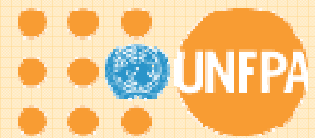
- Language
- Capture and documentation of experiences and “how-to” information
- Improvement of asset quality, use/utility/relevance
- Organizational culture
 - Silos
 - Participation/collaboration & constructive peer review

Beyond Knowledge Assets



- Publications vs. experiential knowledge
- Face-to-Face meetings
 - Main challenges = selection of staff; expense
- Videoconferences/meetings
 - Main challenge = connectivity; relationships
- Blogs & websites
 - Main challenges = currency; participation; synthesis
- Knowledge networking
 - Main challenge = participation; sustainability; synthesis
- Knowledge fairs
 - Main challenges = selection of staff; documentation & updating; synthesis
- Lessons learned vs. observations
- Interviews vs. surveys

Additional Resources to Facilitate Knowledge Sharing



- Development Gateway Population & Reproductive Health Community
- Guidance note(s)
- Lessons Learned template and instruction manual
- Briefing Sheet template to facilitate display of essential information in each asset topic area
- Interviewing template and instruction manual

Lessons Learned in Mainstreaming Gender

Title: Mainstreaming Gender in Reproductive Health Programmes	
Region/Country: Africa/Ethiopia	Division/Branch: Africa/██████████
Name (last, first): ██████████ ██████████	
Phone #: ██████████	E-mail: ██████████
Date (dd-mm-yy): 31/04/05	
Primary Subject Area: Gender Mainstreaming	Additional Keywords: Commodity Security, Family Planning
Other Thematic Area: Reproductive Health	
<p>Lesson Learned</p> <ul style="list-style-type: none"> ♦ Advocacy for RHCS issues needs to be a collaborative effort between a diverse range of partners including NGOs and civil society organisations; these often have greater leverage for addressing culturally and sometimes politically sensitive issues. In this instance, introduction of the female condom was successfully accomplished through the efforts of these partners and thus resulted in making this female controlled method of protection more available to women. ♦ Setting up of effective RHCS logistic systems within countries, can be effectively done by working in partnership with other agencies that can complement UNFPA's effort through the provision of financial and human resources. This combined effort allowed the training of more women providers and thus ensured the necessary gender balance required for satisfactory provision of services particularly at the community level. 	
<p>Description of Issue and Context</p> <p>These lessons were derived from the technical support provided to the UNFPA-supported RH programme in Ethiopia. Largely supported by UNFPA but in close collaboration with JSI/Deliver, the Family Health Department of the Ministry of Health in Ethiopia has made significant progress in mobilising all relevant partners in efforts to ensure RHCS and also to establish an effective contraceptive logistic system. UNFPA provided support primarily through the leadership role being played by the CO in the National Coordinating Committee for RHCS, and through technical support provided by UNFPA CSTAA RH Logistic Adviser in related activities.</p> <p>Reproductive Health Commodity Security (RHCS) is defined as a secure supply and choice of quality contraceptives and other reproductive health commodities to meet every person's needs at the right time and in the right place. RH commodities include not only a wide choice of contraceptive commodities for family planning, but also all the essential drugs, equipment, reagents and consumables required for the efficient delivery of all reproductive health services. Availability of RHCS is particularly critical in providing essential RH services. The ICPD goal of universal access to RH care by the year 2015 can be achieved only with universal access to RH commodities.</p> <p>Gender mainstreaming can be effectively utilised in RHCS in addressing issues of service provision and demand with due cognizance to gender roles or gender dimensions and by effectively identifying and using strategies which address the gender aspects identified. As a strategy, gender mainstreaming is used to ensure that women's and men's concerns and experiences are an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all development, political, economic, social and societal spheres.</p>	

CSTAA has traditionally provided technical support to UNFPA-supported country programmes and to a lesser extent partner programmes. In the area of RHCS, support has been provided for advocacy and resource mobilisation initiatives usually at national level, as well as for direct support within initiatives/trainings aimed at improving management and logistic skills of providers and stores managers. In all these efforts, gender dimensions were determined and incorporated as necessary through ensuring that planning and implementation efforts incorporated the need for adequate numbers of trained female health providers that stakeholders involved in coordination activities had adequate gender balance and also reflected required diversity, etc.

Achievement of effective management and delivery systems, of necessity requires adequate consideration of gender issues that may have implications for advocacy; implications for provider/client interactions; or indeed the client's ability or readiness to make use of RH services. Due attention to these considerations have in many cases been the difference between the success or failure of programmes and projects developed to provide critical reproductive health services and information.

Strategy Used

- ◆ Advocating for greater investment of partner resources in national and NGO RHCS efforts.
- ◆ Partnering with a wide group of relevant stakeholders within RHCS efforts.
- ◆ Promoting open discussions for addressing issues related to RHCS.
- ◆ Promoting joint planning and forecasting of RH Commodities.
- ◆ Promoting joint capacity enhancement initiatives for the development of staff skills with due cognizance given to the need to train female staff particularly for rural areas.

Results

- ◆ Functional National RHCS Coordinating Committee.
- ◆ Functional contraceptive logistic system.
- ◆ Successful advocacy that promoted introduction of the use of female condoms.
- ◆ Increased service providers' skill particularly female providers in RH logistics.

Conclusions

Due consideration of gender issues during advocacy activities resulted in the introduction of female condom in the countries' reproductive health services and thus made such an important female controlled prevention commodity more readily available to the clients. In addition the adoption of effective partnership strategy with other stakeholders, facilitated the provision of a more gender balanced group of skilled service providers.

Recommendations

- ◆ UNFPA needs to maintain its leadership role in ensuring RHCS through supporting/leading effective partnerships within countries and this should be seen by Field Offices as a key role/function.
- ◆ Where feasible, UNFPA should partner with others to provide the critical in-country skill enhancement and support required for establishing and maintaining effective RHCS Logistics Systems and ensuring gender sensitivity in the process.

It is important that the partnerships should also involve the UNFPA Regional Advisers in Logistics to ensure that support truly reflects the totality of the ICPD mandate and to ensure the visibility of UNFPA's support.

Suggested Follow-up

- ◆ Establishment/strengthening of RHCS Coordinating Committees in all UNFPA-supported countries. More active involvement by such committees in relevant advocacy activities.
- ◆ Enlisting/partnering with relevant stakeholder in providing required in-country logistics training.

Collaborators: UNFPA CO Ethiopia, JSI/Deliver, MOH Ethiopia

Links and Resources: UNFPA CO Ethiopia, JSI/Deliver, MOH Ethiopia



Reproductive Health Commodity Security Briefing Sheet



Knowledge Asset (KA)/Topic: UNFPA Reproductive Health Commodity Security
ICPD & ICPD at 10:
Other International Agreements: 12
UNFPA's Mandate: The UNFPA strategy on RHCS responds to the objective outlined in <i>Key Actions for the Further Development of the ICPD Programme of Action</i> to help Governments strengthen their capacity to 'ensure that by 2015 all primary health-care and family planning facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including sexually transmitted diseases; and barrier methods, such as male and female condoms and microbicides, if available, to prevent infection' (paragraph 53). UNFPA is also responding to the specific mandate of the ICPD and the ICPD+5 process, in which UNFPA was urged to strengthen its leadership role in assisting countries in taking 'the strategic action necessary to ensure the availability of RH services and choice of RH products, including contraceptives' (Key Actions, paragraph 61) The primary Mandate of UNFPA is to promote universal access to RH services that includes RH products and commodities (ICPD, 1994). It has been universally recognized that an uninterrupted supply of commodities is an essential element for the provision of quality services that not only facilitates but also promotes the agenda of RH. [Primary Contributor: Luka T. Monoja ; Other Contributors: Akiemal Mastymova , Vinit Shanna , Kabir Ahmed]
UNFPA's Policy: UNFPA
UNFPA's Strategy: 14 The UNFPA strategy focuses, at global and national levels, on improved partnerships, coordination, advocacy, national capacity building, resource mobilization, sustainability, technical backstopping, information sharing, development of early-warning mechanisms for short falls and development of standards, protocols, guidelines and training materials. [Primary Contributor: Vinit Shanna ; Other Contributors: Luka T. Monoja , Akiemal Mastymova]
Indicators: 15
UNFPA's Unique Niche/Comparative Advantage: While the challenges are huge, UNFPA is well-placed to lead international efforts in this crucial area. UNFPA, in dialogue with its partners, has developed its reproductive health commodity security strategy in recognition of its comparative advantages. These include: 30 years of knowledge and technical and programming expertise throughout sexual and reproductive health; Results-based country programming and support for comprehensive RH programmes that address demand and supply issues; Field offices in over 100 developing countries; 9 regional Country Support Teams; Active participation in the CCA/UNDAF process and increasingly in BRSDs, sector-focused work and SWAp. UNFPA also has a key comparative advantage deriving from its extensive experience in RH commodity procurement. As the largest, multi-lateral procurer, worldwide of RH commodities and due to its economies of scale, UNFPA is able to do more—with fewer funds—than any other international agency.
Emerging Issues: In recent years, changes in development frameworks and aid structures have been taking place in a number of development countries. For example, the context of UN Harmonization and

Interview Planning Template



Interview Planning Template

Background Information

Name of Interviewer (last, first):	
Division/Branch:	
Title:	
Phone #:	E-mail:
Date of Interview (dd-mm-yy):	
Name of Interviewee (last, first):	
Division/Branch:	
Title:	
Region/Country:	
Background of Interviewee:	
Phone #:	E-mail:
Intended Audience:	
Interview Purpose:	
New Lesson <input type="checkbox"/> Validates Existing Lesson <input type="checkbox"/> Revision of Existing Lesson <input type="checkbox"/>	
Challenges Existing Lesson <input type="checkbox"/>	
Keywords:	

Respondent's Answers	Prompt Notes and Potential Questions
Description of Issue and Local Context:	
Implications for UNFPA's Policies:	
Suggested Follow-Up:	
Additional Comments:	
Referrals:	
Links and Attachments:	

For more information about knowledge sharing at UNFPA

<http://www.unfpa.org/knowledgesharing>

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