# Knowledge Management Guideline for Health Promotion

## 2020 – 2024

## Federal Ministry of Health

### Abuja, Nigeria

August 2020

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# ABBREVIATIONS AND ACRONYMS

| | |
|---|---|
| ASEP | Audience Specific Executive Packaging |
| BA-N | Breakthrough ACTION-Nigeria |
| CBOs | Community Based Organizations |
| CCP-TCI | The Challenge Initiative |
| CCSI | Centre for Communication and Social Impact |
| COMOs | Community Mobilization Officers |
| CSR | Corporate Social Responsibility |
| DHS | Demographic and Health Survey |
| FBOs | Faith Based Organizations |
| FMoH | Federal Ministry of Health |
| HPD | Health Promotion Division |
| HPIN | Health Promotion Institute, Nigeria |
| HP-KM | Health Promotion focused Knowledge Management |
| ICT | Information and Communication Technology |
| IT | Information Technology |
| JHUCCP | Johns Hopkins University Centre for Communication Programs |
| KI | Knowledge Identification |
| KM | Knowledge Management |
| LGA | Local Government Area |
| MCE | Mandatory Continuing Education |
| MDAs | Ministries, Departments, Agencies |
| NDHS | Nigeria Demographic Health Survey |
| NGOs | Non-Governmental Organizations |
| NHMIS | National Health Management Information System |
| NHPP | National Health Promotion Policy |
| NHR | Nigeria Health Report |
| NPC | National Population Commission |
| NRRS | National Routine Reporting System |
| NSPHP | National Strategic Plan for Health Promotion |
| NUJ | National Union of Journalists |
| NURTW | National Union of Road Transport Workers |
| OMIS | Organizational Memory Information Systems |
| SBC | Social and Behavior Change |
| SMS | Short Message Service |
| SOPs | Standard Operating Procedures |
| ToR | Terms of Reference |
| TST | Technical Support Team |
| TV | Television |

# FOREWORD

The National Health Promotion Policy (NHPP 2019) clearly identifies the need for a Health Promotion focused Knowledge Management system to serve as a one-stop-knowledge hub within the health sector. In addition, the National Strategic Plan for Health Promotion (2020–2024) identifies the development of a Knowledge Management guideline as a fundamental requirement in the effort to enhance the institutionalization and impact of Health Promotion in Nigeria.

The Knowledge Management Guideline for Health Promotion 2020-2024 is a product of the combined efforts of frontline, strategic, allied and collaborative stakeholders. The content of the guideline is evidence-driven and guided by empirical standards and global best practices. It addresses the realities and context of health promotion in Nigeria by focusing on what can be achieved within five years only, spanning 2020 to 2024.

The Guideline defines core elements of knowledge management, namely: Capture/Acquisition, Generation/Creation, Synthesis, Storage, Archiving, Retrieval, and Sharing. Each element is featured with detailed description and associated resources needed.

I hope that once institutionalized, the Knowledge Management guideline will address at all levels, Health Promotion programming, organisational culture, operation, and implementing strategies aimed at supporting the gathering, storing and sharing of Health Promotion knowledge. I invite all multi and bi-lateral partners and other stakeholders to buy into the Knowledge Management Guideline for Health Promotion 2020-2024.

**Dr. Osagie Emmanuel Ehanire,** FWACS, MD
Honourable Minister of Health
Federal Ministry of Health, Abuja, Nigeria August, 2020

# ACKNOWLEDGEMENT

On behalf of the Federal Ministry of Health, I wish to express my gratitude to members of the National Health Promotion Forum, and representatives of Federal Ministries, Departments, Agencies (MDAs) and Parastatals for their commitment, individual and collective inputs which has led to the development of this guideline.

My appreciation goes to the strategic partners who provided technical support throughout the development of this guideline. These partners include Centre for Communication and Social Impact (CCSI), Marie Stopes International Organisation of Nigeria (MSION), Treasure Media Production (TMP) and Environment And Tourism Support (EATS) Initiative.

I would like to offer my sincere appreciation to the United Nations Children's Fund (UNICEF) for producing this guideline and to Dr. Mojisola Odeku, the Portfolio Director, Johns Hopkins University Center for Communication Programs (JHUCCP) Nigeria, and her team from Centre for Communication Programs-Nigerian Urban Reproductive Health Initiative (CCP-NURHI2), and The Challenge Initiative (TCI), for the funding of this activity, commitment and technical support.

My candid appreciation goes to the Consultant, Mr William Anyebe for his commitment and dedication to the development of this guideline.

Finally, I commend the Knowledge Management Team and other Officers of the Health Promotion Division, under the leadership of Mrs. Ladidi K. Bako-Aiyegbusi (Director and Head, Health Promotion Division). Your hard work, commitment and dedication towards moving Health Promotion programming in Nigeria to the next level are highly appreciated.

**Dr. Salma Ibrahim Anas-Kolo,** MWACP, FMCPH
Director, Family Health Department Federal Ministry of Health, Abuja

# CHAPTER ONE

## 1.1 RATIONALE

Nigeria's health sector does not have a one-stop-knowledge hub. A functionally robust Health Promotion focused Knowledge Management (HP-KM) system aims to fill that gap. This is timely, as there is an on-going strategic effort to re-position health promotion in Nigeria. Knowledge provides a sustainable source of competitive advantage, especially in a fragile health system environment. As Nigeria aspires to achieve the health-related Sustainable Development Goals, as well as Universal Health Coverage; a reliable knowledge management system would strengthen the culture of evidence-based decision making, and also serve as a formidable contributor to the efforts aimed at improving the health and wellbeing of the country's populace.

## 1.2 GUIDING PRINCIPLES

- Based on best practices in adopting the Knowledge Management Cycle
- Recognizes Knowledge Management as a critical element in Health Promotion programming and implementation
- Owned and driven by the Health Promotion Division, FMoH
- Leveraging on the comparative advantage of a wide range of stakeholders
- Implementation will be consistent and nuanced in accordance with Nigeria's Federal character
- Congruence with Nigeria's health sector policy interests
- Domiciled in health promotion but mainstreams multi-sectoral approaches
- Precursor to a more encompassing KM Strategy for the FMoH

## 1.3 DEFINITIONS

**DEFINITIONS**

**Data**
A set of discrete objective facts about events. They may have no inherent meaning, but provide the essential raw material for the creation of information

**Information**
A message, usually in the form of a document, or an audible or visible communication; transmitted from a sender to a receiver, usually intended to influence the perception of the receiver

**Knowledge**
Facts, information and skills in action. It is a fluid mix of framed experiences, values, contextual information and expert insight that provides a framework for evaluating and incorporating new experiences and information. In organizations, it often becomes embedded not only in documents or repositories but also in organizational routines, processes, practices and norms. It is the principal force that determines and drives the ability to act intelligently.

**Tacit Knowledge**
Non-verbalized, intuitive and unarticulated knowledge that people carry in their heads.

**Explicit Knowledge**
Codified knowledge that can be expressed in writing, drawings, or computer programs, for example, and transmitted in various forms.

**Knowledge Management**
The process whereby organisations identify and leverage knowledge assets to drive and support overall organisational performance.
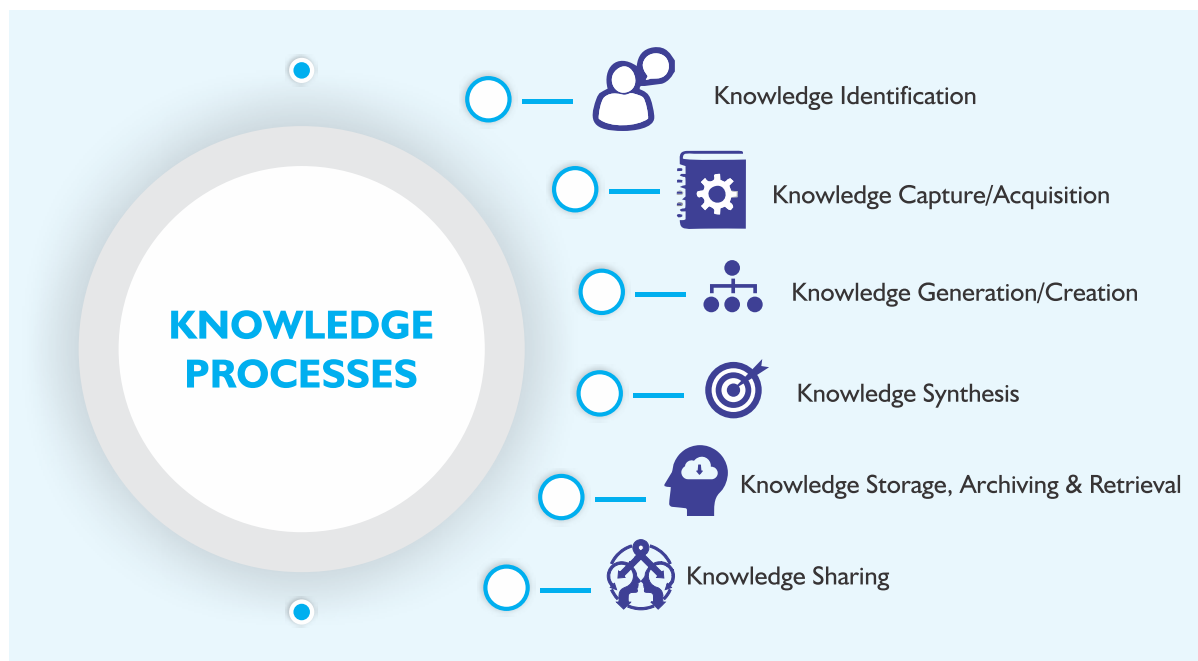
[1] Serrat O. (2017) Notions of Knowledge Management. In: Knowledge Solutions. DOI https://doi.org/10.1007/978-981-10-0983-9_30

[1] Jennex, Smolnik, and Croasdell 2016[1]; O'Dell and Grayson 1998[1]

# CHAPTER TWO

## KNOWLEDGE PROCESSES

This guideline adopts six elements of the knowledge management process as presented in the schema below:



## 2.1 Knowledge Identification

A vast amount of knowledge exists across Nigeria's Federal Ministry of Health (FMoH) and specifically within the Health Promotion Division (HPD) of the Ministry's Family Health Department. However, the absence of a knowledge management system readily alludes to the HPD's inability to proactively identify the knowledge that exists within her boundaries. The Knowledge Identification (KI) aspect of KM would identify and leverage on the existing knowledge assets of the HPD and indeed the FMoH to enhance policy, decision making, programming, management and implementation.

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The table below **identifies** knowledge existing in various forms within the HPD. While some of them exist in properly documented formats, those in tacit form require deliberate systematic and professional capture. In the same vein, the HPD requires a KI compendium.

| | Domain | Knowledge (Explicit & Tacit) domiciled within HPD | Recommended process of capture |
|---|---|---|---|
| 1 | Institutionalisation of Health Promotion | <ul><li>National Health Promotion Policy</li><li>National Strategic Plan for Health Promotion (2020-2024)</li></ul> | N/A |
| | | Growing into holistic Health Promotion from Health Education | Technical Brief |
| | | Statutory funding (budgetary allocation and release) and expenditure experience of HPD | Trend analysis report (Health Promotion Accounts) |
| 2 | Programming and Implementation of Health Promotion | Lessons learnt[1] from diverse specific interventions driven by the HPD | Report Reviews and Key Informant experiential sharing and documentation sessions, to produce Topical Technical Briefs |
| | | Lessons learnt from diverse specific interventions driven by other entities, supported the HPD | |
| | | 'How to' capacity for developing national policy documents for health promotion | Develop Standard Operating Procedures (SOPs) or Best Practice Guidelines |
| | | HP and pandemics in Nigeria | Front-lined or Side-lined: a forensic audit to internally review the HP input during the Ebola and Covid-19 crisis |
| 3 | Promoting the Health Promotion Profession | Health Promotion skills and competencies | Experiential sharing and documentation to produce Success Stories clearly attributable to the HPD |
| 4 | Implementation Monitoring and Evaluation | <ul><li>Current Situation Analysis Report</li></ul> | N/A |

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[1] Lessons learnt refer to positive and negative experiences that should inform better programme development and management for better outcomes. They are issues encountered in the course of implementation that can inform better programming. The experience must be analyzed and reflected upon with reference to the context and setting.

## 2.2 Knowledge Capture / Acquisition

Organized, coordinated methods and established step-by-step processes by which *internalized* (tacit) knowledge is converted (becomes reflected) as external (explicit) knowledge. Major sources would be formal and informal, including individuals, organizations and institutions within and outside of the health sector from across the continuum of stakeholders.

| Source | Recommended Timing & Opportunities | Techniques, Processes and Methods |
|---|---|---|
| **The Policy Level**<br>- Minister of Health<br>- Minister of State<br>- Commissioner for Health<br>- Legislators (Health focused)<br>- Permanent Secretary<br>- Chief Executives of Departments and Parastatals | - Factored into National Council on Health<br>- Last year of tenure<br>- Opportunistic windows | Topical Experience Sharing Briefing Sessions<br>Executive Panel Discussions<br>Policy dialogue<br>Tenure (accountability) Brief<br>One-on-one interviews |
| | | |
| **Health Promotion veterans** | - Structured periodic documentation<br>- Opportunistic windows<br>- Closing years of tenure | Topical Experience Sharing Sessions<br>Panel Discussions<br>Exit Lectures / Interviews<br>Tenure (accountability) Brief<br>One-on-one interviews<br>Mentorship and succession planning |
| | | |
| | - Linked to each intervention | Development of Standard Operating Procedures (SOPs) or Best Practice |

| Source | Recommended Timing & Opportunities | Techniques, Processes and Methods |
|---|---|---|
| **HP practitioners in both the Public and Private Sector** | - Annually<br>- Periodically | Guidelines, Brochures & Manuals |
| | | Trend analysis reports (Health Promotion Accounts) |
| | | Report Reviews and Key Informant experiential sharing and documentation sessions, to produce Topical Technical Briefs |
| | | Forensic audit to internally review the HP input for each intervention |
| | | Publications and experiential sharing and documentation of lessons learnt, success stories and failure stories per intervention |
| | | Dissemination events |
| | | HP Annual Reporting |
| | | Annual HP Conference |
| **Media** | As periodically applicable | Editorials, *op-eds* (opposite the editorial page) and advertorials |
| | | Media journals |
| | | Media Health Conferences |
| | | Media websites |
| | | |
| **Telecommunication Institutions & Financial Institutions** | As periodically applicable | Occupational health standards |
| | | Annual Corporate Social Responsibility (CSR) Reports |
| | | Research/Survey Reports |
| | | |
| **Civil Society Organisations** | | Research/Survey Reports |
| | | Publications and experiential sharing and documentation of lessons |
| | | |
| **NGOs, FBOs, and CBOs** | As periodically available and applicable | learnt, success stories and failure stories per intervention |
| | | Dissemination events |
| | | Health component of Annual Reporting |

| Source | Recommended Timing & Opportunities | Techniques, Processes and Methods |
|---|---|---|
| **Academia &Technical Assistants/ Experts** | As periodically available and applicable | Finalised Technical Assignment Reports and outputs |
| | | Books |
| | | Peer Reviewed Journal Publications |
| | | Research/Survey  Reports |
| | | Inaugural Lectures |
| | | Papers presented at scientific and professional association conferences |
| | | |
| **Development agencies Implementing partners** | As periodically available and applicable | Country Strategy Papers |
| | | Project/Programme Implementation Manuals |
| | | Project/Programme Implementation Strategy Papers |
| | | Project/Programme Implementation Outputs e.g. manuals, SOPs, guidelines |
| | | Implementation Review (Inception phase, Mid-term & End point) Reports |
| | | End of Project Dissemination Briefs |

## 2.3  Knowledge Generation / Creation

Nigeria's federal structure allows for harmonization, coordination and oversight at the national level. These provide a hitherto underutilized opportunity which should be leveraged upon to generate knowledge, including lessons learnt, a prerequisite in knowledge creation and the generation of new items. In order to speak to the rationale of this guideline, studies, surveys and consultations are urgently required to produce the under listed:

1. A compendium of Health Promotion practitioners in Nigeria

2. A strategy for establishing health promotion as a frontline player in Nigeria's health sector

3. Contextual analysis to deepen understanding of ways in which population dynamics (including cultural, health system, biomedical issues) affect the uptake of health behaviors.

4. Nigeria Health Report (NHR) – a quinquennial (5-yearly) report to complement the Demographic and Health Survey (DHS) Report, which is a constitutional responsibility of the National Population Commission (NPC)[2]. The NHR would provide in one volume, most of the other frequently sought-after information not captured in the NDHS.

## 2.4  Knowledge Synthesis

Knowledge synthesis evaluates and summarizes all available evidence from an often-heterogeneous body of literature on a particular topic through comprehensive literature searches and advanced qualitative and [2]National Population Commission (NPC) [Nigeria] and ICF. 2019. Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF quantitative synthesis methods. The process includes conducting systematic reviews, meta-analysis and methodology research.

Nigeria's partner driven development landscape is saturated with a variety of intervention programs and projects. Most of them have bespoke Social and Behaviour Change (SBC) Strategy to drive their programs in different Departments, Ministries and Agencies. A synthesis of these strategies is required to harmonise, streamline and minimise efforts, and most importantly, allow the limited available resources to be applied to other aspects of the logical frameworks. Other strategy documents that call for synthesis are:

- Community engagement strategies for health promotion in Nigeria
- Communication Strategies for Communicable Diseases
- Communication Strategies for Non-Communicable Diseases


The knowledge synthesis process would be further enhanced by examining impacts, lessons learned and identifying best practices within the Nigerian context. Thus, deepening understanding of what works or not, and identifying gaps and their implications for health promotion.


## 2.5 Knowledge Storage, Archiving and Retrieval
(Organisational Memory Information Systems (OMIS)


Filtering, organising, pooling and depositing acquired knowledge into the organizational memory, retained in some type of persistent repository in an efficiently recoverable manner in order to be (re)used by the HPD/FMoH and others. A delicate balance is required, in order to concurrently provide easy access and protection.


In addition to storing and archiving hard copies of documents, artefacts and other items in a physical HP Library, electronic versions / materials will be deposited in repositories as follows:

| Domain | Materials |
|---|---|
| **Federal Ministry of Health Website** | National Health Promotion Policy |
| | National Strategic Plan for Health Promotion |
| | NDHS reports |
| | HP Newsletters |
| | Advocacy strategy |
| | Social media links |
| | Health Promotion key messages |
| | Guidelines, SOPs and manuals |
| | Annual HP Reports |
| | Frequently Asked Questions |
| | |
| **National Routine Reporting System (NRRS) for HP Platform/National Health Management Information System (NHMIS)** | NRRS reports |
| | Health Promotion indicators |
| | NDHS reports |

| Domain | Materials | | |
|---|---|---|---|
| **Health Promotion e-library** | National Health Promotion Policy | SBC materials (Advocacy kits, Fact sheets, Fliers, Posters, Handbills, jingles) | Guidelines, SOPs and manuals |
| | National Strategic Plan for Health Promotion | Published and unpublished research articles | Reference databases Dictionaries |
| | Annual health promotion reports | Journal articles on health promotion | Editorials for newspaper publications |
| | HP Newsletters | Key campaign reports | Speeches & Videos |
| | Advocacy strategy | Commentaries | Health Fliers, videos |
| | Media Engagement guideline | Commentaries | Health Fliers, videos |
| | Knowledge Management Guideline | Commentaries | Health Fliers, videos |
| | Health Promotion e-books | Communiqué & Reports of conferences | Events and news |

## 2.6  Knowledge sharing

This is the major reason for knowledge capture, generation, synthesis and storage. The essence of Knowledge sharing is to efficiently and effectively address the genuine thirst for relevant information and knowledge; including mechanisms to respond to such knowledge needs in a user- friendly and timely manner. It is mainstreaming evidence-based decision making by ensuring that new knowledge is available in appropriate format, accessible and affordable. Apart from the FMoH website, NRRS/NHMIS and HP e-library, the Health Promotion Divisions and Units across Nigeria will employ other knowledge sharing approaches targeted at the cross- section of stakeholders as outlined in Chapter 3.

# CHAPTER THREE

In Nigeria, the cross section of players that thirst for health information and knowledge have been classified into five major stakeholder groups, namely: the Nigerian populace, Frontline, Strategic, Allied and Collaborative. The knowledge sharing approaches and minimum resources require to meet the information and knowledge needs of the various players are outlined below:

## 3.1   NIGERIAN POPULACE

| Target Audiences | HP Knowledge Sharing Approaches | Minimum Resource Requirement | |
|---|---|---|---|
| | | Human resource, including requisite skills and competencies | Essential materials, hardware and software requirements (as applicable) |
| ▪ Persons living with disability<br><br>▪ Children<br><br>▪ Young person Adolescents<br><br>▪ Adult Men and Women (single or married)<br><br>▪ Educated and uneducated persons with social media presence<br><br>▪ Educated and uneducated persons without social media presence | ▪ A Social/New Media platform (@*HPDgov*) for Health Promotion to share vital information especially for community engagement during emergencies preparedness and recovery phases (with live chat options, games, live updates, general health information, etc)<br><br>▪ Entertainment Education (with Nollywood buy-in)<br><br>▪ Public Outreach Campaigns | ▪ Social / New media Technical Working Group<br>▪ Health promotion experts<br>▪ IT experts<br>▪ Software developers<br>▪ Data processors<br>▪ Digital Marketers<br>▪ Health Promoters<br>▪ Social Mobilization Officers<br>▪ Health communication experts<br>▪ Bikers<br>▪ Town announcers<br>▪ Community Mobilisers<br>▪ COMOs | ▪ Computers and accessories (including necessary software like CorelDraw, Photoshop, Adobe video editor, etc)<br><br>▪ Internet access<br><br>▪ Video/Cameras and accessories<br>▪ TV, Radio<br><br>▪ SBC materials<br><br>▪ T-shirts<br><br>▪ Musical equipment<br><br>▪ Public address system<br><br>▪ Canopies, Chairs, |

| | | | |
|---|---|---|---|
| ▪ Rural community dwellers<br><br>▪ Urban and semi urban dwellers<br><br>▪ Trade & Professional Unions & Associations<br><br>▪ Market, Transport, Ethnic Unions & Associations<br><br>▪ Traditional, Community and Religious leaders<br><br>▪ Traditional health providers | ▪ Community town hall meetings/dialogues<br>▪ Community Mobilization<br>▪ Traditional Media<br>▪ Road shows<br>▪ Age grade meetings<br>▪ Community Theatre/*Majigi*<br>▪ Billboards<br>▪ Roll-up banners<br>▪ Electronic media - Radio/Television programmes. (Drama/ magazine/Jingles)<br>▪ Recorded videos<br>▪ Recorded audio<br><br>▪ Print media<br>▪ Rollup<br>▪ Flier<br>▪ SMS Blast<br><br>▪ Hot lines/Toll-Free Numbers | ▪ Community influencers<br>▪ Key gate keepers<br>▪ Market women associations<br>▪ NURTW<br>▪ NUJ<br>▪ Entertainers<br>▪ Actors<br>▪ Producers<br>▪ Scriptwriters<br>▪ Content developers and producers<br>▪ Cameramen<br>▪ Presenters<br>▪ Video editors<br>▪ Local Language Translators | ▪ Band<br>▪ Event venues<br>▪ Transportation<br>▪ Fliers<br>▪ Electronic/ conventional billboards<br><br>▪ Power source |

## 3.2 FRONTLINE STAKEHOLDERS

| Target Audience | HP Knowledge Sharing Approach | Minimum Resource Requirement | |
|---|---|---|---|
| | | Human resource, including requisite skills and competencies | Essential materials, hardware and software requirements (where applicable) |
| Policy makers<br><br>▪ National Council on Health (NCH)<br>▪ Health Commissioners<br>▪ CEOs of health parastatals<br>▪ Health Partners Coordinating Committee (HPCC) | ▪ Keynote addresses<br>▪ Executive Briefs<br>▪ Advocacy packs<br>▪ Memorandum | ▪ Professional Influencers<br>▪ Globally Distinguished Intellectuals<br>▪ Leaders of thought<br>▪ HP allies<br>▪ Technical Support Team (TST) for HP Champions and Ambassadors | ▪ Multi-media projectors<br>▪ Public Address Systems<br>▪ Audience Specific Executive Packaging (ASEP)<br>▪ Roll-up Banners<br>▪ Computers & accessories |
| Managers and service providers across the health sector (public and private)<br><br>National Health Promotion Forum and coordination structures at National, State, LGA and Community levels | ▪ The proposed Health Promotion Institute, Nigeria (HPIN)<br><br>▪ Professional Association Conferences including Bi-ennial National Conference on Health Promotion<br><br>▪ Scientific Conferences | ▪ Staff of the proposed Health Promotion Institute, Nigeria (HPIN)<br><br>▪ Health promotion experts<br><br>▪ Social / New media Technical Working Group<br><br>▪ Digital communication experts, content | ▪ Internet access<br>▪ Video/Cameras and accessories<br>▪ SBC materials<br>▪ Content materials |

| | | |
|---|---|---|
| | ▪ Curricular input to Mandatory Continuing Education (MCE) Programmes<br>▪ Digital Communications (email, Google, WhatsApp, Facebook, Twitter<br><br>▪ SMS blast<br>▪ SBC<br>▪ Recorded videos<br>▪ Recorded audio<br>▪ Community of Practice | creators, graphic artists, social media managers.<br><br>▪ State HP and LGA HP officers | |

## 3.3 STRATEGIC STAKEHOLDERS

| Target Audience | HP Knowledge Sharing Approach | Minimum Resource Requirement | |
|---|---|---|---|
| | | Human resource, including requisite skills and competencies | Essential hardware and software requirements (where applicable) |
| Office of the Head Of Service | ▪ Executive Briefs<br>▪ Advocacy packs | ▪ HP Champion/ Ambassador | Audience Specific Executive Packaging (ASEP) |
| Federal Ministry of Finance, Budget and National Planning | ▪ Memorandum<br>▪ Webinars/Cloud sharing | ▪ HP allies | |
| Development Agencies and Implementing Partners | ▪ New media<br>▪ Webinar / Cloud sharing<br>▪ Knowledge cafes<br>▪ Disseminations events | ▪ ICT/ Media Unit<br>▪ Social media team<br>▪ Subject matter experts<br>▪ Process experts (Facilitators)<br>▪ Staff of the proposed Health Promotion Institute, Nigeria (HPIN)<br>▪ Professional Influencers<br>▪ Globally Distinguished Intellectuals<br>▪ Leaders of thought<br>▪ HP allies | ▪ Multi-media projectors<br>▪ Public Address Systems<br>▪ Roll-up Banners<br>▪ Computers & accessories<br>▪ Internet access & host apps e.g. zoom, Skype<br><br>▪ Video/Cameras and accessories<br>▪ SBC materials<br>▪ Content materials<br>▪ Info graphics<br>▪ Promotional materials |
| Academia, Regulatory and Professional bodies and their institutions | ▪ The proposed Health Promotion Institute, Nigeria (HPIN)<br><br>▪ Seminars<br>▪ Symposiums<br><br>▪ Conferences and association meetings including Bi-annual National Conference on Health Promotion | | |

## 3.4 COLLABORATIVE STAKEHOLDERS

| Target Audience | HP Knowledge Sharing Approach | Minimum Resource Requirement | |
|---|---|---|---|
| | | Human resource, including requisite skills and competencies | Essential hardware and software requirements (where applicable) |
| Ministries, Departments and Agencies (other than health) across the tiers of government | ▪ Periodic Interactive Sessions as mutually decided and guided by the National Stakeholder Coordination Framework for Health Promotion in Nigeria<br>▪ Webinar/Cloud sharing<br>▪ Knowledge cafes<br>▪ Disseminations events<br>▪ Seminars<br>▪ Symposiums<br>▪ Conferences<br><br>▪ All other routine HP Knowledge sharing media in the public domain | MDA Desk Officers | ▪ Comprehensive meeting materials<br><br>▪ All other materials needed for routine HP Knowledge sharing media in the public domain as listed for other stakeholders |

## 3.5 ALLIED STAKEHOLDERS

| Target Audience | HP Knowledge Sharing Approach | Minimum Resource Requirement | |
|---|---|---|---|
| | | Human resource, including requisite skills and competencies | Essential hardware and software requirements (where applicable) |
| Media<br>Telecommunication Institutions<br>Financial Institutions<br>Civil Society Organisations (NGOs, FBOs & CBOs)<br>Technical Assistants/Experts | ▪ New media<br>▪ Webinars / Cloud sharing<br>▪ Knowledge cafes<br>▪ Disseminations events<br>▪ Seminars<br>▪ Symposiums<br>▪ Conferences<br>▪ Association meetings | ▪ Social / New media Technical Working Group<br>▪ ICT/ Media Unit<br>▪ Social media team<br>▪ Subject matter/ contents experts<br>▪ Process experts (Facilitators)<br>▪ Professional Influencers<br>▪ Globally Distinguished Intellectuals<br>▪ Leaders of thought<br>▪ HP allies | ▪ Multi-media projectors<br>▪ Public Address Systems<br>▪ Roll-up Banner<br>▪ Computers & accessories<br>▪ Internet access & host apps e.g. zoom, Skype<br>▪ Video/Cameras and accessories<br>▪ SBC materials<br>▪ Content materials<br>▪ Info graphics<br>▪ Promotional materials |

# CHAPTER FOUR

## KNOWLEDGE MANAGEMENT ADMINISTRATIVE PROCESS

### 4.1   Management Structure

One of the three Branches of the Health Promotion Division at Federal and State level shall be designated Knowledge Management and Risk Communication Branch. The Branch will consist of three Units, known as:

    i.      Knowledge Management

    ii.     Risk Communication and

    iii.    Monitoring & Evaluation

The Knowledge Management Unit shall be headed by the HP KM Desk Officer. A deputy KM Desk Officer shall also be appointed. The office of the Knowledge Management Desk Officer and deputy shall be equipped as guided by (but not limited to) the essential hardware and software requirements outlined in this guideline.

### 4.2 Terms of Reference (ToR) of the Knowledge Management Unit

- Be the nucleus of the one-stop-knowledge hub for the health sector in Nigeria
- Serve as 'home' for the KM guideline
- Facilitate the implementation and updating of the KM guideline
- Manage routine HP-KM activities
- Establish and manage a data and information harvesting system
- Develop, drive and advocate for the institutionalization and growth of knowledge management across Nigeria's health sector
- Engage with internal and external stakeholders including other MDAs and  partners on how to mainstream KM best practices and reach target audiences
- Provide technical assistance around HP-KM at sub-national level

- Collaborate with other Units and Branches
- Liaise with Technical Support Team (TST) for HP Champions & Ambassadors
- Work closely with the proposed Health Promotion Institute, Nigeria
- Contribute to resource mobilization for HP-KM

## 4.3 Job Description of the Knowledge Management Desk Officer

- Report to the Head of the Health Promotion Division through Head of KM and Risk Communication Branch
- Coordinate staff assigned to the Knowledge Management Unit
- Be accountable for delivering on the ToR of the Knowledge Management Unit
- Be accountable for delivering on the Knowledge Management component of the National Strategic Plan for Health Promotion
- Coordinate, review and ensure uploading all health promotion resource materials on agreed platforms
- Monitor and Report on knowledge management documentation process, website analytics, e-library insights and budget.
- Perform any other task as assigned

*Person specifications*
- A first degree in the social sciences and other health-related fields
- A post-graduate degree in health promotion, knowledge management, journalism, communications, or related field
- Proficiency in spoken and written English language
- Analytical, review, presentation and editorial skills
- Good interpersonal and robust team skills
- Familiarity with e-library, websites and archiving
- Certification and competencies in database, software, designs and

Information & Communication Technology (ICT) would be an added advantage

- A minimum of 5 years relevant work experience
- Experience working in Health Promotion or other health-related field, CSOs, NGOs, INGOS is an added advantage

# ANNEX I

## LIST OF CONTRIBUTING ORGANISATIONS AND INSTITUTIONS

| | Federal Ministries, Departments and Agencies |
|---|---|
| 1 | Federal Ministry of Health (FMoH) |
| 2 | Nigeria Centre for Disease Control (NCDC) |
| 3 | National Primary Health Care Development Agency (NPHCDA) |
| 4 | Federal Ministry of Information and  Culture (FMI&C) |
| 5 | Federal Radio Corporation Nigeria (FRCN) |
| 6 | National Orientation Agency (NOA) |
| | |
| | **Partners and Implementing Agencies** |
| 1 | United Nations Children's Fund (UNICEF) |
| 2 | Centre for Communications Programmes – Nigerian Urban Reproductive Health Initiative (CCP-NURHI  2) |
| 3 | Centre for Communications Programmes - The Challenge Initiative (CCP-TCI) |
| 4 | Centre for Communication and Social Impact (CCSI) |
| 5 | Marie Stopes (MSION) |
| 6 | Environment & Tourism Support Initiative (EATS) |
| 7 | TPM & Ent Ltd |
| 8 | REDI |
| | |
| | **Consultant** |
| | Mr William Anyebe, Executive Coordinator, Treeshade Associates. |
| | |