Health Information

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
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.

- 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

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