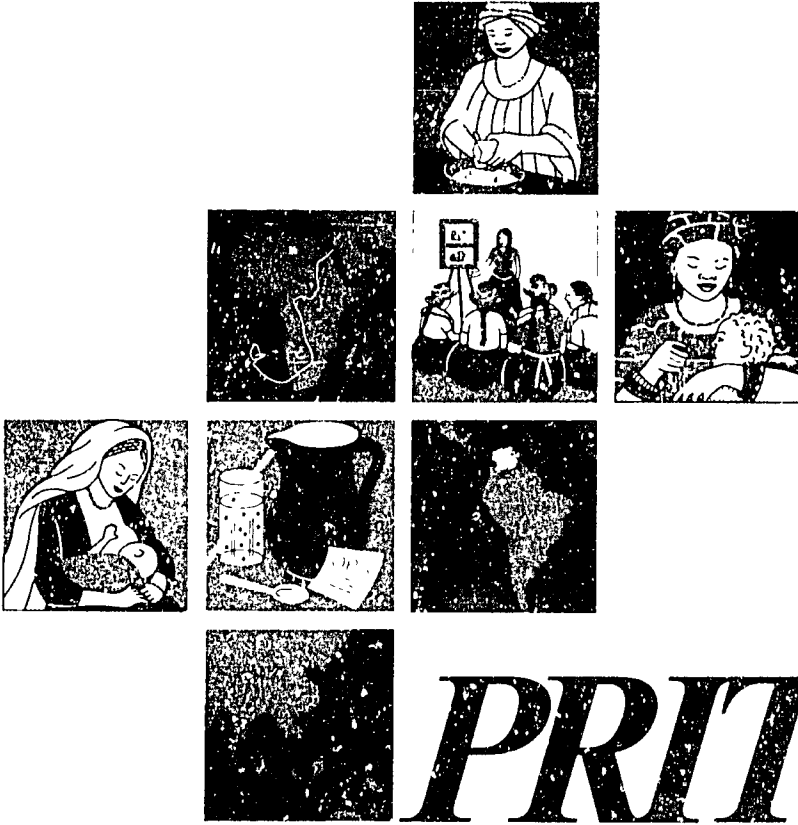


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PRITECH

Technologies for Primary Health Care

Occasional Operations Papers

**“We Couldn’t Have Asked for More!”
Lessons Learned in Information Dissemination**

by Karen White

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LESSONS LEARNED IN INFORMATION DISSEMINATION**

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INTRODUCTION

This Occasional Operations Paper is another in a series that the PRITECH Project, funded by the U.S. Agency for International Development, will be publishing periodically. The papers focus on programmatic experiences in the field and on lessons we have learned. The PRITECH Project has full-time field staff operating in country and regional offices in Africa, Asia, and Latin America. Our field staff, in collaboration with their national colleagues, have operational experiences and ideas to share with their colleagues through these papers. Although the experiences derive from a particular country situation, we hope that lessons learned can be useful to control of diarrheal disease (CDD) program managers elsewhere.

We believe that, by sharing our experiences working with national CDD programs throughout the world since 1983, we may give you new ideas for your programs. We encourage you to let us know about your experiences. We hope that you find this series interesting and useful—and that you enjoy a sense of sharing in the many struggles and successes of CDD programs throughout the world.

THE NEED FOR HEALTH INFORMATION

For many people in the developing world, information is a scarce and precious commodity. Unlike their counterparts in industrialized countries, who are often hard pressed to keep up with the literature, health practitioners and policymakers in developing countries often make decisions without the benefit of the most up-to-date information. Health workers in rural Tanzania, for instance, stated that they could not adequately perform their duties because of their academic and professional isolation and the lack of access to libraries near their workplaces, among other factors.¹ Similarly, a survey found that doctors and clinical officers in Zimbabwe felt isolated, with no means of improving their professional skills.² The majority of such health workers have no access to current information whatsoever, despite the fact that information is critical to the success of health programs.

Even in urban areas, libraries in medical schools and hospitals can rarely afford more than a handful of core professional journals, much less the online databases, research reports, and monographs commonly found in US libraries. Most libraries lack the foreign currency to pay for foreign journal subscriptions, and donor agencies are reluctant to fund recurrent costs.

Opportunities for continuing education through training courses may also be few and far between. Even officials responsible for setting health policy and implementing primary health care programs in ministries of health have limited access to information or training. Information is such a valuable commodity that some policymakers hide reports and articles away in their desks or at home, convinced that information, rare as it is, represents power and should not be shared.

¹ Wilson Lendita and Sheila O'Sullivan, "Findings of a Resource Centre Needs Assessment Survey undertaken in the Continuing Education Zonal Centres, Tanzania," London, England, AHRTAG, 1991.

² Helga Patrikios, "Getting Information to Health Workers," Health Policy and Planning, vol. 4, no. 3, 1989, pp. 257-260.

INFORMATION CENTER SERVICES

Information clearinghouses are one vehicle for meeting the pressing need for information on the part of health workers and others. A clearinghouse is a specialized information dissemination center that collects information on one topic, repackages and synthesizes it, and distributes it to a target audience. It is different from a library in several ways. First, while libraries mainly serve clients who visit in person, clearinghouses mainly serve clients by mail or phone, often receiving no visitors at all. Second, while libraries collect information on a broad range of topics, clearinghouses usually limit their acquisitions to one field, such as diabetes or cancer. Finally, clearinghouses emphasize outreach, or dissemination, of information.

The PRITECH Information Center collects information about diarrheal disease control and other related health interventions and disseminates it to health practitioners and policymakers worldwide. The collection consists mainly of published journal articles, documents from the World Health Organization (WHO) and other donor agencies, and reports generated by the PRITECH Project. The Information Center helps increase awareness of the proper treatment of diarrhea and management of diarrheal disease control (CDD) programs through the four following mechanisms.

Response to Information Requests

Through its database and access to online data bases, the Information Center responds to about 1,500 requests a year, primarily from health professionals in the developing world. The database, consisting of more than 6,000 documents, can be searched by author, title, subject,

source, language, and country. The Center can provide computer print-outs of citations on a particular topic or copies of the documents themselves. The Center also produces an annotated bibliography each year which lists the entire collection; copies of the collection's documents can be requested at no cost.

What Do Clients Ask For?

- A pharmaceutical company in Mexico asked whether ORS containing glycine was more effective than ORS with glucose. The Information Center sent articles that demonstrated that it was not.
- The CDD program manager in Madagascar asked for examples of CDD policies from other countries. The Center sent policies from several other French-speaking countries.
- The director of primary health care programs in northern Peru requested materials on cholera prevention. The Center sent the WHO Guidelines for Cholera Control, as well as articles on breast-feeding, hygiene, and immunization.

Monthly Acquisitions List

Before they can request copies of specific documents, people must know that they exist. The Information Center has several current awareness tools—mechanisms for keeping people up-to-date on the most current literature in their field. The first of these is the *Monthly Acquisitions List*, an annotated list of key child survival articles that readers

can order at no cost. The Center sends the list to more than 350 policymakers and project implementers. Readers include the overseas offices of private voluntary organizations (PVOs), CDD program managers, overseas information centers, and health officers at USAID missions. Another current awareness tool is the *Technical Literature Update*.

Technical Literature Update on Diarrhea (TLU)

Since 1985, PRITECH has distributed the *TLU*, a bimonthly publication that reviews articles on diarrheal disease control and related interventions, such as breastfeeding promotion and nutrition programs. Each issue features abstracts of published articles on a particular topic or issue, such as sustainability of health projects or the role of traditional healers in CDD programs. PRITECH's technical editor then provides expert commentary on the articles, explaining how they are relevant to health practitioners and policymakers involved with child survival programs. Readers can ask for copies of the articles reviewed, or for bound copies of *TLU* back issues. The *TLU* is available in English, French, and Spanish to more than 17,000 readers throughout the world. The most popular *TLU* issue to date was a special issue on cholera, produced in response to the Latin American cholera epidemic of Spring 1991.

Documenting PRITECH's Country Program Experiences

Since the Information Center is part of a project that implements CDD programs overseas, it serves as the institutional memory of PRITECH, as well as a clearinghouse of technical documents. This is accomplished through two mechanisms: maintaining the project's central files, and producing reports on PRITECH program experiences in developing countries. Without a documentation effort, PRITECH's experiences in helping to manage CDD programs would be lost. The Information Center publishes a quarterly highlights report, which documents the project's progress on a quarterly basis; a series of country program profiles, which describe PRITECH activities in country programs; and a series of occasional papers, which provide useful "lessons learned" in CDD program implementation.

TARGET AUDIENCES

The Information Center currently serves two distinct groups of people: child survival policymakers and project implementers; and health practitioners such as physicians, nurses, and community health workers. However, the Center's target audiences have evolved over time. In 1983, the Information Center targeted a small group of users to receive information products, including health officers at USAID Missions, technical officers at A.I.D./Washington, PRITECH staff, and managers of CDD programs in developing countries. Later, when the project acquired long-term country representatives stationed in developing countries, they became yet another user group.

For country representatives, the Center could provide access to technical information as well as serve a cross-fertilization function. Since many of the representatives had no contact with each other, they could not learn from each other's successes or failures. The Center identified reports, forms, and audiovisual materials produced by PRITECH field offices that could be shared with the others. Country representatives also used articles in leading medical journals such as the *New England Journal of Medicine* and *The Lancet* to convince developing country physicians that ORT is endorsed by the US medical establishment. A country representative in an Asian country used technical articles from the Information Center to convince ORS manufacturers to promote continued feeding and breastfeeding along with ORS, as they would improve its efficacy.

As the Information Center mandate and the range of project publications expanded, the Center attempted to reach additional groups. In 1989, for instance, the Center decided to translate the *TLU* into French and Spanish, which enabled the project to reach health professionals in Latin America and French-speaking African countries. Since then, the Center has successfully targeted the following groups:

- *Health practitioners, such as physicians, nurses, and community health workers, in developing countries.* In 1988 and in 1992, the Information Center conducted readers' surveys of the *TLU*. Although the main purpose of the surveys was to determine the usefulness of the *TLU*, the surveys also asked the readers to supply names of other individuals and organizations that would benefit from receiving the *TLU*. In 1992, readers generously provided some 4,000 names in response. Word of mouth was another mechanism by which many health workers learned about the Information Center; they mentioned having seen a PRITECH publication on the desk of a colleague. PRITECH has reached many additional health practitioners by distributing publications at national and international health conferences. Health workers in developing countries now make up fully 25 percent of the Information Center's clients.
- *Field offices of the child survival PVOs registered with A.I.D.* The field offices of such PVOs as CARE and Save the Children are staffed largely by country nationals who

are implementing projects in maternal and child health, nutrition, CDD, and immunization. They constitute one of PRITECH's most enthusiastic groups of information consumers. In 1989, PVOs made up just 3 percent of PRITECH's information requests; today, they make up 15 percent.

- *Medical schools in sub-Saharan Africa.* In 1991, the American Association for the Advancement of Science contacted 100 African medical schools and research organizations on PRITECH's behalf through its journal distribution program. As a result, many organizations have asked to receive the *TLU* on a regular basis.

The current mix of Information Center clients is shown in the figure below.

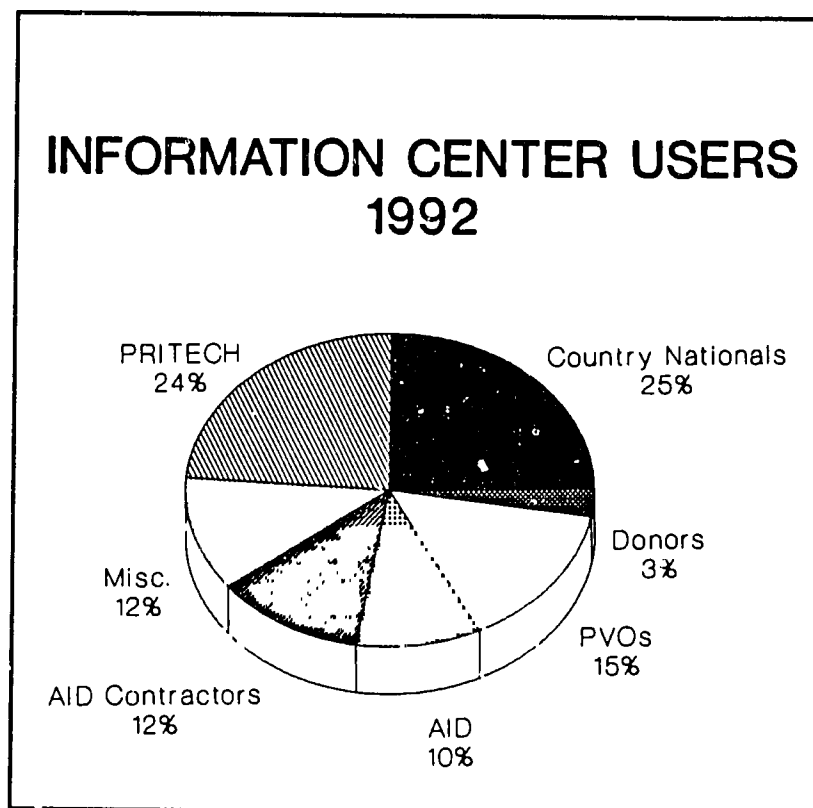


Figure 1

IMPACT ON USERS

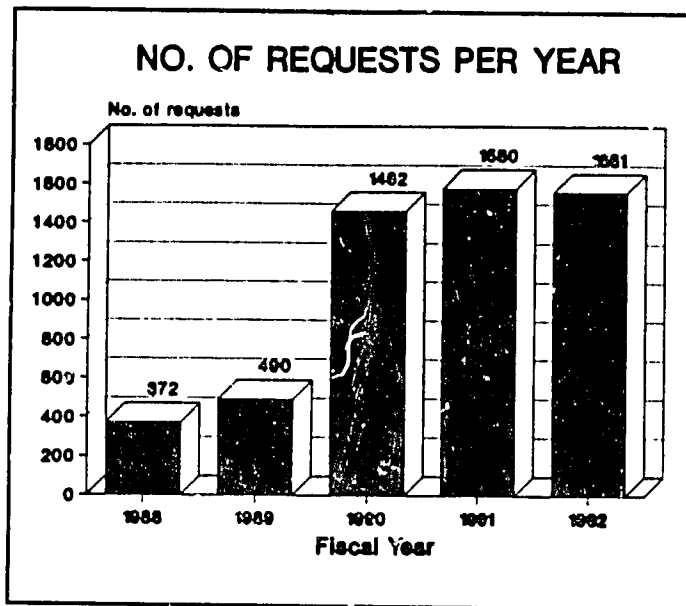


Figure 2

One of the best indicators of success in information dissemination is growth in the number of requests. Figures 2 and 3 show that the mailing list of the Technical Literature Update and the number of requests handled each year have grown tremendously since 1989, when the Center began keeping statistics. In addition, many information requests come from repeat customers, who have been so pleased with the information received the first time that they have returned for more.

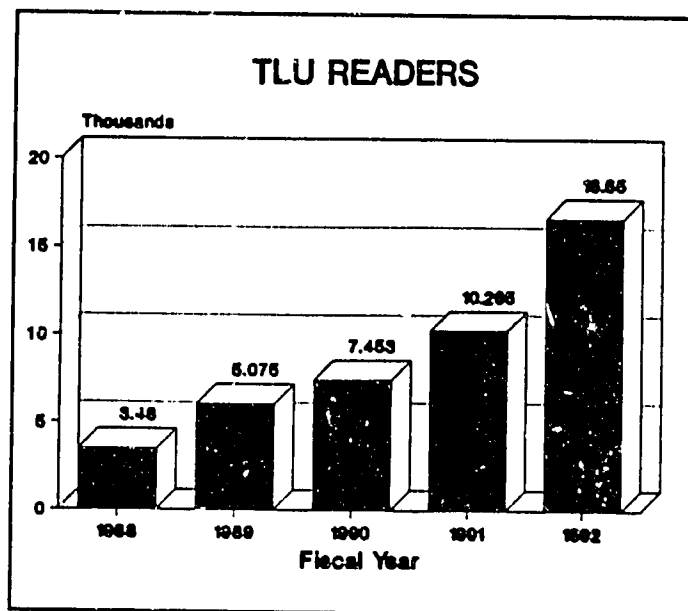


Figure 3

Reader's Surveys

In 1992, PRITECH conducted a survey to determine how readers use the TLU. Eight percent (or 822) of those contacted by mail returned the survey.

Forty-six percent of the respondents reported that reading the TLU has changed the way they teach by keeping them updated with the latest scientific information. Many reported using the TLU as a reference for preparation of lectures and as reading material for students.

Similarly, 43 percent of respondents stated that the *TLU* has changed the way they manage diarrheal disease cases. In general, respondents reported that their use of antidiarrheal drugs, unnecessary antibiotics and intravenous therapy had decreased, while their commitment to oral rehydration salts and promotion of breastfeeding and feeding during diarrhea increased.

That same year, the Information Center conducted a survey to determine how readers use the *Monthly Acquisitions List* and with whom they share it. Twenty percent of those contacted by mail returned the survey. Virtually all of the respondents, which include USAID health officers, CDD Program Managers, child survival PVOs, and overseas information centers, reported that the *Monthly Acquisitions List* was effective in keeping them current on CDD topics. For example, the Director of the Office of Population and Family Health of USAID/Amman commented that "the PRITECH Acquisitions List is excellent and keeps me up to date on CDD."

The majority found the list to be well-formatted and easy to use. Two-thirds reported that they share the list with colleagues and national counterparts; of these, one-third share the list with seven or more people. The field offices of child survival PVOs were particularly enthusiastic about the service, since they have limited access to child survival articles. A program officer at Project Concern International commented that "the PRITECH Acquisitions List has been a fabulous, efficient resource and has improved the technical quality of our work."

Comments from Readers

- The manager of a child survival project in Malawi writes that "since PRITECH started to send me documents...my work has been made easier to carry on. I have at least some material to refer to when making decisions."
- A nurse in Nigeria writes, "I am very grateful for the slides and audiocassette sent to me...especially now that we are grappling with an outbreak of cholera in this area. The materials are very helpful in our health education activities."
- A doctor in Kathmandu writes that "receiving the TLU would help the regional offices and myself to deal with the severe diarrhea problems we face...In countries like Laos or Nepal, it is almost impossible to find a good medical library."

LESSONS LEARNED

Demand for information among developing country health professionals is insatiable. The growing volume of information requests (and repeat requests) from developing country health professionals has shown that demand for information is not being met elsewhere. Health professionals desperately need information that will help them manage diarrheal disease cases and train other health workers, and have little access to information in-country. For most health practitioners and policymakers in developing countries, access to current awareness tools, such as bibliographies, is not enough. In fact, bibliographies may only tantalize and frustrate developing country readers, who have no hope of obtaining the documents listed. Free document delivery to support current awareness tools is therefore essential. The A.I.D. Office of Health approved increases in the Information Center's budget over the years that allowed the Center to cover the costs of photocopying and postage for document delivery. Without free document delivery, the Center's effectiveness would have been crippled.

Building up a clientele overseas takes years. Originally, the Information Center had few clients in developing countries. Several factors changed this situation. First, the installation of field representatives in many developing countries provided the Center with a group of enthusiastic promoters of PRITECH products. Several field representatives volunteered to distribute hundreds of copies of the *Technical Literature Update* in their respective countries, or set up small information centers within ministries of health. Second, the Information Center adopted a proactive strategy of identifying and disseminating documents of interest to particular target audiences. When the cholera epidemic began in Latin America, for instance, the Center developed an information package consisting of documents on cholera treatment and prevention and sent it to health officers at USAID missions. The Center also attended international and regional health conferences to publicize its services. In addition, many health practitioners learned about the Center through word of mouth.

Demand is greatest among project implementers for practical, rather than technical, information. An analysis of the documents that project implementers (such as the field offices of PVOs) request has shown that they are most interested in project evaluations, practical, "how-to" articles about establishing successful child survival programs, and the like, rather than technical articles on epidemiology of diarrheal diseases. Every effort should be made to identify and disseminate such material.

A project information center should disseminate information about the project, as well as technical information. While disseminating up-to-date technical information has increased the knowledge and skills of many health practitioners, the Center plays an equally valuable role in documenting the experiences of PRITECH country programs. As mentioned earlier, demand for practical information about the success and failure of child survival programs is extremely high. Without documentation of current program effects, implementing agencies are doomed to repeat the mistakes of the past.

Reaching overseas libraries and information services is particularly important, since these institutions reach hundreds of developing country nationals. In Dakar, Senegal, for instance, the Child Survival Information Center at ORANA receives a good proportion of all its documents from PRITECH. These documents are in turn sent out to 850 policymakers in the health field throughout francophone Africa. The PRITECH Information Center also sends documents to child survival information centers in Uganda, Pakistan, the Philippines, Indonesia, Guatemala, and Bangladesh. Another important user group is medical libraries in developing countries. During 1991, the Center focused on reaching more students in medical and nursing schools, who will use the information they receive from PRITECH to benefit their patients throughout their medical careers.

Funds for translation are very useful. Most key technical articles and reports are available only in English. To address the information needs of developing country health professionals adequately, documents must be made available in other languages. The PRITECH Project funds ORANA, a West African nutrition institute, to translate and disseminate several key technical articles each year for French-speaking peoples in Africa. While the PRITECH Information Center cannot afford to translate all of its technical articles, the *TLU*, which provides abstracts of key technical articles, is translated into both French and Spanish.

Exchange relationships are very helpful in building a collection. Early in its history, the Information Center established relationships with the other A.I.D.-funded health information centers in the US, as well as with overseas institutions such as INCAP in Guatemala, the ICDDR,B in Bangladesh, and AHRTAG in England. Other information centers can not only supply copies of hard-to-acquire documents, they can offer advice in mailing list and publication development. Collaboration on joint projects is another possibility. PRITECH and AHRTAG are currently planning to produce a diarrheal disease information directory together.

It would be useful if A.I.D. required compatible software systems for all A.I.D.-funded information centers. The A.I.D. Office of Health currently funds many information centers both in the US and overseas. A.I.D. does not, however, specify which kind of software a new information center should use, even though it encourages information centers to exchange documents and collaborate. The fact that each contractor may have a different software system prevents contractors from communicating by modem and being able to search each other's collections. It also makes collaboration on projects, such as joint bibliographies, or sharing mailing lists, more difficult.

Information dissemination is rewarding. In contrast to development interventions that may take years to mature, positive feedback from information dissemination is often immediate. Readers frequently write by return mail to express their satisfaction with the materials. As the director of a Nigerian health clinic wrote recently, "We couldn't have asked for more!"

ALSO AVAILABLE IN THIS SERIES

Is the PRITECH Country Representative Mechanism a Model for the Future? A View from the Field, by Robin Waite Steinwand, 1993.

Successful Diarrheal Disease Training: Lessons from Cameroon, by Robin Waite Steinwand and Ndeso Sylvester Atanga.

Origins of the Ugandan National Diarrhea Training Unit: Steps in the Process, by Lawrence J. Casazza, 1993.

Linking Training and Performance: An Evaluation of Diarrhea Case Management Training in the Philippines, by Lawrence J. Casazza and Scott Endsley, 1993.

The PRITECH-PROCOSI Collaboration: Working with a PVO Consortium in Bolivia, by Ana Maria Aguilar and Peter L. Spain, 1992.

The Ciclope Innovation in Rural Communication: Reaching the Unreachable Villages in Mexico, by Selene Alvarez and Peter Spain, 1992.

Integrating Diarrhea Control Training into Nursing School Curricula in the Sahel, by Suzanne Prysor-Jones, 1992. Also available in French.

Information Please! A Visit to the ORANA Information Center, by Lisa Dipko and Karen White, 1992. Also available in French.

Improving ORS Supply and Distribution: A PRITECH-Assisted Effort in the Philippines, by David Alt, 1991.

CDD in Kenya: Policy and Research on Home Treatment, by Peter Spain, 1991.