Support Services

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Documentation for change

The author discusses the role and functioning of health documentation centres in the light of experience gained when one such body was set up by the Voluntary Health Association of India.

The Voluntary Health Association of India has done pioneering work in community health, health education, training, campaigning on hazardous drugs, and many other areas. Concerted efforts have been made to bring together the data relating to the various studies and to facilitate the retrieval, ready reference and dissemination of the information obtained. This is of considerable value to the Association’s staff in the following aspects of their work:

— preparing background material for the Association’s training programmes, seminars and conferences;
— campaigning to alert people about health hazards;
— providing information to assist the activities of member organizations.

The Association decided to establish its own documentation centre. The objective was to provide health and health-related information to the staff for their programmes, to support small rural and urban health groups and other action groups promoting health in the community, and to provide continuing education for health and development workers.

Apart from the Association’s own staff, the users of the documentation centre range from researchers to national and international organizations, trainers, health educators, other state voluntary health associations, journalists, action groups at the grass roots, and health and development workers. Material was procured for all these groups, although most of it was for workers at the middle and grass-roots levels, who form the core of the Association’s members.

It was felt that people in the voluntary sector lacked the skills needed to start and run a documentation centre. The Association therefore offered a five-day course for small groups of people. It covered concepts of documentation, sources, the theory and practice of data collection, selection, classifications cataloguing, indexing, cross-referencing, visits to
documentation centres, audiovisual documentation, networking, and the dissemination of information. Group discussions and games were included in the programme. The Association published a book entitled *Basic of documentation*, covering the whole area of documentation work and providing a step-by-step schedule for starting a centre.

**Services**

Clearly, the services offered by a documentation centre have to be determined in advance; they are likely to include a reference service, selective dissemination of information, reprography, a clipping service, a bibliography and referral service, and clearing-house facilities. The core areas, for instance education and health, should be identified. When this has been done it becomes comparatively easy to specify secondary areas. Initially, a tentative list of main and ancillary subjects should be prepared, and it should be kept as flexible as possible.

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An acquisition policy should be devised to indicate the material required for the collection. This should describe the nature of the collection as completely as possible. In its early stages a documentation centre needs the support of suitable libraries, documentation centres and resource centres, membership of which should be sought. It is useful to have exchange programmes with them, including inter-library loan facilities. Specific rules for users should be drawn up. The next stage is the acquisition of bookshelves, typewriters and other basic equipment.

Like food, information is abundant but poorly distributed. In information work, therefore, it is vital to have detailed knowledge about the various sources. Sources range from the informal, e.g., oral traditions, to the formal, among which are conference reports, books, periodicals and bibliographies. The Association's sources include the whole gamut of member organizations, affiliated groups both in India and abroad, catalogues, lists, reviews and periodicals, in addition to which personal visits are made to organizations and exhibitions. The selection of information is the most important activity of any documentation centre. The usefulness of its collection depends largely on the selection methods adopted. At the outset it is necessary to decide on the extent of the information base and to develop the ability to review, criticize and analyse material.

The Association receives numerous copies of free material for distribution from government departments, United Nations agencies and national organizations. It acts as a clearing-house whereby the material reaches small groups working in remote areas.

The processing of material received includes accessioning, stamping, classifying, cataloguing, indexing (cross-referencing) and storage. In nongovernmental organizations a classification system devised on the spot, or an adaptation of a standard system, generally works better than standard or conventional classification systems such as Dewey's Decimal Classification or the Colon...
Classification System. The Association has devised its own alphabetical/subject classification system. Thus, for books:

CH - 100: child health (general)
CH - 110: breast-feeding
CH - 120: diarrhoea/oral rehydration therapy
CH - 130: growth monitoring.

Similarly, cataloguing and indexing systems could be created or adapted with a view to making it easy to retrieve information relevant to organizational needs.

Indexing is extensively used for journal articles, reports, research papers, and other non-book materials. Sometimes a document dealing with, say, three different issues goes under a main subject heading when classified, the sub-headings being submerged. In order to bring out all the information, cross-referencing is essential. As many cards are made as there are subjects for one article, and they are filed under guide cards.

Audiovisual aids have become an important feature of documentation. Where many people are illiterate it is advantageous to impart health education through songs, films and posters. The Association uses this approach during training programmes and campaigns.

Networking with comparable organizations and contacts with related groups are invaluable in documentation work, making the exchange of information, the identification of materials, and the location of vital statistics relatively easy. The Association is involved in several health and health-related networks concerned with community health, women, baby food, and so on. Contacts with affiliated groups help the Association to provide a referral service. Thus, for example, if a query on agriculture is received it is referred to a specific group working in that area. The Association maintains a list of addresses and a collection of brochures of important groups and apex bodies which are not in the field of health services.

It is a duty of documentation centres to spread information in formats intelligible to potential users. This stimulates comment, criticism and action for change. Another important function is the correction of misinformation. Being in a position to get first-hand information from both action-orientated grass-roots groups and policy-makers, a documentation centre can analyse specific issues in given societal contexts and can also produce accurate chronological documentation of events. This enables documentation centres to make severe criticism of misinformation.

Dissemination can be done by:
- displaying information on notice boards;
- publishing fact sheets, newsletters and monographs;
- circulating documents, accession lists, and bibliographies;
- repackaging information for potential users;
- providing information for campaigns, movements or groups struggling against oppressive measures;
- writing articles or letters to newspapers and magazines;
— providing reprography and referral services;
— providing a reference service and acting as a clearing-house for specific information;

The Association is establishing information cells with a view to communicating in the local languages.

— networking with other groups, providing inter-library loan facilities, and participating in exchange programmes;
— providing information to visitors, and answering queries by telephone and post.

The best tools of the Association for the dissemination of information are its bulletins and newsletters.

- Health for the millions, the Association’s official bimonthly bulletin in English, goes to nearly 3000 groups in India. It covers new books, journals, audiovisual materials, free materials, press clippings, research reports, training programmes, conferences, statistics, and government programmes.

- The health workers’ newsletter, in Hindi, deals with simple appropriate technologies, innovations, government schemes, and simplified health information.

- Fellow traveller, in Hindi, people’s action through health information and communication: goes to trainers and action groups.

- School health newsletter, in English and Hindi, goes to schools for teachers and students.

Basic materials and personnel needed for setting up a small documentation centre

Materials, etc.

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<tr>
<th>Item</th>
<th>Quantity</th>
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<tr>
<td>Journals and newsletters</td>
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<tr>
<td>Audiovisual aids</td>
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<td>Newspapers</td>
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<td>Tables</td>
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<td>Filing cabinet</td>
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<td>Book racks</td>
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<td>Display racks</td>
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<td>Card cabinets</td>
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<td>Guide cards</td>
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Personnel

One officer-in-charge
One secretary

Costs vary with the type of the documentation centre, its target group and its services. Generally, a major portion of the budget goes for procuring books, subscribing to journals, and paying salaries.

Problems

The systematic documentation and dissemination of information is a new area for the nongovernmental sector. Due to
limited budgets, personnel and space, nongovernmental organizations find it very hard to run a documentation centre for the benefit of themselves and their partners. Action groups and workers often lack basic information, while irrelevant information accumulates unused in some places.

The diversity of languages spoken in India and other countries poses another problem. Most information about research, technical matters and innovations is published in English. If information is to be passed on to the grass roots it has to be translated and adapted. This requires skill, time and finance, all of which are scarce. Consequently, much important material lies unused in documentation centres. The Association is therefore establishing information cells with a view to communicating in the local languages.

Information retrieval presents the Association with a massive task, and the avoidance of duplication is difficult; the processing of material takes up most of the time. There is an immense flow of requests for information with which it is very difficult to cope. Yet another problem is presented by the need to combine the running of the centre with the provision of clearing-house facilities.

Since the Association works for social justice it seeks to expose any underlying factors that may have a bearing on issues; this is very difficult, sometimes impossible, to achieve.

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Documentation centres should steadfastly criticize misinformation and produce reliable information that will favour the building of just societies.

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People are most important

Since the health workforce is the largest and most important resource of the health infrastructure, it merits the priority attention which is now being given to improving its management, particularly in respect of motivation and productivity.