

**IDRC RESEARCH MATTERS
IN GOVERNANCE EQUITY & HEALTH**

**KNOWLEDGE MANAGEMENT NEEDS & POSSIBILITIES
FOR
ZAMBIA FORUM FOR HEALTH RESEARCH (ZAMFOHR)**

Draft Concept Paper

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1.0 Introduction

Knowledge Management denotes a systematic approach that seeks to promote connectivity between individuals and knowledge needed to enhance the individuals' competencies or work output. A precondition for knowledge management is that knowledge has to be created and shared so as to derive maximum value from it. This therefore rationalises the fact that knowledge management tools or approaches are interfaces between a social organisation (users) and the needed knowledge. With the interface often being an information communication medium that provides access to information artifacts (such as documents and reports) available within the particular social organization and in the world outside.

This paper seeks to provide a framework for knowledge management needs and possibilities for the proposed Zambia Forum for Health Research (ZAMFOR). The paper first provides a conceptual framework of knowledge management, the current situation in the social organisation of health workers in Zambia, and then the possibilities and options likely for ZAMFOHR and way forward.

2.0 A Conceptual Brief

Conceptually a knowledge management system initiates actions from the users and provides lessons or learns from the users' use of knowledge or information. A knowledge management system is not simply a technological medium as it is simply a framework for management processes that allow the capture of personal experiential and contextual knowledge and making such knowledge available to others.

To which end, knowledge management is an organisational construct aimed at adding value to an organisation's and or similar groups of individuals' business or professional undertakings.

The focus of knowledge management is user willingness for knowledge exchange and sharing, which necessitates *locating* and *linking* users as the goal of Knowledge Management activities. The underlying premise is that users in one way or the other create knowledge through combination and internalisation, with such knowledge being from a variety of information sources like research publications, socialisation, and personal experiences.

The organisational framework inherent in the foregoing is that an implementation construct of knowledge management should at least constitute:

- (a) An organising social arrangement or management level;
- (b) A physical structure (e.g., work materials, intranet/internet access, work space; and or,
- (c) Technology (e.g., availability of computers).

To *locate* and *link* users the major components of a knowledge management system are:

- (a) A needs assessment or determination;
- (b) Definition of acquisition of knowledge from outside;
- (c) Knowledge capture and identification of capture media or methods;
- (d) Definition of knowledge organisation (formatting/packaging and location);
- (e) Knowledge maintenance (and value assessment);
- (f) Connectivity, or sharing and dissemination medium; and,
- (g) Definition of feedback mechanisms

In retrospect, conceptually knowledge management demands a combination of organisational, social, management initiatives, and in most instances deployment of appropriate technology.

The ultimate goal of knowledge management tools is value-adding for the social organisation (users) and not merely delivery and accessibility of information. Thus, a knowledge management project is a multi-directional flow that necessitates continual user content-interactions of searching, filtering, synthesising, interpreting, validation, additions, and feedback

3.0 Current Situation

The most common knowledge management tools and approaches that assist health researchers and health workers and research users' access research evidence or knowledge are internet-based health information databases. These are predominantly retrieval in nature and hence are mono-directional and asocial. Examples are the free online like SHARED, PubMed, Hinari and, PLOS.

The user simply locates and links to an online database and downloads the needed information. In most of these internet based knowledge interfaces, there is no real-time interaction provided.

For users in developing countries like Zambia, other than the existing international based health information databases (cited above), the only available other sources of research evidence are print sources. The international electronic sources are limited in terms of value adding to health researchers or health information users in two major ways. The first is that access is constrained by distance to a point of access and the cost of internet access when available. The second is that the local content available on international internet based databases is limited by frequency of knowledge and information generation.

Another notable means of health information or evidence sharing is mostly during workshops and general professional meetings, for instance the Zambia Medical Association annual general meeting.

In general the existence of a semblance of a knowledge management system for health researchers and users is absent, and hence the justification for an interactive and iterative system that can locate and link health researchers and users in a manner that allows effective health delivery.

4.0 Possibilities and Options for ZAMFOHR

The proposed Zambian Health Research Forum aims to contribute to the improvement of the health status of the Zambian population through coordinated, responsive and sound health research and evidence.

The purpose of knowledge and information management (KIM) is to ensure that an organisation and its members will know what to do in the best interest of the organisation in any situation that they may encounter.

The, here in proposed, knowledge management options for ZAMFOHR constitute:

- (a) Deployment of a knowledge or information portal;
- (b) Setting up an administrative structure to maintain the portal and ensure to optimal use of the system;
- (c) Develop guidelines on validation and access;
- (d) Training;
- (e) Monitoring (a procedure must be put in place to monitor the quality of work done by the administrators); and,
- (f) Setting up of content management system.

Deployment of a knowledge or information portal can use experiences from HealthNet, Health-L, AF-AIDS, and AFRO-NETS, but with a view to making such interfaces multi-directional.

5.0 Role of Physical Library in KM

The role of a physical library in a Knowledge Management system is to provide a physical structure within the system. The physical library, thus, constitutes mostly identification and collection of all health information resources; organisation of Zambian health information resources; clearing house of health information; preservation of Zambian health resources; and, capacity building in information literacy.

5.1 Identification and Collection of all Health Information Resources

This allows identification of value assessment with respect to the local context.

5.2 Organisation of Zambian Health Information Resources

This involves organising the knowledge or information in a manner which is easy to locate and access.

5.3 Clearing House of Health Information

Clearing house provides sharing and dissemination of health information.

5.4 Preservation of Zambian Health Resources

This provides an opportunity to preserve health resources in a manner that will be easy for the information to be retrieved and shared by future generations.

5.4 Capacity Building in Information Literacy

For researchers and health workers to effectively take advantage of the available resources, enhancing their capacity in information literacy is important.

5.5 Repackaging of Information

A physical library also provides opportunities for re-formatting and packaging information in a manner that makes it more user-friendly. For instance, the Zambia Health Information Digest is more targeted to rural health workers.

6 Retrospect and Way Forward

In retrospect, successful Knowledge Management will depend on creating appropriate social organisation (grouping), culture, structures, processes, resources and measures of performance. Furthermore, development of Knowledge Management tools needs to be supplemented with parallel development of decision making processes in general, ensuring proper knowledge utilisation, as well as organisation development that takes cognisance of the evolution of traditional hierarchical organisations into intelligent complex adaptive systems.

Knowledge technologies, however, are more likely to be employed in an interactive and iterative manner by their users. Therefore, the roles of people in knowledge technologies are integral to their success.

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