

CREATING A KNOWLEDGE SHARING VISION FOR CARE
POSITION PAPEROctober 2005
Learning and Organizational Development Unit**Introduction:**

Over the last several years, effective knowledge sharing¹ (KS) has become an increasing priority for CARE in its fight against global poverty. Many recent KS activities at CARE have contributed to this and yet, a common vision for what a successful KS program should accomplish at CARE has not been articulated. The objectives of this document, therefore, are to outline ideas and to share proposed steps to develop a sustainable vision and strategy for Knowledge sharing at CARE in FY06 and FY07.

We plan to circulate this document among colleagues who have been involved in KS activities in the past few years to obtain their comments and feedback to sharpen our articulation of a KS strategy for CARE. This document will then be available to all CARE staff and partners seeking to understand CARE's KS vision. Later in FY06, we plan to create a knowledge sharing strategy document to be endorsed and sponsored by CARE's executive team and embraced by CARE staff.

Traditional definitions and approach to Knowledge Management (KM)

Western management views knowledge essentially as explicit, and, thus, synonymous with written documents, formulas or a set of general rules. Thus KM efforts of many western organizations have focused mainly on disseminating explicit knowledge. Paraphrasing several sources, a popular definition of KM can be loosely expressed as follows: *"knowledge management involves developing the processes and putting in place the technology so that what some people know can be collected, stored and made available to others in the organization"*.

There are several key themes in this assembled definition. First, there is a focus on steps to systematically follow; second there is an emphasis on *technology*; and third there is an emphasis on the acts of *collection and capture*. But this kind of approach, involving "dragging" knowledge from a few to many, all members of the same organization, is a one-way street that is not in-line with CARE's role and mission.

In order for CARE to be effective, our efforts **must involve interactions among people, beyond CARE, and must include both their *explicit knowledge (clearly articulated and understood) and tacit knowledge (assumed, implied but not actually stated)***.² We are not alone in the struggle. Other sister organizations have also wrestled with how to define KM when the organizational goal is poverty alleviation. ActionAid, for example, chose to not even use the term knowledge management, a term linked to technology-heavy solutions and private sector competition. They instead use the term "shared learning." We, too, wish to emphasize learning, and believe it is part and parcel to more effectively sharing our information and knowledge. We therefore propose to use the term Knowledge Sharing at CARE.

Defining Knowledge Sharing at CARE

While the above description of KM is helpful, CARE, has several features that require a broader understanding and vision of knowledge sharing. CARE is a very decentralized and diverse organization, involved in many different types of work, communities, and contexts. A harmonized process for knowledge sharing will be relevant only if considers this diversity. Second, many CARE offices lack reliable and consistent access to technology; thus, focusing on a technological solution could isolate rather than bind CARE organizations. Third, CARE as an international development organization should share its own innovations and learning as broadly as possible.

For these reasons, we need to develop our own definition of knowledge sharing that is aligned with CARE's vision and global role with diverse communities and contexts, Three questions inform the role of knowledge sharing at CARE:

¹ For the purpose of the current document, knowledge sharing includes the generation, dissemination and utilization of knowledge.

² As Nonaka and Takeuchi describe in their book, *The Knowledge Creating Company*; the generation of new behaviors takes place through knowledge sharing described in their SECI cycle - *socialization, externalization, internalization, and combination*; taking knowledge from tacit to explicit and back to tacit again.

What value can KS provide to CARE? Here we draw on CARE's vision and programming principles to guide our thinking on a desired KS vision and its impact. We believe that knowledge sharing is valuable to CARE **only if knowledge can be successfully used to alleviate poverty**. Random "best practices sharing" is not useful unless the knowledge leads to *behavior changes* at both individual and organizational levels that in turn results in enhanced approaches to poverty alleviation.

Who should be involved in KS activities? An effective KS vision and strategy needs to go beyond the boundaries of CARE. Our vision emphasizes being part of a global forces and the second CI principle emphasizes working in partnership with others. Thus an effective knowledge sharing strategy at CARE will support knowledge sharing within CARE, between CARE and partners, between CARE and communities we work with and among the communities themselves. In each of these partnerships, CARE's role will be different and any KS strategy should be designed to support these multiple roles.

Who will benefit from KS in CARE? CARE's knowledge sharing efforts *must benefit more than the organization alone*. It must benefit CARE's partners, the communities we work with, and all members of the general public who are committed to making a difference to ending global poverty. In large contrast to corporate organizations that regard knowledge as competitive intellectual capital that must be carefully guarded, **CARE's knowledge sharing system will be open to the world** as a critical contribution to poverty alleviation.

Based on our answers to the questions posed above, we present the following definition of Knowledge Sharing at CARE:

Knowledge sharing at CARE aims to create an organizational culture that prizes learning and sharing and that learns openly with others who fight poverty

Why does CARE need KS now?

Now more than ever, the need for KS in CARE is critical. There are a few important reasons for this:

Broadening CARE's program framework requires increased and innovative KS practices on our impact. The analysis that many country offices do to understand UCP is largely quantitative and data-driven and does not always capture the different nuances and contexts of CARE's operating environments. To develop more programs with transformational impact, and that are truly responsive to the communities we serve, we need analysis that reflects a true understanding of local contexts and the ability to talk about our projects in ways that reflect such contexts. We need to develop techniques that help us obtain a deep "knowledge" of our work through experiential, story-rich approaches that complement the traditional, analytical, data-driven methods. KS can help bring more human life and face elements to the understanding of our impact on addressing UCP. Our KS vision at CARE involves supporting story based documentation and other non-traditional sharing approaches to evaluation and analysis in order to enhance new efforts while boosting commitment to work already underway.

CARE's organizational focus on UCPs and RBAs has increased the need to learn from others on these approaches. There is a great opportunity to improve the effectiveness of programming by enhancing our ability to quickly share successful field practices across country offices. As CARE's programming experience grows along these new themes, it becomes equally important to be able to share these practices with the broader development community and to learn from them in return. To do this, we need to synthesize the knowledge that we collect from the field.

Solid KS across CARE will also boost effectiveness in program innovation. Innovative practices need to be tested in the field and iteratively modified before they become ready for universal application. Speeding up this process of testing and strengthening innovations with real field experience is a third focus of our KS vision for CARE. Pooling such innovations from the field, disseminating and streamlining them across CARE will require a wider more robust use of technology.

Developing CARE's KS vision – key aspects

To address the needs above, learning at CARE should be a mutual discovery involving the organization, partners and communities. We propose a vision that assumes everyone has something to teach and learn through several core aspects:

People and excitement are fundamental to successful KS. CARE's KS vision emphasizes organizational culture, not just processes or technology. Knowledge sharing at CARE should first be about *people* and generating their excitement to take

on the challenge of KS. Organizational passion for sharing knowledge is the life-blood of knowledge sharing – without this passion, any infrastructure that is put in place will likely fail. Our immediate objective in FY06 will be to identify and highlight opportunities to foster this passion throughout the organization.

CARE has multiple roles to play in KS. KS at CARE is not only the collection and dissemination of organizational information. CARE can assume three distinct roles: (a) the role of reflective practitioner or active learner, as staff seek to learn from each other and from communities and partners; (b) the role of sharer, as the organization makes its knowledge available to the public (c) the role of facilitator as the organization promotes the ability to learn and seek knowledge with our partners and communities. At any given time, CARE may play one, several or all of these roles depending on the local context.

The idea of local ownership and global sharing is another important aspect of our KS vision. The vision calls for keeping the sources of knowledge local and contextual and respecting communities' ownership of the knowledge, while also creating relationships to share knowledge.

Recognize that KS includes both horizontal and vertical learning. By vertical learning, we mean learning that is obtained from someone or handed over as part of a process of collection and dissemination. Vertical learning emphasizes synthesis and packaging. Most knowledge sharing programs focus only on vertical learning because the "packaging" of knowledge is perceived to be a key component of successful KS. However, the codification of knowledge and making tacit knowledge explicit are considered to be the most critical activities of a knowledge sharing program. . A CARE program will need some of these vertical activities, but an equal focus on horizontal learning will maximize its effectiveness. Horizontal learning focuses on **building connections, networks and relationships**. Given our community based approaches, CARE's KS role can be that of conduit or facilitator to connect several communities who are addressing similar issues or who are engage in similar activities. In these cases the knowledge resides in and is transferred between the communities and CARE serves as a facilitator of a horizontal learning network.

Implementing CARE's KS vision – major activities

Even though we emphasize local implementation, an increased commitment to some critical global activities will better support CARE's KS vision. Many of these activities are already under way in various regions and COs, and the goal of our KS vision is to systematize and encourage the global adoption of these activities:

- Creating opportunities for people to connect through national, regional and global events (e.g. knowledge fairs) that include CARE, its partners and the communities. These events highlight common, generalized insights but retain relevant local context.
- Developing the ability of CARE staff, NGO partners and communities to describe their work using story telling and other non-traditional techniques.
- Creating global communities of practice around major cross-cutting themes and facilitating linkages between communities to learn from each other.
- Developing approaches to synthesize and share experiences, including multi-media methods for documenting and preserving contextual richness.
- Building and solidifying the technological infrastructure needed to support global knowledge sharing.
- Working with staff and managers to effectively incorporate KS roles into job performance and to institute processes and incentives that will help create sustained buy in.

To enact a KS vision and strategy, there is a natural sequence to begin with people and move to processes. Creating opportunities for people to connect by setting up events and building communities generates *excitement and enthusiasm* for knowledge sharing. Then, using *story telling* and other approaches to reflect on and describe the impact of their work establishes the *language of communication*. Next, presenting tools to evaluate, synthesize and document the learning *builds the capacity for deep understanding*. Finally, establishing the technology and processes for storage and dissemination *moves the knowledge from the tacit to the explicit level*, where it is the raw material of the next sequence of activities.

Proposed FY06 KS activities

To develop a coherent approach to knowledge sharing, we propose two key activities in FY06: First, we support ongoing efforts of the SII initiative from the global knowledge sharing perspective to learn how to best balance people, processes and

technology. Second, we gather experiences and learn from the many staff around the globe who are already engaged in knowledge sharing activities. **We expect that the activities below will provide advanced information about their successes and challenges by the end of FY06, and will serve as templates for other efforts**

For the first activity Program's Impact Measurement and Learning Team (IMLT) will collaborate with L&OD, Internal Communications and others to deliver a pilot project focusing on women's empowerment in three regions and four CARE International members. The pilot will initially focus on disseminating the research results of IMLT's first Strategic Impact Inquiry on gender equity and women's empowerment, exploring what actions most effectively share this information across CARE and externally. Multiple methods will be used to share this knowledge, including paper, portal posting, email, iCARE newsletter, internal and external presentations (including to the CARE USA Board of Directors), as well as external publications. In addition, IMLT will aim in FY06 to share its learning on how CARE's programs address women's empowerment at the levels where laws and kinship rules and cultural norms affect sustainable program results.

For the second activity, we propose a two-prong approach; engage with ongoing knowledge sharing actors and organize a conference on knowledge sharing where we learn from vanguard CARE practitioners about their successes, challenges, solutions and in what directions their work points us. Current projects are clustered in three categories: social learning, communities of practice, and innovation:

Social Learning:

- The Latin America and Caribbean RMU is evaluating its progress in social learning since the 2004 Knowledge Fair. The RMU is using a story-based methodology from the Massachusetts Institute of Technology for its evaluation.

Communities of Practice:

- In March 2005, the Asia RMU launched two communities of practice and utilized story telling methods to facilitate sharing. In addition, CARE Bangladesh, ARMU and the Learning & Organizational Development Unit (L&OD) are working together to use storytelling techniques to evaluate the change initiatives of the country office.
- The Food Resources Coordination Team is collecting stories about the extent to which Title II programs address underlying causes of poverty. This effort requires staff from one country office to collect stories in another country office, and lays the foundation for a community of practice among participating country offices members.
- CARE Malawi and other country offices have created horizontal learning groups who meet frequently to share knowledge on specific programmatic themes.

Program Innovation:

- The Sexual and Reproductive Health Unit in Atlanta launched a competition to solicit innovation projects. KS and community formation is a requirement to win project support and countries will hold a community workshop in FY06.

In addition to discovering field successes, another purpose of the conference will be to bring organizational attention to learning and knowledge sharing as prized, recognized and awarded activities. As recognition and reward are required for behavior change we expect that some recommendations on incentives and accountability mechanisms will also emerge from the conference.

To achieve the objective of developing and implementing a solid KS strategy, L&OD and the reference group will:

- Form a KS interdivisional team that will coordinate FY06 efforts.
- Develop a vision for KS to present to the ET that asks for their approval and support
- Engage with on-going KS projects and develop a common evaluation scheme to assess their success and applicability by the end of FY06.
- Create a KS blueprint that articulates the vision, synthesizes our experiences to date in CARE, and provides a clearly defined strategy and implementation plan by the end of FY06

Picture of success – What will successful knowledge sharing and transformation look like at CARE?

The defining word to describe success at CARE is **transformation**. As mentioned before, people are the main ingredient for successful KS in CARE. Most people are naturally inclined to build connections with others, especially if they perceive that these connections are helpful to them. But organizational culture often boxes people into narrow structures, and people lose the ability to interact. CARE's organizational structure is no exception. Our focus on KS at CARE should be on creating

a *cultural transformation* where there are no barriers between the inside and the outside, and CARE staff make learning, sharing and facilitation a primary focus of their daily work. This cultural transformation through improved KS will ideally be visible at three levels: **individual, organizational, and social**.

When **individual transformation** has taken place, CARE staff will actively reach across sectors within country offices to share and seek relevant and common experiences. Individuals will look to peers for learning and advice instead of contacting their sectoral supervisors. Sharing knowledge will be an integral part of project work, and active memberships in networks will be an important part of performance management. CARE staff will form close professional relationships with their peers in other country offices and in partner NGOs, and these peer-to-peer relationships will be the primary vehicles for knowledge transfer instead of traditional hierarchical relationships. The identity and professional pride of CARE staff will be driven by their membership in these networks and communities instead of loyalty to an individual country office or sectoral group (global citizenship).

When **organizational transformation** has taken place, leadership teams will drive, belong, and support the development of communities of practice and learning networks within and among CARE offices. They will create mechanisms that allocate staff time to engage in communities of practice, and will regularly host community meetings. Critically, *members in these communities will see their participation as an integral part of their day-to-day work and KS activities will be an important component of annual performance ratings*. We will see an ever increasing number of our programs promote and facilitate reflective practices and encourage participants and partners to act upon obstacles in their communities beyond the life of our projects or interventions.

When **social transformation** has taken place, CARE communities and partners in the field will also proactively experience organizational transformation. They will use this knowledge to influence their social context and will be able to identify solutions in their fight against poverty. Communities will also be eager to connect, learn and share with other communities. Country offices will increasingly support knowledge exchange with partners and will incorporate this learning into their program strategies.

Resources needed for KS

We have not discussed resource or funding needs yet. As we formulate a KS action plan, resources need to be made available to implement the plan. Initially this does not require a large amount of resources, but a clearly demonstrated intent to mobilize the organization. Committing to this KS vision through action will further expand this mobilization.

Summary – reiterating key principles

- CARE's operating model and mission statement requires a knowledge sharing model that does not follow many of the established models in current literature.
- KS at CARE will initially emphasize engaging people to generate excitement which will in turn better sustain process and technology efforts.
- The first challenge of KS at CARE is to change individual and organizational behaviors.
- KS is most valuable to CARE when the knowledge results in enhanced approaches to alleviate poverty.
- KS is especially critical to CARE now because of the changing context and program approaches.
- CARE's KS roles are: active learner, sharer and facilitator and include both horizontal and vertical learning.
- CARE's KS approach should connect and enable organizational and external communities to share their knowledge, learn from each other and incorporate this knowledge into programs.
- KS at CARE should move in all directions; within CARE, between CARE and its partners, and between CARE and the communities we work and be open to the world
- CARE should participate or create learning networks to enrich innovation and increase applicability.
- Evaluation of the success of KS activities at CARE should be based on individual, organizational and social levels of transformation.