



**Global Forum  
for Health Research**  
HELPING CORRECT THE 10|90 GAP



# **Health Research for Policy, Action and Practice**

## **Resource Modules**

**Version 2, 2004**

**Module III**  
**Promoting the use of knowledge in policy  
and practice**

**Unit 6**  
**Local knowledge**

We welcome readers' comments to enable us to continually update  
and improve this material.

THE COLLABORATIVE TRAINING PROGRAMME

Alliance for Health Policy and Systems Research  
Council on Health Research for Development  
Global Forum for Health Research  
INCLIN Trust

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## Acronyms

|        |   |
|--------|---|
| IKS    | Indigenous Knowledge Systems initiative, Medical Research Council of South Africa |
| MOST   | Management of Social Transformations Programme, UNESCO                            |
| NUFFIC | Netherlands Organization for International Cooperation in Higher Education        |
| UNESCO | United Nations Educational, Scientific and Cultural Organization                  |
| UNICEF | United Nations Children's Fund  |
| WHO    | World Health Organization   |

## Module III. Promoting the use of knowledge in policy and practice

### Unit 6. Local knowledge

This unit provides an introduction to:

- nonformal local or “indigenous” knowledge
- international programmes that collect, and attempt to analyse and systematize such knowledge.

#### Introduction

This Unit defines local knowledge, argues why this knowledge is important and gives the positive characteristics of this knowledge. It also focuses very much on the need to include local knowledge, in addition to “scientific” knowledge, into the production of knowledge.

However, we do not offer examples showing how local knowledge can enhance the use of overall knowledge/research in policy and practice., mainly because it has proved difficult to find them. It is quite possible that there are few examples of where it has been done successfully. While there is a renewed interest in finding ways to integrate local knowledge into research, this is very much a desire rather than a field with an agreed methodology and set of procedures.

We would thus welcome feedback from users of these modules about successful or unsuccessful experience in harnessing the best of local knowledge, the specificities and conditions for an effective (local) knowledge transfer process, and case studies focussing on using local knowledge in policy and practice.

#### What is local knowledge?

Local knowledge is just that: knowledge held locally, by local people. This may appear straightforward, but it is actually more complex than it seems.

For example, knowledge may be generated locally and be about local situations and circumstances. Equally, it may originate from elsewhere, but be locally adapted to match local circumstances. Such knowledge may be about the local area, or it may be local knowledge of generally applicable truths – from medical facts that could apply equally to all human beings, to philosophies and religions that similarly aspire to the universal.

It can be difficult to know where the knowledge originated. Knowledge is often the product of many minds, spread over generations and geographical areas, being added to or adapted as it develops over time. Many indigenous practices are spread

across a number of countries, or regions, or even parts of the globe, and it is hard to tell where these practices are really local, and where they have been imported.

Equally, with increasing travel and the emergence of diasporas, the phenomenon of “glocalization” (Riggs, 1999) has arisen. Local practices travel with the labour force or refugees to very distant places, where they may be shared by expatriate communities, modified and then re-imported to the mother country.

Beyond that is the distinction between local **formal** knowledge – such as locally published books and journals, locally generated epidemiological information and medical patient records – and local **indigenous** knowledge, which embraces local customs and practices, often in oral or other traditional forms of expression, including storytelling, song, theatre and dance (see Table 1).

| <b>Table 1. Global-local knowledge matrix</b> |  |  |
|---|--|--|
|   | <b>Formal</b>  | <b>Indigenous</b>  |
| <b>Global</b>                                 | <p><b>Explicit knowledge:</b> written books and journals, scientific method, academic and research literature, emphasis on Internet, CD-ROM and other electronic methods</p> <p><b>Tacit knowledge:</b> little</p> | <p>There is no recognized “indigenous global knowledge”</p> <p>Global databases of indigenous knowledge are being created, and scientific method is being applied for its analysis. Electronic, video and audio media capture indigenous knowledge</p> |
| <b>Local</b>                                  | <p><b>Explicit knowledge:</b> written books and journals, scientific method, academic and research literature, emphasis on print and paper</p> <p><b>Tacit knowledge:</b> little</p>                               | <p><b>Explicit knowledge:</b> little written, mostly transmitted orally (storytelling, song, theatre)</p> <p><b>Tacit knowledge:</b> considerable, conveyed through traditional practices</p>  |

Knowledge that is generated locally increasingly comes into contact with, and is influenced by, externally produced knowledge. Such external knowledge is provided in journals, through radio and television and, more recently, electronic media such as CD-ROM and the Internet. This external knowledge can be either (1) of generic relevance (clearinghouse information, standards and norms from such bodies as WHO), or (2) knowledge that refers to the local health situation (papers and reports about, or directly relevant to, the local situation, but produced externally). In practice, such external knowledge can be seen as an extension of local knowledge, even though it was created outside the country or region.

Finally, there is the category of information produced by other countries and locations in the region, which is likely to be of relevance locally, given some adaptation.

Local knowledge may originate locally, be recognized as relevant and collected for dissemination – written up, drawn or photographed, recorded or filmed – and then transmitted to others. Equally, knowledge can originate elsewhere and be transmitted to the local setting on paper or electronically. Once it arrives, it may be localized, i.e. adapted to make it locally appropriate.

These routes of transmission are different for nonformal, indigenous knowledge and formal knowledge. For example, in the case of indigenous knowledge, the spread will be from person to person, usually orally and by example. Although this means that such knowledge spreads slowly (a process taking generations is common), it also sinks in deeply.

Formal knowledge also has delay factors built into it – apart from the research effort itself, and the writing of the paper, there is the search for a publisher (which can take months, and even years if the paper is repeatedly reviewed, not accepted and then submitted elsewhere), the peer review process, scheduling delays, and the practicalities of the printing process.

### Preserving local and indigenous knowledge

Two key international programmes focus on indigenous knowledge (IK) – the Indigenous Knowledge Program of the World Bank (see <http://www.worldbank.org/afr/ik/what.htm>) and IK Pages, facilitated by the International Institute of Rural Reconstruction and NUFFIC, Netherlands (<http://www.ik-pages.net/>) (both accessed August 2004). Both programmes collect information about indigenous knowledge, and attempt to analyse and systematize it.

#### Box 1. Why is indigenous knowledge important?

- Indigenous knowledge provides *problem-solving strategies* for local communities, especially the poor. It represents an important *component of global knowledge* on development issues.
- Indigenous knowledge is an *underutilized resource* in the development process.

#### Why should the development community be concerned?

- Learning from indigenous knowledge can improve *understanding of local conditions*.
- Understanding indigenous knowledge can increase *responsiveness to clients*.
- Adapting international practices to local conditions can improve the *impact and sustainability* of our work.
- Investing in disseminating indigenous knowledge can help to *reduce poverty*.
- Sharing of indigenous knowledge within and across communities can *enhance cross-cultural understanding*.

(Source: World Bank. *Indigenous knowledge for development*. Available online at: <http://www.worldbank.org/afr/ik/broch.pdf>, accessed August 2004)

According to the World Bank's Indigenous Knowledge Program, indigenous knowledge is simply "local knowledge", which is unique to every culture or society and which serves as the basis for local-level decision making in agriculture, health care, food preparation, education, natural resource management and a host of other activities in communities. Box 1 presents the World Bank view of why indigenous knowledge is important.

Increasingly, indigenous knowledge is being collected into digital repositories (described further below). The effect of this is both to preserve the knowledge and to spread it more widely. This sometimes has unwelcome consequences – when, for example, a foreign company attempts to obtain a patent for some item of indigenous knowledge. For example, there have been battles fought over patents granted to some foreign companies for medicinal uses of leaves from the *neem* tree, which grows in many parts of South Asia – even though such medicinal uses have been known in the traditional culture for over a thousand years.

[Box 2](#) describes the Traditional Ecological Knowledge Prior Art Database (TEKPAD), a new project aimed at protecting indigenous knowledge against inappropriate patents.<sup>1</sup>

### **Box 2. TEKPAD: protecting indigenous knowledge against inappropriate patents**

The Traditional Ecological Knowledge Prior Art Database (TEKPAD – <http://ip.aaas.org/tekpad>), a new project of the Science and Human Rights Programme of the American Association for the Advancement of Science, aims at protecting indigenous knowledge against inappropriate patents. TEKPAD currently contains over 40 000 entries already in the public domain, documenting traditional uses of natural resources. The web site cross-references plant names, medicinal applications of these plants and prior art, and links to United States Patent and Trademark Office and European Patent Office databases. TEKPAD operates on the principle of "defensive disclosure" which, by describing information in a printed publication or other publicly accessible medium, helps to establish it as prior art.

TEKPAD also contains a "News and Events" section as well as a "Biopiracy Hot List". The "Biopiracy Hot List" contains examples of plants targeted by western pharmaceutical companies and corporations. The entries are linked to archived documentation of prior art in the TEKPAD database. Additionally, traditional knowledge holders can submit their knowledge to the database if they wish to place it in the public domain.

(Source: Stephen A. Hansen, Senior Program Associate, Science and Human Rights Program, American Association for the Advancement of Science [shansen@aaas.org](mailto:shansen@aaas.org) and Justin W. VanFleet, Program Assistant [jvanflee@aaas.org](mailto:jvanflee@aaas.org) <http://shr.aaas.org>)

<sup>1</sup> Prior art, or state of the art, is defined at <http://www.thefreedictionary.com> as "all information that has been disclosed to the public in any form before a given date ... Normally, prior art does not include unpublished work or mere conversations (though according to the European Patent Convention, oral disclosures also form prior art - see [Article 54\(2\)](#)).

By collecting indigenous knowledge in databases and applying the techniques of comparative analysis and scientific method, the value of such knowledge is coming to be appreciated more widely. While it is certainly true that some indigenous practices are unsound and should be discouraged, equally, other indigenous knowledge is being recognized for its value and is being brought into the medical mainstream for wider application.

See Tools and Resources for:

- ❑ Issues in assessing indigenous knowledge
- ❑ Examples of databases of indigenous knowledge
- ❑ Examples of indigenous knowledge initiatives in various settings

## Tools and resources

### Recording and using local and indigenous knowledge

When assessing each type of indigenous knowledge – practice, technology, organizational structure, human resource, etc. – consider the following criteria.

- **Efficacy:** Does it work? Is it effective? Under what conditions?
- **Cost-effectiveness:** Is it cost-effective? Affordable to poor people?
- **Availability:** Are its “ingredients” available in this location? In sufficient amounts? Decreasing?
- **Understandability:** Is it easy to understand? Easy to handle?
- **Cultural appropriateness:** Is it culturally appropriate? Will it be accepted? (These two questions apply only when indigenous knowledge from one location is introduced to another location, ethnic group or caste.)
- **Effect on different groups in communities:** How will it affect the different user and nonuser groups in the village? (Who would be burdened? Who would benefit?)
- **Environmental soundness:** How does it affect the environment?
- **Constraints:** What are potential constraints on its use or application? Can they be overcome?

These criteria resemble those applied to western knowledge. Owing to its special nature, however, the measurement standards for indigenous knowledge may have to be distinct from those applied to western knowledge.

### *Special characteristics of indigenous knowledge*

**Indigenous knowledge is holistic** Indigenous systems are often complex, their various components interrelated. This makes it difficult to measure their efficacy or economic return accurately. To overcome this, western science has tended to pick out bits and pieces of local systems for comparison with their western counterparts. For example, yields of local crops were compared with those of improved western varieties. The fact that the local crops were well adapted to specific intercropping arrangements was often ignored, despite the fact that total economic return from some intercropped fields is higher than that from improved monocrops.

Western science has been slow to develop methods to assess complex systems. Rather than measuring the yields of single crops, we need methods which can measure economic returns of intercropped fields over extended periods. To assess the productivity of particular livestock species, we need methods which take into account inputs – the cost of feed, medicines and labour. Up to now, analyses have focused on outputs – milk and meat production – and neglected the benefits of local breeds which thrive on minimal inputs. **The value of some indigenous knowledge cannot be expressed in monetary terms.**

Some practices yield low economic returns, but perform valuable social functions. Other practices which seem less effective than outside technologies may preserve the environment – a benefit that is difficult to express in economic terms. **In other words, any assessment of indigenous knowledge must recognize the context in which it was developed and in which it is applied.**

Adapting measurement standards to accommodate the special nature of indigenous knowledge is not enough. We must also identify the criteria and standards by which local people themselves judge indigenous knowledge. This can be difficult.

We can, however, find out:

- what people value most in a specific item of indigenous knowledge
- why they chose it
- what they see as its strengths and weaknesses
- what they think would happen if it were not available
- who would be most affected if it were not available
- what features people look for when they test a technology, and so on.

In other words, we attempt to learn the people's view of indigenous knowledge. Methods described in this manual can be adapted for this purpose.

Only if we combine both insiders' and outsiders' assessments will we be able to identify and better understand the value and usefulness of indigenous knowledge.

### ***Using western science methods to assess indigenous knowledge***

Firstly, by "western science methods" we mean methods used by western science to develop and test technologies, methods or practices. For example, soil sample tests, measurements of animal feed intake, or blood tests to monitor the effects of certain drugs.

But indigenous knowledge is holistic. It may be difficult to differentiate it into a number of subjects, each treated separately by western science. And to attempt to describe all western science methods which could be used to assess indigenous knowledge would be impractical. Instead, we will highlight some principles and give a few examples.

- As with all research, the selection of western science methods for assessment of indigenous knowledge should be based on objectives defined before the assessment.
- The assessment needs to be based on a thorough understanding of the indigenous knowledge to be assessed.
- The experimental design should do justice to the special nature of indigenous knowledge (e.g. recognizing its holistic nature, not purely economic benefits, etc.).
- Insiders' assessments should complement western science methods.

- Indigenous knowledge should be viewed in the broad context of culture, society and history.
- We must recognize the limitations of western science for the assessment of indigenous knowledge in order to interpret our study results correctly.
  - Western science methods can lead to false conclusions when used to assess IK (see criteria above).
  - Western science, lacking the means to understand an indigenous practice or technology, may belittle it. A classic example is acupuncture. For a long time, western science could not explain this practice and therefore disregarded it. This is changing, and acupuncture is now being integrated into western medical-school curriculums.

### ***Examples of western science methods used to assess indigenous knowledge***

The following are some examples of western science methods which could be used to assess indigenous knowledge. This list shows that approaches developed in different disciplines can be used. Keep in mind that these methods should be combined with insiders' assessment.

**Animal production and healthcare:** Let's suppose that a community wishes to expand and improve its livestock production system. The following western science methods could determine the efficiency of local animal production and healthcare practices and indicate which aspects of the indigenous system could be used, improved, or blended with western practices.

- Measure productivity of animals, recording both inputs and outputs (see criteria above).
- Observe the condition of livestock kept in the community (this could be done by visual inspection, weighing and measuring animals, etc.).
- Test for parasites by investigating faeces of randomly selected animals (this will require some laboratory tests).
- Identify medicinal plants used by the community and test their efficacy. The medicinal qualities of some plants have already been established in the scientific literature.

### ***Indigenous paper-making***

- Calculate amount of raw materials and energy used in the production process.
- Test quality of paper in the laboratory (do not forget to keep the local use in mind when making any statement about the paper's quality).

### ***Effect of indigenous knowledge on environment***

- Assess biodiversity in the environment of the study community (e.g. count number of species in an area of a certain size).

- Measure nutrients in soil.
- Measure runoff and soil erosion from fields.

### ***Indigenous birth attendants***

- Collect data about course and outcome of deliveries assisted by indigenous birth attendants, and analyse results using statistics.
- Investigate condition of instruments used by indigenous birth attendants (e.g. whether the instruments are clean, which bacteria they harbour, etc.).

### ***Indigenous communication***

- Assess number of persons reached by messages transmitted through indigenous channels.
- Measure the time needed for transmission.

(Source: IIRR, 1996)

## Case-studies

The following case-studies are provided as examples of knowledge networking in developing country situations, with a focus on the health sector.

As an exercise, readers are invited to consider each of them from the following perspectives.

- How is knowledge a feature in the study? Pinpoint the areas in which knowledge is: (1) highly significant and (2) of secondary importance.
- Is the case-study describing a local, global, or “glocal” activity? How?
- Is the study focusing on local/indigenous practices or formal, scientific method activities, or a mixture of the two?
- Are there tensions created by the concept of global (or national, or local) public good? Consider externalities/excludability/rivalry.
- What (if any) aspects of globalization or localization can be found in the study?

### 1. Indigenous Knowledge Systems Initiative

The Indigenous Knowledge Systems (IKS) initiative of the Medical Research Council of South Africa (<http://www.mrc.ac.za/innovation/indigenous.htm>, accessed August 2004) is aimed at redressing the neglect of national health priorities and issues that have traditionally characterized health research.

The main objectives of the initiative are to develop and coordinate research on health-related indigenous knowledge, to establish national and regional networks that promote the integration of traditional and contemporary scientific knowledge, and to identify research programmes that have commercial potential and help to transform them into economically sustainable initiatives.

The IKS office aims to provide indigenous communities with the support, resources and tools they need to understand the external influences on their environment and to adapt to changes, while at the same time preserving their own practices. An online database of traditional medicines has been set up, which encourages indigenous people to use computer technology to advance traditional health practices. The IKS office is pioneering new areas in health research and service delivery. Its vision is to promote and advance indigenous knowledge systems that can serve as valuable models on a global scale.

(Source: *Indigenous Knowledge WorldWide*, March 2002. Published by Nuffic, PO Box 29777, 2502 LT The Hague, The Netherlands. Available online at:

<http://www.nuffic.nl/ik-pages/ikww>, accessed August 2004)

## **2. World Bank Indigenous Knowledge Program case-studies**

### **Indigenous women healers formed groups to practise traditional medicine in Oaxaca (Mexico)**

After bitter struggles with official associations of physicians, traditional medicine people, mostly women, finally were able to organize joint meetings in which they shared their experiences and set up plans for collaboration. As a direct result, indigenous women benefited immensely. Their involvement has been a key factor in cataloguing the plants, herbs and practices, and in promoting the conservation and availability of curative products and practices. With the support of the National Indigenist Institute, UNICEF and nongovernmental organizations, an overall health programme has been established. Recognized medicine people and healers train interested indigenous villagers as health promoters through courses and workshops, focusing on the recovery of communal knowledge about medicinal plants and traditional healing practices. The status of indigenous women has been enhanced through the creation of a council of traditional medicine where their knowledge is recognized, as well as through the opening of community clinics. Not only can they make wide use of their traditional knowledge in medicine, but also the exercise of their practice has been greatly improved.

### **Indigenous postpartum maternal and child health care rites improves health of mother and child (Igbo people, South-eastern Nigeria)**

During a four-week period after birth called “Omugwo”, the mother and the child are secluded and relieved from all other chores. They are cared for by the grandmother of the newborn. The new mother is given a stimulating hot soup made with dried fish meat, yams, plenty of pepper and a special herbal seasoning called “udah” which makes the uterus contract and thus helps in expelling blood clots. The diet helps to restore blood lost during childbirth, restores energy, facilitates the healing of wounds, restores normal bodily functions and promotes lactation. For a first time mother the time is spent learning parental and housekeeping practices from her mother.

The most important lesson learned in this example is that health care programmes need to acknowledge the “Omugwo” rites and integrate them in their assistance strategies.

### **Traditional ethnoveterinary medicine and modern medicine work as partners in Cameroon, Africa**

The modern veterinary sector in Cameroon is plagued by numerous constraints, including the erratic supply and prohibitive expense of veterinary drugs and supplies, poor communication facilities and a shortage of manpower. The project promoted complementary use of indigenous and conventional veterinary medicine for sustainable livestock production, and the conservation of medicinal plant resources. Through interdisciplinary collaboration with governmental and nongovernmental organizations, the project documented the indigenous treatment of various diseases and ailments of livestock. Diseases are now being treated using effective remedies that were used by local communities many years before the arrival of modern drugs. The practice depends above all on indigenous farmers’ knowledge.

Modern drugs complement indigenous ones and are used for certain diseases if no effective indigenous remedies are available. Farmers are now using more local remedies, which are several times cheaper than modern drugs. Low investment costs and increased livestock productivity improve farmers' monetary profits as well as their nutrition. Because the practice builds on indigenous knowledge and practices, it enjoys a high rate of acceptance. Indigenous knowledge is being preserved in a continuing way. Farmers are empowered and encouraged to participate in development. There is increased awareness of the importance of environmental conservation.

### **Locally available indigenous edible species of plants enhance community health, provide income and conserve biodiversity in Kenya**

The National Museum of Kenya is compiling a database of indigenous food plants of Kenya, to compile agronomic, nutritional, cultural and market data on priority species and to promote the cultivation, consumption and marketing of these foods through field demonstrations, educational materials and the media. People were rejecting their traditional foods in favour of exotic foods. This was most common among the younger generation, who took pride in their "modern" patterns of consumption. Poverty, famine, and malnutrition were common in rural areas despite the fact that local foods were readily available. Much local knowledge regarding the nutritional value and cultivation of local edible plants was being lost. Most people no longer knew, for example, when and where to collect seeds. Having never been written down, the indigenous knowledge of the elderly was slipping away day-by-day. A number of important species, or varieties of species, were on their way to extinction.

Indigenous knowledge was thus the starting point. Specialists in nutrition, ecology, and botany have had to base their research on it because there was simply not enough time, money or human resources to duplicate all of that knowledge. The scientific, economic and sociocultural significance of the indigenous knowledge becomes apparent as specialists and practitioners work with it. The practice is beneficial in several ways. It improves the local communities' living standards and health. It enhances the knowledge that extension workers put to daily use. It generates knowledge that is useful to nongovernmental organizations seeking ways to alleviate poverty and improve public health. It generates scientific knowledge useful for the preservation of cultural and biological diversity. By raising the status of indigenous knowledge in the eyes of local communities, the practice not only helps to alleviate poverty but also increases people's respect for their own culture.

There are some dangers. Commercial interests could result in a selection of species and varieties, and thus reduce the present diversity. Research exposes local knowledge to piracy.

### **Promotion of local communities' strategies for the conservation of medicinal-plant genetic resources in Africa**

In Africa, more than 80% of the continent's population relies on plant and animal based medicine to meet its health care requirements. For the most part, the plants and animals used in traditional medicine are collected from the wild, and in many

cases, demand exceeds supply. As Africa's population grows, demand for traditional medicines will increase and pressure on natural resources will become greater than ever. Africa has a history of conserving biodiversity in medicinal plants for at least two reasons: traditional practices surrounding their use reflect local knowledge and wisdom, and the plants are readily available and relatively cheap – being either easy to gather in the wild, or simple to cultivate. Herbalists have preserved traditional knowledge and practices of herbal medicine, often using it in combination with spiritual powers. Certain families keep their recipes secret. Plants continue to provide most of the rural population of Africa with ingredients for traditional medicines.

Throughout the continent, for many generations, small plots of land near the homesteads have been used as home gardens. Because these gardens serve a family's own needs, they contain a whole range of plants that provide food and medicine.

They are used widely to prevent and treat common ailments, but their conservation also means that the indigenous knowledge associated with their unique properties and correct application will be preserved.

Through a combination of participatory research and development action involving local communities, project workers first learn about the local communities' own solutions for conserving medicinal plants and for putting them to safe and effective use for traditional health care.

Appropriate incentives then provide further encouragement of community efforts to safeguard biodiversity at the village level.

Economic incentives include seed funds, the promotion of income-generating activities, and help with marketing. Social incentives include technical assistance and training, information and consciousness-raising related to conservation, the provision of equipment, and technical and scientific advice and assistance. Institutional incentives include guarantees of full property rights, and the establishment of local committees and associations for purposes of monitoring and planning.

The fact that income can be generated from medicinal plants and traditional medicines helps to sustain the practice of cultivating them. Recognition for the value of traditional medicine and medicinal plants will foster sustainable methods of propagation and cultivation. Traditional knowledge and practices pertaining to medicinal plants will be preserved as herbal medicines are increasingly used to complement other forms of community health care.

(Source: Emery A (2001). Case-studies available online at:

<http://www.worldbank.org/afr/ik/guidelines/casestudies.pdf>)

## Recommended reading

### 1. Key publications

Emery A (2001). Integrating indigenous knowledge in project planning and implementation. Canadian International Development Agency/International Labour Organization/KIVU Nature Inc./World Bank. Available online at: <http://www.worldbank.org/afr/ik/guidelines/index.htm> (accessed August 2004).

*The preliminaries, introduction and general guidelines provide recommendations for local communities, nongovernmental organizations, project proponents and governments on how to consult during preparation and implementation of development projects. Case-studies support the recommendations.*

*Worksheets summarize the recommendations into practical steps. An annex provides information on further reading, contacts, resources, etc. The entire document can also be downloaded as a zipfile. It is planned to translate the guidelines into other languages.*

IIRR (International Institute of Rural Reconstruction) (1996). Recording and using indigenous knowledge: a manual. Silang. <http://www.iirr.org/catalog.htm> (accessed August 2004)

*An extract from this manual can be found in the [Tools and Resources](#) section.*

Langill S (1999). Indigenous knowledge: a resource kit for sustainable development researchers in dryland Africa. Ottawa, International Development Research Centre. See also: <http://www.idrc.ca/plaw> (accessed August 2004)

MOST and NUFFIC/IK-Unit. Best practices on indigenous knowledge. Available online at:

<http://www.unesco.org/most/bpikpub.htm> (accessed August 2004)

*This publication is a coproduct of the Netherlands Organization for International Cooperation in Higher Education, Indigenous Knowledge Unit (NUFFIC/IK-Unit) and the UNESCO Management of Social Transformations Programme (MOST). It is a contribution to efforts to show how indigenous knowledge can be put to good use in development practice.*

*NUFFIC selected 27 best practices in the field of indigenous knowledge for inclusion in the UNESCO-MOST database. These best practices are an illustration of the use of indigenous knowledge in cost-effective and sustainable strategies that may help poor people in their daily struggle for survival. The practices also provide excellent guidelines for development planning, as they give policy-makers and development practitioners a deeper insight into the ecological and cultural complexity of sustainable development.*

OKN (Open Knowledge Network) (2002). The Open Knowledge Network(OKN): a proposal for local content creation and exchange. Available online (Microsoft Word document) at:

<http://www.dgroups.org/groups/OKN/docs/12%20page%20summary%20with%20cover%20sheet.doc> (accessed August 2004)

## 2. Web sites for key reading

In the field of indigenous knowledge, the main readings are available through the key international partners involved, especially the “big four”, described below.

### **Indigenous Knowledge Unit, Netherlands Organization for International Cooperation in Higher Education (NUFFIC/IK-Unit)**

<http://www.ik-pages.net/> (accessed August 2004)

This site includes an integrated, online information system that offers annotated links to web sites – publications, organizations and networks (including its own global Indigenous Knowledge and Development Network) and databases – managed all over the world. It also features news and announcements, search facilities and the full text of **Indigenous Knowledge WorldWide IKWW**, a newsletter that focuses on the exchange of information on indigenous knowledge as it relates to sustainable development.

NUFFIC/IK-Unit operates a database project with MOST, called “Register of Best Practices on Indigenous Knowledge” (see section “[Databases](#)” below).

### **International Development Research Centre (IDRC), Canada (<http://www.idrc.ca>)**

IDRC is a public corporation created by the Canadian government to help communities in the developing world find solutions to social, economic and environmental problems through research.

### **UNESCO’s Management of Social Transformations Programme (MOST)**

<http://www.unesco.org/most> (accessed August 2004)

MOST is a research programme designed to promote international comparative social science research. The overall long-term objective of the programme is to establish sustainable links between researchers and policy-makers and to emphasize the relevance of social science research for policy formulation. MOST’s activities are concentrated in the following areas:

- management of change in multicultural and multiethnic societies
- the study of cities as the sites of accelerated social change
- local management of economic, technological and environmental transformations
- eradication of poverty and social exclusion.

The MOST Clearing House is the programme’s web site. It offers up-to-date information on projects, publications, activities and databases, including the Best Practices Database (<http://www.unesco.org/most/bphome.htm>). The site also includes a keyword search facility, an e-mail announcement service, an agenda of events and a reference service providing links to the partners in the Clearing House Network. At present, the Best Practices Database provides examples of best practices for policies and projects in poverty eradication, social exclusion/integration, women and gender equality, homelessness and housing, economic development, community participation and urban governance, and crime prevention. The Database now also contains best practices on indigenous knowledge systems and practices.

## World Bank Indigenous Knowledge Program

(<http://www.worldbank.org/afr/ik/>) (accessed August 2004)

This site includes a wide range of reading, case-studies, tools and resources, notably a Database of Indigenous Knowledge and Practices:

(<http://www.worldbank.org/afr/ik/datab.htm>) (accessed August 2004)

The Global Development Gateway, originally developed by the World Bank, has a “topic page” on indigenous issues (<http://topics.developmentgateway.org/ik>) (accessed August 2004).

### 3. Databases

#### 1. Database of Best Practices on Indigenous Knowledge (MOST and NUFFIC/IK-Unit)

<http://www.unesco.org/most/bpindi.htm>

The publication *Best practice on indigenous knowledge* describes the presentation of information on each best practice, under the following 15 headings:

##### **Code number**

Each practice is headed by a code number for the practice, from BP.1 to BP.27. The number can be found on the right side of the grey rectangle. The code numbers are used in the indexes. Some practices appear under several countries. These are described fully only in the first entry – in other words, under the continent and country which comes first in the alphabet. In subsequent entries, the reader is referred to the first entry (“See BP. Number”)

##### **Title and description**

The titles and descriptions are derived from data sent by the respondent. They have been reformulated where necessary in order to give a clear idea of what the practice is about.

##### **Themes**

The subject of the practice is indicated by thematic keywords. The choice of keywords is based on information submitted by the respondent; the keywords themselves are derived from the OECD Macrothesaurus. Keywords are listed in order of subject classification, and not of the priorities of the practice. The list should therefore be read as a whole.

|                                       |  |
|---------------------------------------|--|
| <b>Country and neighbourhood</b>      | Like the thematic keywords, the country names are also derived from the Macrothesaurus. More specific information on the neighbourhood or village is derived from the respondent.  |
| <b>Indigenous aspects</b>             | This entry shows specific indigenous aspects of the practice – submitted by the respondent – which give the practice a valuable extra dimension. They might otherwise easily be forgotten because (ideally) they will be very much integrated in the practice. |
| <b>Sustainability</b>                 | Specific aspects regarding the sustainability of this practice – according to the respondent – are mentioned here.   |
| <b>Stakeholders and beneficiaries</b> | This entry shows who are involved in this project and in what way. If the number of stakeholders is known, this is also specified.   |
| <b>Strengths &amp; weaknesses</b>     | Here the strengths and weaknesses of the practice are indicated by the respondent, and sometimes also by the peer reviewer. These “lessons learnt” are valuable for others who are interested in replicating the practice.                                     |
| <b>Potential for replication</b>      | This entry shows the potential for applying all or parts of the practice to other regions and topics. This information is derived from the respondents and sometimes also from the peer reviewers.   |
| <b>Additional information</b>         | Here we specify publications, web sites or other relevant information.   |
| <b>Period</b>                         | Here, where the respondent provided the information, you will find the period covered by the practice. Sometimes, time is not measured in years or months, but in seasons.   |
| <b>Budget and sources of funding</b>  | The total budget available for the project or practice is indicated in US dollars (USD). If the item is omitted, it means this   |

information was not provided by the respondents.

**Contact person**

This entry gives the name of the person who can be contacted for information on the practice. This is mostly the respondent.

**Organizations involved**

Here you will find all the organizations involved in the practice. First, the institute which provided the information and then, if available, the names of the cooperating organizations. The addresses of all these organizations are not always available.

**2. The World Bank's IK Practice Database**

This database is located at <http://www4.worldbank.org/afr/ikdb/search.cfm> (accessed August 2004). Individual searches produce results such as the following:

| IK Practice Detail   |
|--|
| <b>Practice title:</b> AIDS prevention through involving traditional healers in awareness campaigns  |
| <b>Country:</b> Mozambique   |
| <b>Domain:</b> Health Nutrition & Population   |
| <b>Technology:</b> HIV/AIDS  |
| <b>Bearers of Knowledge:</b> Local healers   |
| <b>Summary:</b> Ethno-medical research in Mozambique has deepened biomedical understanding of beliefs and practices related to sexually transmitted diseases (STD) in Southern Africa, and assisted in the design of culturally meaningful AIDS communication strategies. The resulting AIDS/STD prevention programmes have attempted to teach biomedical concepts to traditional healers by using symbols, metaphors and etiological concepts already in use to explain familiar, locally recognized sexually transmitted illnesses. This has aided greatly in healers' understanding of unfamiliar biomedical concepts and has laid the groundwork for how traditional healers will promote behaviour change among their clients, as well as new technologies such as condoms. |
| <b>Source:</b> Green, E.C. Tropical Doctor, Supl. 1, p.1-4, 1997: Participation of traditional healers in AIDS prevention programmes   |
| <b>Email:</b> egreendc@aol.com   |
| <b>URL:</b>  |

To add to the database, go to <http://www.worldbank.org/afr/ik/access.htm>, where the following form collects data on indigenous knowledge practices.

### Indigenous Knowledge Database Contribution

**Country:** *Where* is the practice applied (country and location)?

**Domain:** In which *sector* (agriculture, health)?

**Technology:** What *technology* (e.g. soil erosion control, childcare)?

**Bearers of knowledge:** By *whom* (e.g. Washambaa, local healers)

**Source:** Where can we inquire further? (Please add literature references, web site, names of individual or organizations that can corroborate the practice.)

**Your email address:**

**Application:** Please describe the main features of the practice and explain:

Why it is important for the local community?

Why might it be beneficial to other communities?

**Lesson:** Why should development organizations learn more about this practice?

## References

Emery A (2001). *Integrating indigenous knowledge in project planning and implementation*. Canadian International Development Agency/International Labour Organization/KIVU Nature Inc./World Bank. Available online at: <http://www.worldbank.org/afr/ik/guidelines/> (accessed August 2004).

IIRR (International Institute of Rural Reconstruction) (1996). *Recording and using indigenous knowledge: a manual*. Silang. <http://www.iirr.org/catalog.htm>

Riggs FW (1999). *Glocalization, diasporas and area studies: a think piece* (updated 13 October 1999). Available online at: <http://webdata.soc.hawaii.edu/FredR/glocal.htm> (accessed August 2004)