Infoshare: A Digital Governance Community Platform for Knowledge Sharing

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Abstract: With the easy availability of mobile devices and affordable bandwidth, there has been a proliferation of sharing of perceived expert information, with unreliable sources, which have often not been tested in a specialised closed community, where the players need experts and trusted knowledge to do their daily work. There often is no way of telling if the information is based on fact or presumptions. Because of the easy availability of unvetted information, poor decisions have been made by closed communities, especially by the new members. To address the above challenges, a community platform called Infoshare is being developed for deployment among a community of home-based health care workers. The platform is designed to allow communities to share user generated content that has been vetted, revised or edited and improved by the administrator(s) who are more knowledgeable about the activities of the community or organization. Design Science approach is being used to build the platform, and C-K theory is extensively being used in each stage to keep track of the design and testing process. This paper presents the work in progress of designing and developing the platform to be deployed in a community of home-based care workers, who share best practices on how to look after their patients. The community will be able to build a repository of their own learning material based on their shared experiences for best practice, and this hopes to improve quality of decision making and service, hence improving new recruits' knowledge uptake.

Keywords: Digital Governance, Community Knowledge Sharing, Design Science, CK Theory

1. Introduction

The underserved Grabouw community Western Cape Province is faced with many challenges that include access to basic medical care. Some of these challenges range across the need to be educated about medical care, their own health, to making it possible for the community and healthcare to have access to one another (G□otte-Meyer, 2010).

Home Based Care (HBC) is a service that has been commissioned by government through the Department of Health (DoH) to provide access to health care services to various patients that are not able to make their way to the state run day hospitals or private health care (Lund, 2010) and are neglected by their families due to various socio-economic reasons. This is done through Non-Govermental Organisations (NGO) that work with the DoH, through the municipality, to provide basic health services (Wouters et al., 2009).

The service provided by the caregivers working on the HBC programme, includes the collection of data from patients with chronic illnesses, making sure they take their medication as show in the study by (Uys, 2002). These patients are usual referrals from the DoH through the clinics and hospitals. Each caregiver has a specific area to service with a designated number of patients per day and or week.

2. The Background

The service providers, usually the NGOs, have to ensure that periodic reports generated from the caregivers, are submitted to the DoH. Caregivers sometimes walks long distances and capture data manually on paper that has to be handed back to the registered nurse at the office for capturing and analysis (Akintola, 2006).

All the data collected by the service providers is done on paper (Brust et al., 2012). A paper-based Information System (IS) that takes some time to traverse from one role player to the other so it can get to a point of substantive difference and decision making, that affects the quality of healthcare in the community (Braa et al., 2007). Further, the knowledge insight embedded in this collected data is not shared downstream with home-based care workers that need it to improve their work towards the patients. Furthermore, insight latent in the collected data could be used be used for training other health care service workers around cases that have been successfully handled (Omalley et al., 2010).