



Integrating knowledge management into water and sanitation programmes in Kenya

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Introducing knowledge management into an organization is best done one department at a time. This article describes how AMREF was helped to introduce knowledge management into its water and sanitation programme.

WELL (Resource Centre Network for Water, Sanitation and Environmental Health), a network of three Northern and six Southern agencies providing information services and resources in the water and sanitation sector, has as one objective the capacity building of its Southern partners so that they may provide WELL services.¹ The mechanism for doing this is through a series of modules called Learn@WELL, one of which is knowledge management (KM). The six Southern WELL partners identified KM as a key area they wanted to focus on to improve knowledge sharing within their organizations. This paper describes how two WELL partners, WEDC and IRC, are working with a Southern partner, AMREF, to introduce KM principles in AMREF.

Knowledge management

Knowledge management has become a byword in many organizations, but one whose meaning is open to interpretation. For example, KM is often confused with information management. In information management, one is concerned with documents and in particular, matters to do with access to information, its handling, security, storage and delivery. In other words, information management is about issues to do with the handling of data. KM on the other hand is concerned with the human aspect of information utilization and has been defined as 'the methods and tools for capturing, storing, organizing and making accessible knowledge and

expertise within and across communities'.² As such, KM is involved with developing systems that leverage information and knowledge in an organization to promote originality, creativity, intelligence and learning.

AMREF

AMREF is a non-profit international NGO founded in 1957 with a mission to improve the health of the disadvantaged populations of Africa as a means for them to escape poverty and improve the quality of their lives.³ The mission of AMREF is to be achieved through capacity building, operations research and advocacy.

Over the years, AMREF has accumulated knowledge and a wealth of experience working with communities to develop solutions to their health and development problems in different programme areas. Consequently, the documentation and sharing of knowledge within the organization and its networks has increasingly become an important focus for AMREF. It was a natural choice therefore to focus on introducing KM within the organization in a structured way.

In line with its corporate mission described above and that of its water and sanitation programme – to support a partnership and learning agenda for integrated water and sanitation services for the disadvantaged populations of Africa – AMREF Kenya is piloting KM through its water and sanitation programme. The goal of KM at AMREF Kenya is to strengthen

documentation and the sharing of knowledge in water and sanitation among the programme staff and within the programme's networks.

Methods

A main feature of the KM module is that it is not delivered in the form of a conventional taught module. Rather, the module is based upon a mentoring approach and is founded on the understanding that partners signing up for the module take full ownership for its implementation. Thus, the choice of focus for the KM initiative is for partner agencies to decide. Equally, all resources for implementing the initiative are underwritten by the implementing agency. The role of the IRC and WEDC is advisory and limited to the following:

- providing guidance on appropriate literature
- sharing lessons learned from WEDC's and IRC's own experiences in this area
- facilitating local KM workshops
- providing assistance in developing KM plans.

A stepwise approach was adopted in introducing KM into AMREF. In the first phase, described in this article, KM was introduced into the working practices of the water and sanitation programme of AMREF. It is planned that the KM initiative will subsequently be rolled out to other departments and higher management levels within AMREF, taking advantage of the



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experiences and lessons learned from the current initiative.

The first step was to conduct a baseline assessment of in-house KM practices by conducting a KM scan followed by a review of documentation and sharing of knowledge within the programme and its networks.

The scan is composed of five questionnaires, each addressing different aspects of KM. It is completed by all staff and measures their perception of how well the organization is performing in a number of key KM indicators. Staff do not need to understand what KM is in order to complete the scan accurately.

After the KM initiative is completed, a second scan will be undertaken and should reveal an improvement in the organization's score if the initiative has been successful.

Apart from revealing how well the organization is doing in KM terms, the results of the scan also allow the organization to identify the areas in which improvements are needed, and therefore to proceed to the second stage of the module which is to develop an appropriate KM plan.

The KM plan for the water and sanitation programme was finalized at a workshop at AMREF in February 2004. The results of the scan were explained to all staff and key strengths and weaknesses discussed. A realistic and achievable KM plan will be the main output of the workshop.

It is expected that this process will strengthen the programme's ability to integrate knowledge sharing and learning practices in its day-to-day activities on the basis of what works best.

Lessons

So far, preliminary experiences indicate that introducing KM in an organization is like navigating in the sea whose extent is unknown. This stems largely from the fact that, as has been mentioned, KM as a concept is not generally well understood. It was therefore important that the process of introducing KM should be participatory, cautious and consultative.

A number of lessons were noted. First, in addressing issues to do with KM it was found that knowledge is a fluid concept subject to different interpretations among staff. As a result AMREF started by agreeing an organizational definition of knowledge as the basis for delimiting the scope of the KM initiative.

Second, it quickly became apparent that the success of the KM initiative depended on both organizational and individual staff members' commitment. It was therefore important to be guided by the results of the scan that identified gaps in our KM practice and use these to demonstrate a link between people's perceptions and the deliberate efforts being taken under the initiative to introduce improvements in KM practices. It is hoped that this strategy will win over staff and generate commitment to see the initiative through.

A third lesson is that it is too ambitious to attempt an organization-wide introduction of a concept that is not well understood. The hierarchical approach adopted at AMREF, whereby the initiative was confined to a single department, has the potential for success. AMREF intends to follow a stepwise approach in which the

experiences and lessons learnt from the current initiative will be integrated into the design for introducing KM in subsequent rounds. This approach was preferred because it ensures that the process of introducing KM will be well understood and that fewer mistakes will be carried forward.

It is also observed that, for sustainability reasons, a KM initiative cannot stand alone; it must be linked to higher organizational goals if it is to win the support of management.

Conclusion

Knowledge management has an increasing potential to be linked with various programme activities to achieve higher organizational goals, particularly in the design, monitoring and evaluation of programme activities. Furthermore, KM should be an integral part of organizational thinking, and the processes of generating, analysing and packaging knowledge for dissemination must fit into the overall aspirations of any one organization.

About the authors

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References

- DFID's WELL is managed by: the Water, Engineering and Development Centre (WEDC), Loughborough University, UK; London School of Hygiene and Tropical Medicine, (LSHTM), UK; and International Water and Sanitation Centre (IRC), The Netherlands. The six Southern agencies include the African Medical and Research Foundation (AMREF); The Institute of Water and Sanitation Development (IWSD); Centre for Health and Population Research (ICDDR, B); Network for Water and Sanitation (NETWAS); Training Research and Networking for Development (TREND) and Social and Economic Unit Foundation (SEUF).
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