

# Health Information

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## ***Making a start with district health libraries***

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*A pilot project for establishing and developing 30 district health libraries is reported from Tanzania and Uganda.*

Appropriate learning materials are essential for maintaining and upgrading the knowledge and skills of health workers. Unfortunately, there is an acute shortage of such materials, particularly at district level, throughout the developing world. Although there is some health literature in most districts, actual libraries are rare. Where they do exist they are often not readily accessible to potential users.

Yet health libraries are one of the most cost-effective, appropriate and realistic tools of continuing education, for instance in on-the-job training and supportive supervision. Furthermore, libraries can help health workers in rural areas to combat feelings of professional isolation and can increase the self-reliance of local health systems. They can contribute to the dissemination of information on primary care, serve as a literature resource for planners and evaluators of health services, and facilitate the retrieval of information generated in the system to which they belong.

### ***Essential district health libraries project***

The usefulness of the knowledge possessed by health workers tends to decline steadily after

their basic training, largely because of technological change and the emergence of new needs and concepts in health care delivery. Clearly, health workers cannot perform satisfactorily if they do not have the requisite knowledge and skills.

In many developing countries it is extremely difficult to organize courses for peripheral health workers, while the use of programmed instructions, films, television, telephone-based information systems and other comparatively sophisticated approaches is unfeasible and/or unaffordable. In these circumstances, district health libraries may offer the only prospect of continuing education.

Recognizing this, the International Course for Primary Health Care Managers at District Level in Developing Countries of the Istituto Superiore di Sanità in Rome initiated a pilot project for establishing and developing 30 essential district health libraries in Uganda and the United Republic of Tanzania. In this context, "essential" means providing learning materials that are relevant to the tasks in hand, the hierarchical level, the working environment, the learning style, and the learners' language and semantics; the materials should be consistent with the other tools at the disposal of staff, and should be selected only after a process of consultation ensuring that real

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needs are met. It is to be hoped that the project's systematic and participatory character will ensure that lessons are not forgotten and that the educational aspects of health service management receive adequate weight when programmes based on primary care are being designed.

Requirements were assessed by means of a questionnaire administered to 30 district medical officers in Ethiopia, Tanzania and Uganda, and by asking them to select 25 books that they considered essential and 20 that they considered useful from lists supplied by WHO and Teaching Aids at Low Cost, a London-based organization. Other collaborating bodies included the Institute of Child Health in London, the International College for Health Cooperation in Padua, and the three countries' health ministries.

A standard package was prepared, covering clinical medicine, preventive and promotive measures, primary care management and other subjects. It was intended to act as a catalyst for the creation of user-orientated library services. Eventually, Tanzania and Uganda each received 15 units, the total cost of which was US\$ 19 500. A review of their operation after one year should yield useful information on procedures for setting up and running libraries, acquiring materials, monitoring performance, and so on.

***Libraries can help health workers in rural areas to combat feelings of professional isolation and can increase the self-reliance of local health systems.***

The kits were delivered in July and August 1992, and simultaneously two-day workshops were organized in both recipient countries with the following objectives:

- to introduce the packages to district medical officers;
- to discuss the role of district libraries in the continuing education of health workers;
- to make recommendations for the establishment, promotion and upgrading of district libraries;
- to develop guidelines for optimal utilization;
- to design monitoring and evaluation instruments.

Lectures, group sessions and plenary discussions were held. The participants were given various texts to facilitate discussion and to provide sources for future reference. Methods of classifying, shelving and lending materials were discussed, with a view to achieving a balance between accessibility and security. A problem-solving approach was adopted in order to cope with the limited resources of many districts. The monitoring of library utilization by means of registration books, checklists and comments sheets was compared with more complex methods of evaluation.

### ***Guidelines for establishing, promoting and upgrading district libraries***

The following recommendations were drawn up.

- District health libraries should be established where necessary and existing district libraries should be upgraded. Where appropriate, scattered reading materials should be assembled in district libraries, but care should be taken not to deprive peripheral health units of vital reference books.
- Each library should be located in the district medical office or, as a second preference, in the district hospital. Adequate space should be provided both for the storage of materials and for reading. Existing accommodation should be adapted in such

a way as to ensure both accessibility and security. Each library should contain at least four chairs, a table and a lockable bookcase.

- At least one trained person already working in the district, for instance in a school or regional hospital library, should be asked to look after the district library. Overall responsibility for the library should be assigned to the staff involved in training or health education in the district.
- The district administration should make a budgetary allocation for the library. Donor agencies and nongovernmental organizations operating locally should be considered as possible alternative sources of funding, and donations should be sought from industry, commerce, charities and individuals.
- Each library should contain a wide range of materials, including books, periodicals, research reports, annual reports, theses and audiovisual aids. There should be a place for publications in local languages.
- All possible sources of procurement should be considered, both local and external. A list of addresses from which materials are obtainable gratis or at a substantial discount should be requested from the International Course for Primary Health Care Managers at District Level in Developing Countries.
- All district health staff should be considered potential users of the library, which should be promoted accordingly. Community health workers and trained traditional birth attendants should also be given access, as should personnel not employed in the health sector but nevertheless engaged in health promotion activities.
- The district health management team should establish library rules and regulations in accordance with local conditions. The library should be open during normal

working hours for consultation and borrowing. A simple and effective system of checking in and out should be instituted. Only one book should be lent at a time, and the maximum period of loan should be two weeks.

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- Periodicals, reference books, books that are difficult to replace, and very expensive works should not be lent out. Fines, determined by the district health management team, should be imposed in respect of items returned late. The cost of items that are lost or severely damaged should be recovered, for instance by the withdrawal of allowances. The library should be carefully supervised so as to prevent the unnecessary deterioration of the book collection.
- Publicity for the library should be undertaken, perhaps at the outset by arranging a meeting with the district health management team and holding a workshop. The district medical officer should circularize all health units with the library regulations. The service should be explained during supervisory visits and in the course of seminars and workshops at district level. The site of the library should be prominently indicated by a signboard.
- Monitoring and evaluation tools should be properly utilized with a view to the upgrading of each library. Potential donors should be identified and approached for financial support and free publications. Funds should be sought from the district administration to establish a librarian's post.

- A suggestion box should be installed for gathering users' comments on ways of improving the service.

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### ***Follow-up***

Follow-up and evaluation are considered desirable in order to:

- consolidate achievements;
- assess utilization and cost;
- contribute to the development of library systems both at home and abroad;
- encourage the upgrading of established libraries.

Evaluation should make it possible to compare the utilization of libraries between Tanzania and Uganda. The relevance of the reading materials should be assessed, in the light of usage, benefits obtained, and users' opinions; this should serve as a guide to the selection of additional materials.

The monitoring of utilization should be conducted on a daily and weekly basis with the help of a check-list. A quarterly report should be submitted to the health ministry. A joint meeting of districts in each country should eventually take place at which experiences can be compared.

In most developing countries there are acute shortages of books and other reading materials, particularly in rural areas where there is a great need for health workers to improve their knowledge and skills. District health libraries give staff improved access to distance education programmes; these in turn strengthen the impact of library services and raise the quality of local health care systems. ■

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# ***Towards self-sufficiency in health learning materials***

*Hemang Dixit*

*Within the context of a global programme launched in 1981, five countries of South-East Asia have established a health learning materials network, the achievements and aspirations of which are outlined below.*

Primary health care workers are often poorly trained because of shortages of books, teaching and learning aids, and, indeed, teachers. During the 1970s, WHO's Educational Communications System created a core library of 34 medical textbooks in English and French for use by teachers in some 2000 teaching institutions. A number of years later it was found that the books had all disappeared from certain institutions, while in contrast they were still under lock and key, unused, in others.

## ***Health learning materials programme***

In 1981 the United Nations Development Programme and the World Health Organization decided to encourage national production of health teaching and learning materials. An initial attempt to launch a health learning materials programme comprised pilot projects in four countries where Arabic, French or English was spoken: Kenya, Morocco, Nepal, and Sudan. Projects now exist in more than 30 countries and collaborative networks have been formed as follows.

- An English-language network based in Nairobi, with nine member countries:

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Ethiopia, Ghana, Kenya, Mauritius, Sudan, Tanzania, Uganda, Zambia, and Zimbabwe.

- A French-language network based in Cotonou, including Benin, Burundi, Chad, Djibouti, Mauritius, Morocco, Rwanda, Tunisia, and Zaire.
- An Arabic network coordinated by the WHO Regional Office for the Eastern Mediterranean in Alexandria, covering the Arabic-speaking countries in this region; Morocco and Sudan both cooperate with this network.
- A Portuguese-language network consisting of Angola, Cape Verde, Guinea-Bissau, Mozambique, and São Tome and Principe, based at the Ministry of Health in Bissau.

Some of the above countries have the capacity to operate in two language groups, and this facilitates intercountry exchanges of materials and expertise. Among other countries participating in such activities are Fiji, Guyana, and the Philippines, where English is an important medium of communication.

## ***South-East Asia network***

In 1990 the first steps were taken to form a South-East Asia network, and the health learning materials centre in Kathmandu was selected as its regional centre, responsible for promoting the exchange of materials and

expertise between the health learning materials centres of Indonesia, Myanmar, Nepal, Sri Lanka, and Thailand. These centres are located in the following institutions connected with or training middle-level health workers for primary health care.

- Centre for Health Manpower Education, Jakarta, Indonesia.
- Health Assistant Training School, Yangon, Myanmar.
- Institute of Medicine, Kathmandu, Nepal.
- National Institute of Health Sciences, Kalutara, Sri Lanka.
- Medical Education Centre, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand.

### ***Some health learning materials published in Nepali***

- *Child-to-child*
- *Facts for life*
- *Textbook of medicine*
- *Infectious diseases*
- *Health post administration*
- *Midwifery*
- *An outline of community health education*
- *Helping mothers breast-feed*
- *Where there is no dentist*
- *Where there is no doctor*
- *On being in charge*
- *Nutrition and health*
- *Environmental sanitation*
- *Child health*
- *Lessons in obstetrics*
- *Biochemistry*
- *Haematology*
- *Clinical medicine*

The Thai institution is involved in the production of audiovisual training materials for various grades of health worker and for the community at large. The others are concerned with the education of middle-level health workers. The five countries have different cultures and languages but English provides a link that facilitates collaboration.

The centres are at different stages of development, and the regional centre in Nepal reviews their progress by organizing site visits. A quarterly newsletter is sent to nongovernmental organizations and to other countries in the global health learning materials network; it indicates what has been achieved, focuses on issues related to primary care, and reports on those publications of WHO, nongovernmental organizations and national health learning materials centres which may be of value to various countries.

The network has concentrated on producing books, while also issuing working manuals, booklets, pamphlets, posters, slides and video films. The absence of copyright on the materials produced allows translation, adaptation and cooperation to proceed unfettered and helps to minimize the duplication of effort.

In 1990 a meeting was held in Thailand on techniques of distance education for health staff. Subsequently, surveys were conducted in each of the countries in the network on needs and resources for health learning. In March 1991 an intercountry workshop on writing skills was held in Jakarta, and in July 1991 one was held in Bangkok on audiovisual applications. During 1991 there was a substantial production of teaching and learning materials on health.

There is an outreach function covering, for example, a health learning materials project planned for Mongolia, which should benefit

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from the skills and experience of the five network countries.

A role undoubtedly exists for volunteers from developed countries who have skills, for instance, in microcomputing for design or editing in the field of health learning materials,

and who are capable of training local people. There is also a prospect of transmitting information between the countries in the network via the electronic media.

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The first steps have been taken towards achieving self-sufficiency in the production of health learning materials in South-East Asia. It is to be hoped that more countries in the region will eventually join in this endeavour. ■

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### ***The case for school health education***

*The population of school-age children and youth has grown enormously in recent decades. Children are receptive to learning. And, because many attend school, they may be reached readily and cost-effectively. By reaching these school-age children, health education can provide benefits to all levels of society: the individual, the family, the school, the community, and the nation.*

- *Comprehensive school health education. Suggested guidelines for action.* Geneva, World Health Organization, 1992 (unpublished document WHO/UNESCO/UNICEF/92.2): 2