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ANALYSIS
of
Information Needs
Information Resources Management
Information Dissemination Strategies
for
The Office of Health
Agency for International Development

by
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Information Management Consultant

Atlantic Resources Corporation
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EXECUTIVE SUMMARY

This report deals with three major topics: an assessment of Office of Health project information centers and dissemination programs; information needs and related information management issues in the Office of Health; a pro-active information dissemination strategy for the Office of Health. Information activities that focus on quantitative data were not included in the scope of this review.

Major Findings and Recommendations

For project information centers and dissemination programs:

- The centers and programs cooperate with each other regularly and extensively. They do not collect the same information materials nor are any of their information products or services redundant.

- Effective dissemination strategies are built on a center's integration into a project. A single mega-information center would not likely be able to carry out the same level of pro-active dissemination.

- The single most important activity carried out by the centers and programs is the transfer of information to developing countries.

- The Office of Health should request that its projects form a health information services working group that would identify and propose joint information activities.

For information needs and related information management issues:

- The most urgent issue the Office of Health is facing is the need to organize its own information base, through paper and electronic filing systems. For paper files, a further level of centralization is required to organize materials that go beyond the interest of a single division. For electronic files, the software used for RADIAS should be applied to development of an electronic filing system for the Office.

For a pro-active dissemination strategy:

- The strategy should be built on existing resources and information products and take advantage of the expanded electronic communications capacity of the Agency.

- Information products that should be considered include: an annual volume reporting research results from the projects; an annual "collection" of selected project documents; an annual, annotated joint publications list that includes all the documents from the projects' individual lists; an electronic version of the HEALTH HERALD.

- The information centers' bibliographic databases should be made accessible via Internet and CD-ROM.

I. INTRODUCTION

In order to clarify the scope of this review, the variety of information activities and resources that fall under the aegis of the Office of Health requires some definition. While the following distinctions may appear to be an excessive statement of the obvious, discussions during this review illuminated the confusions that arise when information activities are lumped together in one amorphous category.

The first distinction in information activities are those that primarily focus on quantitative data, specifically, statistical and management information system data. Quantitative data is the main business of CIHI, DHS and the various tracking systems maintained by individual projects.

Because it concerns itself with data collection training, application and use, the Data for Decision-Making project fits, albeit somewhat awkwardly, in this category.

The many Office of Health projects that only occasionally carry out field-level data collection and analysis are not being cited in this category because quantitative data is not the defining characteristic of their overall information activities.

The second distinction in information activities are those that focus on information that is basically presented in text form, such as reports and publications issued by projects and supporting technical literature from external sources (e.g., articles from professional journals and reports issued by international organizations). It is this category of information activities that is the primary focus of the project information centers and information dissemination programs.

This review is, for the most part, limited to an examination of the second category of information activities as they are carried out by selected projects and also by the Office of Health itself. Even though CIHI provides unique and essential information services to the Office of Health, its activities are not included in this report because, in addition to the fact that they are mainly focused on quantitative data, they were thoroughly covered only a year ago during the final evaluation of the contract. That evaluation report addresses all the major issues that were of interest during the present review, including management and use of the services by the Office of Health and CIHI dissemination activities.

II. ASSESSMENT OF THE PROJECT INFORMATION CENTERS AND INFORMATION DISSEMINATION PROGRAMS

The project information centers and dissemination programs included in this review were AIDSCAP, HFS, PRITECH, VBC, WASH and, the JSI managed projects REACH, MotherCare and INITIATIVES. (Annex A contains a descriptive summary of each project's information dissemination activities, databases and staffing.)

These information centers and dissemination programs are all configured differently in terms of where they are placed within their respective organizations, how they are staffed and what their responsibilities are. Also, they use different terms to describe what they do and who does it. Thus one has information centers, libraries, information programs, information dissemination assistants, information specialists and librarians. The way the terms are applied makes sense within the specific contexts. Taken as whole however they present some confusion to potential users of the information services. This is not a serious problem; as long as the point is made in project descriptive materials that information is available through a project, the difference in facility names and staff titles is unlikely to impede access. The issue of inconsistent terminology did however come up in several interviews with Office of Health staff. This question is related to the broader issue of how project information activities are perceived by the Office of Health staff and how those perceptions impact information centers and programs.

Individuals regard information services through their own unique perspectives and needs and, quite understandably, assign the highest value to those that meet their specific needs. A single perspective is however a completely inappropriate prism through which one should view the array of information activities and services funded by the Office of Health. An incomplete perspective is the most likely explanation for the difficulties some of the project information centers have encountered in the past with the Office of Health. For example, efforts to organize a working group of project information professionals to explore potential areas of cooperation were suspended at the request of the Office of Health; at least one proposal for a joint dissemination information product was rejected without explanation; the information/data exchange session which was held during the 1990 "S&T Health Cooperating Agencies Meeting" did not include sufficient representation from the project information centers. It is perhaps impolitic to raise these incidents in this report and they have not been presented for the purpose of casting aspersions; they are important to note basically because they are "lessons (painfully) learned".

In spite of past discouragement, the information centers cooperate with each other extensively. They regularly call upon each other's specific expertise to assist in responding to requests and they have pooled resources when appropriate and possible. For example: VBC and WASH cooperated on the Guinea Worm Information Network; PRITECH and WASH worked together on cholera information dissemination. They all also regularly both provide and request assistance from the A.I.D. Development Information Center and Research & Reference Services. In short, the project information centers provide the most vital example of networking and cooperation that is likely to be found at any level of Office of Health projects.

The various configurations of the information centers and programs make it difficult, if not impossible, to do a comparative analysis of their services. However, the question of whether or not they are redundant can be answered firmly in the negative. Clearly, each is dealing with a different topic around which an information base has been built. The information either generated by their respective projects or acquired to support a project has a specific focus. They are therefore each collecting and disseminating different information. On the issue of audience and users, with the exception of a core group of A.I.D. personnel, primarily HPN officers in Missions, their mailing lists reflect concentrated efforts to identify individuals with a practical interest in and need for their respective information services.

The question of whether or not the project information centers are redundant is linked to an expressed interest in the possibility of creating a single, mega-information center for health. This interest was articulated in a recommendation in the final evaluation of CIHI concerning the creation of an impartial, multi-laterally funded health reference bureau. This again returns to a question of perspective. My own reading of the recommendation left the clear impression that the primary focus of such a center should be quantitative health data with the possible eventual development of broader information services. I have no quarrel with the recommendation but some of the comments about it that came up during interviews with Office of Health staff lead me to the conclusion that, once again, an incomplete perspective is being applied to the subject. The long-term possibility of an independent, central organization carrying out the functions of the project information centers was cited as an answer to the perceived problems of what to do, when projects are completed, with the collections of materials information centers have assembled and, where to house a single collection of all documents produced by Office of Health projects. With regard to the latter issue, this function is already being carried out by A.I.D.'s Office of Development Information. The repository system run by DI obviously can only be as good as contractor compliance with providing DI copies

of project reports and documents; the DI acquisitions staff does contact contractors to remind them of the document deposit requirement which is included in all A.I.D. contracts. During this review, the DI system got mixed ratings but for the most part seems to be functioning well. The problems that do occur (references to documents not showing up in the DI database) would seem to be easily corrected; contractors can request an annual listing of the titles they have sent in and review it for accuracy and completeness; some of the project information centers already do this.

On the issue of what to do with expired projects' collections of information materials, I offer a two part response: First of all, it is clear that the real issue is to stop setting up individual project information centers, the appeal being that information materials will have a permanent home. The potential problem that I see in this approach is what would be lost by taking information center functions out of certain projects. An information center and its staff that is not exclusively or primarily devoted to a specific project is not going to be able to carry out the same types of information services nor in the same manner. An independent center would be capable of responding to requests for information but dissemination activities, particularly the pro-active, would very probably be diluted. The reason is that the best dissemination activities are built on an information professional's integration into the overall work being carried out by a particular project; they bring into play a combination of information skills and a regular pulse-taking that is implicit in day-to-day interaction with other project staff members. The best information centers are the primary information hubs of their projects; the information that flows in and out of them is the basis for dissemination activities, from conceptualization to implementation. For example, building a mailing list for dissemination to developing countries obviously requires an information-seeking approach; project staff may provide names after a technical assistance visit and reports from conferences are often used to identify potentials. In short, a considerable amount of detective work is required when one obviously does not have the option of purchasing a ready-made list.

The above are clearly long-term issues since the current reality is that projects and their information centers are consolidating rather than proliferating. The new BASICS and EHP projects will be absorbing three information center collections and presumably building upon the excellent dissemination activities carried out by the centers. The AIDSCAP information program's library has just been recently established. Extremely limited resources have crippled the potential and growth of the HFS center. JSI operates its own library to support the projects it manages which means that collection does not face

the potential of becoming an orphan. So the Office of Health is looking at only three major information centers in the short to medium-term future.

Given the fact that there are still a few project information centers functioning and perhaps others will be included in future projects, the second part of my response to the question of what becomes of an information center's collection at the end of a project has to do with the Office of Health expanding its vision of the potential of these centers and the role they might play in providing assistance to developing country information facilities. With the limited resources available, both PRITECH and WASH have carried out some activities in this area. The Office of Health should consider giving the most capable project information centers the mandate and resources to provide technical assistance to at least a few developing country information facilities. A realistic and modest proposal would include: the project information centers identifying one corresponding or partner center in each region the project is active; providing limited training, if necessary; using that center as a dissemination point over the life of the project; at the end of the project, closing out the collection of information materials by transferring appropriate items to the partner centers.

The above recommendation can only be seriously considered if the Office of Health has a basic appreciation of the most important information activity that is currently carried out by the project information centers and dissemination programs: the transfer of information to developing countries. With only one exception, this fundamentally important activity was not raised in any of the staff interviews. This information transfer falls into the category of significant project accomplishment and should be accorded that status when the Office of Health reviews a project's performance.

In response to concerns raised about enhancing the coordination of information services offered by the various projects, the following recommendations are offered:

-All Office of Health CTOs managing projects with information components should arrive at a common understanding of what these information services are actually doing and how they're doing it.

-On the basis of that understanding, the projects should be requested to form a health information services working group that would identify and propose joint activities; the working group should include representatives from the management support contracts and obviously, CIHI, as well as someone from the Office of Development Information; the working group should divide itself as necessary to deal with issues that are relevant

to a few, and not necessarily all members, e.g., bibliographic databases are primarily the concern of the information centers and libraries.

-The working group should carry out some comparisons of their mailing lists; this will be particularly important to do as the situation of who is managing projects at the field level changes due to the Agency's reorganization.

-Although the number of Missions and their HPN officers may be changing in the future, for the time being, the master list of those officers should be maintained by the Office of Health and supplied to the projects for accurate information dissemination.

Additional recommendations concerning the information centers and programs are included in the dissemination strategy section of this report.

III. ASSESSMENT OF INFORMATION NEEDS IN THE OFFICE OF HEALTH AND RELATED INFORMATION MANAGEMENT ISSUES

The interviews with Office of Health staff revealed a very broad range of concerns. While a number of the issues raised were outside of the scope of this review, a general approach was taken in the interviews in order to try to uncover the issues that effect dissemination activities. On the basis of previous experience, I knew that if the discussions were restricted to questions of dissemination, much valuable information would be left out basically because this topic is subject to very different individual interpretations. Even though every information issue discussed during the interviews is not covered in this report, it should be noted that a number of the discussions seem to have served the purpose of providing an opportunity to illuminate and reorient thinking on particular concerns.

The most fundamental and all encompassing need that the Office of Health has is to organize its own information base. The term information base is being used here to refer to all print and electronic material either produced or received by the Office. Information that should literally be at people's fingertips is instead underfoot, overhead and generally closing in on all sides. This statement is obviously not going to be a revelation to anyone working in the Office. The solution to this problem is a filing system, for paper and electronic files, that is well designed and maintained.

On the subject of paper files: The effort currently underway to centralize files at the division level is an essential first

step. In addition to the division files, a further level of centralization is needed to organize and accommodate all of the materials that are neither required exclusively by, nor are of unique interest to, any single division. These central files should be able to accommodate the myriad of material that is currently kept in multiple copies (because that's the only way to insure having the material when it's needed) and also all the non-project documents that come into the Office from outside sources, for example for review and comment, and those that fall into the "FYI" category. The official Agency filing guidelines that are being applied to the organization of division files were not reviewed during this consultancy but I suspect that they probably present some difficulty in covering the types of materials mentioned above, particularly non-Agency documents. In order to move to establishing central files that would serve the entire Office, the following is recommended:

-A review should be done of the official Agency filing guidelines to determine if they can accommodate all types of material, particularly those mentioned above. Some of the categories that would need to be included in central files of materials not obviously linked to specific project activities are:

- coordination with other agencies
- meetings/seminars/workshops
- reports and publications
- country/region files
- subject files

The review should result in the identification of additional categories that need to be created for the Office of Health central files and the development of guidelines on the hierarchy and application of those categories.

-Following the review, a basic implementation plan should be drawn up for organizing central files. The plan should include assignment of responsibilities and details of the maintenance process, e.g., staff members assigning the category to an item to be filed (perhaps on a standardized checklist cover sheet) before sending it to the person responsible for maintaining the central files.

On the subject of electronic files: This category includes material created and stored on the Office computers and also material received through the Office computers. The two major issues are E-mail and RADIAS.

With regard to E-mail, there are obviously limits to what the Office can do on its own to alleviate the bloating problem that afflicts the system. One basic step that Office of Health

staff can take is to designate, in the subject line of their communications, if the item is for "information" or "action". This would be particularly helpful for front office management staff whose message traffic is extremely heavy. Extending this "information" or "action" designation beyond the Office itself would clearly be useful; the modalities of influencing the entire system are not clear to me so the simple recommendation I can offer at this time is that each E-mail message sent to an address outside of the Office of Health should contain the request that responses and future communications should be designated for "information" or "action".

RADIAS is such a multi-faceted issue that the entire level-of-effort allowed for this consultancy could have been devoted to it alone. Since that was obviously not the case, the following remarks are limited to the understanding of the objectives of the system that I was able to glean during the time available. RADIAS is first and foremost one piece of an Agency-wide electronic filing system that should enable all Agency staff to access any of the files placed on the system by any office within the Agency. The system appears to be heavily laden with aspirations that may in fact be feasible and laudable but since it was not within my mandate to assess RADIAS, I cannot offer any comment on such.

RADIAS does elicit responses of confusion or disinterest from most Office of Health staff. I suspect the reason for this lies in the system's development process. In an ideal situation, a number of offices, each with perfectly organized electronic files, would have seamlessly merged their files in a central system. Since RADIAS did not have the advantage of starting from this organized base, it had to take a top-down approach to organizing the system contents. Because many, if not most offices' files were not organized, or because the material requested for RADIAS was not resident in a single existent file, the material had to be extracted and combined and then made to fit into RADIAS. It should be noted that, concurrent with RADIAS development, efforts were made by the system coordinator to organize individual office-based systems and that the participation of the Office of Health was requested in developing such a system.

The Office of Health clearly needs an electronic filing system and the software purchased for the RADIAS effort (Magellan) should be used to implement that system. It may be useful to clarify here that the Magellan software is a hard disk utility program that can be used to build a filing system; it is not database management software. What you can do with Magellan is name and organize files in a much more straightforward and user-friendly manner than is permitted through DOS alone. Using Magellan, you can locate and view files; you can also search the contents of files for specified character-strings. It is

strongly recommended that the Office of Health proceed with implementing an electronic filing system based on the Magellan software. If the expertise to do this is available within the Office, the individual assigned this responsibility will need to have the time to devote a very significant amount of attention to starting up this system. The effort is going to require a review of all office computer hard disk contents and considerable discussion with individual users on the organization of their electronic files. If the system is imposed rather than developed in collaboration with every computer user in the Office, it will most likely be bypassed and ignored.

The need to organize the Office of Health's information base, both paper and electronic files, is the most urgent issue that should be addressed by the Office. Any attempt to carry out dissemination activities will be inclined toward failure if the information base for those activities is not organized.

IV. A PRO-ACTIVE DISSEMINATION STRATEGY FOR THE OFFICE OF HEALTH

The scope of work for this review identified the Office of Health constituencies as Congress, other A.I.D. and U.S. government offices, NGOs, the international donor community and the American public. As has already been noted in this report, I consider the transfer of information to developing countries the most important information activity that is carried out in the name of the Office of Health and as such, that element should be added to the group of constituents.

Clearly, there is no single strategy or information product that is going to be appropriate for every member of this diverse group. However, the Office already has a good base of information products on which to build. Also, the Agency's full-fledged entry into the universe of electronic communications, specifically Internet, provides a tremendous opportunity for the Office to reach a large and varied audience. Some of the recommendations in this section also refer to CD-ROM technology which should not be regarded as redundant or irrelevant because of the Internet link. CD-ROM is a particularly useful and popular information storage and access medium in both the developed and developing world. The Office of Development Information has considerable experience with CD-ROM technology and should be able to provide guidance on the subject.

Recommendations:

-Consider issuing an annual volume that, in individual

articles, describes and reports on Office of Health funded research; the projects should supply this material; in some cases it may be appropriate to also include, as an annex to the article, a review article of the major technical literature (from professional journals) that is related to the topic being reported on. As a stand-alone information product this volume should be available in print and translated into French and Spanish.

-Consider the possibility of making the full text of selected project publications available electronically, both via Internet and in CD-ROM format; treat the publications as a "collection" and publicize their availability as such. The annual research volume recommended above should be included as the lead piece in this collection.

-Compile an annual, annotated, joint publications list that includes all the documents on the individual project publications lists; the individual projects can remain the point of access for their respective publications, however consideration should be given to offering individuals in developing countries the option of contacting only one of the projects with a request that will be shared with all the projects and answered by each of them as appropriate; the list should be made available both electronically and in print form.

-Consider the possibility of providing access to the project information centers' bibliographic databases via Internet and CD-ROM. (Not all of the information centers use the same software; they should be encouraged to do so; PRO-CITE is the software of choice according to the professional literature on this subject). If this recommendation is implemented, the information centers should be provided with sufficient resources to support document delivery services, particularly to developing countries.

-Stop issuing the HEALTH HERALD in its current form; the electronic communication access now available presents a much more appropriate means for the information exchange that the HERALD has as its goal; as an electronic newsletter and forum, the HERALD should include the kinds of substantive pieces that were appearing in the R&D/H Weekly Reports under the section "For the Attention of the Assistant Administrator".

-Review the content of some existing information products, particularly the Reports to Congress and the OFFICE OF HEALTH DIRECTORY, with the aim of combining and possibly repackaging the information and thus creating a new information product (in addition to the original forms; this is not a suggestion that the originals be changed or eliminated.)

-Review the dissemination plan for the OFFICE OF HEALTH

DIRECTORY to make certain it is reaching all international donor agencies, development information centers and development research centers. It should be made available in both print and electronic form.

None of the recommendations that have been made in this report specifically target the public affairs category of dissemination activities. The issue of enhancing A.I.D.'s public image, particularly through "success stories" from the Office of Health, is difficult to address in this report for two reasons. First, neither the Office nor the Agency in general is organized or staffed in a manner that seriously addresses public affairs. There are a very limited number of people within the Agency with the skills necessary to carry out effective public information programs. For the purpose of contrast, I present the case of UNICEF which is a virtual public relations machine; there is an information officer in every field office and at the headquarters level there are journalists, media specialists, photographers, press liaisons as well as development education specialists, staffing a Division of Information and a Division of Public Affairs. All of this is in addition to the activities carried out by the national committees for UNICEF. I am not suggesting that all of that muscle is required to carry out public information activities but the dearth of such talent within the Agency precludes far-reaching visions of widely impacting the media and public's image of A.I.D. While videos and press conferences are natural elements of public information strategies, their effectiveness requires regular rather than sporadic staging.

The second reason that public affairs information has not figured prominently in this report: The Agency reorganization document clearly states that individual offices are to stop carrying out independent public affairs activities and work with the Office of External Affairs for any ventures into this territory. Hopefully this augurs an invigorated Agency-wide public affairs strategy. If the Office of Health approaches External Affairs for assistance, I would suggest that a preliminary proposal be developed for presentation, particularly on the substance of the information the Office of Health wants to disseminate. The content for potential public affairs materials could be culled from existing documents, for example from the text portion of the Child Survival and AIDS reports to Congress. Translating that material into language appropriate for public information and deciding how to present the information and to whom are areas in which External Affairs will hopefully be able to provide assistance.

ANNEX A

SUMMARY

OF

PROJECT INFORMATION SERVICES AND DISSEMINATION ACTIVITIES

The following summaries of the information activities of eight Office of Health funded projects include details, as available, on: functions; personnel; databases; information, and document requests; dissemination activities (including information products).

There is one type of information product that has not been included in the summaries: the "project update". Most of the projects issue these in varying forms. The presentation and language of these materials indicates that the target audience is project and A.I.D. staff; however, they also contain some information that would be appropriate for wider dissemination. This type of information material should perhaps be evaluated to assess its utility in its current form.

HFS (Health Financing and Sustainability) Project

HFS Information Center

Functions:

- dissemination
- research and reference support for project staff only
- project publications editing, production and distribution
- maintaining central files of project technical and trip reports

Personnel:

- 1 full time information services manager
- occasional temporary clerical support

Databases:

- bibliographic database of 2000 technical literature citations
- database software program: Q&A

- mailing list: 1000 records
- database software program: FOX PRO

Information and Document Requests:

- statistics not available
- most requests are for HFS publications
- requests received from USAID Missions, contractors, NGOs, international and developing country organizations

Dissemination Activities:

- HFS BIBLIOGRAPHY OF ABSTRACTS (list of HFS publications with summaries of each report; 29 titles listed)

- HFS Publications List/Order Form (same as above minus summaries)

- "standing orders" for HFS publications accepted

PRITECH (Technology for Primary Health Care) Project

PRITECH Information Center

Functions:

- dissemination
- research and reference services provided to project and A.I.D. staff, organizations and individuals world-wide
- project publications editing, production, distribution
- maintaining all project central files

Personnel:

- 1 full-time information center manager
- 1 full-time assistant
- 1 full-time clerical support

Databases:

- bibliographic database of 6000 technical literature citations
- mailing lists
 - for TECHNICAL LITERATURE UPDATE - 17,000 records (95% from developing countries)
 - for ACQUISITIONS LIST - 350 records
- database software program: PRO-CITE

Information and Document Requests:

- 150 requests per month from A.I.D. (10%), project staff and contractors (36%), NGOs, international and developing country organizations (54%)

Dissemination Activities:

- TECHNICAL LITERATURE UPDATE (originally monthly, then a quarterly newsletter presenting summaries of recent articles from professional journals, with editorial commentary; copies of materials cited supplied upon request)
- ACQUISITIONS LIST (monthly annotated list of materials added to center's collection; copies of material cited supplied upon request)
- ANNUAL BIBLIOGRAPHY (annotated citations of all material added to the center's collection during the year; copies of materials cited are supplied upon request)
- Occasional Operations Papers (a report series created by the center; 23 titles in the series)
- PRITECH Publications List/Order Form (30 titles listed)

VBC (Vector Biology and Control) Project

Vector Control Information Center

Functions:

- dissemination
- research and reference support for project and A.I.D. staff, developing country organizations
- project report distribution (editing and production done by a separate unit)
- maintaining central files of project reports

Personnel:

- 1 full-time information specialist
- occasional temporary clerical support

Databases:

- bibliographic database of 15,000 technical literature citations (approximately one-third of material cited in database is "fugitive literature", i.e., it is not available from commercial sources)
- mailing list: 1000 records
- database software program: PARADOX

Information and Document Requests

- statistics not available
- frequent requests from USAID Missions, others from varied sources

Dissemination Activities:

- prepares and distributes tailored information packets as soon as vector-borne disease outbreaks are reported
- promotion of project's vector control video
- regular correspondence with 30 developing country institutions
- targeted mailing for individual project reports (No "VBC Publications List" is distributed; the internal office list contains 163 titles)

WASH (Water and Sanitation for Health) Project

WASH Information Center

Functions:

- dissemination
- research and reference services for project and A.I.D staff and organizations and individuals world-wide
- project publication distribution (editing and production done by a separate unit)
- does not maintain project central files

Personnel:

- 1 full-time librarian
- 1 part-time assistant

Databases:

- bibliographic database of 7000 technical literature citations

- mailing lists
 - WASH Reports - 600 records
 - Rainwater Network - 800 records
 - Peri-Urban Network - 600 records
 - Guinea Worm Network - 200 records
 - Cholera Network - 65 records

- database software program: MicroDIS

Information and Document Requests:

- 300 to 400 requests received per month (40% are for WASH Reports); approximately 15% of requests come from A.I.D., the rest from contractors, NGOs, international and developing country organizations

Dissemination Activities:

- WASH Reports: publication notices sent for each report to core WASH mailing list; additional notices sent out according to interest codes in other mailing list databases; notices placed in professional journals and newsletters; 15 organizations world-wide serve as depository sites for all WASH publications. The annotated catalog "WASH Reports and Publications" lists 476 titles.

- Information networks initiated by the Center:
 - Rainwater Harvesting Network (newsletter: RAINDROP)
 - Peri-Urban Water Supply & Environmental Sanitation Network (newsletter: VOICES FROM THE CITY)
 - Guinea Worm Network (French translation and distribution of the CDC bulletin "Guinea Worm Wrap-Up")
 - Cholera Network for Latin America (information update faxed bi-monthly)

MotherCare Project

REACH (Technology and Resources for Child Health) Project

INITIATIVES (Private Initiatives for Primary Health Care) Project

The managing contractor for these projects, John Snow, Inc., provides information support services to them (and also to two population projects) through the JSI Library; all of the projects' reports are integrated into the library's collection. Dissemination activities are carried out by the individual projects as are report production and distribution; each project also maintains its own central files.

JSI/Arlington Library

Functions: research and reference support for project staff only

Personnel: 1 full-time librarian

Database: bibliographic database of 6000 technical literature citations; database software program: PRO-CITE

Information and Document Requests: primarily from project staff, occasionally from other contractors, rarely from A.I.D.

MotherCare Project Dissemination Activities:

Personnel: 1 full-time information dissemination associate

Database: mailing list - 1700 records

Products:

- "MotherCare Matters", originally a quarterly, then a bi-annual newsletter presenting summaries of recent articles from professional journals, with editorial commentary; copies of materials cited supplied by the APHA Clearinghouse on Infant Feeding and Maternal Nutrition.

- MotherCare Publications List/Order Form (24 titles listed, 6 of which are not available from the project but rather from commercial publishers)

REACH Project Dissemination Activities:

Personnel: 1 part-time information dissemination associate

Database: mailing list - 300 records

Products:

- REACH ANNOTATED REPORTS, a project publications list/order form, with descriptive summaries (88 titles listed)

INITIATIVES Project Dissemination Activities:

Personnel: 1 full-time information dissemination associate

Database: mailing list being developed

Products:

- INITIATIVES Publications List/Order Form (7 titles listed)

(NOTE: The dissemination activities for this new project are in the start-up phase.)

AIDSCAP (AIDS Prevention and Control) Project

All of this project's information activities are organized in a single Information Program with the following personnel:

- program director
- information dissemination staff (2 full-time positions)
- editorial and production staff (3 full-time positions)
- librarian (1 full-time position)
- clerical support staff

The activities of the library and information dissemination staff are quite integrated and are best presented in a single description:

Functions:

- dissemination and conference coordination
- research and reference support to project staff only
- project publications distribution
- maintaining project publications central files

Databases:

- bibliographic database of 5500 technical literature citations
- database software program: PRO-CITE

-mailing list: 900 records

Dissemination Activities:

The dissemination plan is currently going through an internal review to determine strategies for more targeted dissemination activities (e.g., interest coding the mailing list). Also, copies of the bibliographic database may be given to selected project field offices in the future.

Prior to the review, the primary dissemination activity was the "AIDSCAP Mailing", originally a monthly, then a bi-monthly information packet that contained approximately 20 reprints of recent articles from professional journals and other materials deemed relevant. A similar information packet of French-language materials was done twice yearly. These information packets were distributed to all of the individuals and organizations on the mailing list. This activity was begun under the AIDSTECH Project; including the dissemination that was done under that project, the AIDSCAP staff estimates that 100,000 pieces of material have been distributed. In addition to the "AIDSCAP Mailing", occasionally books have been purchased in bulk quantities and distributed (e.g., 300 copies of "The Cost of AIDS" were distributed).

The Information Program also produces and disseminates the annual Report to Congress, quarterly technical reports, TAG meeting reports, conference summaries and technical guides.

ANNEX B

LIST OF PERSONS CONTACTED AND DOCUMENTS REVIEWED

Persons Contacted

A.I.D. Office of Health

Office of the Director

Bob Wrin, Acting Director
Robert Clay, Acting Deputy Director
Pamela Johnson, Acting Associate Director at time of interview

Regional Support Coordination Unit

Lloyd Feinberg
Linda Padgett
Allen Randlov

Applied Research

James Shepperd, Acting Division Chief
Bill Hausdorff
Beth Plowman

HIV/AIDS

Helene Gayle, Division Chief
Victor Barnes, Acting Deputy Division Chief
Ioanna Trilivas
Melody Trott

Health Services

Bob Emrey, Acting Deputy Division Chief
Al Bartlett
Jerry Gibson
Jim Heiby
Nancy Stark
John Tomaro

Communicable Diseases

Dennis Carroll, Acting Deputy Division Chief

A.I.D. Center for Development Information and Evaluation

Maury Brown, Chief, Office of Development Information
Linda Leonard, Manager, Research & Reference Services, DI
James Esselman, Health Research Assistant, R&RS, DI

A.I.D. Bureau for Research & Development, Program Office

Ron Grosz, RADIUS Coordinator
Margie Whipple, CDIE Liaison to R&D/PO

Atlantic Resources Corporation

Cathy Savino, Manager, Office of Health Management
Assistance
Ashton Douglass

CIHI (Center for International Health Information)

Roy Miller, Director

AIDSCAP (AIDS Control & Prevention) Project

Lili Vivanco, Director, Library
Kirsten Chickering, Information Dissemination Program

HFS (Health Care Financing & Sustainability) Project

Nena Terrell, Information Services Manager

John Snow, Inc. - REACH, MotherCare, INITIATIVES Projects

Nancy Cylke, Director, JSI/Arlington Library

PRITECH (Technologies for Primary Health Care) Project

Karen White, Director, Information Center

VBC (Vector Biology & Control) Project

Ellen Nayeri, Director, Information Center

WASH (Water & Sanitation for Health) Project

Dan Campbell, Director, Information Center

Documents Reviewed

A.I.D. CDIE, Office of Development Information

-AFRICAN VOICES (NEWSLETTER ON DEMOCRACY AND GOVERNANCE IN AFRICA), quarterly publication of the Africa Bureau Information Center

-ARTS ABSTRACTS (TECHNICAL INFORMATION FROM THE AFRICA BUREAU), quarterly publication of the Africa Bureau Information Center

-CURRENT CONTENTS BULLETIN: HEALTH, POPULATION, NUTRITION, a monthly publication of the A.I.D. Development Information Center

-The Demographic Impact of AIDS in Africa. Caroline Quinby Rush, DI/R&RS, December 1991

-Knowledge for Development - Office of Development Information Report for FY 1993

-Report on CDIE/DI Health Related Requests from USAID Missions, 1991-1993. James Esselman, DI/R&RS, July 1993

-REQUESTS & RESPONSES, a monthly publication of the Research & Reference Services (DI/R&RS)

-TOPICAL UPDATES, a quarterly publication of the A.I.D. Development Information Center

A.I.D. Office of External Affairs

-FRONT LINES, a monthly publication

-List of A.I.D. R&D Publications

A.I.D. R&D, Office of Agriculture

-AIDANET (A.I.D. AGRICULTURE, ENVIRONMENT AND NATURAL RESOURCE NETWORK), an electronic newsletter

A.I.D. R&D, Office of Health

Through Atlantic Resources Corporation:

- A.I.D. Health Program General Briefing Packet
- HEALTH HERALD, a quarterly newsletter
- Office of Health Directory 1993
- R&D/H Weekly Reports

A.I.D. R&D, Office of Health

Through the Center for International Health Information:

-Child Survival: A Seventh Report to Congress on the USAID Program, April 1992

-USAID HEALTH PROFILES (various countries)

Office of Health Applied Research Division:

-An Assessment of Dissemination and Communication Activities at ICDDR,B. Michael Mueller, September 1990

-Publication Guidelines for a Selection of Health and Health & Development Journals. Michael Mueller, March 1991

Office of Health HIV/AIDS Division:

-Confronting AIDS in the Developing World: A Report to Congress on the USAID Program for Prevention and Control of HIV Infection, August 1992

A.I.D. R&D Program Office

RADIAS files (all communications sent to the Office of Health)

AIDSCAP Project

- AIDS CAPTIONS, an occasional newsletter
- AIDSCAP Mailings (various information packets)

HFS Project

- HFS Bibliography of Abstracts, March 1993
- HFS Publications List, March 1993

INITIATIVES Project

- INITIATIVES Publications List
- INITIATIVES Monthly Report

International Development Research Centre

- THE EXCHANGE OF DEVELOPMENT ACTIVITY NEWSLETTER

International Health and Development Associates

- Behavioral Issues in Child Survival Programs, monograph series

Medical Care Development International

- WASH III Evaluation. J. Jude Pansini et al, 1990

Metrica, Inc.

- Final Report of the Ad Hoc Committee on New Technologies of Information for Developing Countries, November 1992 - April 1993

MotherCare Project

- MOTHER CARE MATTERS, a quarterly newsletter
- MotherCare Publications List

Pragma Corporation

-Final Report of the S&T Health Cooperating Agencies Meeting, May 30-31, 1990

PRITECH Project

- PRITECH Annotated Publication List
- PRITECH Occasional Operations Papers (various)
- TECHNICAL LITERATURE UPDATE, a quarterly publication
- "We Couldn't Have Asked for More!" Lessons Learned in Information Dissemination. Karen White, March 1993

REACH Project

- REACH Annotated Reports, a publications list
- REACH NOTES, monthly project update

Statistica, Inc.

-Final Evaluation: The Center for International Health Information. Susan Adamchak et al, July 1992

University of North Carolina

-List of Free Materials in Family Planning/Maternal and Child Health, An INTRAH Training Information Packet. Program for International Training in Health, School of Medicine, University of North Carolina at Chapel Hill, 1992

VBC Project

- VBC Report List, March 1993

WASH Project

-GUINEA WORM WRAP-UP, (French translation and distribution of this CDC newsletter done by WASH)

-RAINDROP: RAINWATER HARVESTING BULLETIN

-VOICES FROM THE CITY: NEWSLETTER OF THE PERI-URBAN NETWORK ON WATER SUPPLY & ENVIRONMENTAL SANITATION

-WASH Reports and Publications, an annotated catalog

-WASH UPDATE, project progress report supplements